

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145753	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/03/2026
NAME OF PROVIDER OR SUPPLIER LA Bella of Danville		STREET ADDRESS, CITY, STATE, ZIP CODE 1701 North Bowman 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 (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0600 Level of Harm - Actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to protect residents' right to be free from verbal and mental abuse by staff for two of three residents (R127, R138) reviewed for abuse in the sample list of 64. This failure resulted in psychosocial harm of R127. Findings include: The facility's Abuse, Neglect, Exploitation, and Misappropriation Prevention Program dated April 2021 documents residents have the right to be free from verbal and mental abuse and the facility will establish and maintain a culture of compassion and caring for all residents. 1.) On 5/31/2026 at 9:33 AM R127 stated R127 received medical neglect waiting for three hours for her call light to be answered while needing to be changed and this past Friday R127 was left in a wet brief for five hours. The same Certified Nursing Assistant (CNA) then declined to bring R127 ice water and food from the fridge. R127 stated the CNA was (V20). R127 stated, We (R127/V20) have gotten into it for my (R127's) call light being on for five hours. R127 stated V20 was very defensive about it and brought two people back with V20 to provide R127's incontinence cares, 'who all stood there watching me get changed while talking about car crashes, someone dying, and cheating'. R127 stated V20 screamed at R127 from the hallway that V20 had more important people to take care of and R127 should have told V20 that R127 wanted R127's food from the fridge. R127 stated this was witnessed by V37 CNA this past Thursday. R127 stated R127 reported these concerns to the wound nurse V26 Registered Nurse (RN) as well as unidentified CNAs. R127 stated R127 told V20 to stay the f*** (expletive) away from R127. R127 stated R127 feels V20's actions are abusive and R127 has called her family in tears because of this. R138, R127's roommate, stated R138 was present for these interactions between R127 and V20. R127 and R138 were observed residing in the same room. R127's Minimum Data Set (MDS) dated [DATE] documents R127 as cognitively intact and R127 is dependent on staff for toileting hygiene. R127's Care Plan dated 2/13/26 documents R127 is at high risk for abuse related to medical and physical condition. R127's Care Plan dated R127 has a behavior problem/accusation toward staff related to Bipolar Disorder, Anxiety Disorder, Paranoid Personality Disorder, and borderline personality disorder. The facility's daily staffing dated 5/29/26 documents V20 worked on R127's hallway on evening shift. On 5/31/26 at 3:33 PM V47 CNA stated V47 works evening shift often on R127's/R138's hallway, and R127 calls when R127 is incontinent. V47 stated V47 found R127 soaking wet twice with R127's call light on and R127 said the call light had been on for a long time. V47 stated this was about two or three weeks ago. V47 stated about two or three months ago V47 reported V20 to the former Director of Nursing, because V20 likes to be on V20's cellular phone instead of answering call lights and doing incontinence rounds. V47 stated R127 and R138 do not have any behaviors. V47 confirmed R127 and R138 are cognitively intact and credible. On 6/01/2026 at 10:31 AM V26 RN stated on dayshift on Tuesday of last week or Thursday/Friday of the week prior R127 (continued on next page)		

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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F 0600 Level of Harm - Actual harm Residents Affected - Few	voiced concerns about a CNA, ice not being available, R127's call light being on, and that the CNA brought a bunch of staff in the room during R127's incontinence cares. V26 confirmed R127 also alleged that the CNA yelled at R127. On 6/2/26 at 3:12 PM V37 CNA stated while V37 passing out supper trays on R127's hallway on Tuesday or Thursday of the week prior, R127 told V20 CNA R127 wanted R127's food from the fridge but V20 did not report this to V37. R127 then told V37 R127 did not get dinner because V20 never brought R127's food. V37 stated V37 witnessed V20 yell at R127 from the hallway saying V20 got busy and forgot, then R127 said V20 does not like R127 from a prior incident. V37 stated R127 and V20 verbally went back and forth but does not recall exactly what was said. V37 stated V37 would consider this to be verbal abuse, R127 is of sound mind and was offended by V20's actions. V37 stated on the Wednesday prior R127 told V37 R127 waited a long time to be changed, and a CNA brought two other unidentified staff in to watch while R127 was naked and provided incontinence cares. V37 stated R127 reported R127 did not like the staff's tone of voice and R127 was going to report this. V37 stated R127 also said R127 was waiting on ice water from dayshift for a couple hours and her water pitcher was still at the desk when V37 came in at 3pm. V37 stated at times R127 waits until R127 is saturated because R127 does not want certain people who make R127 feel uncomfortable taking care of R127. On 6/2/26 at 4:22 PM V20 CNA stated V20 provides care for R127 and last worked on Friday, 5/29/26. V20 stated R127 does refuse cares from V20, R127 wanted R127's food, V20 was in the hallway and R127 told V20 to get out of R127's room. 2.) On 5/31/2026 at 9:43 AM R138 stated, (V21 CNA) treats (R138) like sh** (expletive), (V21) tells me (R138) how nasty I (R138) am, and mistreats me (R138). R127, R138's roommate stated this incident happened around December 2025/January 2026 and R127 witnessed this incident. R127 stated R127 reported this to unidentified staff while sobbing because the incident made R127 feel uncomfortable. R138's MDS dated [DATE] documents R138 as cognitively intact. R138's Care Plan dated 2/13/26 documents R138 is at risk for abuse vulnerability related to medical and physical condition. V21's employee file contained an Education/Disciplinary Notice dated 3/19/26 documenting verbal warning given for customer service complaints, signed by V28 Social Service Director. On 6/01/2026 at 3:22 PM V28 stated V21's disciplinary action form was regarding V21's tone and being rude when answering a call light.		

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F 0698 Level of Harm - Actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to maintain communication and collaboration with an offsite dialysis center, follow dialysis and physician's orders, complete assessments and monitoring for dialysis related complications, and report elevated blood pressures for one of two residents (R15) reviewed for dialysis in a sample list of 64. These failures resulted in R15 being hospitalized and admission to the intensive care unit. Findings include: The facility's Diet Manual dated 2025 documents the following: A Chronic Kidney Disease (CKD) Renal diet is for resident's with CKD and is appropriate for resident's on dialysis. This includes 75-85 grams (g) of protein, 2.5-3.5 g of Sodium, 1.8-2.5 g of potassium and 1.5 g or less of phosphorous per day. Whole Milk is limited to 1/2 cup per day. High sodium foods, citrus fruits/juices, bananas, potatoes, beans, and tomatoes may be limited. A regular diet with renal precautions can be used instead of the CKD Renal diet which includes avoiding salt packets, not citrus fruits/juices, no bananas, limiting milk to one cup per day, and limiting potatoes to one serving at lunch and/or supper. Renal precautions should be documented on the resident's meal card and care plan. Ham is listed as a high phosphorous and sodium food, and potatoes are listed as a high potassium food. The facility's Diet Spreadsheet Week 2 dated 3/2/26 documents the following: On Sunday (5/31/26) regular diet lunch included brown sugar glazed ham, candied yams, and buttered peas. The CKD renal diet lunch included pork patty, buttered noodles, and buttered peas. On 05/31/2026 at 10:27 AM R15 stated R15 receives dialysis three times per week and R15 is supposed to be on a renal diet, but that isn't followed as R15 frequently gets served potatoes. R15 stated the nurses do not do any assessment/monitoring after returning from dialysis and paperwork is not sent with R15 to dialysis. R15's left upper arm was wrapped with a gauze bandage. At 12:00 PM R15's meal ticket showed regular, No Added Salt diet, fluid restriction. R15 ate all the ground ham with gravy and peas and did not eat the mashed potatoes. R15 stated R15 isn't supposed to have mashed potatoes but R15 is served mashed potatoes every day. R15's meal tray included an 8 ounce glass of grape flavored drink. There was a water pitcher half full of ice at R15's bedside. R15 stated R15 is supposed to be on a fluid restriction. On 6/3/26 at 8:23 AM R15's meal tray was on the hall cart on R15's hall. R15's meal ticket documented regular diet and did not identify renal diet/precautions. There was an empty 8 ounce carton of milk and a 4 ounce glass of apple juice. This was confirmed with V3 Certified Nursing Assistant (CNA). V3 stated R15 is not on a fluid restriction. On 6/3/26 at 8:25 AM R15 had two water pitchers at her bedside, one full and the other half full, confirmed with V44 CNA. V44 stated staff do not do any tracking of R15's fluid intake. R15's active care plan includes interventions for monitoring and assessing R15's dialysis access site every shift, 1500 milliliter daily fluid restriction, administering medications as ordered, monitoring weights, dietary consult to regulate potassium intake, monitoring and reporting abnormal vital signs to the physician, and follow diet as ordered. R15's active physician's orders did not include daily fluid restriction, withholding medications on dialysis days, dialysis center information or frequency of dialysis. R15's orders included liberalized renal diet, check bruit and thrill of dialysis fistula every shift (5/31/26), obtain vital signs pre and post dialysis (5/31/26), and weigh weekly. R15's April 2026 and May 2026 Medication Administration Records (MARs) document the following: Weigh weekly as of 5/20/26 but does not list any weights recorded. R15 was on a 1500 milliliter (ml) daily fluid restriction with fluid intakes recorded and 7 days in April intake was greater than 1500 ml. R15's fluid restriction was not resumed on 5/8/26 after returning from the hospital and R15's assessment/monitoring of bruit and thrill was not resumed until 6/1/26. R15's pre-dialysis (continued on next page)		

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F 0698 Level of Harm - Actual harm Residents Affected - Few	blood pressure was 170/78 on 4/29/26. Hydralazine Hydrochloride 50 milligrams (mg) by mouth three times daily for hypertension with seven missed noon doses in April, eight in May, and one in June on dialysis days. R15's weight log documents on 4/8/26 140.2 pounds and R15's last documented weight of 156.4 pounds on 5/7/26. R15's electronic medical record did not contain any dialysis communication forms after December 2025. R15's April-June 2026 nursing notes document intermittent communication with the dialysis center, not three times weekly. R15's dialysis communication binder, provided by V2 Director of Nursing, included paper communication forms that were not uploaded into R15's electronic medical record and did not consistently document written communication to/from the dialysis center three times per week. R15's Dialysis Communication Form dated 4/15/26 documents the dialysis center recorded R15's post-dialysis weight as 70.3 kilograms (kg) (154.98 pounds). R15's dialysis center communication documents R15's post-dialysis weights as 69.9 kg (154.10 pounds) on 4/17/26 and 71.9 kg (158.51 pounds) on 4/27/26; and R15 has complained of ongoing right side pain for about a week. R15's Dialysis Communication Form dated 5/27/26 documents the facility recorded R15's pre-dialysis weight as 156.4 pounds, R15's diet as regular and fluid restriction as n/a (not applicable). R15's Nutrition Note dated 5/21/2026 at 10:52 AM documents: R15 was assessed for nutrition related to dialysis and R15 has CKD stage 4. R15's diet orders include liberalized renal diet and 1500 ml daily fluid restriction. R15 had significant weight gain of greater than 10% in one month, likely related to fluid retention, and to continue to monitor weights weekly. R15 is at risk for nutritional decline related to End Stage Renal Disease on dialysis and need for therapeutic diet. R15's blood pressure log documents R15's blood pressure ranged from 107/70-153/77 between 4/2/26 and 4/25/26. This log documents R15's blood pressure as: 164/77 on 4/26/2026 at 11:23 AM 170/78 on 4/29/26 at 9:00 AM 167/66 on 4/29/26 at 11:06 PM 174/76 on 5/1/26 at 2:04 PM 177/72 on 5/3/26 at 11:17 AM 164/79 on 5/4/2026 at 10:26 AM There is no documentation in R15's medical record that the facility reported R15's blood pressures to R15's physician/practitioner prior to being hospitalized on [DATE]. R15's Nursing Notes document the following: On 4/2/26 at 1:02 PM the dialysis center called to request R15's Metoprolol orders be reviewed with the physician due to bradycardia episodes during dialysis treatments. On 4/29/2026 at 12:21 PM the dialysis center called to report R15's general fatigue/malaise, R15's pulse fluctuated 40-50 beats per minute and current blood pressure of 157/80, R15's dialysis treatment will be reduced to 1.9 liters, and message was left for R15's physician. On 5/4/2026 at 10:44 AM R15 had vomited twice, R15 had elevated blood pressure, dialysis treatment was cut short, and R15 was sent to the local emergency room. R15's Hospital History and Physical dated 5/4/26 at 7:30 PM documents R15 presented with headache, nausea, vomiting, and abdominal pain that has been ongoing for four days and was admitted for hypertensive urgency. R15's assessment/plan included poorly controlled hypertension, presented with elevated systolic blood pressures 170s-180s, R15 did not get her home medications including Amlodipine 10 mg daily, Clonidine 0.3 mg per hour patch, Hydralazine 50 mg three times daily, Toprol Extended release 100 mg daily. This includes instructions to give these medications after dialysis. R15's weight on 5/5/26 was 159 pounds. R15 was given intravenous cardiac medications and admitted to the intensive care unit. On 6/3/26 at 8:27 AM V38 Licensed Practical Nurse stated R15 goes to (dialysis center) and the contact information would not need to be documented in R15's medical record, agency staff would be verbally informed of R15's dialysis center information. V38 stated vital signs are taken pre/post dialysis and there would be no need to contact the dialysis center with any changes in R15's condition except on dialysis days. V38 stated R15 is on a fluid restriction with guidelines to follow which should be documented in physician's orders and the MAR. V38 reviewed R15's MAR and verified no documented fluid restriction or dialysis center (continued on next page)		

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F 0698 Level of Harm - Actual harm Residents Affected - Few	information and frequency. V38 stated weights are recorded on the weight log and MAR but typically weights are done at dialysis, so the facility does not record the weights. V38 stated there are no parameters for when to notify the physician for pre/post dialysis monitoring and vital signs. V38 stated R15 does miss noon doses of cardiac medications on dialysis days, including Hydralazine. V38 confirmed there are no orders regarding this. V38 stated R15 has a dialysis access site in left arm and bruit/thrill is assessed and documented on the MAR. At 8:56 AM V38 confirmed R15's orders for dialysis frequency and center contact information as well as fluid restrictions were not resumed after R15 readmitted from the hospital and should have been. On 6/3/26 at 9:09 AM V43 Dialysis Clinical Care Coordinator stated the center requires the facility to give a verbal report prior to each dialysis treatment and the facility sends a paper form to document communication and any changes in condition. V43 stated R15 should be on a 1500 ml daily fluid restriction, if this isn't followed it could increase hypertension and lead to fluid retention. V43 stated the facility should monitor R15's blood pressure and overall condition following dialysis and notify the primary physician for any changes in blood pressure. V43 stated R15 can have mashed potatoes but depends on how many other potassium foods she is routinely consuming. On 6/3/26 at 8:40 AM V42 Nurse Practitioner stated the facility should notify a provider if R15's systolic blood pressure is greater than 160 and the facility should contact dialysis with vital signs prior to sessions so dialysis can make determinations. V42 stated R15 has a long-standing history of hypertension and R15 should have weekly weights. At 9:28 AM V42 stated R15 was hospitalized on [DATE], R15 received dialysis and cardiology evaluation/treatment. V42 stated V42 was on vacation the week prior but if V42 was notified of R15's increased blood pressures V42 may have adjusted R15's Metoprolol since that was recommended by R15's nephrologist. V42 stated the facility should have contacted R15's primary physician or an alternate nurse practitioner regarding R15's elevated blood pressures. On 6/3/26 at 9:35 AM V2 Director of Nursing stated weights are often deferred to dialysis to document on the communication forms. V2 stated physician notification would be documented in the nursing notes, and if it isn't documented in the nursing notes then there would be no additional documentation to provide. On 6/3/26 at 3:18 PM V2 provided and reviewed R15's dialysis communication binder. V2 confirmed these forms are not completed three times weekly and these forms have not been uploaded into R15's electronic medical record. V2 stated the facility and dialysis are to complete these forms pre and post each dialysis session. On 6/3/26 at 9:44AM V15 Assistant Dietary Manager stated R15 is on a regular diet, not a renal diet and R15 should be on a fluid restriction. V15 stated renal diets would avoid high potassium foods such as tomatoes, baked potatoes, oranges/juice, and sweet potatoes. V15 stated R15 can have mashed potatoes, which was served on 5/31/26 at noon and R15 was served ground ham as well. V15 reviewed the facility's weekly menu and confirmed mashed potatoes served in place of the sweet potato and brown sugar ham were listed as the regular diet, and renal diet listed pork patty with buttered noodles. On 6/3/26 at 10:11 AM V41 Registered Dietitian stated R15 is on a liberalized renal diet and 1500 ml daily fluid restriction. V41 stated liberalized mimics regular diet but removes foods that are higher in potassium, sodium and phosphorous based on laboratory results. V41 stated the dietary staff should follow the renal diet on the menu for R15 and if the diet and fluid restriction aren't followed this could cause fluid retention, edema, and affect R15's laboratory results. The facility's Hemodialysis policy dated 9/1/24 documents: The facility will provide care and treatment, consistent with professional standards of practice, physician orders, the resident's care plan/goals/preferences to meet the needs of residents who receive hemodialysis. This includes ongoing assessment and monitoring of the resident's condition and complications before and after dialysis treatments, and ongoing communication and collaboration with the dialysis center. The nurse (continued on next page)		

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F 0698 Level of Harm - Actual harm Residents Affected - Few	will communicate to the dialysis facility via telephone or written communication including treatment orders, medication administration, nutritional/fluid management, weights, and change in condition. The nurse will monitor and document the status of the resident's access site upon return from the dialysis center and every shift. Physician's orders for dialysis should include the type of access site, the dialysis center name and contact information, transportation arrangements, any medication administration or withholding prior to treatments, and fluid restrictions. The facility's Care Planning Special Needs- Dialysis policy dated 9/1/24 documents: The care plan will reflect the responsibilities and coordination of care with the facility and the dialysis center. Interventions include documentation and monitoring of complications, pre and post weights, monitoring of access sites, nutrition/hydration, laboratory tests, vital signs, provision of medications, and transportation arrangements. Changes in condition following dialysis treatments will be reported immediately to the physician.		

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F 0577 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Allow residents to easily view the nursing home's survey results and communicate with advocate agencies. Based on observation, interview, and record review the facility failed to ensure access to the state survey results for nine of nine (R1, R55, R89, R100, R102, R106, R109, R110 and R136) residents reviewed for resident council on the sample list of 64. This failure also has the potential to affect all 145 residents residing in the facility. Findings include: On 6/1/2026 at 1:30 PM, during the resident council meeting R1, R55, R89, R100, R102, R106, R109, R110 and R136 stated that they do not know what the survey binder is or where it was located. On 6/1/26 at 1:55 PM, a survey binder was not in any of the common areas in the north or south buildings. On 6/1/2026 at 2:02 PM, V2 Director of Nursing stated she would locate the survey binder. At 2:13 PM, V2 stated she was still looking for it. At 2:25 PM, V2 stated the survey binder for the south building was found in the human resource office and there is not a binder for the north building. On 6/3/3026 at 2:17 PM, V34 Director of Clinical Operations stated the survey binder should be readily available to the residents. The facility's Long Term Care Facility Application for Medicare and Medicaid dated 5/31/26 documents there are 145 residents residing in the facility.		

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F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. Based on observation, interview and record review the facility failed to follow up on resident grievances reported in the resident council meetings and document the outcome of any actions taken to resolve the concern for nine of nine (R1, R55, R89, R100, R102, R106, R109, R110 and R136) residents reviewed for resident council on the sample list of 64. This failure also has the potential to affect all 145 residents residing in the facility. On 6/1/2026 at 1:30 PM during the resident council meeting, R1, R55, R89, R100, R102, R106, R109, R110 and R136 stated they do not feel that the facility always gives them a response to their grievances and if they do it is not timely. The facility's Resident Council Meeting minutes for the South building dated 12/30/25 document a concern that medications are not given on time. The facility's Resident Council Meeting minutes for the South building dated 1/27/26 do not document a follow-up to the concern from 12/30/25 that medications were not given on time. These minutes document a concern that dietary likes and dislikes are not followed. The facility's Resident Council Meeting minutes for the South building dated 2/23/26 do not document a follow-up to the concern that dietary likes and dislikes are not followed. The facility's Resident Council Meeting minutes for the North building dated 2/24/26 document a concern that tray tables are warped, cheese is not melted, there are not enough condiments, the food is cold and dried out, there are not appropriate serving sizes or enough to drink and there are no snacks. The facility's Resident Council Meeting minutes for the North building dated 3/31/26 do not document a follow-up to the dietary concerns from the 2/24/26 meeting. The facility's Concern/Compliment form dated 4/4/2026 documents a concern that ice water or hydration is not routinely passed. The follow-up section on this form is blank, and the outcome section of this form does not document whether the actions taken resolved the issue. On 6/1/2026 at 3:06 PM, V28 Social Service Director stated she does not document her follow up to the facility's grievances. The facility's Policy labeled Resident and Family Grievances with a review date of 5/2026, states the Grievance Officer will issue a written decision on the grievance to the resident or representative at the conclusion of the investigation. On 6/3/2026 at 2:17 PM, V34 [NAME] President of Clinical Operations stated V28 should have residents or representatives sign off on the grievances when V28 follows up with the residents to show they were notified. The facility's Long Term Care Facility Application for Medicare and Medicaid dated 5/31/26 documents there are 145 residents residing in the facility.		

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review the facility failed to ensure food items were stored, labeled, and maintained in a sanitary manner. These failures have the potential to affect all 145 residents residing in the facility. Findings include: On 5/31/26 at 8:25 AM the kitchen and food storage areas were toured Dietary Aide, V16. Upon entering the storage room there was a red rack on the floor with three loaves of bread and four packages of hot dog buns. V16 went through the bread and buns removing four items. V16 stated the facility has mice and they ate through the wrappers and ate the bread and buns. Holes were present in the packages of bread and buns. In the freezer, multiple containers of ice cream and ice cream cups were observed with no dates indicating when they were opened. In the storeroom, the floor was visibly dirty with debris along the wall and under shelving. On the dry storage shelves, three bags of brownie mix were found with no date. On the rotation shelf, several gallon cans were stored without any dates indicating when they were placed into use. In the freezer, an opened box of cinnamon strudels was found with no date. Several storage totes used for holding food items were observed to be in poor condition, with rips and sharp edges. The facility was storing instant mash potatoes in a tote and the items were not dated. On the dry storage shelf, multiple gelatin packages were found without dates. Also in dry storage, four drink mix packages were found with no dates. During an interview at the time of the observations, the Dietary Manager V14 confirmed the items were not dated and the totes should have been replaced and acknowledged these practices did not meet the facility's food storage and sanitation policies. Facility's food storage policy was requested but never received. The facility's Long-Term Care Facility Application for Medicare and Medicaid dated 5/31/26 documents 145 residents reside in the buildings.		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. Failures at this level required more than one deficient practice statement. A. Based on interview and record review the facility failed to maintain infection control logs that identified infectious organisms to monitor for trends. This failure has the potential to affect all 145 residents in the facility. B. Based on observation, interview and record review the facility failed to develop and implement a Legionella water management plan that included identified risk areas and control measures. This failure has the potential to affect all 145 residents in the facility. C. Based on observation, interview, and record review the facility failed to follow and implement Enhanced Barrier Precautions and failed to perform proper hand hygiene when administering medications via gastrostomy tube (G-tube) for two of six residents (R124, R111) reviewed for infection control from a total sample of 64 residents. Findings include: a.1) The facility's Infection Surveillance policy dated as revised June 2026 documents the following: Infection surveillance is the core of the facility's infection prevention and control program and identifies infections and monitors infection control practices to reduce and prevent the spread of infections. The Infection Preventionist leads surveillance activities and maintains documentation. Pathogens are included as part of the surveillance and monitoring of infection control. The facility's January-March 2026 Infection Control Logs do not include any surveillance or monitoring of infectious organisms for urinary tract infections to identify trends or patterns. The facility's May 2026 Infection Control Log does not document any surveillance or monitoring of infectious organisms. The column listed to document the organism is either left blank or just lists the general infection, such as pneumonia or urinary tract infection. On 6/01/2026 at 2:22 PM V26 Registered Nurse stated V26 was the former IP (Infection Preventionist) and was on vacation for the latter half of April until V26 returned on 5/6/26 when V26 became the facility's wound nurse. V26 stated V26 did not complete any infection control logs during that time for tracking and monitoring of infections. V26 stated V26 did not identify any trends in infections. On 6/01/2026 at 3:29 PM V6 IP confirmed the facility's May 2026 infection control log does not document infectious organisms. V6 stated V6 does not have access to obtain culture results and has to wait for nurse management to provide this documentation. V6 stated V6's role as the IP is to track and identify any trends/patterns in infections. V6 confirmed this should include monitoring for any patterns or trends in infectious organisms. On 6/2/26 at 8:43 AM V25 Assistant Director of Nursing (ADON) stated V25, and the former DON were trying to keep up with the infection control logs January-March 2026. V25 reviewed these logs and confirmed they do not document surveillance and monitoring of infectious organisms for urinary tract infections. The facility's LONG-TERM CARE FACILITY APPLICATION FOR MEDICARE AND MEDICAID dated 5/31/26 documents a census of 145 residents. (continued on next page)		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	b.1.) The facility's undated Legionella Surveillance policy documents the following: Legionella (bacteria commonly found in water) poses a health risk when grown in numbers, aerosolized, and breathed in through small, contaminated water droplets. Legionella grows best in water temperatures of 77 degrees Fahrenheit (F.)-108 F, especially in water that is not moving or does not contain disinfectant to kill germs. Showers and fountains create aerosols. Physical control measures include maintaining potable water systems and non-potable water systems shall be routinely cleaned and disinfected. Temperature controls include storing hot water above 140 F. The facility's undated Water Management Plan documents cold water is heated to approximately 145 F. throughout the buildings by multiple hot water heaters (refer to facility map) and then tempered via thermostatic mixing valves to 100 F-110 F distributed to all resident and staff handwashing stations. This water management plan does not identify any other Legionella risk areas or control measures. The facility's undated Water Flow Guide and Risk Areas for both the North and South building identify sinks, showers, and water heaters as Legionella risk areas. The facility's undated floor plans for both the North and South buildings identify multiple hot water heaters located throughout the buildings including hallways and resident room closets. On 6/02/2026 at 10:48 AM V40 Maintenance Director stated V40 temps the water at the faucets in resident rooms. V40 stated hot water tanks should be around 135 F but will have to check for sure. V40 was unsure how many hot water heater tanks the facility has. V40 stated the facility has one shower room that is not used and V40 flushes the water once per week. V40 stated the facility has one water fountain which requires filter changes but V40 has not changed the filter since November 2025 when V40 became the maintenance director. V40 was requested to provide documentation of the facility's Legionella control measures implementation. On 6/3/26 at 10:20 AM V40 provided logs of water temperature checks for resident rooms and bathrooms. V40 stated V40 had no other documentation or logs to provide for implemented Legionella control measures. Random hot water heater tanks stored in resident room closets on the North and South halls of the South building and the south halls of the North building were viewed with V40 and V39 Regional Maintenance Director between 10:25 AM and 11:05 AM. These hot water heater tanks did not contain gauges or thermostats to identify the temperature of the water stored in the tank, and one gauge was set at approximately 130 F. This was verified with V39 and V40. V40 stated all the facility's hot water heater tanks are like this and these tanks supply the water to all resident rooms and bathing areas. V40 stated the prior maintenance director had a device that would test the temperature of the hot water heater tank water, but it broke. V40 stated V40 checks shower heads as needed and changes the filters but has no documentation of this. V39 stated shower head cleaning should be done quarterly as part of the Legionella plan. V40 stated the facility has three shower rooms in the South building with one not in use, and two shower rooms in the North building. The facility's water fountain near the nurse's station in the South building was viewed during this time, the fountain was available for use/functional and contained a red light. V40 stated the red light indicates the filter needs changed. V39 stated that typically the water fountains have been removed from the other buildings this corporation manages. (continued on next page)		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 6/3/26 at 11:13 AM V40 reviewed the facility's Legionella plan and confirmed it did not address all risk areas in the facility and control measures to address these areas. The facility's LONG-TERM CARE FACILITY APPLICATION FOR MEDICARE AND MEDICAID dated 5/31/26 documents a census of 145 residents. c. 1.) On 6/1/26 at 9:22 a.m., V12, Licensed Practical Nurse (LPN), was observed administering R124's medications via gastrostomy tube (G-tube). Enhanced barrier precautions (EBP) signage was posted on the R124's room door. V12 prepared medications at the medication cart, entered R124's room, and put on gloves. V12 entered the shared bathroom and filled disposable cups with water from the sink, then mixed the medications with the water. V12 proceeded to the resident's bedside, verified G-tube placement, administered the medications via the tube, and flushed the G-tube following administration. During the observation, no hand hygiene was performed and V12 did not put on a gown prior to or during administration of R124's medications. On 6/1/26 at 9:45 a.m., V12, LPN, stated R124 is on Enhanced Barrier Precautions (EBP) and stated he should have worn a gown and performed hand hygiene during medication administration. V12 further stated that he had not been following those practices when providing care to R124. R124's Electronic Health Record dated 5/7/26 documents R124 has several medical diagnoses including Gastrostomy Status, Dysphagia, and cancer of the left lung and mandible. R124's Care Plan dated 5/7/26 documents that R124 requires tube feedings related to Adenocarcinoma of the left lung, Cancer of the mandible, and Dysphagia. R124's Medication Administration Record dated June 2026 documents R124 has an active order and is receiving Famotidine 20 milligrams (mg), one tablet via G-Tube one time a day, Sertraline oral concentrate 20 mg per milliliter (ml), 2.5 ml via G-Tube daily, GlycoLax powder, 17 grams via G-Tube two times a day, and Lyrica 50 mg via G-Tube two times a day. On 6/3/26 at 1:10 p.m., V2, Director of Nursing (DON), stated that V12, Licensed Practical Nurse (LPN), should have performed hand hygiene before, during, and after administering medications via G-tube to R124 and should have worn a gown during medication administration in accordance with the facility's Enhanced Barrier Precautions policy. c2. An admission Record dated 3/17/26 documents R111 has diagnoses including but not limited to peripheral vascular disease, acquired absence of right leg below knee, bacteremia, and type two diabetes mellitus with foot ulcer. On 5/31/2026 at 8:50AM, R111 was sitting in his wheelchair with his left foot wrapped. R111's left knee had a scab about the size of a quarter surrounded with redness. His left middle finger had two pinkish-red scabs near the knuckle. Outside of R111's room there is no Enhanced Barrier Precautions (EBP) signage posted, and no gloves, gowns, or masks were available. (continued on next page)		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 5/31/2026 at 9:14 AM, V51 (Licensed Practical Nurse) stated she had never heard of EBP at the facility and does not know what it is. On 6/01/2026 at 12:48 PM V6 (Infection Preventionist) stated R111 should be on EBP due to his wound. R111's care plan initiated on 4/2/26 documents R111's has a diabetic foot ulcer to his left foot but does not address EBP. R111's Order Summary Report dated 05/31/2026 was reviewed and no physician orders were present for EBP. The facility's Enhanced Barrier Precaution policy, revised in 2026, documents an order for enhanced barrier precautions will be obtained and initiated for residents with wounds, including diabetic foot ulcers.		

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. Based on observation, interview and record review the facility failed to ensure an effective pest control program was maintained to prevent rodent activity in the main kitchen dry storage area. This failure resulted in food items being contaminated by mice and created the potential for food-borne illness for all 145 residents who reside in the facility. Findings include: On 5/31/26 at 8:25 AM, the kitchen dry storage area was observed with V16 Dietary Aide. A package of sliced bread was observed in a red crate sitting on the floor with holes chewed through the packaging. Portions of the bread were missing in the areas surrounding the holes, consistent with rodent activity. A package of hot dog buns on the same shelving unit was also observed with holes chewed into the packaging, and sections of the buns were missing where the holes were present. The presence of holes in the packaging and missing product is consistent with mice having accessed and eaten the food items. On 5/31/26 at 8:30 AM at the time of the observation, V16 confirmed the packaging damage and missing pieces of product were caused by mice and acknowledged the items will be discarded immediately. V14 Dietary Manager, confirmed the kitchen has mice in the storage area and they have a contract with the pest control vendor, and will notify V40, Maintenance Director, to contact the vendor. Review of the contract vendor's Service Report dated 5/26/26 has the following comments: I inspected the (mouse traps) in the kitchen, office and restrooms. I found mice activity in the south kitchen and replaced the glue boards as needed. The Service Report dated 5/11/26 states During today's service I inspected (mouse traps) in the kitchen area. I found mice in (mouse trap) that was placed in the south kitchen. The facility's Long-Term Care Facility Application for Medicare and Medicaid dated 5/31/26 documents 145 residents reside in the buildings.		

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure residents are treated with dignity and respect for four of 29 residents (R2, R15, R10, R143) reviewed for resident rights in the sample list of 64. Findings include: 1.) On 5/31/2026 at 11:57 AM R2 was in R2's room using a plastic spoon to eat. There were no other utensils on R2's meal tray. R2 had no upper or lower teeth. R2's meal included a ham slice, baked potatoes and peas. R2 stated the plastic spoon was the only utensil provided with R2's meal and it was difficult to cut the ham. R2's roommate, R10, was also using a plastic spoon to eat and there were no other utensils on R10's meal tray. R10's meal included a ham slice cut into pieces and baked potato. On 5/31/26 at 12:00 PM R15 was eating in R15's room using a plastic spoon to eat. R15's meal tray did not include any other utensils. R15 stated the plastic spoon was the only silverware provided with R15's meal. R2's Minimum Data Set (MDS) dated [DATE] documents R2 has moderate cognitive impairment, has no natural teeth, and R2 had significant weight loss in one or six months. R10's MDS dated [DATE] documents R10 has severe cognitive impairment. On 5/31/2026 at V3 Certified Nursing Assistant confirmed some residents were served regular silverware and some served plastic for the North Hall room trays. V3 stated the kitchen staff told V3 the kitchen ran out of regular silverware, so plastic silverware was used. V3 confirmed only plastic spoons were served on these trays. On 6/01/2026 at 11:15 AM V15 Assistant Dietary Manager stated, I (V15) don't know why they (staff) would serve plastic silverware to the residents for lunch. V15 stated V15 orders metal silverware, all three utensils, twice a week, which comes in packages of 24 for each utensil. V15 stated silverware goes missing but the facility has plenty of knives. V15 confirmed it would not be acceptable to provide only a plastic spoon for meals and would not be appropriate to eat sliced ham with a plastic spoon. 2. R143's Minimum Data Set assessment dated [DATE] documents R143 is cognitively intact. An admission Record dated 6/03/2026 documents R143's diagnoses include, but are not limited to Cerebral Infarction, Major Depressive Disorder, and anxiety disorder. On 6/01/2026 at 3:00 PM, V53 (Licensed Clinical Social Worker) was speaking very loudly down the hallway stating, That was inappropriate! I don't appreciate being talked to that way!. At approximately 3:05 PM, V53 stated V53 didn't like R143's tone of voice and that is why she said that to R143. (continued on next page)		

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 6/01/2026 at 3:20 PM, R143 stated that she was talking to V53 about her concerns with needing more assistance at times and frustrations with staff and V53 said, You're just going to have to put up with it. R143 reports her interaction with V53 just makes her feel like she is not being treated with respect. R143's Social Services Trauma Informed Care assessment dated [DATE] documents loud noises are a trigger for R143 that causes her alarm or distress.		

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F 0568 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Properly hold, secure, and manage each resident's personal money which is deposited with the nursing home. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to maintain accurate accounting of resident trust fund accounts and provide quarterly statements for four of five residents (R15, R138, R92, R111) reviewed for personal funds in the sample list of 64. Findings include: 1.) On 5/31/26 at 10:27 AM R15 stated R15 receives social security income and requested the surveyor check to ensure R15 is receiving R15's money. R15 stated R15 has a resident trust fund account but was unsure of statements or account balance. R15's Resident Statement with date range of 3/4/26-6/1/26 documents an accounting of R15's personal funds account. This statement documents a debit of \$300 on 3/27/26 and a debit of \$200 on 5/5/26. The Resident Trust Petty Cash Withdraw Log dated 3/5/26-3/27/26 documents a cash withdrawal of \$300 on 3/27/26 for R15, signed only by V27 Business Office Manager and not R15. The Resident Trust Petty Cash Withdraw Log dated 4/7/26-4/14/26 documents a cash withdrawal of \$200 on 4/14/26, signed only by V27 and not R15. This debit is not included in R15's Resident Statement. The Resident Trust Petty Cash Withdraw Log dated 5/29/26-6/1/26 documents a cash withdrawal of \$200 on 5/29/26, which has not yet been reflected on R15's Resident Statement. There is no documentation that R15 or R15's family are provided with quarterly resident trust fund statements. On 6/02/2026 at 9:45 AM V27 Business Office Manager stated R15's statements are provided monthly to V46, R15's Family. On 6/2/26 at 12:38 PM V46 stated V46 does not receive R15's trust fund statements but the facility should be giving them to R15. V46 is unsure if this is being done. On 6/02/2026 at 12:20 PM V27 and V48 [NAME] President of Business Development reviewed R15's trust fund accounting ledger/statement and the withdrawal logs. V27 stated R15 withdrew \$300 on 3/27/26 and \$200 on 4/14/26. V27 verified R15's trust fund accounting ledger/statement does not match these withdrawals noted on the log. V27 stated V27 did not have R15 sign for the cash withdrawals, V27 just makes a notation that R15's family was aware of the withdrawal. V48 confirmed the accounting ledger/statement and withdrawal logs should match. V48 confirmed cash withdrawals require resident signatures. On 06/02/2026 at 1:40 PM V27 stated V27 does not have any documentation that trust fund statements are given to R15 or R15's family. 2.) On 5/31/26 at 9:31 AM R138 stated R138 is supposed to receive social security income and R138 was admitted with cash. R138 believes it is set up in a trust fund account but the facility does not (continued on next page)		

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F 0568 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	inform R138 of R138's trust fund balance. R138's Resident Statement with date range 3/27/26-6/1/26 documents R138 had debits of \$60 on 3/27/26 and 5/5/26 for personal needs items. These debits do not reflect the entries on the facility's cash withdrawal logs. The facility's Resident Trust Petty Cash Withdrawal log dated 3/5/26 documents a cash withdrawal of \$60 by R138. The facility's Resident Trust Petty Cash Withdrawal Log dated 4/7/26 documents a cash withdrawal of \$60 by R138. There is no documentation that R138 is provided quarterly trust fund statements. On 06/02/2026 at 9:45 AM V27 stated trust fund statements are given to R138 as needed on request. R138 does refuse at times because it upsets R138, but V27 reapproaches R138 and R138 will then usually agree to receive the statement. At 1:40 PM V27 stated V27 does not have any documentation that trust fund statements are given to R138. 3. R92's face sheet documents R92 admitted to the facility on [DATE]. On 5/31/2026 at 1:55 PM, R92 stated she did not know for a long time she had money in an account at the facility, and she does not receive quarterly statements. R92's electronic medical record does not document that R92 receives quarterly statements for her resident trust account. On 6/02/2026 at 1:32 PM, V27 Business Office Manager stated V27 attempted to give R92 a statement one time and R92 got upset. V27 stated she did not document this. V27 stated V27 has never provided R92 with a statement since that time. On 6/3/2026 at 2:17 PM, V34, [NAME] President of Clinical Operations, stated V27 should be attempting to give R92 her statement in a sealed envelope and documenting if she gets upset. 4. A Minimum Data Set, dated [DATE] documents R111 has moderate cognitive impairment. On 5/31/2026 at 8:50 AM, R111 stated he has five hundred dollars he gave to the facility to be kept in a safe and he has been requesting it, but no one has given him it. On 6/2/2026 at 8:45 AM, V27 (Business Office Manager) stated R111 does have money locked in a safe in her office. V27 stated R111 has requested portions of his money and received it, but never the entire amount. V27 stated R111 has taken out two or three dollars and R111's family is called when money is removed, but there is no record kept of these transactions. V27 took an envelope out of the safe and it had R11's name written on it with a date of 3/14/26 and the amount of \$507.00. On 6/2/2026 at 9:15 AM, V27 counted R111's money in the envelope and \$507.00 was in it. V27 stated (continued on next page)		

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F 0568 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	R111 may not have taken out dollars but may have taken change (cents) from it. V27 stated R111's money is his own personal money and not a trust fund, so accounting does not need to be completed for it. V27 confirmed there is no accounting record for R111's \$507.00. V27 and V1 (Administrator) are the only ones who have access to the safe. R111's medical record did not document a personal funds accounting sheet for R111's \$507.00. The facility's Resident Personal Funds policy dated May 2026 documents if the resident chooses to deposit personal funds with the facility, the facility must act as a fiduciary of the resident's funds and hold, safeguard, manage, and account for the personal funds. This policy documents resident personal funds in excess of \$100 will be deposited in an interest-bearing account and will credit all interest earned for that account. This policy documents the facility will establish and maintain an accounting system according to generally accepted accounting principles of each resident's personal funds managed by the facility, and individual financial records must be available to the resident through quarterly statements and upon request.		

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F 0570 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Assure the security of all personal funds of residents deposited with the facility. Based on interview and record review the facility failed to ensure the surety bond exceeds the total resident trust fund balance. This failure affects three of five residents (R15, R92, R138) reviewed for resident trust funds in the sample list of 64. Findings include: The facility's Resident Personal Funds policy dated May 2026 documents The facility will purchase a surety bond, or otherwise provide assurance satisfactory to the Secretary, to assure the security of all personal funds of residents deposited with the facility. The facility's Bond Continuation Certificate dated 5/2/25 and ending 7/31/26 documents an insured sum of \$117,000. The facility's Commercial Interest Checking statement dated 4/1/26-4/30/26 documents the total resident trust fund beginning balance of \$126,776.99 and ending balance of \$150,821.17. The minimum balance was \$128,100 and average balance was \$150,582. R15 and R138 are listed in this statement. The Trial Balance dated 6/2/26 documents a total resident trust fund balance of \$157,677.38. R15, R138 and R92 are included in the resident trust fund balance. On 6/02/2026 at 10:37 AM V27 Business Office Manager verified the total resident trust fund balance for April 2026 exceeded the facility's surety bond. At 1:40 PM V27 provided the current resident trust fund balance and confirmed it exceeds the surety bond. V27 stated V27 requested a surety bond increase today.		

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NAME OF PROVIDER OR SUPPLIER LA Bella of Danville		STREET ADDRESS, CITY, STATE, ZIP CODE 1701 North Bowman Danville, IL 61832	
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F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement policies and procedures to prevent abuse, neglect, and theft. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to follow their abuse prevention policy by failing to obtain employee background checks upon hire. This failure affects four of four residents (R127, R138, R15, and R2) reviewed for administration in the sample list of 64. Findings include: The facility's Abuse, Neglect, Exploitation, and Misappropriation Prevention Program dated April 2021 documents the facility conducts employee background checks and will not knowingly employ individuals who have been found guilty of abuse and neglect by a court of law or had abuse/neglect findings or concerns entered into the state nurse aide registry. On 5/31/2026 at 9:33 AM R127 voiced allegations of abuse involving V20 Certified Nursing Assistant (CNA). R138, R127's roommate, stated R138 witnessed the incidents between V20 and R127. R127's Minimum Data Set (MDS) dated [DATE] documents R127 as cognitively intact and R127 is dependent on staff for toileting hygiene. R127's Care Plan dated 2/13/26 documents R127 is at high risk for abuse related to medical and physical condition. R127's Care Plan documents R127 has a behavior problem/accusation toward staff related to Bipolar Disorder, Anxiety Disorder, Paranoid Personality Disorder, and borderline personality disorder. V20's employee file does not contain any background checks. V20's (payroll form) documents V20's date of hire as 7/31/25. The facility's daily staffing dated 5/29/26 documents V20 worked evening shift on the North Hall of the South building. The facility's Midnight Census Report dated 5/31/26 documents R127, R138, R15, and R2 all reside on the North Hall of the South building. On 6/2/26 at 1:14 PM V1 Administrator provided V20's background checks dated 6/2/26 via electronic mail. On 6/2/26 at 3:40 PM V1 stated background checks should be done upon hire. V1 confirmed this would be part of the facility's abuse policy. On 6/2/26 3:05 PM V45 Human Resources was unable to locate V20's background checks so V45 ran them today. V45 confirmed V20's hire date. On 6/2/26 at 4:22 PM V20 CNA stated V20 provides care for R127 and last worked on 5/29/26 on the North Hall of the facility (where R127, R138, R15, and R2 reside).		

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to report allegations of abuse to the administrator and state survey agency for three of three residents (R127, R138, R79) reviewed for abuse in the sample list of 64. Findings include: 1.) On 5/31/2026 at 9:33 AM R127 stated R127 received medical neglect waiting for three hours for her call light to be answered while needing to be changed and this past Friday R127 was left in a wet brief for five hours. The same Certified Nursing Assistant (CNA) then declined to bring R127 ice water and food from the fridge. R127 stated the CNA was (V20). R127 stated, We (R127/V20) have gotten into it for my (R127's) call light being on for five hours. R127 stated V20 was very defensive about it and brought two people back with V20 to provide R127's incontinence cares, who all stood there watching me get changed while talking about car crashes, someone dying, and cheating. R127 stated V20 also screamed at R127 from the hallway that V20 had more important people to take care of and R127 should have told V20 that R127 wanted R127's food from the fridge, witnessed by V37 CNA this past Thursday. R127 stated R127 reported these concerns to the wound nurse V26 Registered Nurse (RN) as well as unidentified CNAs. R127 stated R127 told V20 to stay the f*** (expletive) away from R127. R127 stated R127 feels V20's actions are abusive and R127 has called her family in tears because of this. R138, R127's roommate, stated R138 was present for these interactions between R127 and V20. R127 and R138 were observed residing in the same room. R127's Minimum Data Set (MDS) dated [DATE] documents R127 as cognitively intact. The facility's abuse log March-May 2026 does not document any allegations of abuse involving R127/V20. On 5/31/26 at 3:20 PM V1 Administrator and V2 Director of Nursing both stated they had not received any complaints or abuse allegations involving R127. On 6/01/2026 at 10:31 AM V26 RN stated on dayshift on Tuesday of last week or Thursday/Friday of the week prior R127 voiced concerns about a CNA, ice not being available, R127's call light being on, and that the CNA brought a bunch of staff in the room during R127's incontinence cares. V26 confirmed R127 also alleged that the CNA yelled at R127. V26 stated V26 filled out a grievance forming documenting R127's concerns and gave the form to V1 Administrator immediately after R127 voiced the concerns. At 2:22 PM V26 stated V26 did not physically hand V1 this grievance, V26 left it on V1's desk. On 6/2/26 at 3:12 PM V37 CNA stated while V37 passed supper trays on R127's hallway on Tuesday or Thursday of the week prior, R127 told V20 CNA R127 wanted R127's food from the fridge but V20 did not report this to V37. R127 then told V37 R127 did not get dinner because V20 never brought R127's food. V37 stated V37 witnessed V20 yell at R127 from the hallway saying V20 got busy and forgot, then R127 said V20 does not like R127 from a prior incident. V37 stated R127 and V20 verbally went back and forth but does not recall exactly what was said. V37 stated V37 would consider this to (continued on next page)		

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	be verbal abuse, R127 is of sound mind and was offended by V20's actions. V37 stated on the Wednesday prior R127 told V37 that R127 waited a long time to be changed and a CNA brought two other unidentified staff in to watch while R127 was naked and provided incontinence cares. V37 stated R127 reported R127 did not like the staff's tone of voice and R127 was going to report this. V37 stated R127 also said R127 was waiting on ice water from dayshift for a couple hours and her water pitcher was still at the desk when V37 came in at 3pm. V37 stated at times R127 waits until R127 is saturated because R127 does not want certain people who make R127 feel uncomfortable taking care of R127. V37 stated V37 did not report this to anyone and V37 was unsure who the facility's abuse coordinator was. On 6/1/26 at 12:26 PM V1 stated V1 doesn't have a grievance, and nothing was reported to V1 from V26. V1 stated V1 would want to be notified of these things right away. On 6/2/26 at 3:40 PM V1 Administrator confirmed abuse allegations are to be immediately reported to V1. 2.) On 5/31/2026 at 9:43 AM R138 stated, (V21 CNA) treats (R138) like sh** (expletive), (V21) tells me (R138) how nasty I (R138) am, and mistreats me (R138). R127, R138's roommate stated this incident happened around December 2025/January 2026 and R127 witnessed this incident. R127 stated R127 reported this to unidentified staff while sobbing because the incident made R127 feel uncomfortable. R138's MDS dated [DATE] documents R138 as cognitively intact. On 5/31/26 at 3:20 PM V1 Administrator and V2 Director of Nursing both stated they had not received any complaints or abuse allegations involving R138. At this time R138's allegation involving V21 CNA was reported. On 6/2/26 at 3:40 PM V1 stated V1 was unable to locate any documentation that R138 reported these concerns to any staff and V1 checked the December 2025 and January 2026 grievances. V1 stated R138 did not voice any concerns while V1 and V2 discussed R127's allegation with R127. V1 confirmed V1 did not report R138's allegation involving V21 CNA to the state survey agency and confirmed abuse allegations should be reported to the state survey agency. 3. A Minimum Data Set, dated [DATE] documents R79's is cognitively intact. An admission Record dated 05/31/2026 documents R79 diagnoses include but are not limited to Schizoaffective Disorder, Generalized Anxiety Disorder, Borderline Personality Disorder, Paranoid Personality Disorder, Bipolar Disorder, Attention-Deficit Hyperactivity Disorder, Delusional Disorders, and Suicidal Ideations. On 05/31/2026 at 9:55 AM, R79 was sitting in his room. R79 reported recently a catastrophe happened here (the facility). R79 stated he got into a fight with V12 Licensed Practical Nurse. R79 stated R79 was in his room playing his guitar and V12 came in and slammed the door. R79 stated R79 came out of his room and told V12 that R79 would kick his (V12) a** if V12 slammed his door again. R79 stated V12 then called R79 a [NAME] and chased R79, so R79 threw a chair at V12 and V12 called the cops on R79. R79 had to go to the local hospital. R79 stated V12 is very triggering to R79 now and R79 (continued on next page)		

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	hears V12 saying things like suicide outside of R79's room to taunt R79. R79 stated R79 has tried to talk with the nurses about it. R79 stated this (the facility) is his home and he feels V12 is trying to destroy R79's life. R79 reported he just sits in his room with his headphones on. On 05/31/2026 at 3:23 PM, V1 (Administrator) stated V1 was unaware of R79's reports of V12 triggering and taunting R79 by saying things like suicide outside of his room after the incident on 5/21/26. V1 reported he will investigate R79's reports of taunting by V12. On 06/03/2026 at 9:30 AM, V1 (Administrator) stated he has not reported the allegation of abuse he received on 5/31/26 regarding R79 and V12 to the state agency. The facility's Abuse, Neglect, Exploitation, and Misappropriation Prevention Program dated April 2021 documents residents have the right to be free from verbal and mental abuse and the facility will establish and maintain a culture of compassion and caring for all residents. This policy documents the facility will identify all possible incidents of abuse and report any allegations within the timeframes required by federal requirements.		

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed develop and implement comprehensive care plans for discharge planning for four residents (R92, R127, R138, R154) of four residents reviewed for discharge planning in a sample list of 64. Findings include: 1.) R154's progress note documents R154 was admitted [DATE] and was alert and oriented. R154's Minimum Data Set (MDS) dated [DATE] documents R154 is cognitively intact. R154's Care Plan updated 3/24/26 documents R154 is taking part in the following restorative nursing programs: Passive Range of Motion, Active Assisted Range of Motion, Bathing, and Grooming. This Care Plan further documents (R154) wishes to return/be discharged to community/prior living arrangements after she completes therapy and medically ready. On 5/31/26 at 10:00AM R154 was observed lying in bed on an alternating pressure air mattress on her back. R154 stated, I was supposed to be here for rehab and to go home. I'm not getting any therapy. They tell me if I can't go to the therapy room, I can just lay here. They leave me here in my bed soaked in urine and poop. I ring the bell. They say they need help and don't come back. Nobody has talked to me about a plan to go home. I'm just stuck here. R1 stated, I'm really sensitive about my size (587pounds) and the staff here think I don't want to try but I do. R154 sniffed and tears welled up in her eyes. On 6/2/26 at 2:00PM V28 (Social Service Director) and V29 (Care Plan Coordinator) were in the therapy room. When surveyor inquired about viewing therapy notes, V28 stated, (R154) hasn't had any therapy because (R154) won't get out of the bed and even though she is continent She urinates and defecates in her bed. I haven't done anything to find a place for her out of the facility. I just assumed she'd work with her family to find a place. (R154) won't do anything for herself. 2. On 5/31/2026 at 1:55 PM, R92 stated she wants to go home, and staff have not asked her about discharge planning. R92 was tearful and stated she wanted to be closer to her daughter so she could see her. R92's Progress Note dated 5/3/2026 where documentation was present for R92 declining to want to go home did not include an evaluation of discharge needs or a discharge plan. R92's Discharge Care Plan dated 2/18/25 documents that this care plan has not been revised since 2/18/2025. On 6/01/2026 at 3:06 PM, V28 Social Service Director stated R92 stated she has not attempted to contact outside agencies to help R92 be able to be discharged to the community. V28 referenced a discharge planning review from 10/14/2024 and social services progress note dated 5/3/2026 as documentation for R92 not wanting to be discharged . On 6/3/30206 at 2:07 PM, V2 Director of Nursing and V34 [NAME] President of Clinical Operations stated V28 should be discussing discharge planning with R92 quarterly and documenting appropriately. 3.) On 5/31/2026 at 9:43 AM R138 stated no one has helped R138 with discharge planning and R138 has spoken to V28 Social Services Director (SSD) about this. V28 told R138 that R138 could not discharge because R138 could not wash R138's feet. R138 stated three months ago R138 also discussed discharging with the former SSD. R138 stated the staff have this attitude that R138 is going to be in this facility forever, R138 does not want to be in this facility and R138 does not require a lot of care. R138 stated R138 would like therapy services to get stronger and be able to discharge. R138's admission MDS dated [DATE] documents there was no active discharge planning and R138 did not wish to discharge from the facility. R138's MDS dated [DATE] documents R138 as cognitively intact. R138 requires supervision/touch staff assist for Activities of Daily Living, except for bathing which requires partial/moderate assistance (helper does less than half the effort.) This MDS documents R138 did not receive therapy services and there was no discharge planning. R138's active care plan does not (continued on next page)		

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	include a problem, goals or interventions for discharge planning. R138's electronic medical record does not contain documentation regarding discharge planning. R138's Physical Therapy Discharge summary dated [DATE] documents R138 discharged from therapy services. On 6/1/26 at 10:24 AM V28 stated V28 asks about discharge planning quarterly as part of the MDS review and discharge planning is documented in the social services progress notes. V28 stated R138 wants to discharge to an assisted living apartment but R138 is unable to bathe R138's self. V28 stated R138 is currently on a wait list for (assisted living facility). At 1:48 PM V28 stated V28 did not have documentation to provide for R138's discharge planning. V28 stated about a year ago V28 had electronic mail documentation with (assisted living facility) regarding R138, that facility does their own assessment to determine if the resident is appropriate for admission. V28 stated R138 received therapy when R138 first admitted but R138 hasn't mentioned anything further about therapy. V28 stated V28 usually coordinates therapy services with V55 Director of Rehabilitation. On 06/01/2026 at 2:08 PM V55 stated nursing staff notifies the therapy department of resident requests for therapy so a screening or evaluation can be completed. V55 stated R138 received occupational therapy from 5/22/25-6/16/25 and physical therapy from 6/20/25-7/16/25. V55 stated R138 was able to walk 37 feet with a wheeled walker and minimal staff assist upon discharge. 4.) On 05/31/2026 at 9:33 AM R127 stated R127 is wanting to discharge to R127's own place with home care, but no one is helping R127 facilitate this. R127 stated R127 talked to R127's insurance company, the local Department of Rehabilitation for home services, as well as V28 and the former SSD. R127 stated R127 last requested discharge planning about two months ago and has asked about getting therapy services to help R127 get stronger to discharge but R127 has not received any therapy services. R127's MDS dated [DATE] documents R127 is cognitively intact, R127 did not receive therapy services and there was no discharge planning. R127's Care Plan documents a problem dated 2/12/25 R127 desires to discharge home. R127 will set and achieve discharge goals that R127 has set. This care plan documents R127 and R127's responsible party have discussed remaining in the facility per physician recommendations. This care plan includes an intervention that social services will address discharge planning at R127's request. This care plan has not been updated since 2/12/25. R127's Social Service Progress Note dated 12/28/25 documents R127's goal is to discharge home within the next year, R127 is currently working with R127's family to make this possible, and SSD will continue to monitor and assist R127 with discharge planning when R127 is ready. There are no documented discharge planning notes after this in R127's medical record. R127's Physical Therapy Discharge summary dated [DATE]-[DATE] documents R127 discharged from therapy on 8/11/25. On 6/01/2026 at 10:24 AM V28 stated R127 wants to go home but requires extensive assistance and 24 hour care, and R127's family are unable to take care of R127. V28 stated V28 has reached out to local services to inquire about getting home health care services for R127. At 1:48 PM V28 stated V28 could not locate any other documentation for R127's discharge planning. V28 stated R127 would set up home health services if R127 had a discharge date and plan but there are none. V28 stated this is not something that is brought up all the time. V28 stated R127 received therapy and was able to sit up on the side of the bed, but now R127 refuses. V28 stated it is news to V28 that R127 requested therapy services and V28 coordinates with V55 for therapy services. On 06/01/2026 at 2:08 PM V55 stated R127 received physical therapy 7/16/25-8/11/25 and was supposed to go home with family but R127's family changed their mind as they didn't think they could take care of R127. V55 stated R127 requires extensive care, at the time of therapy discharge R127 was able to sit on the edge of the bed, R127 did not walk, and R127 used a full mechanical lift for transfers. The Discharge Planning Policy, revised 5/2026, states the evaluation of the discharge needs and plan will be completely documented on a timely basis in the clinical (continued on next page)		

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	record. This policy documents that a resident discharge plan will be evaluated quarterly, and the assessment information and discharge goals will be reflected in the care plan.		

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Failures at this level required more than one deficient practice statement. A. Based on observation, interview, and record review the facility failed to address a tripping hazard for two residents (R89, R100) of 18 residents reviewed for safety in a sample list of 64. B. Based on observation, interview, and record review the facility failed to provide supervision to prevent a fall, failed to implement post fall interventions, and failed to complete post fall neurological assessments for two of three residents (R17, R2) reviewed for falls in the sample list of 64. C. Based on observation, interview, and record review, the facility failed to provide required supervision during smoking for residents assessed as needing supervision while smoking for four (R64, R128, R130, R79) of four residents reviewed for smoking on of a sample list of 64. Findings included: a.1.) On 06/01/2026 at 2:50 PM Outside the door to R89 and R100's room a section of missing floor laminate approximately 6 feet in length and 2 feet wide was observed where the floor is uneven preventing R89 and/or R100 from entering or exiting without passing over this tripping hazard. R100's MDS dated [DATE] documents R100 uses a walker for ambulation and is unsteady on her feet. This MDS also documents R100 requires supervision or touching assistance for ambulation. On 6/1/26 at 2:10PM R100 was observed using the walker without assistance to walk over 50 feet unassisted from R100's room to the therapy area and back. R89 was observed on 6/1/26 at 2:10PM ambulating in her wheelchair with both her prosthetic legs in place to and from the therapy room. R89's MDS 3/26/26 documents R89 does not have any Prosthetics. On 6/2/26 at 11:00AM V1, Administrator verified the missing laminate causes a tripping hazard especially for the residents who reside in that room. b.1.) R17's Minimum Data Set assessment dated [DATE] documents R17 has moderate cognitive impairment. R17's Quarterly assessment dated [DATE] documents R17 is at high risk for falls. R17's undated Care Plan documents R17 is at a high risk for falls and should have anti-rollbacks on her wheelchair to aid in the prevention of falls with an initiation date of 1/08/2024. R17's care plan documents R17 has impaired cognitive function. On 5/31/2026 at 10:19 AM, R17 was sitting in her wheelchair in the dining room. No anti-rollback device was present on her wheelchair. R17 stated she fell a few days ago and had prior falls where she hurt her knee and couldn't hardly walk for a while after that. R17 stated It was a few months ago. (continued on next page)		

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 6/03/2026 at 12:12 PM, V52 (Licensed Practical Nurse) recalled R17's fall on 5/26/2026. V52 was coming back from lunch when he saw R17 coming down the ramp and saw her fall. R17 slipped out of her chair. V52 stated there were other residents outside, but not staff. V52 did see multiple people inside the lobby. Normally R17 stays inside the building. On 6/03/2026 at 12:30 PM, V49 (Registered Nurse) recalled R17's fall on 05/26/2026. He reported R17 fell forward out of her chair outside of the facility on the ramp. There was an orientating receptionist that did not have a trainer with them at the time. The orientee let R17 out of the building. V49 does not believe the orientee was familiar with R17 and did not know to not let R17 go outside by herself. R17 was assessed and sent to the hospital for evaluation and treatment. On 6/03/2026 at 2:00PM, V2 (Director of Nursing) stated if a resident wants to go outside of the facility by themselves, they have to be cognitively intact and have a community survival skills assessment completed. If the resident is not cognitively intact then a staff or family member should be monitoring the resident outside. V2 confirmed R17 should not have been outside on 05/26/2026 by herself. R17's nurse's note dated 5/26/2026 at 7:00 PM documents R17 was observed outside near the facility ramp area following witnessed fall from wheelchair. R17 was assessed and her left knee was swollen and R17 reported pain in it. R17 was sent to the hospital for evaluation and treatment. b.2.) R2's Minimum Data Set, dated [DATE] documents R2 has moderate cognitive impairment. R2's Care Plan dated 12/10/25 documents R2 is high risk for falls related to weakness. This care plan includes fall interventions for orthostatic vital signs (5/1/26) and new lighter shoes for ambulation (5/13/26). R2's May 2026 Medication Administration Record documents R2 received Plavix (antiplatelet) 75 milligrams by mouth daily. R2's Nursing Note dated 5/1/2026 at 10:57 AM documents R2 exited his room requesting assistance and reported R2 had fallen in his bathroom and hit R2's head. This note documents R2 independently got himself up after the fall and complained R2's head was exploding. This note documents initial vital signs, provider notification and orders to send to the emergency room. Emergency services arrived but R2 refused to go to the hospital and was evaluated in R2's room by emergency medical personnel. Provider was notified of refusal, and neurological checks were initiated as ordered. There are no documented neurological assessments in R2's medical record following this fall. R2's Care Plan Summary note dated 5/15/2026 at 4:13 PM documents the following: The interdisciplinary team reviewed R2's 5/13/26 fall. R2 is alert and oriented to person, place and time and uses a four wheeled walker for ambulation. Nursing staff were in the rotunda when resident was walking towards the nurse's station. R2 tripped on his shoe due to heaviness and sustained a witnessed fall. Nursing staff immediately assessed resident, with no complaints of pain or reported (continued on next page)		

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	injury. R2 assisted back to his feet and sat down on his four-wheeled walker. After 5-10 minutes passed, R2 complained of pain and requested to go to the emergency room. Physician was notified and R2 was transferred to the hospital and returned with a referral for orthopedics for right knee and ankle pain. R2 was placed in an immobilizer and stirrup. The root cause of the fall was unsafe footwear, and new intervention was to purchase new, lighter footwear. R2's Orthopedic After Visit Summary dated 5/21/26 documents fracture of the right leg. On 05/31/2026 at 8:31 AM R2 was in bed with a brace on his right leg. R2 stated he had a fall last week while walking in the hall by himself. R2 stated R2's wheeled walker got too far ahead of R2 and R2 went down. On 6/3/26 at 12:50 PM R2 had a brace on his right leg. R2 stated the orthopedist said R2 has a fractured tibia from the fall. R2 had white tennis shoes at his bedside. R2 stated those are the shoes R2 was wearing when R2 fell, and no one has provided different shoes following the fall. On 6/3/26 at 12:53 PM V2 Director of Nursing confirmed R2's post fall interventions for orthostatic blood pressures and new shoes. V2 reviewed R2's blood pressure log and confirmed there were no documented orthostatic blood pressures documented. V2 stated V28 Social Services Director was supposed to purchase new shoes for R2 that were lighter, following R2's fall. V2 confirmed there were no documented neurological assessments after R2's fall on 5/1/26. V2 stated that is something V2 is working on. On 6/3/26 at 1:00 PM V28 stated V28 had asked R2 about getting different shoes that were lighter but V28 was waiting to see what shoes R2 wanted V28 to purchase. V28 stated V28 had not yet purchased new shoes for R2. c.1). On 6/01/2026 at 1:20 PM, R64 and R128 were seated in two chairs and smoking approximately 6 feet from the entrance doors of the front building with a No Smoking sign posted. There was no staff present outside with R64 and R128 at this time. R130 and R79 were smoking by themselves in the designated smoking area. Upon entrance into the doorways, V23 (Activity Aide) was approaching the entrance doors. V23 confirmed residents are not supposed to smoke in the non-smoking area. V23 statedThe residents are technically supposed to be past the fencing on the sidewalk (which is approximately 15 feet away from the building), but don't always do that. V23 usually supervises the residents who smoke by walking back and forth outside of the building to each smoking area or she will sit in the activity room and look back and forth through the windows. On 06/01/2026 at approximately 4:40 PM, V1 (Administrator) confirmed residents should not be smoking within 15 feet of the facility entrance and that a staff member should be outside with and supervising the residents smoking at all times. R64's Care Plan documents R64 is a smoker and requires supervision while smoking with an initiation date of 05/30/2024. R79's Care Plan documents R79 is a smoker and will be supervised while smoking with an initiation date of 02/27/2025. (continued on next page)		

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	R128's Care Plan documents R128 requires supervision while smoking with an initiation date of 03/27/2026. R130's Care Plan documents R130 is a smoker and requires observation while smoking with an initiation date of 06/19/2023. The facility's Smoking Policy, revised in August of 2022, documents smoking is only permitted in designated resident smoking areas and that any resident with smoking privileges that require monitoring has to have direct supervision at all times while smoking.		

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation, interview, and record review the facility failed to ensure medications were appropriately stored and labeled for five (R16, R29, R57, R82, R125) of ten residents reviewed for labeling and storage of medications from a total sample of 64 residents. Findings: 1.) On 6/2/26 at 8:57 a.m., the facility's North Wing Medication Cart contained a medicine cup that held seven medications and were labeled with R16's name. V19, Licensed Practical Nurse (LPN) stated she prepared those medications to give to R16 and was not sure why she didn't give them when she pulled them from the cards, but she should have given them to R16 right away. V19, LPN went through each medication and identified/ confirmed the following medications were in the cup Haldol 5 milligrams (mg), Viread 300 mg, Levetiracetam 750 mg, Zonisamide 100 mg, and Multivitamin. R16's Medication Administration Record (MAR) dated June 2026 documents that R16 has an active order and is receiving Haldol 5 mg, 1 tablet by mouth twice a day, Viread 300 mg, 1 tablet by mouth daily, levetiracetam 750 mg, 2 tablets by mouth twice a day, Zonisamide 100 mg, 2 capsules by mouth twice a day and Multivitamin, by mouth once a day. On 6/3/26 at 11:08 a.m., the South Hall medication cart was reviewed with V35, Licensed Practical Nurse (LPN). During the review, an insulin lispro pen was observed with the label removed and no open date documented. V35 identified the pen as being used for R57 and stated it should have contained a label. V35 further stated that R57 had refused insulin that morning and that if she had noticed the pen was unlabeled, she would have disposed of it and obtained a properly labeled pen. R57's Electronic Health Record (EHR) documents that R57 has a diagnosis of Type 2 Diabetes Mellitus. R57's MAR dated June 2026 documents that R57 has an active order for Insulin Lispro 100 units per milliliter, with instructions for nurses to inject five units subcutaneously after meals. On 6/3/26 at 11:18 a.m., the East Hall medication cart was reviewed with V36, Licensed Practical Nurse (LPN). During the review, opened Insulin Glargine and Insulin Aspart pens labeled for R29 were observed without an opened date documented. The cart also contained a second Insulin Glargine pen with the pharmacy label removed and a small yellow label with R29's name; however, no open date was documented. R29's EHR documents a Medical Diagnosis of Diabetes mellitus due to an underlying condition with Chronic Diabetic Kidney Disease. R29's MAR dated June 2026 documents that R29 has an active physician's order and is receiving Insulin Aspart 100 units per milliliter with instructions for nurses to inject eight units subcutaneously before meals. This MAR also documents an order for Insulin Glargine 100 units per milliliter with instructions for nurses to inject 10 units subcutaneously in the morning. (continued on next page)		

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 6/3/26 at 9:08 a.m., the North Building medication storage room was reviewed with V18, Registered Nurse (RN). During this review there was no thermometer found in the refrigerator and there was a Temperature Log dated June 2026 for North Building which does not contain any documentation. On 6/3/26 at 1:23 p.m., V2, Director of Nursing (DON), stated that insulin pens stored in a refrigerator prior to opening may become moist, causing labels to tear. V2 stated when this occurs, the pen should be discarded immediately and replaced with a properly labeled pen. V2 stated nurses should document when insulin pens are opened, calculate the 28-day discard date, and label the pens accordingly. V2 also stated that medication refrigerators should have a thermometer and that night shift nurses are responsible for documenting refrigerator temperatures each night. 2.) On 5/31/2026 at 9:29 AM R82 had a tube of menthol 5% on R82's overbed table. R82 stated the nurses apply the menthol to R82's arms, R82 does not apply the cream herself. R82's active physician's orders as of 5/31/26 do not include orders for menthol 5% or to keep this medication at the bedside. On 5/31/26 at 10:07 AM V5 Licensed Practical Nurse stated R82 does not have an order for to keep medications at the bedside or an order for Menthol topical gel. V5 entered R82's room and confirmed the menthol was on R82's overbed table. On 6/1/26 at 2:31 PM V2 Director of Nursing stated medications should be kept in the medication carts. V2 stated depending on the medication, the facility provides a lock box and key for the resident to keep in their room. V2 stated there should be a physician's order for the medication to be kept in the resident's room and an order for the medication. 3. On 5/31/2026 at 9:30 AM, two white tablets in a clear medication cup were sitting on R125's bedside table. No staff were present in the room. On 5/31/2026 at 9:33 AM, V30 Licensed Practical Nurse stated the tablets were Tylenol. V30 stated V30 did not administer the Tylenol to R125 and left them in the room for R125's family member V50 to give to R125. R15's electronic medical record did not contain an assessment for self-administration of medications or for medications to be administered by V50 On 6/3/2026 at 2:07 PM, V2 Director of Nursing verified that there was no order or assessment for self-administration or for V50 to administer his medications and staff should not be giving medications to V50.		

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to investigate an allegation of abuse and failed to remove the alleged perpetrator for three (R79, R127, R138) of three residents reviewed for abuse on the sample list of 64. Findings include: 1. A Minimum Data Set assessment dated [DATE] documents that R79 is cognitively intact. An admission Record dated 5/31/2026 documents R79 diagnoses include but are not limited to Schizoaffective Disorder, Generalized Anxiety Disorder, Borderline Personality Disorder, Paranoid Personality Disorder, Bipolar Disorder, Attention-Deficit Hyperactivity Disorder, Delusional Disorders, and Suicidal Ideations. On 5/31/3036 at 9:55 AM, R79 was sitting in his room. R79 reported recently a catastrophe happened here (the facility). R79 stated he got into a fight with V12 Licensed Practical Nurse. R79 stated R79 was in his room playing his guitar and V12 came in and slammed the door. R79 stated R79 came out of his room and told V12 that R79 would kick his (V12) a** if V12 slammed his door again. R79 stated V12 then called R79 a [NAME] and chased R79, so R79 threw a chair at V12. R79 stated V12 called the cops on R79 and R79 had to go to the local hospital. R79 stated V12 is very triggering to R79 now and R79 hears V12 saying things like suicide outside of R79's room to taunt R79. R79 stated R79 has tried to talk with the nurses about it. R79 stated this (the facility) is his home and he feels V12 is trying to destroy R79's life. R79 reported he just sits in his room with his headphones on. On 5/31/2026 at 3:23 PM V1 stated he was unaware of R79's reports of V12 triggering and taunting R79 by saying things like suicide outside of his room. On 6/02/2026 at 3:45PM, V1 (Administrator) reported that he has been investigating R79 alleging V12 is taunting him. V1 is trying to contact V12 but has been unsuccessful at this time. On 6/03/2026 at 9:20AM, V12 (Licensed Practical Nurse) was passing medications in the same unit which R79 resides. V12 stated he worked on 06/01/2026 until around midnight. V12 stated he was never suspended pending an investigation. V12 stated he worked on 06/01/2026 and then again today. V12 stated V1 didn't speak to him about the allegation of abuse until this morning. On 6/03/2026 at 9:30 AM, V1 (Administrator) stated that he did not talk to V12 about the allegation of abuse until this morning as he was working on the floor. The facility's Abuse, Neglect, Exploitation, and Misappropriation Prevention Program, revised in April of 2021, documents that the facility will investigate and report any allegations of abuse and protect residents from any further harm during an abuse investigation. 2.) On 5/31/2026 at 9:43 AM R138 stated (V21 Certified Nursing Assistant (CNA)) treats (R138) like sh** (expletive), (V21) tells me (R138) how nasty I (R138) am, and mistreats me (R138). R127, R138's roommate stated this incident happened around December 2025/January 2026 and R127 witnessed (continued on next page)		

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	this incident. R127 stated R127 reported this to unidentified staff while sobbing because the incident made R127 feel uncomfortable. R138's Minimum Data Set, dated [DATE] documents R138 as cognitively intact. R127's MDS dated [DATE] documents R127 as cognitively intact. On 5/31/26 at 3:20 PM V1 Administrator and V2 Director of Nursing both stated they had not received any complaints or abuse allegations involving R138. At this time R138's allegation involving V21 CNA was reported. On 6/2/26 at 3:40 PM V1 stated V1 was unable to locate any documentation that R138 reported these concerns to any staff and V1 checked the December 2025 and January 2026 grievances. V1 stated R138 did not voice any concerns while V1 and V2 discussed R127's allegation with R127. V1 confirmed V1 did not initiate an investigation into R138's abuse allegation.		

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to invite a resident and resident representative to care plan meetings for two of three residents (R92, R16) reviewed for care planning in the sample list of 64. Findings include: 1.) The facility's Care Planning & Resident Participation policy with a revision date of 5/2026 documents the facility supports a resident's right to participate in their care plan. This policy states the residents will be informed of their care plan meeting in advance. If the participation of the resident is not practicable then it will be documented in the resident's medical record. R92's Physician Progress Note dated 5/28/26 documents R92 as cognitively intact. On 5/31/2026 at 1:56 PM, R92 stated she had not been invited to any care plan meetings and has not attended any meetings. R92 was tearful and stated she would like to be involved in her plan of care. On 6/1/2026 at 11:22 AM, V29 Minimum Data Set and Care Plan Coordinator stated she invites R92's power of attorney using a computerized messaging system, but she has not attended any meetings. V29 stated R92 is invited at the time of the meeting, but she declines to attend. V29 verified there was no documentation of the invitation or refusal to attend in R92's chart. R92's electronic medical record did not contain documentation of R92 being invited to the care plan meetings or a refusal by R92 to attend her care plan meetings. On 6/3/2026 at 2:17 PM, V2 Director of Nursing stated refusals to attend care plan meetings should be documented in R92's chart. 2.) On 5/31/2026 at 11:27 AM V54, R16's Family, stated the facility does not notify V54 of changes in R16's condition and the facility has not invited V54 to attend R16's care plan meetings since 2025. V54 stated V54 is unable to attend care plan meetings in person, the facility did offer to have a care plan meeting by phone once but then no one ever followed up or set one up. R16's Minimum Data Set (MDS) dated [DATE] documents R16 has a Brief Interview for Mental Status (BIMS) score of 1, indicating severe cognitive impairment. R16's electronic medical record profile documents V54 as R16's emergency contact, substitute decision maker and resident representative. R16's Care Plan Note dated 2/3/2026 at 11:17 AM documents R16's family was not present, R16's BIMS score is 1, care plan reviewed and will continue to revise as needed. R16's medical record does not document within the last six months that V54 was invited to attend care plan meetings or that alternative arrangements for in person meetings were offered/arranged. (continued on next page)		

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 06/01/2026 at 11:15 AM V29 MDS/Care Plan Coordinator stated R16 is identified as R16's own responsible party per R16's electronic medical record and does not have a Power of Attorney listed, so only R16 is invited to the care plan meetings.		

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to implement wound treatments as ordered for one of three residents (R127) reviewed for skin conditions in the sample list of 64. Findings include: On 5/31/2026 at 9:33 AM R127 stated R127 has a sore underneath her left breast, the dressing was changed by the wound physician (V31) and then the following week R127 still had the same wound dressing on when V31 changed R127's dressings. R127 lifted her shirt and there was an undated dressing near her left breast. R127 stated the dressing is supposed to be changed Mondays, Wednesdays and Fridays, and staff aren't changing the dressing when the wound nurse (V26 Registered Nurse) isn't here. R127's Minimum Data Set, dated [DATE] documents R127 as cognitively intact. R127's physicians' order dated 5/31/26 documents, left breast -Cleanse with wound cleanser or Normal Saline and pat dry. Apply barrier wipe/spray to the peri-wound and under adhesive. Apply thin layer medical honey to the wound bed, followed by thin layer of collagen powder. Cover with silicone border super absorbent. every MWF (Monday, Wednesday, Friday) day(s) and PRN (as needed).R127's May 2026 TAR does not document R127's breast wound treatment was administered on 5/22/26, 5/25/26, and 5/29/26 as scheduled/ordered. R127's Wound Assessment and Plan dated 5/27/26 documents R127's left breast abscess measured 1.7 centimeters (cm) long by 1.2 cm wide by 0.1 cm deep. The treatment order listed includes using a skin protectant wipe/spray to the peri wound and underneath the adhesive. On 6/01/2026 at 10:39 AM V26 removed R127's undated wound dressing that contained minimal tan drainage. V26 confirmed the dressing was undated. V26 stated the dressing was applied Friday and changed again Saturday after R127's shower, but V26 forgot to date the dressing. V26 stated V25 usually dates the dressings. V26 cleansed the wound, applied medicated honey and collagen powder, covered with a bordered foam dressing. V26 did not use a skin protectant wipe to the surrounding skin as ordered. On 6/1/26 at 10:46 AM V26 stated V26 does the wound treatments on Mondays, Wednesdays and Fridays but R127 was working the floor on Memorial Day 5/25/26. V26 confirmed R127's TAR does not document R127's wound treatment was administered on 5/22/26 and 5/29/26. V26 stated the nurses should sign out the treatments on the TAR. V26 stated there have been times when V26 has changed and dated dressings and the same dressing is still on the next time V26 rounds, but this doesn't happen very often. V26 confirmed R127's treatment order included the use of a skin protectant barrier wipe. V26 stated V26 only uses the skin protectant barrier once weekly and V26 did not do this step today. The facility's Wound Treatment Management policy dated 9/1/24, revised 2026, documents wound treatments will be administered in accordance with physician's orders and documented on the Treatment Administration Record (TAR).		

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F 0685 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assist a resident in gaining access to vision and hearing services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to arrange for vision services for one resident (R138) reviewed for vision in the sample list of 64. Findings include: On 5/31/2026 at 9:43 AM R138 stated she has problems with vision and no longer wears R138's glasses. R138 has cataracts and has been asking to see an eye doctor since R138 was admitted to the facility. R138 stated no one has followed up on this. R138 was not wearing glasses. R138's admission Minimum Data Set, dated [DATE] documents R138's vision is adequate and R138 does not use corrective lenses. R138's MDS dated [DATE] documents R138 is cognitively intact, R138 does not use corrective lenses and R138 has impaired vision-sees large print, but not regular print in newspapers/books. There is no documentation in R138's electronic medical record that R138 has had an eye exam. On 6/1/26 at 10:10 AM V28 Social Services Director stated V28 completes the vision portion of the MDS and interviews the residents about their vision, asking if they have a history of eye problems or wear glasses, and this is completed quarterly. V28 stated V138 has not voiced any concerns about R138's vision. V28 stated the facility has an eye doctor that rounds at the facility regularly and V28 refers the residents to this provider if needed. V28 stated V28 does not see documentation that R138 has had an eye exam, but V28 will set up an appointment with the facility's eye doctor. V28 stated consents are obtained for eye doctor visits on admission on ly if there are reported problems. On 6/1/26 at 3:47 PM V47 Certified Nursing Assistant stated R138 has difficulty seeing out of her left eye because R138 has to hold items close to read. V47 stated V47 reported this to the former Director of Nursing about two or three months ago and was unsure if there was any follow up.		

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NAME OF PROVIDER OR SUPPLIER LA Bella of Danville		STREET ADDRESS, CITY, STATE, ZIP CODE 1701 North Bowman 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 (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to implement nutritional interventions for one of four residents (R10) reviewed for nutrition in the sample list of 64. Findings include: R10's Minimum Data assessment dated [DATE] documents R10 has severe cognitive impairment. R10's weight log documents:125.8 pounds (lbs.) 8/22/25, 121.4 lbs. 9/9/25, 119.8 lbs. 10/2/25, 112.4 lbs. 11/26/25, 101.2 lbs. 12/4/25, 93 lbs. 1/7/26, 103.6 lbs. 2/6/26, 94.6 lbs. 3/4/26, and 103.2 lbs. 5/27/26. R10's Diet Order dated 11/20/25 includes whole milk at meals and frozen nutritional supplement daily. On 5/31/2026 at 11:57 AM R10 was eating in his room and his meal included ham, baked potato, peas and dessert. R10 did not have milk or a frozen nutritional supplement. R15's meal ticket documented whole milk and frozen nutritional supplement. On 5/31/2026 at 12:18 PM V3 Certified Nursing Assistant (CNA) stated the frozen nutritional supplement is provided by the dietary staff. R10 was finished eating at this time. V3 was collecting meal trays from resident rooms. V3 entered R10's room and confirmed R10's meal did not include a frozen nutritional supplement or milk, and these items were listed on R10's meal ticket. V3 stated the CNAs are supposed to add milk to the resident trays. V3 stated R10 usually gets a frozen nutritional supplement with lunch. On 06/02/2026 at 11:58 AM V15 Assistant Dietary Manager stated R10 is supposed to have whole milk with every meal and a frozen nutritional supplement with lunch and supper.		

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on observation, interview, and record review, the facility failed to ensure that prescribed medication was readily available for administration for one (R124) of five residents reviewed for medication administration from a total sample of 64 residents. Findings: R124's Electronic Health Record dated 5/7/26 documents R124 has several medical diagnoses that include Chronic Obstructive Pulmonary Disease (COPD), Emphysema, and cancerous tissue growth in the left lower lung. R124's Care Plan dated 5/7/26 documents that R124 had actual and potential altered respiratory status related to COPD and Emphysema. Interventions included administering prescribed medications, inhalers, and nebulizer treatments and monitoring the resident for effectiveness of those medications. R124's Medication Administration Record (MAR) dated June 2026 documents R124 has an active physician's order for Anoro Ellipta Inhalation Aerosol Powder 62.5-25 microgram (mcg) per puff, 1 milligram to be inhaled orally once a day for shortness of breath. On 6/1/26 at 9:30 a.m., V12, Licensed Practical Nurse (LPN), was observed administering medications to R124 and stated R124's prescribed Anoro Ellipta Inhalation Aerosol Powder Breath Activated 62.5-25 mcg per puff was not available for administration and would need to be reordered. V12 stated he would check the emergency medication supply to determine whether the facility had any on hand for administration. On 6/1/26 at 10:00 a.m., V12, LPN stated that there was no Anoro Ellipta Inhaler available in the facility. V12 stated the pharmacy reported a billing issue requiring prior authorization before the medication could be dispensed. On 6/3/26 at 1:13 p.m., V2, Director of Nursing (DON), stated that nurses should avoid medication omissions and should administer available medications, then check overflow stock for medication availability. V2 stated that if the medication is not available, the nurse should notify the physician for further orders, contact the pharmacy to clarify availability, and notify the resident or resident's representative. V2 further stated that V12, LPN, should have followed the appropriate steps when it was discovered that R124's Anoro Ellipta inhaler was not available and should have obtained appropriate guidance from the physician.		

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. Based on observation, interview, and record review the facility failed to administer medications according to physician orders for two (R124 and R127) of five residents reviewed for medication administration on the sample list of 64. These failures resulted in two medication errors out of twenty-five opportunities resulting in an 8% medication error rate. Findings: R124's Electronic Health Record dated 5/7/26 documents R124 has several medical diagnoses that include Chronic Obstructive Pulmonary Disease (COPD) and a cancerous tissue growth in the lower left lung.R124's Medication Administration Record (MAR) dated June 2026 documents R124 has an active physician's order for Anoro Ellipta Inhalation Aerosol Powder 62.5-25 microgram (mcg) per puff, 1 milligram to be inhaled orally once a day for shortness of breath.On 6/1/26 at 9:30 a.m., V12, Licensed Practical Nurse (LPN), stated R124's prescribed Anoro Ellipta Inhalation Aerosol Powder Breath Activated 62.5-25 mcg per puff was not available for administration and would need to be reordered. V12 stated he would check the emergency medication supply to determine whether the facility had any on hand for administration.On 6/1/26 at 10:00 a.m., V12, LPN stated that there was no Anoro Ellipta Inhaler available in the facility. V12 stated the pharmacy reported a billing issue requiring prior authorization before the medication could be dispensed.R127's MAR dated June 2026 documents R127 has an active physician's order initiated on 5/27/26 for Guaifenesin Extended Release (ER) 600 milligram tablet, to be administered every twelve hours for cough for seven days.On 06/02/2026 at 8:51 a.m., V19, Licensed Practical Nurse (LPN), was observed administering medications to R127. During the interaction, V19 informed R127 that Guaifenesin was not included with her medications because the correct dose was not available at that time and stated she would return with the medication when it became available. R127 stated she hoped the medication would be brought soon, reporting that she was sick and really needed it.On 6/02/26 at 11:20 a.m., V19, LPN stated she forgot to return to administer R127's Guaifenesin ER 600 mg as previously indicated.On 6/3/26 at 1:13 p.m., V2, Director of Nursing (DON), stated that nurses should avoid medication omissions and should administer available medications, then check overflow stock for medication availability. V2 stated that if the medication is not available, the nurse should notify the physician for further orders, contact the pharmacy to clarify availability, and notify the resident or resident's representative. V2 further stated that V12 and V19 should have followed these steps when R124 and R127's medications were not available.The facility's Pharmacy Services policy dated June 2026 documents that the facility will provide pharmaceutical services, including procedures to ensure the accurate acquiring, receiving, dispensing, and administering of all routine and emergency drugs and biologicals to meet the needs of each resident, consistent with state and federal requirements and current standards of practice.The policy also states that the facility strives to ensure medications are requested, received, and administered in a timely manner as ordered by the authorized prescriber, in accordance with state requirements.		

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F 0805 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to prepare and serve food in a form designed to meet individual resident needs for one (R97) of eighteen residents reviewed for dietary services from a total sample of 64 residents. Findings: 1. On 5/31/26 at 9:35 a.m., R97 was sitting on the side of her bed. R97 stated she has a colostomy and low potassium levels and reported the facility was not providing her with a special diet. R97 stated the foods being served were more difficult for her to digest and expressed that she wished she could receive foods consistent with her physician's recommendations. R97's Electronic Health Record (EHR) dated 3/5/26 documents R97 has a colostomy. R97's EHR contains a Physician's Diet Order dated 3/27/26 documents R97 is to receive a regular diet with a mechanical soft consistency, ground meat texture, and regular liquid consistency. The order specifies that potatoes with skins, peas, and corn are not to be served to R97. On 5/31/26 at 11:53 a.m., R97 was observed sitting on the side of her bed with her lunch tray positioned on the bedside table in front of her. R97's lunch tray contained a slice of ham, baked potato, peas, a slice of bread, fruit cocktail, and grape flavored drink. The meal ticket displayed the resident's name and identified the diet as Regular, texture as Regular, and liquid consistency as Thin. R97 stated that when food is not provided in a mechanical texture, it takes a couple of days for her system to process and cause digestive discomfort, especially foods with skins. R97's Minimum Data Set (MDS) dated [DATE] documents R97 is cognitively intact. R97's Care Plan dated 3/10/26 documents R97 is at risk for nutritional decline related to underweight status, multiple chronic symptoms, need for therapeutic supplementation, and recent hospitalization. An intervention related to this problem is to adhere to diet as ordered. On 6/3/26 at 1:07 p.m., V2, Director of Nursing, confirmed R97 had a colostomy and stated she was unsure why dietary services had not been notified of the 3/27/26 diet order. V2 stated R97 should have been receiving a regular diet with mechanical soft texture, ground meat, and no potatoes with skins, peas, or corn since the physician's order was received on 3/27/26.		