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	05/27/2026

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to follow their policy for a safe community pass for 1 of 3 residents (R1) reviewed for safety in the sample of 4. The findings include:On 5/27/26 at 11:05 AM, R1 was sitting outside in his wheelchair. R1 said he recently went out on pass with his girlfriend to his girlfriend's house. R1 said he fell asleep watching a movie and it got late so he stayed the night there and came back to the facility in the morning the next day. R1 said he signed himself out of the facility. On 5/27/26 at 11:20 AM, V7 (Licensed Practical Nurse) said she worked on the day R1 went out on pass. V7 said R1 had asked to go out on pass and V7 asked V1 (Administrator) if R1 was allowed to go out. V7 said V1 said R1 had a high enough cognition score that he could go, but normally you are supposed to call the doctor and get an order. V7 said R1 is alert and oriented times three, is able to transfer himself and has no safety concerns that she was aware of. On 5/27/26 at 11:22 AM, V8 (Registered Nurse) stated, Oh yeah, you are supposed to call the doctor! On 5/27/26 at 11:40 AM, V1 (Administrator) said for a resident to go out on community pass they need to have a high cognition score. V1 said she was not aware of needing a doctor's order or not, nursing would know that. V1 said she would need to look at their policy. R1's Physician Orders for May 2026 do not contain an order to go out on a therapeutic leave. The facility's Resident Sign Out/In Records shows R1 signed out on 5/17/26 at 6:30 PM. R1's Social Service Quarterly assessment dated [DATE] shows under Community Survival Skills Evaluation that R1 is marked yes for the resident is sufficiently alert, and oriented, coherent and knowledgeable allowing him/her to be considered for independent outside pass privileges and resident is able to move/navigate/negotiate safely on community streets, maintain a safe distance around cars, uses sidewalks, if in a wheelchair propels safely/carefully. R1's Care Plan shows R1 has diagnoses of chronic congestive heart failure, anemia, cardiac pacemaker, acquired absence of right and left foot, and acquired absence of right leg below knee. This same Care Plan shows R1 is able to transfer himself independently. This Care Plan does not address R1's Community Pass ability. The facility's Therapeutic Leave Policy dated 5/2026 shows It is the policy of this facility to allow resident to leave the facility for a non-medical visit, thereby known as therapeutic leave, in accordance with Federal and State guidelines and applicable Medicaid, and private insurance guidelines. The nurse will obtain an order from the practitioner specifying approval of a therapeutic leave. The facility will document in the medical record the resident's leave of absence, any medications, sent with the resident and any education given to the resident and/or representative prior to the leave.

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