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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION         | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>145753 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                 | (X3) DATE SURVEY COMPLETED<br><br>04/11/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>LA Bella of Danville |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1701 North Bowman<br>Danville, IL 61832 |  |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |
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| <p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41970</b></p> <p>Based on observation, interview and record review the facility failed to honor the resident rights for one (R100) resident out of one resident reviewed for resident rights in a sample list of 47 residents.</p> <p>Findings include:</p> <p>R100's undated Face Sheet documents medical diagnoses as Muscle Wasting and Atrophy, Morbid Obesity, Acute Kidney Failure, Weakness, Contracture of Muscle, Difficulty in Walking, End Stage Renal Disease, Lymphedema and Moderate Protein Calorie Malnutrition.</p> <p>R100's Minimum Data Set (MDS) dated [DATE] documents R100 as cognitively intact. This same MDS documents R100 as being dependent on staff for toileting, dressing, bathing, transfers and requires maximum assistance for personal hygiene.</p> <p>R100's Care plan intervention dated 10/12/2022 instructs staff to provide resident with opportunities for choice during care provision.</p> <p>On 4/8/25 at 11:00 AM R100 was laying in his bed on his back. R100 stated, I want to get up. They (staff) told me I have to stay in bed until the (V39) Wound Physician sees me. That might be four or five o'clock. I want to get up and they make me wait for hours. R100 was teary eyed as is asking to get out of bed. R100 stated he can't get up by himself or he might fall, and the staff will not help him get up.</p> <p>On 4/8/25 at 11:05 AM V5 Licensed Practical Nurse (LPN) stated R100 was told by V7 Wound Nurse/Registered Nurse (RN) that he had to stay in bed until the V39 Wound Physician saw him. V5 LPN stated V39 Wound Physician has not arrived yet and does not know what time V39 will be at the facility.</p> <p>On 4/8/25 at 12:10 PM V6 Certified Nurse Aide (CNA) stated R100 has been crying all morning because he wants to get out of bed, but V7 Wound Nurse/RN won't let us (staff) get R100 out of bed until he is seen by V39 Wound Physician. V6 CNA stated R100 loves to get up in his wheelchair so he can roam around the facility and wave to everybody.</p> <p>(continued on next page)</p> |

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>On 4/10/25 at 8:10 AM V7 Wound Nurse/RN stated R100 refused to have his dressing changed this morning because he wanted to get out of bed. V7 stated V7 told R100 that he needed to stay in bed until his dressings could be changed. V7 stated R100 refused because he did not want to stay in bed.</p> <p>On 4/10/25 at 8:30 AM R100 stated, I am fine with having my dressings changed. I am not fine with the staff making me stay in bed all day. I should be able to get up when I want to. If I lay down, then they (staff) won't let me get back up. They always make me stay in bed for hours and hours.</p> <p>On 4/10/25 at 9:05 AM V2 Director of Nurses (DON) stated R100 should not be asked to stay in bed for long periods of time to wait for wound care to be provided. V2 stated R100 is alert and oriented. V2 DON stated making R100 stay in bed for hours is a violation of R100's rights. V2 DON stated if R100 had to wait a few minutes, that would be ok but waiting for hours is not acceptable and R100 should be able to get up when he wants to.</p> <p>On 4/10/25 at 9:20 AM V7 Wound Nurse/Registered Nurse (RN) stated she asked R100 to stay in bed on 4/8/25 so that he could be seen by V39 Wound Physician. V7 Wound Nurse stated V39 arrived in the facility at 1:00 PM. V7 Wound Nurse stated V7 does offer R100 incentives to lay down. V7 RN/ Wound Nurse stated R100 can get up anytime he wants to, but V39 Wound Physician likes to see R100 when he is laying in his bed. V7 stated R100 refuses to lay back down after he is up and would possibly miss wound care if the staff allowed him to get out of bed before V39 sees him. V7 Wound Nurse/RN stated on other days, R100 can get up at his preferred time but on days that V39 Wound Physician comes, it works out better if (R100) stays in bed.</p> <p>The facility policy titled Resident Rights reviewed January 2025 documents federal and state laws guarantee certain basic rights to all residents of this facility. These rights include resident's right to have a dignified existence and be treated with respect, kindness and dignity.</p> |

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| <p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38780</b></p> <p>Based on interview and record review, the facility failed to accurately complete a residents comprehensive assessment. This failure affects one (R119) of two residents reviewed for accuracy of assessments in the sample list of 47.</p> <p>Findings include:</p> <p>R119's Comprehensive assessment dated [DATE] documents R119 has been taking an antibiotic.</p> <p>R119's February 2025 Order Summary Report does not document R119 having any antibiotic orders.</p> <p>R119's Electronic Medical Record does not document R119 taking any antibiotics during the assessment period.</p> <p>On 4/11/25 at 12:53pm, V38 MDS Coordinator stated V38 completed the medication section of R119's 2/23/25 comprehensive assessment and marked R119 as taking an antibiotic. V38 confirmed R119 was not prescribed and/or administered any antibiotics during February 2025 (assessment look back period).</p> <p>The facility Resident Assessments Policy (revised March 2022) documents all persons who have completed any portion of the MDS resident assessment form must sign the document attesting to the accuracy of such information.</p> |

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| <p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>32172</p> <p>Based on observation, interview and record review the facility failed to enter in new wound dressing change orders and failed to provide wound care in accordance with professional standards. This failure affected one of three residents (R138) reviewed for wounds on the sample list of 47.</p> <p>Findings Include:</p> <p>The facility's Wound Care policy dated October 2010 documents staff should always verify the physician order and use the no-touch technique when cleaning a wound and if touching a wound is necessary, use sterile gloves.</p> <p>R138's Medical Diagnoses List dated April 2025 documents R138 is diagnosed with Idiopathic Aseptic Necrosis of the Right and Left foot and Peripheral Vascular Disease.</p> <p>On 4/11/25 at 10:25 AM V7 Wound Nurse performed R138's wound dressing changes. V7 sanitized her hands, placed new clean gloves on her hands, then preceded to cleanse R138's right lateral foot wound with gauze soaked in Betadine. V7 then picked the new clean dressing that covered both of R138's right foot wounds and placed it on R138's right foot with the same gloves she had worn to clean the wound. V7 dressed R138's right foot and secured the dressing in place then removed her dirty gloves and sanitized her hands.</p> <p>On 4/11/25 at 10:30 AM V7 Wound Nurse confirmed that she should have removed her dirty gloves after cleaning R138's right lateral foot wound, before she picked up and placed the new clean dressing on R138's right foot.</p> <p>R138's Physician Order Sheet dated 4/11/25 documents R138's right lateral foot wound is to be cleansed with wound cleanser, apply medical honey to the wound bed, place calcium alginate, cover with abdominal pad, wrap with a stretch gauze dressing and secure with an ace wrap.</p> <p>R138's Wound Evaluation and Management Summary dated 4/8/25 documents R138's right lateral wound should be treated with gauze soaked in Betadine solution then covered with an abdominal pad, wrap with a stretch gauze dressing and secure with an ace wrap.</p> <p>R138's Wound Evaluation and Management Summary dated 4/8/25 documents R138's right lateral wound should be treated with gauze soaked in Betadine solution then covered with an abdominal pad, wrap with a stretch gauze dressing and secure with an ace wrap.</p> <p>On 4/11/25 at 10:40 AM V7 Wound Nurse confirmed V39 Wound Doctor saw R138 on 4/8/25 and changed R138's wound dressing orders. V7 confirmed she did not enter the new wound dressing orders in the computer yet. The previous orders were twice per day and included deferent wound treatments than the most recent orders. V7 confirmed R138's wound dressing changes have been documented under the old order and have been done twice per day despite the order changing on 4/8/25. V7 confirmed she should have changed the order in the computer the same day that she received the new orders from V39 Wound Doctor.</p> |

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| <p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 41970</p> <p>Based on observation, interview and record review the facility failed to prevent cross contamination during catheter care for one (R5) resident out of one resident reviewed for catheter care in a sample list of 47 residents.</p> <p>Findings include:</p> <p>R5's undated Face Sheet documents medical diagnoses as Hereditary Spastic Paraplegia, Morbid Obesity, Dependence on Wheelchair, Epilepsy, Cerebral Palsy, Neuromuscular Dysfunction of Bladder, Acquired Absence of Right and Left Above the Knee Amputations, Presence of Urogenital Implants, Scoliosis, Syringomyelia and Syringobulbia.</p> <p>R5's Minimum Data Set (MDS) dated [DATE] documents R5 as cognitively intact. This same MDS documents R5 as being dependent on staff for toileting and maximum assistance with bathing.</p> <p>R5's Physician Order Sheet (POS) dated April 2025 documents a physician order to cleanse Suprapubic catheter site with wound cleanser apply T-Drain dressing to site twice daily.</p> <p>On 4/9/25 at 2:05 PM V13 Licensed Practical Nurse (LPN) completed catheter care for R5's Supra Pubic Indwelling Urinary Catheter. V13 LPN removed R5's split gauze from R5's Supra Pubic catheter insertion site which was contaminated with yellow/pink drainage. V13 LPN cleansed yellow/pink drainage from R5's Supra Pubic catheter insertion site by wiping the gauze back and forth multiple times over the same area. V13 LPN used the same contaminated gloves to place a new split gauze over R5's Supra Pubic Catheter insertion site without changing gloves or using hand hygiene. R5's Supra Pubic catheter insertion site was reddened and in an abdominal fold.</p> <p>On 4/9/25 at 2:25 PM R5 stated the staff never clean his Supra Pubic catheter insertion site. R5 stated the staff do change his catheter monthly and will clean the site then but 'never' clean it daily.</p> <p>On 4/9/25 at 2:30 PM V13 Licensed Practical Nurse (LPN) stated she contaminated R5's Supra Pubic catheter insertion site by wiping contaminated gauze back and forth and by not changing her gloves between cleaning the drainage from his wound and applying a new gauze.</p> <p>On 4/9/25 at 3:15 PM V2 Director of Nurses (DON) stated contaminating an open wound such as R5's Supra Pubic catheter insertion site could lead to an infection.</p> <p>The facility policy revised October 2010 instructs facility staff to discard disposable items into designated containers after cleansing around the catheter site. Remove gloves and discard in designated container. Perform hand hygiene. Inspect the stoma site and skin around the stoma for any redness or skin breakdown.</p> |  |  |

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| <p>F 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>                    | <p>Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician.</p> <p>35347</p> <p>Based on observation, interview, and record review, the facility failed to employ a clinically qualified Director of Food and Nutrition Services. This failure has the potential to affect all 146 residents in the facility.</p> <p>Findings include:</p> <p>On 4/9/2025 at 2:25PM, V10 (Dietary Manager) was actively supervising dietary operations in the facility kitchen. V10 reported being the full-time manager of the facility food service (person in charge) and reported not being a clinically qualified Certified Dietary Manager (also known as Certified Food Protection Professional) or having equivalent training. V10 denied meeting the State of Illinois standards to be a food service manager or dietary manager (required in states that have their own established standards to be a food service manager or dietary manager (483.60(a) (2) ii). V10 reported only completing a one-day course on food service sanitation (ServSafe) which did not include any instruction on clinical nutrition. V10's ServSafe certification (8/25/2022) documents V10 is a Certified Food Protection Manager. The same record does not document V10 is a Certified Dietary Manager (Certified Food Protection Professional) and does not document V10 has any qualifications in clinical nutrition. V10 reported the facility dietician does not work in the facility full-time but works one day per week.</p> <p>V10 denied:</p> <ul style="list-style-type: none"> <li>-being a dietician;</li> <li>-being a certified dietary manager;</li> <li>-having an associate's or higher degree in food service management or in hospitality;</li> <li>-being a graduate of a dietetic and nutrition school or program authorized by the Accreditation Council for Education in Nutrition and Dietetics, the Academy of Nutrition and Dietetics, or the American Board of Nutrition;</li> <li>-being a graduate, prior to July 1, 1990, of a Department (Illinois Department of Public Health) approved course that provided 90 or more hours of classroom instruction in food service supervision and having experience as a supervisor in a health care institution which included consultation from a dietician;</li> <li>-or having completed an Association of Nutrition &amp; Foodservice Professionals approved Certified Dietary Manager or Certified Food Protection Professional course.</li> </ul> <p>On 4/11/2025 at 1:47PM, V10 reported the food prepared in the kitchen is available for all residents in the facility to eat.</p> <p>(continued on next page)</p> |  |  |

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| <p>F 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>                    | <p>Throughout the duration of the survey from 4/8/2025-4/11/2025 on first and second shifts, the facility failed to maintain sanitary dishwashing areas and failed to exclude and prevent flying insects in the facility food service areas resulting in direct cross-contamination of resident dishes.</p> <p>The facility Long-Term Care Facility Application for Medicare and Medicaid (4/9/2025) documents 146 residents reside in the facility.</p> |  |  |

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| <p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41970</b></p> <p>Based on interview and record review the facility failed to offer, administer and/or obtain consent or declination of Influenza and Pneumococcal vaccinations for two (R57, R128) residents out of five residents reviewed for immunizations in a sample list of 47 residents.</p> <p>Findings include:</p> <p>1. R57's undated Face Sheet documents R57 admitted to the facility on [DATE].</p> <p>R57's Minimum Data Set (MDS) dated [DATE] documents R57 as severely cognitively impaired.</p> <p>R57's Electronic Medical Record (EMR) does not document consent, administration nor refusal of an Influenza vaccination and Pneumococcal vaccinations since admission to facility.</p> <p>2. R128's undated Face Sheet documents R128 admitted to the facility on [DATE].</p> <p>R128's Minimum Data Set (MDS) dated [DATE] documents R128 as severely cognitively impaired.</p> <p>R128's Electronic Medical Record (EMR) does not document a consent nor administration/refusal of an Influenza vaccination since admission.</p> <p>On 4/11/25 at 12:40 PM V41 Registered Nurse (RN)/Infection Preventionist (IP) stated the facility is not able to provide any documentation that R57 was offered, administered and/or refused an Influenza nor Pneumococcal vaccination and that R128 was not offered, administered and/or refused an Influenza vaccination. V41 RN/IP stated she did obtain consent on 4/2/25 and the immunization clinic is coming to the facility on [DATE] to administer resident vaccinations for R57 and R128. V41 stated immunizations should be offered at the time a resident admits to the facility.</p> <p>The facility policy titled Influenza Vaccine revised March 2022 documents between October 1 and March 31 each year, the influenza vaccine shall be offered to residents unless the vaccine is medically contraindicated, or the resident has already been immunized. A resident's refusal of the vaccine shall be documented on the informed consent for influenza vaccine and placed in the resident's medical record.</p> <p>The facility policy titled Pneumococcal Vaccine revised March 2022 documents all residents are offered Pneumococcal vaccines to aid in preventing pneumonia/Pneumococcal infections. Assessments of Pneumococcal vaccination status is conducted within five (5) working days of the resident's admission if not conducted prior to admission. If refused, appropriate information is documented in the resident's medical record indicating the date of the refusal of the Pneumococcal vaccination.</p> |  |  |

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| <p>F 0923</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Have enough outside ventilation via a window or mechanical ventilation, or both.</p> <p>35347</p> <p>Based on observation and interview, the facility failed to maintain a functional bathroom ventilation fan. This failure affects one resident (R128) of one two reviewed for environment on the sample list of 47.</p> <p>Findings include:</p> <p>On 4/8/2025 at 12:55PM, R128 reported R128's bathroom ventilation fan was inoperable and had not worked since R128 admitted to the facility in June of 2024. R128 reported wanting the fan to operate. When the ventilation fan switch was turned to the on position, the fan blades did not move.</p> <p>On 4/11/2025 at 11:16AM, the ventilation fan remained inoperable as above. R128 was present and reported previously asking several staff members (unidentified) over time to repair the fan, but nobody has done anything about it.</p> |

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| <p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>                    | <p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>35347</p> <p>Based on observation, interview, and record review, the facility failed to maintain an effective pest control program by failing to exclude and prevent flying insects in the facility food service areas resulting in direct cross-contamination of resident dishes. This failure has the potential to affect all 146 residents in the facility.</p> <p>Findings include:</p> <p>On 4/8/2025 at 11:15AM, accumulations of decomposed food covered the underneath side of the facility kitchen dishwasher drainboards and surrounding wall, floor, and plumbing surfaces. The mechanical dishwasher drain pipe discharged into a floor-level receiving trough that was soiled with accumulations of food debris. A fetid odor was present in the area. A clear ten liter plastic container was positioned beneath the dishwasher drain screen and was half-full of yellow colored liquid and food debris. A second container was located beneath the drain pipe of an adjacent three-basin sink and partially full of opaque water. Three or more winged insects resembling fruit flies were present resting on and flying around the dishwasher areas.</p> <p>On 4/9/2025 at 2:30PM, the dishwasher area conditions remained as above. The three-basin sink drain pipe was actively dripping into the collection container positioned below the pipe. The drainboard attached to the dishwasher contained an integral disposal basin where staff scrape dishes prior to washing them in the mechanical dishwasher. The basin is designed to empty directly into an attached food grinder/disposal which was no longer present at the time of the survey. The basin drain pipe was directly plumbed to discharge into a metal pan resting inside of the floor trough and contained cloudy water and chunks of food debris. Accumulations of food debris were present inside of the basin. Twelve or more flies were flying around and resting on the drain opening where the food grinder was previously located as well as the nearby drain trough and sewage pipe leading to the main sewer. Several flies were flying between the trough and sewage pipe and landing on the food contact surfaces of clean resident dishes located on a nearby storage rack a few feet away from the drain trough and sewer pipe. A fetid odor remained in the area.</p> <p>Facility pest control reports document the following notes related to the kitchen:</p> <p>-3/31/2025: fly issues in the kitchen and Open Actions from Previous Service (3/3/2025): potential harborage with the recommendation to clean area.</p> <p>-3/17/2025: baited coffee machine in South kitchen; Today's Observations: German cockroaches and spiders.</p> <p>-3/3/2025: build-up in the North building by the dishwasher area; Today's Observations: potential harborage in kitchen area and the recommendation to clean area.</p> <p>On 4/11/2025 at 1:47PM, V10 reported the food prepared in the kitchen is available for all residents in the facility to eat.</p> <p>(continued on next page)</p> |  |  |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION         | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>145753 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                 | (X3) DATE SURVEY COMPLETED<br><br>04/11/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>LA Bella of Danville |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1701 North Bowman<br>Danville, IL 61832 |  |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG  | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                    |
|---|--|
| <p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>The facility Long-Term Care Facility Application for Medicare and Medicaid (4/9/2025) documents 146 residents reside in the facility.</p> |