

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006704	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/01/2019
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NAME OF PROVIDER OR SUPPLIER HELIA HEALTHCARE OF BELLEVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 40 NORTH 64TH STREET BELLEVILLE, IL 62223
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S 000 Initial Comments

Complaint #1941869/IL110397

S 000

S9999 Final Observations

S9999

Statement of Licensure Violation:

- 300.610a)
- 300.1210b)
- 300.1210d)2)3)
- 300.1220b)2)
- 300.3240a)

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

Attachment A
Statement of Licensure Violations

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	<p>Continued From page 1</p> <p>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:</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>Section 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>2) Overseeing the comprehensive assessment of the residents' needs, which include medically defined conditions and medical functional status, sensory and physical impairments, nutritional status and requirements, psychosocial status, discharge potential, dental condition, activities potential, rehabilitation potential, cognitive status, and drug therapy.</p> <p>Section 300.3240 Abuse and Neglect</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to monitor and assess a newly implanted pacemaker site and failed to provide timely follow up care for pacemaker check for 1 of 3 residents (R3) reviewed for pacemaker care in the sample of 10. This failure resulted in R3 being directly admitted to the hospital from a pacemaker follow up visit with diagnosis of Pacemaker Pocket Infection which required removal of the Pacemaker.</p> <p>Findings include:</p> <p>R3's Hospital Physician Progress Notes dated 11/6/18, documents," (R3) had a Mediotronic dual chamber pacemaker implanted on 11/5/18. Assessment of site is as follows: Site without edema, erythema, hematoma, or drainage. Edges of dressing are intact without drainage. Plan: Wound check at (Facility). Follow up with (V20, R3's Pacemaker Surgeon) in 3 months. The clinic will contact the patient with the appointment. Patient quadriplegic, unable to lift arms. Education given to patient to include passive and active range of motion, wound care, and restrictions."</p> <p>R3's Face Sheet, undated, documents R3 was admitted to the facility on 11/6/18.</p> <p>R3's Care Plan with goal date 5/1/19 documents,"(R3) has a pacemaker." The Care</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>Plan Approach documents "Monitor for signs of infection at insertion site (redness, swelling, foul drainage, fever, tenderness, heat, loss of function)."</p> <p>R3's Treatment Administration Record (TAR) for 11/2018 documents, "Do not touch dressing right chest surgical site pacemaker for 7 days. Remove 11/13/18."</p> <p>R3's TAR for 2/2019 and 3/2019 document, "Skin Care Assessment Daily. (Complete Section on back). " There were entries of "No changes in areas," from 3/1 to 3/8/19 and no further entries since. There was no documentation the pacemaker site was monitored while R3 was in the facility until the cardiology/pacemaker follow-up visit on 3/15/19 and R3's subsequent hospital admission.</p> <p>R3's Nurse's Notes did not document R3 was monitored for any changes in the pacemaker insertion site.</p> <p>R3's Nurse's Notes dated 3/15/19 documents, "11:40 Resident out to Dr appointment by ambulance to (Hospital) Cardiology for Pacemaker check. 3:30. Call placed to (V15, Cardiology Nurse Practitioner) office to check on resident. This nurse notified that resident was sent to ER for evaluation related to area of pacemaker opened up with drainage noted. (V15) wanted direct admit but no bed available so sent to ER."</p> <p>R3's Hospital Inpatient Cardiology Consult dated 3/15/19 documents, "Reason for Consult: Pacemaker pocket infection. Review of Systems, (in part): Chest Right sided Permanent Pacemaker with open wound, erythema, and</p>	S9999		
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S9999	Continued From page 4 swelling when palpated, very tender to touch on presentation to ER, cultures collected and patient started on vancomycin, cefepime and flagyl." (A) R3's Hospital Short Pre-Procedure History and Physical under Section "Sedation Plan", dated 3/19/19, "Patient presents with wound dehiscence from recent pacemaker implantation. She will undergo removal of device and leads with temporary pacemaker implantation." R3's Hospital Culture, Pacemaker Site Wound and Gram Stain, Report dated 3/20/19 documents, "Pseudomonas aeruginosa (Multidrug resistant organism, Carbapenemase producer) Flag: Abnormal." On 3/20/19 at 10:17 AM, V6, Licensed Practical Nurse (LPN), stated she was R3's nurse on the day R3 went out for the pacemaker check on 3/15/19. V6 stated she did not observe any signs of infection on the pacemaker site. V6 stated she remembered R3 asking her around mid-February regarding R3's pacemaker check. V6 stated she notified V13, Scheduler of Appointments, to schedule R3's pacemaker check. On 3/20/19 at 2:05 PM, V13 stated V6 notified her on 2/15/19 to set up an appointment for pacemaker check for R3. V13 stated she called the Cardiology Clinic and spoke to V15, Cardiology Nurse Practitioner, who scheduled R3 to be seen on 3/15/19, which was a month late than the ordered 3 month pacemaker follow up. On 3/20/19 at 2:18 PM, V8, Certified Nursing Aide (CNA), stated the last time she saw R3's pacemaker site, nothing stood out, there was no	S9999		

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S9999	<p>Continued From page 5</p> <p>redness, R3 did not have any complaints about the pacemaker site.</p> <p>On 3/20/19 at 2:49 PM, V18, CNA, stated, she took care of R3 changed and repositioned her during the night shift and never noticed anything abnormal on R3 except four areas on her bottom which were covered with dressing by the nurse.</p> <p>On 3/20/19 at 3:01 PM, V16, CNA, stated she took care of R3 in the last two weeks and have not noticed any open, new areas on her.</p> <p>On 3/20/19 at 4:10 PM, V17, LPN, stated she is responsible for taking care of R3 at least 3 nights a week 6 PM - 6 AM, changing R3's gastrostomy tube (G-tube) dressing, giving R3's medications through the G-tube. V17 stated at no time did she notice any open areas to R3's chest.</p> <p>On 3/20/19 at 2:14 PM, V10, CNA, stated she gave R3 a shower on 3/15/19 before her pacemaker appointment and did not notice any redness or irritation on R3's chest area.</p> <p>On 3/21/19 at 9:00 AM, V3, Assistant Director of Nursing (ADON), stated R3 is on daily skin checks and she expected it to be done daily. V3 stated the nurses would have noted any skin changes on R3's chest area and would have documented it.</p> <p>On 4/1/19 at 12:42 PM, V2, Interim Director of Nursing (DON), stated the nurses do weekly skin checks and V9, Treatment Nurse, does the daily skin checks for residents who are on daily skin checks.</p> <p>On 4/1/19 at 11:32 AM, V15, Cardiology Nurse Practitioner (APRN-CNP), stated the delay of the</p>	S9999		
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S9999	<p>Continued From page 6</p> <p>appointment for follow-up put R3 at much greater risk for sepsis.</p> <p>On 4/1/19, faxed written questions were sent to V15. In response to the question, "If nursing staff were doing a daily skin check as well as monitoring (R3's) pacemaker site as indicated on her plan of care, how long would the signs of the pocket infection have been visible upon inspection?", V15 replied in a written statement on 4/1/19 at 11:44 AM, "Based on the amount of skin breakdown, the signs of breakdown would have been visible at least 2-4 weeks prior to the patient's appointment on 3/15/19."</p> <p>On 4/1/19 at 12:45 PM, V2 stated the facility does not have any policy that addresses pacemaker care. V2 stated the facility is responsible for providing timely appointments, including pacemaker checks, if indicated in their medical record.</p> <p>The Facility Policy on Wound Management Program revised 4/2017 documents, "Policy. It is the policy of (Facility) to manage resident skin integrity through prevention, assessment, and implementation and evaluation of interventions." The Policy further documents, "4. The facility will assess residents weekly for current skin conditions. a. The charge nurse on each hall will do skin assessments. b. The skin assessment will be documented on the Weekly Skin Assessment which is completed as follows: i. Observe the skin area for the following: 1. Open areas. 2. Redness. 3. Rashes. 4. Discolored areas. ii. Indicate the location of any identified areas on the body figure. iii. Describe the area (s) on the lines provided. iv. Sign and date the assessment. c. If any new areas are identified, write a nurse's note describing the area found</p>	S9999		
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S9999	Continued From page 7 and the protocol followed to treat it. d. The new area should also be noted on the 24 Hour Report." (A)	S9999		
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