Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: **3000856**	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **10/03/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
La Bella of Sterling	**3601 SIXTEENTH AVENUE , STERLING, Illinois, 61081**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
S0000	Initial Comments Facility Reported Incident of 9/23/25/2632575	S0000		10/08/2025
S9999	Final Observations Statement Licensure Violations: 300.610a) 300.1210b) 300.1210d)6) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 6) All necessary precautions shall be taken to assure	S9999		10/03/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3000856	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
La Bella of Sterling	**3601 SIXTEENTH AVENUE , STERLING, Illinois, 61081**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
S9999	Continued from page 1 that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents. These regulations were not met as evidenced by: Based on interview and record review, the facility failed to provide supervision to a resident (R1) while attending an outdoor activity. This failure resulted in R1 sustaining second degree burns from an outdoor fire. The findings include: R1's electronic face sheet printed on 10/3/25 showed R1 has diagnoses including but not limited to major depressive disorder, anxiety disorder, chronic obstructive pulmonary disease, schizoaffective disorder, and tremor. R1's facility assessment dated 9/23/25 showed R1 has no cognitive impairment. R1's nursing progress notes dated 9/23/25 showed, "During afternoon activities today resident was attending an activity and was roasting marshmallows with her peers and staff. Each staff member had assigned areas to supervise and assist with for the activity. Dietary and business office manager assigned to area with marshmallows and candy. Dietary manager assisted and supervised residents with covered fire pit for entirety of activity. Dietary manager completed assistance with (R1) and (R1) was walking back to join her peers. Dietary then proceeded to assist other residents with activities, then (R1) turned around to walk back to fire pit with her marshmallow in her left hand wrapped in a paper napkin. When she got to the fire pit, she attempted to throw napkin into what appeared to be an already extinguished fire (activity was complete) the napkin stuck to her hand and ignited. Resident then started waving her hand around causing the fire to get bigger, burning her left hand and forearm. Staff immediately intervened and assisted resident to safety. Resident taken to nurse's office for assessment. First aide was provided, and physician notified. Order to send resident to emergency room for evaluation and treatment at (local hospital). On 10/2/25 at 9:02AM, R1 stated, "I was standing over by the fire and I had just roasted a marshmallow and I went to throw my napkin in the fire and the napkin got stuck on my hand from the marshmallow and went up in flames. My whole hand was on fire, and I was really	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3000856	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
La Bella of Sterling	**3601 SIXTEENTH AVENUE , STERLING, Illinois, 61081**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
S9999	Continued from page 2 scared so I started screaming. The staff came right over and took care of me." R1 had a dressing to her left hand that she removed, and surveyor observed burns to R1's left hand and a blister about the size of a quarter on her left thumb. R1 stated its very painful and she's never roasting marshmallows again. R1's local emergency room notes dated 9/23/25 showed, "Skin: warm, dry, erythema extending up the majority of the left palm and palmar fingers with areas of blistering/second-degree burn noted to the distal phalanx of the left thumb anteriorly, middle phalanx of the left thumb anteriorly, distal and middle phalanx of left index finger anteriorly…" R1's nursing progress notes dated 9/25/25 showed, "Dressing change to left hand per orders. Blister noted to left thumb measures 1.5x1.2 inches and is fluid filled. Palm is slightly red with no blistering noted…" On 10/2/25 at 8:41AM, V3 (Dietary Manager) stated, "We were out there with about 15-20 residents around the fire and after we were pretty much done with the fire, (R1) came out late and wanted a s'more. Her and I walked over to the fire pit and the fire was low, so I leaned down & roasted the marshmallow for her. We walked over to the table & put the s'more together and then she walked off towards the fire and sat down. All the residents thought we were going to do seconds and when I turned around to see if we were doing seconds, I heard (R1) yell, and she was holding her arm and crying….(V4-Certfied Nursing Assistant Coordinator) and (V5-Business office manager) were both out there with me at the time this happened but they were setting up a pinata so they weren't by the fire." On 10/2/25 at 8:51AM, V4 stated, "I was outside doing a pinata, so I really didn't see much. I had my back towards the crowd of residents because I wasn't the one supervising them. I heard a resident ask for another marshmallow and (V3) said she would help them. I didn't hear much after that and then someone yelled someone burned themselves and I just yelled, "Go to the nurse right away." On 10/3/25 at 9:18AM, V1 (Administrator) stated, "I was out doing fire duty when I was out with the residents during our bonfire and s'mores. I went inside because the smoke was bothering my breathing and within 5-10 minutes of being inside, staff were bringing (R1) in and telling me she burned her hand. I'm not sure who was watching the residents around the fire after I went in but there were 4 managers outside. I didn't assign anyone for fire duty because I thought all the	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3000856	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
La Bella of Sterling	**3601 SIXTEENTH AVENUE , STERLING, Illinois, 61081**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
S9999	Continued from page 3 residents were done making s'mores." On 10/3/25 at 9:44AM, V5 stated, "I was standing out by the tree, my back was facing the basketball hoop, and we were trying to get the pinata up. I didn't really see anything happen. (V3) asked if we were doing seconds and I said sure and when I turned around, I didn't see anyone by the fire. A few minutes later I heard a yell and (R1) was walking up to me and holding her hand and she had marshmallow stuck on her hand. I saw her s'more on the ground. We were all supposed to be supervising after (V1) went inside but I didn't see anyone by the fire when I looked. I was busy doing the pinata." The facility was unable to provide a policy regarding supervision of residents during outdoor activities. (B)	S9999		