

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  146152	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/12/2025
NAME OF PROVIDER OR SUPPLIER  LA Bella of Rochelle		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review the facility failed to prevent the misappropriation of resident medications by staff. This applies to 1 of 3 residents (R5) reviewed for misappropriation in the sample of 8. The findings include: R5's EMR (Electronic Medical Record) shows that R5 was last admitted to the facility on [DATE] with diagnoses including Schizoaffective Disorder, Chronic Obstructive Pulmonary Disease and Drug Induced Subacute Dyskinesia. The EMR shows that R5 had an order for Cyclobenzaprine (Muscle Relaxant) 10mg three times a day for muscle spasms. The EMR also shows that R5 discharged from the facility AMA (Against Medical Advice) on 8/20/25. On 12/12/25 at 10:55 AM V2 (Director of Nursing) stated, (V11-Registered Nurse) was a unicorn! She was wonderful! She worked nights, full time. She really knew what she was doing. That day I was with the (V10-Business Office Manager) she returned a call from the significant other of (V11) and he said that (V11) had been arrested for a domestic charge and during that arrest they found 2 cards of medication of a former resident (R5). We immediately contacted (V14) our VP of clinical operations, and we were told we had to terminate (V11) right away. (V11) was the night nurse so she had access to medications. When a resident is discharged, we usually return the medications to the pharmacy. Except for narcotics- those we destroy. As far as I know (V14) contacted IDPH regarding this issue. It broke my heart to lose (V11) as a nurse. On 12/12/25 at 11:05AM V10 stated, I took a phone call (On November 12, 2025) from a gentleman who identified himself as the significant other of (V11). He said (V11) was just arrested for domestic violence and they also found a resident's medication cards in her possession. His lawyer had advised him to contact us. He had taken pictures of the cards as proof and wanted to send them to my email- which he did. We called (V14) and she told us we needed to terminate (V11) right away. On 12/12/25 at 12:00PM, V14 stated, I contacted IDPFR (State Department of Professional Regulation) and IDPFR is investigating it. The resident was discharged so there was no harm. There was no proof that the meds came from the facility. The (Neighboring town) Police Department is investigating the domestic violence, not the medications found in the house. On 12/12/25 V10 provided copies of the emails sent to her by V11's significant other. The pictures show 2 medication cards filled with Cyclobenzaprine 10mg with R5's name on them. One of the cards appears full (30 tabs) and the other looks to contain about 17 pills. The facility Abuse Policy Revised on 10/13/25 states, It is the policy of this facility to provide protections for the health, welfare and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation and misappropriation of resident property. Misappropriation of resident property means the deliberate misplacement, exploitation or wrongful, temporary or permanent, use of a resident's belongings or money without the resident's consent.</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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