

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 04/27/2026
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 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to have a call system in place allowing residents to call for assistance for 3 of 3 residents (R1, R2, and R3) reviewed for call system in the sample of 3. The findings include: 1. R1's admission Record printed on 4/27/26 showed R1 admitted to the facility on [DATE]. The same document showed R1 was [AGE] years old. On 4/27/26 at 11:43 AM, R1 was in her room. R1's call light by her bed and in the bathroom were not working. R1 confirmed her call lights were not working. R1 said staff provided her with a drum to use when she needed help. R1 said she was not able to use the drum. R1 attempted to use the drum. No audible drum noise could be heard at R1's door. R1 said when she needed help, she had to yell or wait for staff to check on her. On 4/27/26 at 11:43 AM, V3 (R1's Daughter-in-law) said R1 was not physically capable of making a loud sound with the drum and the call light system had not worked since R1 was admitted to the facility on [DATE]. R1's Fall Care Plan with an initiated date of 4/17/26 showed to make sure R1's call light was within reach and encourage R1 to use it for assistance as needed. 2. R2's admission Record printed on 4/27/26 showed R2 was diagnosed with a traumatic brain injury and convulsions. On 4/27/26 at 11:01 AM, R2 was in bed. There was no call light in R2's room. R2 was asked if her call light was working. R2 said she would not know if it was working because she did not have one. R2 said when she needed help she had to walk to the nurses desk and find staff. R2 said it would be helpful to have a call light. R2 said staff did not provide an alternative call system like a noise maker. No drum/noise maker were noted in R2's room. The call light in R2's bathroom was also not working. 3. R3's admission Record Printed on 4/27/26 showed R3 was diagnosed with diabetes and anxiety. On 4/27/26 at 11:22 AM, R3 said his call light was not working and staff did not provide an alternative call system such as a noise maker. R3 said he had to look for staff if he needs help. No noise maker/drum were noted in R3's room. On 4/27/26 at 10:51 AM, V1 (Administrator) said the call light system on the south hallway had not been working for about 2 weeks. On 4/27/26 at 11:21 AM, V5 (Certified Nursing Assistant) said the call lights on the south hallway had not been working and the facility had provided noise makers, such as drums, to residents. On 4/27/26 at 11:34 AM, V4 (Acting Maintenance Director) said the former maintenance director quit last week. V4 said he became aware of the call light system not working last week. V4 said it was important to have a working call light system so the residents can get ahold of staff.</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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