

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146084	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2026
NAME OF PROVIDER OR SUPPLIER LA Bella of Morrison		STREET ADDRESS, CITY, STATE, ZIP CODE 500 North Jackson Street Morrison, IL 61270	
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 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to notify the ombudsman of a discharged resident for 1 of 3 residents (R1) reviewed for discharge in the sample of 3. The findings include: R1's admission record shows she was admitted to the facility on [DATE], and she discharged on 3/11/2026 to home. R1's resident assessment and care screening of 3/3/26 documents her as cognitively intact. She was independent with supervision for her self-care needs, and independent with mobility. On 3/19/26 at 9:40 AM, V4 (Ombudsman) said R1 was issued an involuntary discharge due to non-payment. She was working with R1 on the case, including filing an appeal and setting up a hearing for April. V4 said she obtained representation for R1 regarding the hearing and notified the facility. She said a message had been left for her by V3 (Adult Protective Services-APS) care worker R1 had discharged from the facility. She said R1 had been discharged on 3/11/26, and to this day the facility still had not sent any notification of discharge. V4 said the judge has to be notified and the involuntary discharge has to be withdrawn. On 3/19/26 at 11:45 AM, V1 (Administrator) said on 2/13/26 she issued R1 an involuntary discharge due to non-payment. Her date of discharge was set for 3/16/26, but after the appeal R1 would have been able to stay longer. V1 said R1 chose to discharge on her own 3/11/26. V1 said it should have been herself or social services to notify the Ombudsman office of R1 discharging. V1 reviewed her email communications with V4 and said there had been no notifications. V1 said she should have notified the Ombudsman office. The facility's 10/13/25 policy for transfer and discharge documents 4. Generally, the notice must be provided at least 30 days prior to a transfer or discharge of the resident. Exceptions to the 30-day requirement apply when the transfer or discharge is affected because: e. In these exceptional cases, the notice must be proved to the resident, resident's representative if appropriate, and ombudsman as soon as practicable before the transfer or discharge. 5. The facility will maintain evidence that the notice was sent to the ombudsman. 6. If the information in the notice changes prior to affecting the transfer or discharge, the social services director or designee must update the recipients of the notice as soon as practicable once the updated information becomes available.</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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