STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146084	A. Building B. Wing	05/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LA Bella of Morrison	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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. Based on observation and interview the facility failed to have a working heating/air conditioning unit in a resident room. This applies to 2 of 4 residents (R4 and R7) reviewed for clean, comfortable and homelike conditions in the sample of 7. The findings include: On 5/1/26 at 9:30AM, R4 stated, I have had no AC (Air conditioning) or heat in my room for the last 2 weeks. The unit does not work. On 5/1/26 at 10:30AM Surveyor observed the AC/ Heat unit in R4 and R7's room. The unit was a wall unit, plugged into the wall. Surveyor pushed the power button, but the unit would not turn on. On 5/1/26 the internet showed it was about 55 degrees outside, however on April 21, 22, and 23 the temperature outside was in the low to mid 80's. R4 had 2 fans on an overbed table both on and pointed at her bed. On 5/1/26 at 12:00PM V3 (Maintenance Director from a sister facility) stated, I didn't know it was not working. V3 then walked with Surveyor to R4 and R7's room to look at the unit. V3 was unable to turn the unit on. V3 pushed two buttons on the unit's electrical cord plug several times and stated, This is not good, there is no click. I have a new one of these units, I will change it out right now. As V3 and Surveyor were leaving the room V3 explained to R7 what he was going to do. R7 stated, (V1- Administrator) lied to my face and said it was going to be fixed by Friday. V3 stated, Well today is Friday. R7 stated, No, last Friday. We told her it wasn't working and she told us it was going to be fixed, and it is still not working. V3 stated, I am going to replace it now.On 5/1/26 at 12:35PM V3 stated, The fuse is blown- (V1) knew about it last week but the old maintenance guy (left last Thursday) said it was fixed. The unit was going bad, so the compressor was getting too hot and blowing the circuit breaker. I am going to replace the unit now. On 5/1/26 at 3:00PM V1 stated, They (R4 and R7) brought it to my attention at the end of last week that their AC was not working. The old maintenance guy told me he fixed it and it was working. Then (V3) said it tripped the breaker and the unit needed to be replaced and the one I said was the wrong size happens to be the one that they need for that room, so he went ahead and replaced it. (R7) has very manipulative behaviors. I don't know about (R4).

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146084	A. Building B. Wing	05/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LA Bella of Morrison	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)
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. Based on observation, interview and record review the facility failed to ensure a resident who is dependent on staff received incontinence care and showers. This applies to 1 of 3 residents (R1) reviewed for activities of daily living (ADL) in the sample of 7. The findings include: R1's face sheet shows she has diagnoses including COPD, lymphedema, type 2 diabetes, peripheral vascular disease, chronic kidney disease, major depressive disorder, morbid obesity, and generalized anxiety. On 5/1/26 at 9:14 AM, V7 and V8 (Certified Nursing Assistant's) were in R1's room providing incontinence care. A strong smell of urine was permeating from her room. On 5/1/26 at 9:17 AM, R1 was laying in bariatric bed. R1 said she was soaked with urine and the last time she was changed was at 10:30 PM last night. R1 said she prefers not be woken up when she is sleeping during the night, but would like staff to change her in the early morning. R1 said she's been up since 5:00 AM, and staff did not change me until now. R1 said her shower days are on Wednesday and Saturdays. She did not receive a shower for 10 days in April. R1 said when the regular aides are working, she receives her showers. R1 said she does not receive her showers when agency staff are here. R1 said she spoke to V1 (Administrator) regarding her showers. On 5/1/26 at 9:15 AM, V8 (Certified Nursing Assistant-CNA) said R1 is alert and oriented, she is larger resident and is dependent on staff for incontinence care. Yeah, R1 was soaked this morning. R1 was last changed on night shift, she gets changed after breakfast usually at 8:30 AM. R1's shower days are Wednesday and Saturdays. If she refuses we should notify nursing. On 5/1/26 at 9:43 AM, V8 (CNA) said R1 was soaked with urine this morning, she was changed last during night shift. She should get changed in the morning before first shift. R1 should get showers twice a week. V8 said R1 reported she had not received her shower for almost two weeks. She gave R1 a shower after R1 reported to her she did not receive her showers. V8 said she reported the concern to V1 (Administrator). V8 said R1 is fine with me, she is compliant with receiving cares. R1 is dependent on staff for incontinence care and showering. On 5/1/26 at 12:22 PM, V1 (Administrator) said there was a concern about R1 not getting her showers. According to some of the CNA's she refuses her showers and R1 reported she is not refusing her shower. V1 said she followed up with staff and confirmed she did not receive a weekly shower. On 4/18/26, R1 was supposed to receive a shower, the agency aide did not give R1 a shower. If a resident refuses a shower, the aide should report to the nurse and document the medical record. R1's current care plan shows she is dependent on staff ADL assistance with showers and incontinence care. Staff have been advised to do cares in pairs, she has a history of refusing showers. R1 will be offered AM shower first, before PM showers. If offered PM shower with refusal, AM shower is to offered AM next day. Interventions include implementing a special care strategy of 2 caregivers to address and observe the entire situation. R1's care plan shows she is incontinent; she has requested staff to check on her every two hours during the day shift. She wants her last check (incontinence care) between 11:00 PM and 12:00 AM. R1 would like her next check of the day between 4:00 AM to 5:00 AM. R1's shower reports reviewed from April 15, 2026 to April 25, 2026 shows she did not receive her weekly shower. R1's shower report dated 4/18/26 documents she refused her shower. R1's nurses notes reviewed from April 2026 shows there was no documentation for refusals of showers. The facility's undated Resident Showers Policy states, It is the best practice of this facility to assist residents with bathing to maintain proper hygiene, stimulated circulation and help prevent skin issues as per current standards of practice.