STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145846	A. Building B. Wing	04/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LA Bella of Edwardsville	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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32874 Based on interview and record review the facility failed to provide showers twice a week to 2 of 4 residents (R1 and R8) reviewed for bathing in the sample of 11. Findings include: 1. R1's Bath and Skin Report sheet dated April 2025 documents bath or shower preference to be done AM on Monday and Thursday. R1's bath and skin report does not document a shower being given from 4/14/2025- 4/23/2025. R1's Face Sheet dated 4/23/2025 documents in part a diagnosis of Quadriplegia, Dysphagia, Speech and Language Deficits following Cardiovascular Disease. R1's Care Plan dated 7/9/2022 documents R1 has an Activity Daily Living (ADL) self-care performance deficit related to Cerebrovascular Accident (CVA), Weakness. R1's care plan documents interventions R1 currently requires assistance for bathing total 2. R1's Care plan documents R1 has bowel incontinence related to immobility. R1's Minimum Data Set (MDS) dated [DATE] document unable to do Brief interview for Mental status due to R1's cognitive impairment. 2. R8's Bath and Skin Report sheet dated April 2025 documents shower preference AM. R8's sheet documents Tuesday and Friday as shower days. R8's Bath and Skin Report Sheet does document R8 had a shower on 4/4/2025, and next documented shower 4/15/2025. R8's Bath and Skin Report does not document R8 receiving a shower from 4/4/2025-4/15/2025. R8's Bath and skin report does not document R8 receiving a shower from 4/15/2025- 4/21/2025 with last documented shower on 4/22/2025. R8's Care Plan dated, 6/19/2024 documents R8 has a ADL self-care performance deficit needs and participation may vary. R8's Care Plan documents the following interventions; R8 currently requires assistance with ADL's , Bathing physical help of one staff On 4/22/2025 at 1:23PM V5, Maintenance stated a circualtion pump had been down at the facility. V5 stated there was no hot water on Friday. V5 stated he did repairs and was called back in on Saturday for no hot water. V5 stated he called (outside contractor) and they helped him trouble shoot. V5 stated parts were ordered and he got them on Monday and installed. V5 stated water temps were not high enough to gives showers at that time. V5 stated after parts installed took about 2 hours for holding tank to fill to get temps up. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 4/23/2025 at 10:25AM V2, Director of Nursing (DON) stated residents are expected to get showers twice a week or more if soiled or incontinent. The facility policy Bath/shower/tub dated revised February 2018 documents the purpose is to promote cleanliness, provide comfort to the resident and to observe the condition of the resident's skin. The policy documents documentation; the date and time the shower/tub bath was performed, if the resident refused the shower/tub bath the reason why and intervention taken. the signature and title of the person recording the data.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. 32874 Based on observation, interview and record review the facility failed to change dressing and provide skin care daily to Gastrostomy (G) tube for 1 of 3 residents (R2) reviewed for enteral feeding tubes in the sample of 11. Findings include: 1. On 4/22/2025 at 9:03 AM R2's Gastrostomy (G) tube dressing in place with date of 4/18/2025 as verified by V3, Licensed Practical Nurse (LPN). R2's Care plan dated 3/21/2025 documents R2 requires tube feeding related to oropharyngial dysphagia after Cerebrovascular Accident (CVA). R2's care plan documents intervention; provide skin care to insertion site daily and as needed (PRN). R2's Physician Order (PO) dated 4/22/2025 documents G-tube site care - cleanse site and apply dry split gauze dressing every night after 12 AM. On 4/22/2025 at 9:03 AM V3, Licensed Practical Nurse (LPN) stated R2's gtube is to be cleaned and dressing changed daily. The facility policy Gastrostomy/Jejunostomy Site Care dated revised April 2025 documents the purpose of the procedure is to promote cleanliness and to protect the gastrostomy or Jejunostomy irritation, breakdown and infection. The policy documents to verify there is PO for the procedure, review the resident's care plan and provide for any special needs for the resident. The policy documents person performing the procedure should record the following information in the resident's medical record which would include date and time procedure was formed.