

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002364	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/21/2024
--	--	---	---

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

(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) COMPLETE DATE
S 000	Initial Comments Complaint Investigation 2466479/IL176774	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.696a) 300.696b) 300.1210b) 300.1210c) 300.1210d)2)3)4)A) Section 300.696 Infection Control a) Each facility shall establish and follow policies and procedures for investigating, controlling, and preventing infections in the facility. 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. Each facility shall monitor activities to ensure that these policies and procedures are followed. c) Each facility shall adhere to the following guidelines and toolkits of the Center for Infectious Diseases, Centers for Disease Control and Prevention, United States Public Health Service, Department of Health and Human Services, and Agency for Healthcare Research and Quality (see Section 300.340): Section 300.1210 General Requirements for Nursing and Personal Care	S9999		

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

TITLE

(X6) DATE

09/05/24

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002364	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/21/2024
--	--	---	---

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

(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) COMPLETE DATE
S9999	<p>Continued From page 1</p> <p>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.</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</p> <p>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:</p> <p>2) All treatments and procedures shall be administered as ordered by the physician.</p> <p>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.</p> <p>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:</p> <p>A) Each resident shall have proper daily personal attention, including skin, nails, hair, and oral hygiene, in addition to treatment ordered by the physician.</p> <p>These requirements were not met as evidenced</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002364	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/21/2024
--	--	---	---

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

(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) COMPLETE DATE
S9999	<p>Continued From page 2</p> <p>by:</p> <p>Based on observation, interview and record review the facility failed to complete wound dressing changes as ordered by the wound care physician. This failure affects one resident (R1) out of three residents reviewed for wound care on a sample list of nine. This failure resulted in R1's wounds becoming repetitively infested with parasitic fly larvae (maggots) requiring sanitation, causing pain and causing the wound to deteriorate.</p> <p>Findings include:</p> <p>R1's medical record documents admission to the facility on 2/13/23 with diagnoses of Acute Kidney Failure, Type II Diabetes Mellitus, Morbid Obesity, Benign Prostatic Hypertrophy, Lymphedema, Dementia, Falls, Wounds, Weakness, Malaise, and Anxiety.</p> <p>R1's Minimum Data Set dated 8/16/24 documents R1 is cognitively intact.</p> <p>R1's Wound Evaluation and Management Summary dated 8/7/24 by V16 Wound Physician documents wounds of the right, anterior, medial leg size 8 centimeters by 5 centimeters by 0.1 centimeter (cm); the right lateral leg size 17 cm by 6cm by 0.01cm; the left calf size 18cm by 10cm by 0.05cm and the left anterior leg size 20cm by 16cm by 0.05cm. The wound care order includes the application of 0.1% Triamcinolone cream to both legs with 4-layer compression wraps from ankle to knee, twice a week.</p> <p>On 8/19/24 at 12:18PM, V10 Wound Nurse said on the evening of 8/12/24, V14 Licensed Practical Nurse notified her she found maggots in R1's leg</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002364	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/21/2024
--	--	---	---

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

(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) COMPLETE DATE
S9999	<p>Continued From page 3</p> <p>dressing and in his wheel chair. V10 Wound Nurse said she notified V16 Wound Physician and he ordered R1's legs to be washed with Betadine (antiseptic), and an abdominal dressing pad with gauze wrap followed by a pressure wrap every other day for 30 days.</p> <p>R1's Wound Evaluation and Management Summary dated 8/13/24 by V16 Wound Physician documents the right, anterior, medial leg wound measured 16cm by 14cm by 0.1cm and has declined. The wound evaluation completed on 8/20/24 documents the wound has continued to decline. The evaluation documents the right, lateral leg wound measured 18cm by 10cm by 0.01cm and a new wound was evaluated on the right lateral foot measuring 4cm by 6cm by 0.1cm. V16 Wound Physician documented on 8/20/24 R1's right leg wounds continue to decline.</p> <p>On 8/15/24, V10 Wound Nurse documented she completed the prescribed dressing changes on R1's wounds. However, no documentation of the appearance, size, drainage or condition of the wounds was found in R1's medical record on date.</p> <p>On 8/17/24, V22 Registered Nurse (RN) documented she completed the prescribed dressing changes on R1's wounds. However, no documentation of the appearance, size, drainage or condition of the wounds was found in R1's medical record on date.</p> <p>On 8/19/24 at 9:00AM, R1 was sitting near the nurse's station in a wheel chair with R1's legs wrapped. R1 said he had terrible pain in his legs and feet and behind his eye. R1 said the pain in his legs had been worse recently, but he didn't know why, and he needed someone to address it.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002364	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/21/2024
--	--	---	---

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

(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) COMPLETE DATE
S9999	<p>Continued From page 4</p> <p>On 8/19/24 at 9:25AM, R1's resident room, consisting of four residents, smelled strongly of urine and had two fly strips hanging in the room. One fly strip had six flies on it.</p> <p>On 8/19/24 at 9:30AM, R1's bilateral leg and foot dressings were saturated with thick yellow drainage and with urine. V2 Director of Nursing (DON) removed R1's right lateral and medial leg wound dressings and the dressing pulled away from the wound contained 7 adult size (length of a diameter of a dime) live maggots. At this time, V2 DON said this is the second time R1 has gotten maggots in the facility, as he was notified R1 had maggots in his wounds last Monday. V2 DON said this is unacceptable care. R1 was complaining of pain as the dressing was removed and asking V2 DON to please re-wrap his legs.</p> <p>On 8/19/24 at 4:00PM, V22 RN confirmed she did not perform a dressing change on 8/17/24 and R1 did not refuse, but rather "we only had three Certified Nursing Assistants (CNAs) and the nurses were having to help pass trays and feed and I just got busy and forgot to do it after I charted it."</p> <p>On 8/19/24 at 10:10AM, V13 Nurse Practitioner (NP) stated, "This has to be dealt with immediately. It could have been prevented and it could certainly have made the wound worse causing infection. This is unacceptable care."</p> <p>On 8/19/24 at 2:48PM, V16 Wound Physician said based on the size of the maggot, he questioned whether the dressings were being changed as ordered. V16 said maggots cause concern for infection, and he told the staff to move the resident to a private room and deep</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002364	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/21/2024
--	--	---	---

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

(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) COMPLETE DATE
S9999	<p>Continued From page 5</p> <p>clean the room.</p> <p>On 8/20/24 at 9:30AM, V1 Administrator confirmed had the dressing changes been completed as ordered, maggot infestation could have potentially been prevented or at least caught sooner.</p> <p>On 8/20/24 at 11:00AM, V10 Wound Nurse stated she had suggested alternative pain control to V13 NP because of R1's pain with dressing changes, including Gabapentin and R1's wounds weren't getting better. (B)</p>	S9999		