STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14E579	A. Building B. Wing	06/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LA Bella of Sterling	3601 Sixteenth Avenue Sterling, IL 61081

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 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure a resident was discharged in a safe manner and failed to ensure outside resources and durable medical equipment were in place prior to discharge for one of two residents (R1) reviewed for discharge in the sample of three. The findings include:R1's hospital records shows she was admitted to a psychiatric hospital on April 3, 2025, for acute stabilization and was experiencing acute psychosis and was a danger to herself prior to being admitted to the facility on [DATE].R1's Transfer Discharge Report dated June 11, 2026, shows she was admitted to the facility on [DATE], with diagnoses including bipolar disorder, diabetes mellitus type 2, unspecified psychosis, mild intermittent asthma, anxiety disorder, and major depressive disorder. R1's Face Sheet shows she was discharged from the facility on May 4, 2026.R1's Care Plan dated May 12, 2026, shows, [R1] can have short term memory issues at times in the evenings. She may return repeatedly for her scheduled medications, forget whether or not she has taken as needed medications. She may tell one provider/staff that she has pain in one area of her body but then tell another provider/staff that the pain is located elsewhere within minutes of each conversation. [R1] is high risk for falls.R1's Social Services Comprehensive assessment dated [DATE], shows that R1 was not eligible for a community pass due to not knowing the facility address, location and how to contact the facility in an emergency. R1 had a history of abuse/neglect, exposure to any form of trauma, factors that increase the resident's vulnerability, history of substance abuse, psychiatric history, and diagnosis of depression. The resident does not demonstrate sufficient adherence to medication compliance, active participation in their treatment plan, appropriate hygiene and grooming, and respectful treatment of other to be considered for an independent outside pass privilege. R1's Progress Notes dated April 29, 2026, shows that R1 had a fall. R1 was not using her cane/walker as instructed. There was a note entered on April 29, 2026, by V3 (Previous Director of Nursing/DON) that showed, Doctor here to see resident with new order to refer to neurology. On June 11, 2026, at 10:49 AM, V3 said, I believe the neurology referral was sent on [R1's] discharge. The neurology consult was ordered when the doctor was doing his rounds.R1's Plan of Care Note dated May 1, 2026, shows, Resident declined to attend care plan meeting today. Resident is scheduled to discharge on Monday May 4, 2026, to her own apartment at [name of apartment complex for low income]. (Community Independent Living Service) will be providing post discharge support and case management services. Request for durable medical equipment order for shower grab bars and tub cut out sent to medical doctor. Resident has not displayed any behaviors or fluctuation in mood. Resident currently stable at baseline and medication compliant. Weight down 32 pounds in one year. Resident is indifferent to activities of daily living (ADL) care needs. Resident has a history of neglecting self-care at times but is physically capable of performing ADLs. Requires set up help, cues, supervision, and intermittent supervision to assure ADLs are completed safely and at an adequate level.On June 10, 2026, at 1:03 PM, V4 (Certified Nursing Assistant/CNA) said she took care of R1 often. V4 said she had to remind R1 where her room was, remind her of smoke times, and remind her to let her flat iron cool off before she closed it. V4 said R1 was friendly with no aggressive behaviors. V4 said R1 was forgetful at (continued on next page)

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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