STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146152	A. Building B. Wing	12/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LA Bella of Rochelle	1021 Caron Road Rochelle, IL 61068

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 0825 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide or get specialized rehabilitative services as required for a resident. Based on interviews and record review, the facility failed to ensure that a resident (R1) received a physical therapy evaluation per physician's order. This failure affects 1 of 2 residents (R1) reviewed for physical therapy in the sample of 3.The findings include:On 12/02/2025 at 9:46 AM, R1 indicated he had not received physical therapy services since admission. R1's face sheet documented admission date of 11/11/2025 with a past medical history not limited to: type 2 diabetes mellitus, hypertensive heart disease with heart failure, congestive heart failure, atrial fibrillation, congestive heart failure and personal history of transient ischemic attack.Review of R1's active orders as of 12/02/2025 showed physical therapy (PT) occupational therapy (OT) eval and treat dated 11/21/2025; and OT clarification order: OT to treat 3-5 times/week for 30 days dated 11/23/2025.Restorative Progress Note dated 12/2/2025 9:40 AM indicated that R1 completed six days of facility sponsored therapy yesterday. Will follow up with therapy for restorative recommendations.Review of R1's progress notes showed no physical therapy evaluation or screening was completed as of 12/02/2025. On 12/02/2025 at 2:54 PM, V9 (Physical Therapy Assistant) said R1 was evaluated by OT but not by PT. V9 added that R1 is on Medicaid so the facility would have to cover therapy services.On 12/02/2025 at 2:59 PM, called V10 (Regional Director of Therapy) said the facility approved six visits of OT for R1 that were met as of 12/01/2025. V10 added that she was unaware of the order for a PT evaluation, she only knew of OT eval. On 12/02/2025 at 3:25 PM, V11 (MDS Coordinator) indicated it is facility protocol that all new admits are screened by therapy to see if they are candidates for any type of skilled therapy services that includes physical, occupational or speech therapy.On 12/03/2025, email correspondence between V10 and V11, provided by V1 (Administrator), showed in part, we are going to move forward with a PT eval if [V1] approves the facility pay eval and [six] visits to treat. [R1] is Medicaid so [V10] have to have approval (email sent!) before we schedule the PT eval. [Staff] did mention the patient is doing OK in OT but could use PT.Undated Provision of Physician Ordered Services policy reads in part: the purpose of this policy is to provide a reliable process for the proper and consistent provision of physician ordered services according to professional standards of quality. Qualified nursing personnel will submit timely requests for physician ordered services (laboratory, radiology, consultations) to the appropriate entity.

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