STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3000853	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
La Bella of Rochelle	**1021 CARON ROAD , ROCHELLE, Illinois, 61068**

(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 First Probationary Licensure Survey	S0000		
S9999	Final Observations Statement of Licensure Violations: ONE OF TEN 300.696b) Section 300.696 Infection Prevention and Control b) Written policies and procedures for surveillance, investigation, prevention, and control of infectious agents and healthcare-associated infections in the facility shall be established and followed, including for the appropriate use of personal protective equipment as provided in the Centers for Disease Control and Prevention's Guideline for Isolation Precautions, Hospital Respiratory Protection Program Toolkit, and the Occupational Safety and Health Administration's Respiratory Protection Guidance. The policies and procedures must be consistent with and include the requirements of the Control of Communicable Diseases Code, and the Control of Sexually Transmissible Infections Code. This REQUIREMENT was not met as evidenced by: Based on observation, interview and record review the facility failed to ensure a glucometer was cleaned according to policy to prevent the spread of infection for 2 of 2 residents (R8 and R9) reviewed for infection control in the sample of 9. The findings include: On 12/9/25 at 11:15 AM, V10 (Registered Nurse) performed a blood sugar check on R8 using a glucometer. After performing the check, V10 cleaned the machine with an alcohol pad. V10 then performed a blood sugar check on R9 using the same machine. On 12/9/25 at 1:34 PM, V2 (Director of Nursing) said that glucometers should be cleaned using bleach wipes	S9999		

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

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S9999	Continued from page 1 and not an alcohol pad. The facility's Glucometer Disinfection Policy shows, "The glucometers will be disinfected with a wipe pre-saturated with an EPA registered healthcare disinfectant that is effective against HIV, Hepatitis C and Hepatitis B virus……..Glucometers will be cleaned and disinfected after each use and according to manufacturer's instructions regardless of whether they are intended for single resident or multiple resident use." The Cleaning and Disinfecting your Assure Platinum Glucose Meter Guide shows, "Cleaning can be accomplished by wiping the meter down with soap and water or isopropyl alcohol, but will not disinfect a meter...Disinfecting can be accomplished with an EPA-registered disinfectant detergent or germicide that is approved for healthcare settings or a solution of 1:10 concentration of sodium hypochlorite (bleach)." (C) TWO OF TEN 300.697c) Section 300.697 Infection Preventionists A facility shall designate a person or persons as Infection Preventionists (IP) to develop and implement policies governing control of infections and communicable diseases. The IPs shall be qualified through education, training, experience, or certification or a combination of such qualifications. The IP's qualifications shall be documented and shall be made available for inspection by the Department. (Section 2-213(d) of the Act). The facility's infection prevention and control program as required by Section 300.696(e) shall be under the management of an IP. c) A facility shall have at least one IP on-site for a minimum of 20 hours per week to develop and implement policies governing prevention and control of infectious diseases. This REQUIREMENT was not met as evidenced by: Based on interview and record review the facility failed to have an Infection Preventionist working a	S9999		

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S9999	Continued from page 2 minimum of 20 hours per week. This has the potential to affect all 45 residents who reside at the facility. The findings include: The Resident Roster dated 12/8/25 shows that there are 45 residents residing at the facility. The November Staffing Schedule shows that V9 (Infection Preventionist) worked every Monday from 6:00 PM to 6:00 AM as the Infection Preventionist. On 12/9/25 at 8:46 AM, V2 (Director of Nursing) said that V9 works every Monday night as the Infection Preventionist and the rest of the time, she works as a floor nurse. V2 said that V9 works 12 hours a week as an Infection Preventionist. On 12/9/25 at 9:52 AM, V9 was contacted via telephone, and a message was left to return this surveyors call but a call was not returned. The facility's Infection Preventionist Policy shows, "The IP must be employed at least part-time and the amount of time should be determined by the facility assessment, to determine the resources it needs for its IPCP. Designated IP hours per week may vary based on the facility and its resident population." (C) THREE OF TEN 300.1060a) 300.1060b) 300.1060c) 300.1060d) 300.1060f) 300.1060g) Section 300.1060 Vaccinations a) A facility shall annually administer or arrange for administration of a vaccination against influenza to each resident, in accordance with the recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention that are most recent to the time of vaccination, unless the	S9999		

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S9999	Continued from page 3 vaccination is medically contraindicated or the resident has refused the vaccine. Influenza vaccinations for all residents age 65 and over shall be completed by November 30 of each year or as soon as practicable if vaccine supplies are not available before November 1. Residents admitted after November 30, during the flu season, and until February 1 shall, as medically appropriate, receive an influenza vaccination prior to or upon admission or as soon as practicable if vaccine supplies are not available at the time of the admission, unless the vaccine is medically contraindicated or the resident has refused the vaccine. (Section 2-213(a) of the Act) b) A facility shall document in the resident's medical record that an annual vaccination against influenza was administered, arranged, refused or medically contraindicated. (Section 2-213(a) of the Act) c) A facility shall administer or arrange for administration of a pneumococcal vaccination to each resident in accordance with the recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention, who has not received this immunization prior to or upon admission to the facility unless the resident refuses the offer for vaccination or the vaccination is medically contraindicated. (Section 2-213(b) of the Act) d) A facility shall document in each resident's medical record that a vaccination against pneumococcal pneumonia was offered and administered, refused, or medically contraindicated. (Section 2-213(b) of the Act. f) A facility shall document in the resident's medical record that he or she was verbally screened for risk factors associated with hepatitis B, hepatitis C, and HIV, and whether or not the resident was immunized against hepatitis B. (Section 2-213(c) of the Act) g) All persons determined to be susceptible to the hepatitis B virus shall be offered immunization within 10 days after admission to any nursing facility. (Section 2-213(c) of the Act) This REQUIREMENT was not met as evidenced by: Based on interview and record review the facility failed to ensure the influenza vaccine and pneumococcal vaccine was offered upon admission and failed to ensure newly admitted residents were screened for risk factors associated with hepatitis B, hepatitis C, and HIV, and whether or not the residents was immunized against	S9999		

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S9999	Continued from page 4 hepatitis B and offered the hepatitis B vaccine within 10 days of admission for 5 of 5 residents (R1-R5) reviewed for immunizations in the sample of 9. The findings include: 1.R1's Admission Assessment shows that he admitted to the facility on 11/11/25. The Immunization Screening section of the assessment asks, "Has the resident had an influenza (flu) vaccine this year?, Has the resident received any of the below listed pneumonia vaccines? and Does the resident want to receive the appropriate pneumonia vaccine as recommended by the CDC?" The response fields to the three questions were left blank. R1's Immunization Report does not show that he was administered or refused the influenza or pneumococcal vaccine. On 12/9/25 at 8:58 AM, V2 (Director of Nursing) said that the facility does not have any immunization records for R1 but it should have been done upon admission. The facility's Influenza Vaccine Policy shows, "Influenza vaccinations will be routinely offered annually from October 1st through March 31st unless such immunization is medically contraindicated, the individual has already been immunized during this time period, or refuses to receive the vaccine." The facility's Pneumococcal Vaccine Policy shows, "Each resident will be assessed for pneumococcal immunization upon admission. Self-report of immunization shall be accepted. Any additional efforts to obtain information shall be documented, including efforts to determine date of immunization or type of vaccine received...Each resident will be offered a pneumococcal immunization unless it is medically contraindicated or the resident has already been immunized. Following assessment for any medical contraindications, the immunization may be administered in accordance with physician-approved "standing orders"." 2. The facility's Resident Roster shows that R1 was admitted on 11/11/25, R2 was admitted on 4/15/25, R3 was admitted on 6/17/22, R4 was admitted on 11/17/25 and R5 was admitted on 11/19/25. R1-R5's Immunization Reports do not document that they received or refused the hepatitis B vaccine series. On 12/9/25 at 9:35 AM, V2 (Director of Nursing) said that they do not have a program in place currently to screening for risk factors for hepatitis B, hepatitis C	S9999		

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S9999	Continued from page 5 or HIV and they are not currently offering the hepatitis B vaccinations. The facility's General Immunization/Vaccination Policy shows, "Residents, staff, and volunteer workers will be offered immunizations against infectious diseases as per current federal, state and local guidance." (B) FOUR OF TEN 300.1210a) 300.1210b)1)2) Section 300.1210 General Requirements for Nursing and Personal Care a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act) 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: 1) The licensed nurse in charge of the restorative/rehabilitative nursing program shall have	S9999		

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S9999	Continued from page 6 successfully completed a course or other training program that includes at least 60 hours of classroom/lab training in restorative/rehabilitative nursing as evidenced by a transcript, certificate, diploma, or other written documentation from an accredited school or recognized accrediting agency such as a State or National organization of nurses or a State licensing authority. Such training shall address each of the measures outlined in subsections (b)(2) through (5) of this Section. This person may be the Director of Nursing, Assistant Director of Nursing or another nurse designated by the Director of Nursing to be in charge of the restorative/rehabilitative nursing program. 2) All nursing personnel shall assist and encourage residents so that a resident who enters the facility without a limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable. All nursing personnel shall assist and encourage residents so that a resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion. This REQUIREMENT was not evidenced by: Based on observation, interview, and record review the facility failed to provide restorative services for a resident with bilateral limited mobility. This applies to 1 of 9 residents (R1) reviewed for restorative services in the sample of 9. The findings include: On 12/8/25 at 8:55 AM, R1 was in his room sitting in his wheelchair. R1 said the facility does not have the equipment for him to do exercises to help strengthen his legs. R1 said he his legs are weak, and he wants to get stronger. He was told the facility was getting a pedal bike for him to use, but he has not done exercises yet with the pedal bike. On 12/8/25 at 1:18 PM, V6 (Certified Nursing Assistant) said the facility does not have a restorative aide and residents are only allowed in the therapy room when therapy is here. On 12/9/25 at 11:07 AM, V3 (MDS/Restorative Nurse) said she is the MDS nurse helping with restorative program because they do not have designated restorative staff. R1 was admitted to the facility without a payor source	S9999		

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S9999	Continued from page 7 for therapy. She spoke with R1's POA regarding restorative services and mentioned the pedal bike for strengthening. V3 said she ordered the pedal bike, it was delivered but it required some assembly and the maintenance staff had quit and it took time to get the pedal bike assembled. V3 said the pedal bike was delivered on 11/16/25 but they don't have a restorative aide and will need staff to be trained. R1 has limited mobility to his lower extremities he requires one person assist with transfers and should be receiving restorative services to prevent decline. V3 confirmed R1 has not been receiving restorative services to his lower extremities. R1's Physician Order Sheets dated December 2025 shows R1 was admitted to the facility on 11/11/25 with diagnoses including type 2 diabetes with foot ulcer, CHF, difficulty walking, weakness, hypertensive heart disease and major depression. R1's current care plan shows R1 has decreased mobility with functional limitation in range of motion with interventions including Nursing Rehab: Active ROM (range of motion) AROM Restorative Program AROM Restorative Program to BUE and BLE, 6-7 days per week as tolerated. May do arm and leg extension and flexion, all planes of motion or utilize arm/pedal bike for arms and or legs, 1-2x a day as tolerated. R1's Restorative Documentation Record was completed 12/9/25 and shows he should be receiving restorative program for transfers and range of motion. The facility's undated Restorative Nursing Program Policy states, "It is the policy of this facility to provide maintenance and restorative services designed to maintain or improve a resident's abilities to the highest practicable level….The interdisciplinary team, with the support and guidance from the physician, will assure the ongoing review, evaluation, and decision making regarding the services needed to maintain or improve resident's abilities in accordance with the resident's comprehensive assessment, goals, and preferences….Residents, as identified during the comprehensive assessment process, will receive services from restorative aides when they are assessed to have a need for restorative nursing services." (B) FIVE OF TEN 300.1210d)2)5)	S9999		

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S9999	Continued from page 8 Section 300.1210 General Requirements for Nursing and Personal Care 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: 2) All treatments and procedures shall be administered as ordered by the physician. 5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing. This REQUIREMENT was not met as evidenced by: Based on observation, interview and record review the facility failed to ensure pressure ulcer dressings were performed as ordered, failed to perform weekly pressure ulcer wound assessments and failed to have interventions in place to promote healing of and prevent pressure ulcers for 1 of 1 resident (R5) reviewed for pressure ulcers in the sample of 9. The findings include: R5's Face Sheet shows that he admitted to the facility on 11/19/25. R5's Weights and Vitals Summary shows that he weighed 97.8 pounds on 12/3/25. R5's Physician's Order Sheet (POS) shows orders dated 11/19/25 for: Foam dressing to coccyx every day shift for Pressure injury care, Foam dressing to left hip every day shift for Pressure injury care, Foam dressing to left lateral ankle every day shift for Pressure injury care, and float/offload heels while in bed every day shift for skin protectant. R5's POS shows an order dated 11/25/25 for: Cleanse sacral wounds with wound cleanser, pat dry, apply collage powder to the sacral wound, then apply medihoney and cover with bordered gauze every shift every Monday, Wednesday and Friday. On 12/8/25 at 9:57 AM, R5 was lying in bed. R5's heels were directly on the mattress. R5 had an air mattress	S9999		

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S9999	Continued from page 9 that was set to 240 pounds. R5 said that he has wounds on his bottom, left hip and left foot. On 12/8/25 at 10:12 AM, V10 (Registered Nurse) entered R5's room to do his dressing changes to his pressure ulcers. V10 turned R5 to his left side. R5's buttocks were reddened. R5 did not have a dressing in place. V10 then removed a dressing on R5's left hip, cleansed the area and applied a bordered gauze dressing. V10 then removed a dressing from R5's left outer ankle, cleansed the area and applied a bordered gauze dressing to the left outer ankle. R5's right heel was reddened. R5's heels were still not offloaded and R5's air mattress was still set to 240 pounds. On 12/9/25 at 10:17 AM, V10 said that she used bordered gauze for R5's dressing because the facility did not have any foam dressings to use. V10 said that she is not sure why R5 did not have a dressing to his coccyx in place. R5's Admission Assessment dated 11/19/25 shows that he admitted with a 5 centimeter (cm) x 3.5 cm pressure ulcer on his coccyx, small areas of scabbing on his coccyx, a 1 cm x 1 cm pressure ulcer on his left hip, a 2 cm x 2 cm stage 1 pressure ulcer on his left outer ankle, and four 1 cm x 1 cm pressure ulcers/scabs on his sacrum. There was no description of the wounds or staging of the wounds documented. R5's Weekly Skin Integrity Review dated 11/25/25 shows that he has unstageable pressure ulcers to his coccyx, left hip and left outer ankle. There was no description of the wounds or measurements documented. No other pressure ulcer assessments were found in R5's electronic medical record. On 12/9/25 at 10:35 AM, V2 (Director of Nursing) said that all wounds should be assessed weekly by the wound physician or the nurse if the resident does not see the wound physician. V2 said that R5 does not see the wound physician and she could not find any additional wound assessments in R5's electronic medical records besides the ones that were provided. V2 said that a foam dressing is not the same as a bordered gauze dressing and all dressings should be performed as ordered. V2 said that R5's heels should have been offloaded and his air mattress should be set to the appropriate weight to allow it to function appropriately. R5's Care Plan shows that he is at risk for skin impairment/pressure injury due to fragile thin skin, history of resolved Pressure Injury, Impaired/limited mobility and incontinence and includes interventions	S9999		

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S9999	Continued from page 10 of: Minimize pressure over bony prominences and provide pressure relieving mattress. The facility's Wound Treatment Management Policy shows, "Wound treatments will be provided in accordance with physician orders, including the cleansing method, type of dressing, and frequency of dressing change…. Dressing changes may be provided outside the frequency parameters in certain situations…The dressing has dislodged… Treatment decisions will be based on: Characteristics of the wound: Pressure injury stage (or level of tissue destruction if not a pressure injury)…Size – including shape, depth, and presence of tunneling and/or undermining…Volume and characteristics of exudate…Presence of pain…Presence of infection or need to address bacterial bioburden…Condition of the tissue in the wound bed…Condition of peri-wound skin…Location of the wound…The effectiveness of treatments will be monitored through ongoing assessment of the wound. Considerations for needed modifications include: Lack of progression towards healing…..Changes in the characteristics of the wound (see above)." (B) SIX OF TEN 300.1210d)3) Section 300.1210 General Requirements for Nursing and Personal Care 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: 3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record. This REQUIREMENT was not met as evidenced by: Based on observations, interview, and record review the facility failed to assess a resident's non-pressure wound for 1 of 1 residents (R4) reviewed for non-pressure injury wound care in the sample of 9. The findings include: On 12/8/25 at 10:15 AM, R4 was in bed and had roll	S9999		

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S9999	Continued from page 11 gauze dressings to both legs. R4's hospital records dated 11/10/25 showed R4 had ulcers on both legs from pyoderma gangrenosum (a skin condition that causes sores on the skin). On 12/9/25 at 9:40 PM, V2 (Director of Nursing) said R4 was being seen by an outside would care provider. V2 said wound assessments should be done weekly by the facility nurses. V2 looked at R4's electronic medical record and confirmed there were no wound assessments. V2 said wound assessments are done to monitor for changes in the wound, and to see if the wound treatments need to be changed. The facility's Wound Treatment Management policy (undated) showed, the effectiveness of treatments will be monitored through ongoing assessment of the wound. (B) SEVEN OF TEN 300.1210d)4)A)B) Section 300.1210 General Requirements for Nursing and Personal Care 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: 4) Personal care shall be provided on a 24-hour, seven-day-a-week basis. This shall include, but not be limited to, the following: A) Each resident shall have proper daily personal attention, including skin, nails, hair, and oral hygiene, in addition to treatment ordered by the physician. B) Each resident shall have at least one complete bath and hair wash weekly and as many additional baths and hair washes as necessary for satisfactory personal hygiene. This REQUIREMENT was not met as evidenced by: Based on observation, interview and record review the facility failed to ensure showers/bed baths were provided as scheduled and failed to provide nail care to 2 of 5 residents (R5 and R1) reviewed for Activities of Daily Living in the sample of 9.	S9999		

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S9999	Continued from page 12 The findings include: 1.R5's Face Sheet shows that he admitted to the facility on 11/19/25. On 12/8/25 at 9:57 AM, R5 was lying in bed. R5's hair appeared greasy. R5's fingernails were approximately ¼ inch long. R5 said that he is not able to take showers due to not being able to get out of bed. R5 said that he has not had a bed bath either. R5 said that they just come in and clean his private areas. R5 said that this morning, someone came in and asked if he wanted his nails trimmed and he said that he did but they have not returned to cut them. R5's November and December Shower Sheet show that he prefers a bath on Mondays and Thursdays. R5's November Shower Sheet shows that he received a bath on 11/24/25 but did not get his nails trimmed. R5's December Shower Sheet shows that he received a bath on 12/8/25 but did not get his nails trimmed. No other showers or baths were documented for R5 since admission. No refusal forms were provided for R5. On 12/9/25 at 10:21 AM, V11 (Certified Nursing Assistant) said that showers or bed baths are given twice a week and nails are checked and trimmed as needed on their shower days or as needed. V11 said that if a resident refuses a shower or bath, they have to sign a form along with the nurse and the aide that offered the shower. V11 said that all showers or baths that are provided are documented on the Shower Sheets. R5's Care Plan shows that he is on a Restorative Grooming Program as resident is unable to bathe/groom self independently related to: weakness and deconditioning. R5's Care Plan does not document the frequency of showers/baths or nail trimming. The facility's Nail Care Policy shows, "Routine cleaning and inspection of nails will be provided during ADL care on an ongoing basis…Routine nail care, to include trimming and filing, will be provided on a regular schedule (such as weekly on Wednesday 3-11 shift). Nail care will be provided between scheduled occasions as the need arises. The resident's plan of care will identify: The frequency of nail care to be provided…The type of nail care to be provided…The person(s) responsible for providing nail care (e.g., licensed nurse, nurse aide, podiatrist, activity professional)." 2. On 12/8/25 at 8:55 AM, R1was in his room sitting in	S9999		

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S9999	Continued from page 13 his wheelchair. He had greasy hair, stringy hair and his facial hair was overgrown and scruffy. R1 said he is supposed to get showers twice a week on Monday and Thursdays. R1 said he does not get two showers a week and his last shower was on 12/1/25. On Thursday staff told him they were too busy to give him his shower. On 12/9/25 at 10:17 AM, R1 was in his room lying in bed. He had a stocking cap over on his head. R1 said he did not get his scheduled shower yesterday. On 12/8/25 at 1:18 PM, V6 (Certified Nursing Assistant) said residents should get showers twice a week, the shower schedule and binder is at the nurses station. R1's December Shower Schedule Shows his shower days are Monday and Thursday AM shift. R1's shower sheet shows he received a shower on 12/1/25 (nine days ago). The facility's undated Shower Policy states, "It is the practice of this facility to assist residents with bathing and proper hygiene, stimulate circulation and help prevent skin issues as current standard of practice…Residents will be provided showers as per facility schedule protocols and based upon resident safety. (B) EIGHT OF TEN 300.1610a)1) Section 300.1610 Medication Policies and Procedures a) Development of Medication Policies 1) Every facility shall adopt written policies and procedures for properly and promptly obtaining, dispensing, administering, returning, and disposing of drugs and medications. These policies and procedures shall be consistent with the Act and this Part and shall be followed by the facility. These policies and procedures shall be in compliance with all applicable federal, State and local laws. This REQUIREMENT was not met as evidenced by: Based on interview and record review the facility failed to obtain and administer an ordered medication for 1 of 5 residents (R5) reviewed for medication administration in the sample of 9.	S9999		

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S9999	Continued from page 14 The findings include: R5's Psychiatry Initial Evaluation Note dated 12/4/25 shows, "Patient was seen today for an initial psychiatric evaluation. At the time of encounter, he was found lying in bed and reported experiencing depressive symptoms, including inability to feel joy and lack of motivation to engage in activities. Although initially hesitant to begin medication, he agreed to initiate treatment with sertraline (Zoloft) and participate in psychotherapy. He also set a personal goal of getting out of bed willingly within the next two weeks. He reports no support system in the community. During the visit, the patient appeared calm and cooperative, with no observed signs of agitation, restlessness, distress, tearfulness, or mood instability. Staff reported ongoing concerns of failure to thrive, noting that he remains in bed throughout the day and declines participation in activities…… Patient currently unstable. Current Medications: None (patient is currently not on any psychotropic medications)…Medication Changes: Initiate sertraline 25 mg (milligrams) every morning." R5's Physician's Order Sheet printed on 12/8/25 does not show an order placed for sertraline 25 milligrams. On 12/9/25 at 10:35 AM, V2 (Director of Nursing) said that R5's new sertraline order was sent to her via email but it was not carried out. V2 said that she is unsure of why it was not ordered but it should have been ordered immediately. The facility's Medication Orders Policy shows, "The charge nurse on duty at the time the order is received should note the order and enter it on the physician order sheet or electronic order format, if not written by the physician…." (B) NINE OF TEN 300.1640a) Section 300.1640 Labeling and Storage of Medications a) All medications for all residents shall be properly labeled and stored at, or near, the nurses' station, in a locked cabinet, a locked medication room, or one or more locked mobile medication carts of satisfactory design for such storage. (See subsections (f) and (g) of this Section.)	S9999		

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S9999	Continued from page 15 This REQUIREMENT was not met as evidenced by: Based on observation, interview and record review the facility failed to label a multi-dose insulin vial with the date opened and failed to ensure insulin was not administered past the discard by date for 2 of 2 residents (R7 and R8) reviewed for insulin administration in the sample of 9. The findings include: 1.On 12/8/25 at 11:50 AM, V7 (Registered Nurse) took R7's open insulin aspart vial out of the medication cart. The vial nor the box that the vial was stored in was labelled with the date that it was opened. The label on the vial said that the pharmacy dispensed the insulin vial on 10/10/25. V7 administered R7 insulin from the vial. On 12/9/25 at 11:53 AM, V12 (Licensed Practical Nurse) took the same vial of insulin aspart out of the medication cart. The vial or box was still not labelled with the date opened. V12 administered R7 insulin from the vial. 2. On 12/9/25 at 11:15 AM, V10 (Registered Nurse) took an insulin lispro vial out of the medication cart to prepare insulin administration for R8. The bag that the vial was in said that the vial was opened on 11/4/25. V10 administered R8 insulin from the vial. V10 said that she is not sure who long insulin is good for after opening but she thinks that it is 28 days. On 12/9/25 at 10:35 AM, V2 (Director of Nursing) said that all multi-use insulin vials should be labelled with the date that it is opened and discarded 28 days after opening. V2 said that the insulin should not be used if it is past the 28 days. The Insulin Aspart Instructions for Use Guidelines show, "Throw away all opened Insulin Aspart vials after 28 days, even if they still have insulin left in them." The Insulin Lispro Instructions for Use Guidelines show, "Do not use Insulin Lispro past the expiration date printed on the label or 28 days after you first use it." The Facility's Medication Administration Policy shows, "Identify expiration date. If expired, notify nurse manager." (C)	S9999		

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S9999	Continued from page 16 TEN OF TEN 300.2040c)2) Section 300.2040 Diet Orders c) Medical providers shall write a diet order, for each resident, indicating whether the resident is to have a general or a therapeutic diet. A medical provider may delegate writing a diet order to the dietitian. 2) The diet shall be served as ordered. This REQUIREMENT was not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure nutritional supplements were served as ordered for 2 of 5 residents (R2 and R6) reviewed for dietary services in the sample of 9. The findings include: 1. R6's meal ticket (undated) and Physician Order Summary report printed on 12/8/25 showed R6 was to receive a dietary supplement of magic cup with breakfast, lunch, and dinner. On 12/8/25 at 12:10 PM, R6 was in the dining room eating her meal. R6 was not served her dietary supplement of a magic cup. On 12/8/25 at 12:45 PM, R6 was done eating. R6 was asked if she received her magic cup and said no. On 12/8/25 at 12:40 PM, V7 (Registered Nurse) was taking care of R6. V7 said the kitchen provided the magic cups and nursing documents that the supplements are given. V7 said she did not know if R6 received her magic cup but assumed the kitchen provided it. On 12/8/24 at 1:25 PM, V4 (Dietary Manager) said R6 was not given a magic cup but should have received one. R6's Care Plan with an initiated date of 12/12/23 showed R6 was at risk for nutritional decline. Listed under intentions was to provide and serve supplements as ordered. 2. On 12/8/25 at 9:09 AM, R2 was standing outside of his room he appeared thin and tall. R2 said he does not get enough food and was seen walking up and down the halls several times. On 12/8/25 at 12:00 PM, the dietary staff were plating	S9999		

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S9999	Continued from page 17 the noon meal. During the plating of the noon meal there were no residents served a double portion of beef stroganoff. At 12:12 PM, R2 was in the dining room eating his noon meal. R2's lunch plate did not have double portions of the beef stroganoff. R2's meal ticket did not show double portions for each meal. R2's Physician Order Sheets dated December 2025 shows including double portions for each meal. R2's Nutrition Dietary note dated 11/20/25 documents (R2) asked for extra foods. Reviewed and (R2) is thin, he would benefit from double portions discussed with food service director. On 12/8/25 at 1:24 PM, V4 (Dietary Manager) said V8 (Dietitian) makes nutritional recommendations and sends a copy to my email. She updates the dietary card. V4 confirmed R2 was placed on double portions last month, but she had not updated the diet card and said he should have been served double portions with his meal. (B)	S9999		