

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3000840		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 12/12/2025	
NAME OF PROVIDER OR SUPPLIER La Bella of Aurora				STREET ADDRESS, CITY, STATE, ZIP CODE 1017 WEST GALENA BOULEVARD , AURORA, Illinois, 60506			
(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		S0000				
	First Probationary Licensure survey (Change of Ownership)						
S9999	Final Observations		S9999				
	Statement of Licensure Violations:						
	1 of 2						
	300.610 a)						
	300.2100						
	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 300.2100 Food Handling Sanitation						
	Every facility shall comply with the Department's rules entitled "Food Service Sanitation" (77 Ill. Adm. Code 700). (Source: Amended at 13 Ill. Reg. 6562, effective April 17, 1989)						
	This REQUIREMENT was NOT MET as evidenced by:						
	Based on observation, interview, and record review, the facility failed to store food safely to prevent potential health risks to all residents who receive oral nutrition and food prepared in the kitchen.						
	On 12/10/2025 at 10:30 AM, the following observations						

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	Continued from page 1 were made during the kitchen and storage area tour in the presence of V15 (Dietary Manager). 1. In the kitchen refrigerator, a bag of chicken sausage was found on the third row, and a bag of cut potatoes, ice creams, and frozen cookies were in the bottom rows. 2. A storage area freezer in the basement had a stir-fry vegetable bag kept on the bottom row, and sausage patties and links were stored on the third and fourth rows. 3. The storage area, two small freezers, were frosted significantly, and multiple food items were stored in the freezers. 4. An opened American cheese was present in the refrigerator without a proper cover, expiration date, or use-by date. Two Cool-Aid jugs were without a label for the use-by date. On 12/11/2025 at 10:35 AM, V15 (Dietary Manager) said it's critical to keep all meat products on the bottom row to prevent the risk of dripping and cross-contamination. V15 said the staff should label all opened food items with their use-by dates to maintain food freshness, safety, quality, and palatability. V15 further stated that the freezers should be defrosted as needed to maintain food quality, efficiency, and safety. V15 also said that residents' safety should be the facility's priority. The facility policy titled "Storing Food Storage", 2025 edition, indicated that food should be stored in a clean, safe, and sanitary manner that complies with state regulations to minimize contamination and bacteria. All food in original containers should be labeled, dated, and stored in the approved containers. The policy also indicated freezers should be maintained, cleaned, and serviced regularly to make the units work efficiently, to prevent or slow the growth of bacteria, and preserve freshness. (C) 2 of 2 300.610 a) 300.625a)			S9999			

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S9999	Continued from page 2 300.625b) 300.625c)1)2) 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 300.625 Identified Offenders a) The facility shall review the results of the criminal history background checks immediately upon receipt of these checks. b) The facility shall be responsible for taking all steps necessary to ensure the safety of residents while the results of a name-based background check or a fingerprint-based check are pending; while the results of a request for a waiver of a fingerprint-based check are pending; and/or while the Identified Offender Report and Recommendation is pending. c) If the results of a resident's criminal history background check reveal that the resident is an identified offender as defined in Section 1-114.01 of the Act, the facility shall do the following: 1) Immediately notify the Department of State Police, in the form and manner required by the Department of State Police, that the resident is an identified offender. 2) Within 72 hours, arrange for a fingerprint-based criminal history record inquiry to be requested on the identified offender resident. The inquiry shall be based on the subject's name, sex, race, date of birth, fingerprint images, and other identifiers required by the Department of State Police. The inquiry shall be processed through the files of the Department of State Police and the Federal Bureau of Investigation to locate any criminal history record information that may		S9999				

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S9999	Continued from page 3 exist regarding the subject. The Federal Bureau of Investigation shall furnish to the Department of State Police, pursuant to an inquiry under this subsection (c)(2), any criminal history record information contained in its files. These REQUIREMENTS were NOT met as evidenced by: Based on interview and record review, the facility failed to complete required CHIRP (Criminal History Information Response Process) background checks. This applies to 4 out of 4 residents (R18, R19, R20, R21) reviewed for criminal history background check compliance. The findings include: Record review on 12/9/2025 at 10:15 AM showed no evidence of completed CHIRP background checks for residents R18, R19, R20, and R21. Each resident's admission record and Identified Offender documentation lacked CHIRP results. Review of R18's Electronic Medical Record (EMR) showed an admission date of 11/17/2025. The CHIRP background check was requested on 12/9/2025 (during the survey). The CHIRP result, with a print date of 12/9/2025, indicated a "hit" due to a criminal history of prostitution. Review of R19's EMR showed an admission date of 11/19/2025. The CHIRP background check was requested on 12/9/2025 (during the survey). The CHIRP result, with a print date of 12/9/2025, indicated a "hit" for criminal history involving possession of a controlled substance. Review of R20's EMR showed an admission date of 11/19/2025. The CHIRP background check was requested on 12/10/2025 (during the survey). The CHIRP result, with a print date of 12/10/2025, indicated a "hit" for criminal history involving aggravated assault with use of deadly weapon, aggravated battery with great bodily harm, and possession of drug paraphernalia. Review of R21's EMR showed an admission date of 10/1/2025. The CHIRP background check was requested on 12/10/2025 (during the survey). The CHIRP result, with a print date of 12/10/2025, showed a result of "no record on file." On 12/10/2025 at 10:12 AM, V5 (Business Development Director/Marketer) stated the facility does not currently have an Admissions Director. V5 further stated CHIRP background checks are expected to be completed within 24 hours of admission.		S9999				

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S9999	Continued from page 4 On 12/10/2025 at 11:30 AM, V6 (Business Office Manager) confirmed the CHIRP background checks for R18 and R19 were run on 12/9/2025. On 12/11/2025 at 1:00 PM, V6 confirmed the CHIRP background checks for R20 and R21 were run on 12/10/2025. V6 stated the facility does not currently have its own CHIRP access, and a sister facility was asked to run the CHIRP reports on its behalf. On 12/12/2025 at 1:30 PM, V1 (Administrator) stated CHIRP background checks had not been completed for the identified residents and acknowledged that the facility did not have a process in place to ensure CHIRP verification following staffing changes and process disruptions related to the facility's recent Change of Ownership (CHOW). Review of the facility policy titled "Illinois Identified Offenders Background Screening and Submission Procedure," provided by V1 on 12/13/2025, stated for each resident, the facility must request a Uniform Criminal Information Act (UCIA) name-based criminal history record from the Illinois State Police using the Criminal History Information Response Process (CHIRP) within 24 hours of admission. The policy further stated the facility must follow state protocol to complete required next steps based on the CHIRP results. (C)		S9999				