

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145846	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2025
NAME OF PROVIDER OR SUPPLIER LA Bella of Edwardsville		STREET ADDRESS, CITY, STATE, ZIP CODE 6277 Center Grove Road Edwardsville, IL 62025	

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)
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43794</p> <p>Based on interview and record review the facility failed to prevent verbal abuse for 1 of 3 residents (R6) reviewed for abuse in the sample of 9.</p> <p>Findings include:</p> <p>R6's (Electronic Medical Records (EMR) undated documents that resident was admitted to the facility on [DATE].</p> <p>R6's EMR dated 4/4/25 documents R6 has diagnoses of spinal stenosis, lumbar region without neurogenic claudication; chronic obstructive pulmonary disease; major depressive disorder; anxiety disorder; chronic diastolic congestive heart failure; and chronic kidney disease, stage 3B.</p> <p>R6's medical record and Care Plan did not document a care plan for abuse.</p> <p>R6's Minimum Data Set (MDS) dated [DATE] documents a BIMS (Brief Interview for Mental Status) score of 14 out of 15. The MDS documents that the resident requires substantial/maximal assistance with sit to lying. The MDS documents that the resident requires partial/moderate assistance with lying to sitting on side of bed.</p> <p>On 4/9/25 at 1:13 PM, R5 stated that a staff member has been yelling at her roommate, (R6). Tell her to hurry up and I don't have time for this, I got places to go.</p> <p>On 4/9/25 at 2:09 PM, R6 stated that she does not know her name. She stated that she (V7) yelled and was very abrasive. She stated that she told her (V7) that she would feel better changing her clothes in the bathroom. (R6) stated that she was told that she was staying right here (by her bed) and changing her clothes. She stated that she told the staff that she wanted to eat breakfast in her room and was told you have to go to the dining room.</p> <p>On 4/9/25 at 2:40pm, V1, Administrator stated that this is the same staff member that alleged verbal abuse to (R2), V7. He stated that she was educated for abuse and customer service. It was V7 and she was suspended that day.</p> <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/9/25 at 3:08 PM, R6 stated that the staff yelled at her and that's verbal abuse. She stated that she is not scared or intimidated. She stated that she would not come back here. She stated that the staff member should not be doing this job if she does not know how to talk to people.</p> <p>On 4/10/25 at 8:33 AM, V10, LPN (Licensed Practical Nurse) stated that residents have complained about CNAs (Certified Nursing Assistant) and Therapy. She stated that they complain that they force them to do things or that they rush them to do things. She stated that the residents complain about the way staff talk to them.</p> <p>Facility's Abuse, Neglect, Exploitation, and Misappropriation Prevention Program dated 9/2024 documents Residents have the right to be free from abuse, neglect, misappropriation of resident property and exploitation. This includes but is not limited to freedom from corporal punishment, involuntary seclusion, verbal, mental, sexual or physical abuse, and physical or chemical restraint not required to treat the resident's symptoms.</p>		