

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146085	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER LA Bella at Clifton		STREET ADDRESS, CITY, STATE, ZIP CODE 1190 E 2900 North Road Clifton, IL 60927	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41002</p> <p>Based on interview and record review the facility repeatedly failed to provide showers as scheduled for three of three dependent residents (R2, R3, R4) reviewed for showers in the sample list of five.</p> <p>Findings include:</p> <p>1. R2's Facility Census documents R2 was admitted to the facility on [DATE] and has the following medical diagnoses; Atrial Fibrillation, Chronic Pulmonary Embolism, Abnormalities of Gait and Mobility, Unsteadiness on Feet, Weakness and Presence of Orthopedic Joint Implants.</p> <p>R2's Minimum Data Set (MDS) dated [DATE] documents R2's Brief Interview for Mental Status (BIMS) score 15, cognitively intact, needs substantial assistance with shower/bathe self, and Activities of Daily Living (ADL).</p> <p>R2's Care Plan dated 9/12/24 documents R2 will receive scheduled showers. Interventions: Staff will encourage resident to take showers per shower schedule. R2 has an Activities of Daily Living (ADL) self-care performance deficit related too decreased strength and mobility.</p> <p>R2's Shower Schedule documents R2 to receive showers on Tuesday and Fridays during the day shift.</p> <p>R2's Bath and Skin Report Sheet dated December 2024 and January 2025 documents R2 received a shower on 12/31/24.</p> <p>On 1/9/24 at 9:38am R2 stated that R2 rarely gets a shower and had only one or two last month. R2 stated R2 is supposed to get them on Tuesday and Fridays. R2 stated staff will come and tell R2 that it's R2's shower day and then never come back. R2 stated that R2 does needs staff assistance when taking a shower. R2 stated R2 usually just washes up at the sink in R2's room, which doesn't really get R2 clean all over.</p> <p>2. R3's Facility Census documents R3 was admitted to the facility on [DATE] and has the following medical diagnoses; Acute Respiratory Failure, Diastolic (Congestive) Heart Failure, Morbid (Severe) Obesity Due to Excess Calories, Unsteadiness on Feet, Pulmonary Hypertension, Acute Respiratory Failure with Hypoxia, Muscle Wasting and Atrophy, Right Heart Failure, Abnormalities of Gait and Mobility, Shortness of Breath, Personal History of Transient Ischemic (TIA) Attack and Lack of Coordination.</p> <p>(continued on next page)</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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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R3's Minimum Data Set (MDS) dated [DATE] documents R3's Brief Interview for Mental Status (BIMS) score 13 cognitively intact, needs substantial assistance with shower/bathe self, and Activities of Daily Living (ADL).</p> <p>R3's Care Plan dated 10/29/24 documents R3 has an Activities of Daily Living (ADL) self-care performance deficit needs and participation may very related too activity intolerance, fatigue, impaired balance, and limited mobility. Intervention: Bathing: R3 needs assist of 1-2 based on fatigue, weightbearing, weakness.</p> <p>R3's Shower Schedule documents R3 to receive showers on Sunday and Thursdays during the day shift.</p> <p>R3's Bath and Skin Report Sheet dated December 2024 and January 2025 documents R3 received a shower on 12/12/24, 12/21/24 and 1/2/25.</p> <p>On 1/9/24 at 10:04am R3 said, that R3 does not get two showers a week. R3 said, that R3 might get one shower a week. R3 said, that R3 is scheduled to get a shower on Sunday and Thursdays and doesn't understand why staff doesn't give R3 a shower. R3 said, R3 is dependent on staff's assistance when getting a shower, R3 is unable to shower R3's self.</p> <p>3. R4's Facility Census documents R4 was admitted to the facility on [DATE] and has the following medical diagnoses; Fracture of Sternum, Chronic Diastolic (Congestive) Heart Failure, Unsteadiness on Feet, Abnormalities of Gait and Mobility, Muscle Wasting and Atrophy, Chronic Venous Hypertension (Idiopathic) with Inflammation of Bilateral Lower Extremities, Obesity and Anxiety Disorder.</p> <p>R4's Minimum Data Set (MDS) dated [DATE] documents R4's Brief Interview for Mental Status (BIMS) score 14 cognitively intact, needs substantial assistance with shower/bathe self, and Activities of Daily Living (ADL).</p> <p>R4's Care Plan dated 10/25/24 documents R4 has an Activities of Daily Living (ADL) self-performance deficit related too sternum fracture, impaired mobility, and weakness. Intervention: Bathing/Showering: R4 requires assist of 1 staff member with bathing/showering.</p> <p>R4's Shower Schedule documents R4 to receive showers on Monday and Thursdays during the day shift.</p> <p>R4's Bath and Skin Report Sheet dated December 2024 and January 2025 documents R4 received a shower on 12/6/24, 12/30/24 and 1/6/25.</p> <p>On 1/9/24 at 10:20am R4 said, R4 is dependent on staff to get a shower, R4 is not able to self-shower. R4 said, that R4 has only been living in the facility a couple of months and does not every get two showers a week. R4 stated that R4 is supposed to get showers on Monday and Thursdays and is lucky to get one shower every other week.</p> <p>On 1/9/25 at 1:45pm V2 (Director of Nursing) said all residents are scheduled 2 showers a week and should be getting them. V2 said, after a shower is given, the Certified Nursing Assistant should be documenting it on the resident's bath and skin report sheet. V2 said, if a resident refuses a shower, it should be documented that they refused. V2 acknowledged that R2, R3 and R4 did not receive their 2 scheduled showers as ordered.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Facilities Bath, Shower/Tub Policy no date documents: The purpose of this procedure to promote cleanliness, provide comfort to the resident and to observe the condition of the resident's skin. Documentation: 1. The date and time the shower/bath was performed. 2. The name and title of the individual (s) who assisted the resident with the shower/bath. 5. If the resident refused the shower/bath, the reason (s) why and the intervention taken. 6. The signature and title of the person recording the data.</p>		