STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0058834	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LA BELLA OF DANVILLE	**1701 NORTH BOWMAN , DANVILLE, Illinois, 61832**

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S0000	Initial Comments Annual Licensure Health Survey	S0000		
S9999	Final Observations Statement of Licensure Violations: 1 of 5: 300.340c)3)C)iii) 750.110c)1) Section 300.340 Incorporated and Referenced Materials c) The following statutes and State regulations are referenced in this Part: 3) State of Illinois rules: C) Department of Public Health: iii) Food Code (77 Ill. Adm. Code 750) PART 750 FOOD CODE SUBPART A: GENERAL PROVISIONS Section 750.110 Incorporated and Referenced Materials c) The following materials are incorporated in this Part: 1) The FDA 2022 Food Code (January 18, 2023 version), Chapters 1 through 7 and Sections 8-103.10, 8-103.11, 8-103.12, 8-201.13, and 8-201.14 of Chapter 8 (except the terms "food employee" and "food establishment" in Section 1-201.10), U.S. Department of Health and Human Services, U.S. Food and Drug Administration, Public	S9999		

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

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S9999	Continued from page 1 Health Service, College Park, MD 20740, available at https://www.fda.gov/media/164194/download?attachment. The FDA 2022 Food Code (January 18, 2023 version) 6-501.111 Controlling Pests. The PREMISES shall be maintained free of insects, rodents, and other pests. The presence of insects, rodents, and other pests shall be controlled to eliminate their presence on the PREMISES by: (A) Routinely inspecting incoming shipments of FOOD and supplies; (B) Routinely inspecting the PREMISES for evidence of pests; (C) Using methods, if pests are found, such as trapping devices or other means of pest control as specified under §§ 7-202.12, 7-206.12, and 7-206.13; Pf and (D) Eliminating harborage conditions. These requirements are NOT MET as evidenced by: Based on observation, interview, and record review, the facility failed to maintain an effective pest control program and failed to exclude and prevent flying and crawling insects in the facility food service areas. These failures have the potential to affect all 141 residents residing in the facility. Findings include: On 11/4/2025 at 12:05PM, the kitchen mechanical dishwasher and surrounding surfaces (drain boards, plumbing, floors, walls) were soiled with accumulations of dirt and decomposing food debris. A foul odor was present in the general area. Portions of the wall surface were crumbling and missing. Three or more flies were present flying around and resting on the dishwasher and surrounding surfaces. V13 (Dietary Manager) was present and reported cleaning the above areas "on my hands and knees" and reported the walls, floors, and plumbing were in such poor condition removing all the soiling was almost impossible. On 11/6/2025 at 11:58AM, three or more flies remained flying around and resting on the above surfaces. Facility pest control reports document the following conditions in the facility kitchen:	S9999		

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S9999	Continued from page 2 10/30/2025 - found dead and live cockroaches; conditions in the kitchen included standing water, over filled dishes, and trash that needs thrown out and the floor needs a deep cleaning to get the issue under control. 10/27/2025 - treatment for observed cockroaches. 9/29/2025 - treatment for observed cockroaches. 8/4/2025 - treatment for observed cockroaches. 7/7/2025 - treatment for observed cockroaches. The facility resident roster dated 11/4/2025 documents 141 residents reside in the facility. (C) 2 of 5: 300.340c)3)C)iii) 750.110c)1) Section 300.340 Incorporated and Referenced Materials c) The following statutes and State regulations are referenced in this Part: 3) State of Illinois rules: C) Department of Public Health: iii) Food Code (77 Ill. Adm. Code 750) PART 750 FOOD CODE SUBPART A: GENERAL PROVISIONS Section 750.110 Incorporated and Referenced Materials c) The following materials are incorporated in this Part: 1) The FDA 2022 Food Code (January 18, 2023 version), Chapters 1 through 7 and Sections 8-103.10, 8-103.11, 8-103.12, 8-201.13, and 8-201.14 of Chapter 8 (except the terms "food employee" and "food establishment" in Section 1-201.10), U.S. Department of Health and Human	S9999		

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S9999	Continued from page 3 Services, U.S. Food and Drug Administration, Public Health Service, College Park, MD 20740, available at https://www.fda.gov/media/164194/download?attachment. The FDA 2022 Food Code (January 18, 2023 version) 6-1 Materials for Construction and Repair 6-101 Indoor Areas 6-101.11 Surface Characteristics. (A) Except as specified in (B) of this section, materials for indoor floor, wall, and ceiling surfaces under conditions of normal use shall be: (1) SMOOTH, durable, and EASILY CLEANABLE for areas where FOOD ESTABLISHMENT operations are conducted; (2) Closely woven and EASILY CLEANABLE carpet for carpeted areas; and (3) Nonabsorbent for areas subject to moisture such as FOOD preparation areas, walk-in refrigerators, WAREWASHING areas, toilet rooms, mobile FOOD ESTABLISHMENT SERVICING AREAS, and areas subject to flushing or spray cleaning methods. These requirements are NOT MET as evidenced by: Based on observation, interview, and record review, the facility failed to maintain sanitary floor surfaces at the dishwashing and pantry areas. These failures have the potential to affect all 141 residents residing in the facility. Findings include: On 11/4/2025 at 12:15PM, the tile flooring throughout the kitchen and pantry areas was unsealed and not easily cleanable. V13 (Dietary Manager) was present and reported the facility does not seal or wax the tile floor areas and as a result the flooring is not impervious to liquids. V13 reported the kitchen food waste grinder failed and was not replaced and staff now have to scrape dishes into a trash can by hand and missed food particles on the dishes tended to plug the sewer drain causing sewage overflows directly onto the kitchen floor surface. V13 pointed to multiple dark stains on the unsealed tile located at the main doorway between the kitchen and facility dining room and reported the stains appeared to be from sewage absorbing into the unsealed floor surface. The nearby	S9999		

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S9999	Continued from page 4 pantry floor area was also unsealed, discolored, and heavily soiled with adhered dirt. An ice machine was located in an alcove adjacent to the pantry and the flooring surface beneath and around the ice machine was heavily soiled with dirt and debris. Accumulations of dirt completely obscured approximately 50% of the floor surface and the floor was littered with an ice scoop, plastic lid, food containers, drinking cups, a broom, and a whiteboard. The facility resident roster dated 11/4/2025 documents 141 residents reside in the facility. (C) 3 of 5: 300.1210b)4) 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. Restorative measures shall include, at a minimum, the following procedures: 4) All nursing personnel shall assist and encourage residents so that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that diminution was unavoidable. This includes the resident's abilities to bathe, dress, and groom; transfer and ambulate; toilet; eat; and use speech, language, or other functional communication systems. A resident who is unable to carry out activities of daily living shall receive the services necessary to maintain good nutrition, grooming, and personal hygiene. These requirements are NOT MET as evidenced by: Based on interview and record review, the facility failed to provide timely assistance for toileting hygiene/incontinence cares for one resident (R15) of three reviewed for Activities of Daily Living (ADLs) in the sample list of 24 residents. Findings include:	S9999		

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S9999	Continued from page 5 R15's Medical Diagnosis list dated 11/6/2025 documents diagnoses including: Osteoarthritis, Morbid Obesity, Weakness, Disorder of Muscle, Difficulty in Walking, Reduced Mobility, and Lack of Coordination. R15's Resident Assessment dated 8/19/2025 documents R15 is cognitively intact. The same assessment documents R15 is always incontinent of bladder and bowel and is completely dependent on staff assistance for toileting hygiene. R15's Care Plan dated 11/6/2025 documents facility staff will provide incontinence care for R15. The same record documents R15 is at risk for skin impairment due to incontinence. R15's Orders dated 11/6/2025 documents R15 receives daily treatment for a wound located on R15's right buttock. On 11/5/2025 at 2:15PM, R15 reported using incontinence briefs and being incontinent of both bowel and bladder. R15 reported facility staff have taken up to two to three hours to answer R15's activated call light when R15 needed a soiled brief changed. R15 reported R15 doesn't like the delay in receiving care and "nobody would." On 11/6/2025 at 1:05PM, R15 reported daily concerns with how long staff take to answer R15's call light when R15 needs assistance. R15 reported activating R15's call light around 7:00PM the previous night and staff did not respond until 9-9:30PM and R15 sat in a wet brief for two or more hours. On 11/6/2025 at 1:07PM, V11 (Licensed Practical Nurse) reported R15 does not make false statements. The facility Resident Call System policy (September 2022) documents staff are to answer resident calls for assistance as soon as possible, but no later than five minutes with urgent requests for assistance answered immediately. (B) 4 of 5: 300.696a) Section 300.696 Infection Prevention and Control a) A facility shall have an infection prevention and control program for the surveillance, investigation, prevention, and control of healthcare-associated	S9999		

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S9999	Continued from page 6 infections and other infectious diseases. The program shall be under the management of the facility's infection preventionist who is qualified through education, training, experience, or certification in infection prevention and control. These REQUIREMENTS are not met as evidenced by: Based on interview and record review the facility failed to have a qualified Infection Preventionist with the required training in infection prevention and control. This failure has the potential to affect all 141 residents in the facility. Findings include: The Facilities Assessment dated September 2024 through November 2025 documents the facility will have an Infection Control Preventionist as part of its staffing plan. The Facilities Infection Prevention and Control Program Policy dated January 2025 documents: Policy Statement; An infection prevention and control program is established and maintained to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. 5. Coordination and Oversight. a. The infection prevention and control program is coordinated and overseen by an infection prevention specialist (infection preventionist). The Facilities Employee Contact List has no documented name and number for an Infection Preventionist. The facility's Long Term Care Facility Application for Medicare and Medicaid Services dated 11/4/25 documents a census of 141 residents. On 11/5/25 at 1:30 PM, V2 Director of Nursing (DON) stated that the facility does not currently have a full time Infection Control Preventionist as required. On 11/5/25 at 1:35 PM, V3 Assistant Director of Nursing (ADON) confirmed that the facility does not currently have a full time Infection Control Preventionist as required. (C)	S9999		

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S9999	Continued from page 7 5 of 5: 300.2930c)5) Section 300.2930 Plumbing Systems c) Water Supply Systems 5) Hot water available to residents at shower, bathing and handwashing facilities shall not exceed 110 degrees Fahrenheit. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to maintain hot water temperatures in resident handwashing sinks at safe temperatures at or below 110 degrees Fahrenheit. This failure affects 12 residents (R4, R6, R13, and R19 through R27), out of 26 observed for safe water temperatures, on the sample list of 27. Findings include: On 11/5/25 at 3:29 PM, utilizing an Illinois Department of Public Health digital automatically calibrating thermometer, the water temperatures in the handwashing sink in resident room 8 was 123.4 degrees Fahrenheit (F). In resident room 7 the water temperature in the handwashing sink measured 126.8 degrees F. In resident room 6 the water temperature in the handwashing sink measured 126.8 degrees F initially, and then dropped to 109.0 F. These rooms were on the facility's South Hall of the South building. On 11/5/25 at 3:59 PM, V10 Maintenance Director, stated he had no idea how the water temperatures got that high and that over 120 degrees F was “way too high.” V10 stated he tried to maintain the water temperatures no higher than 110 degrees F. On 11/5/25 at 4:02 PM, utilizing an Illinois Department of Public Health digital automatically calibrating thermometer, the water temperature in the handwashing sink in resident room 31 measured 123.4 degrees F. The water in resident room 32 handwashing sink measured 122.7 degrees F. The water in the handwashing sink of resident room 33 measured 123.4 degrees F. These rooms were on the facility's North Hall of the South building. Each of the six aforementioned resident handwashing	S9999		

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S9999	Continued from page 8 sink faucets created a burning sensation on the fingers, touching only the faucet to maintain the thermometer probe in the water stream. On 11/5/25 at 4:11 PM, V10 was exiting resident room 7 and stated he had checked the water temperatures in resident rooms 6, 7, and 8, obtaining 109.0 degrees F for each of the three rooms. V10 then accompanied (surveyor) to resident room 33 and checked the handwashing sink with the facility digital automatically calibrating thermometer measuring 120 degrees and still rising. V10 then verbally stated the water was going over 120 degrees F and was too high. The facility's Resident Census Roster dated 11/4/25 documents R4, R6, R13, and R19 through R27 reside in the aforementioned rooms. R13's Admission Assessment dated 10/31/25 documents R13 could not answer questions such as if he was a smoker or if he had ever received any types of vaccinations. This same assessment documents R13 had an altered mental status, overestimates and forgets his own limits, could not follow commands, and could not demonstrate the operation of the nurse call light, due to cognitive impairments. R19's Brief Interview for Mental Status (BIMS) Assessment dated 7/21/25 documents R19 received a score of 12 out of 15, rating R19 with moderate cognitive impairment. R20's BIMS Assessment dated 7/16/25 documents R20 received a score of four out of 15, rating R20 with severe cognitive impairment. R21's BIMS dated 10/2/25 documents R21 received a score of 10 out of 15, rating R21 as moderately cognitively impaired. R24's BIMS dated 7/28/25 documents R24 received a score of seven out of 15, rating R24 as severely cognitively impaired. R25's BIMS dated 9/15/25 documents R25 received a score of eight out of 15, rating R2 as the border between moderate and severe cognitive impairment. R26's BIMS dated 6/19/25 documents R26 received a score of 10 out of 15, rating R26 as moderately cognitively impaired. (C)	S9999		