

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 02/02/2026
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to implement Enhanced Barrier Precautions for a resident with an indwelling urinary catheter and gallbladder drain for 1 of 3 residents (R1) reviewed for infection control in the sample of 4. The findings include: On 2/2/26 at 9:55 AM, R1 was lying in bed, V3 (Licensed Practical Nurse) was in her room at her bedside. There was no sign posted on R1's door and no PPE (Personal Protective Equipment) cart outside of her room to identify R1 was on any type of isolation or precaution. After V3 was finished she exited R1's room and told this surveyor that R1 has a urinary catheter and both a gallbladder drain and a Jackson Pratt drain to the same area of her surgical site. On 2/2/26 at 9:57 AM, R1 said she came to the facility with two drains and a urinary catheter. R1 said she had a bad infection in the hospital and a tube was put in to help her breath and she is lucky to be alive. R1 said she cannot recall staff wearing gowns when they handle her catheter or drain. On 2/2/26 at 10:25 AM, V3 said that R1 should have Enhanced Barrier Precautions (EBP) in place since she has a catheter and drains and staff should wear PPE including gowns and gloves when providing direct care to R1 or when handling her drains or catheter. V3 said she is not sure why R1 no longer has a PPE cart outside her room because she used to. On 2/2/26 at 10:30 AM, V2 (Director of Nursing) walked down to R1's room and verified with this surveyor that there were no Enhanced Barrier Precautions in place for R1. V2 said she was also unsure why the sign was no longer on her door and the PPE cart was not there. R1's face sheet shows she was admitted to the facility on [DATE] with diagnoses including septic shock. R1's Physicians Order Summary fails to have an order for Enhanced Barrier Precautions however there is an order for dressing changes three times a week for her gallbladder drain. The facility provided Enhanced Barrier Precaution policy dated 10/13/25 shows if residents have indwelling urinary catheters or a drain they should have EBP precautions in place and staff should wear gowns and gloves when providing direct cares. The policy also shows that a PPE cart should be outside or close to the residents room to identify the need for EBP precautions.</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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