IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.dph.illinois.gov

February 28, 2019

Business Filings Inc., Registered Agent
Helia Southbelt Healthcare, LLC
118 W. Edwards Street, Suite 200
Springfield, Illinois 62704

RE:	Complaint #:	IL 108393
	Survey Date:	January 4, 2019
	Docket #:	19-C0066
	Violation Type:	B Violation with Fine

Dear Registered Agent:

An investigation has been conducted by the Illinois Department of Public Health pursuant to a complaint concerning the long-term care facility known as Helia Southbelt Healthcare.

Licensure

Pursuant to the provisions contained in the Nursing Home Care Act, or the ID/DD Community Care Act or the MC/DD Act, the Department must determine if each allegation in a complaint is valid, invalid or undetermined. The Department must also determine whether to cite a facility with one or more State violations or federal deficiencies (violations). The Department's determinations on the above referenced complaint are indicated on the attached "Complaint Determination Form." If your facility was cited with violations or deficiencies, then any rights you may have to a hearing will be described in the notices accompanying those violations or deficiencies.

If you have any questions, please contact the Division of Long-Term Care Quality Assurance at 217/782-5180 or, for the hearing impaired, the Department's TTY number at 1-800-547-0466.

Sincerely,

Sherry Barr

Sherry Barr
Division Chief of Quality Assurance
Office of Health Care Regulations

Enclosure
cc: Administrator
File
Helia Southbelt Healthcare/January 4, 2019/19-C0066/RegAgent/kk

LTC07202 COMPLAINT DETERMINATION FORM

FAC. NAME: HELIA SOUTHBELT HEALTHCARE COMPLAINT #: 0108393
LIC. ID #: 0048587
DATE COMPLAINT RECEIVED: 01/02/19 15:02:00

IDPH Code	Allegation Summary	Determination
105	IMPROPER NURSING CARE	1

X The facility has committed violations as indicated in the attached*
___ No Violation

*Facilities participating in the Medicare and/or Medicaid programs will not receive a copy of the certification deficiencies as they have already received a copy through the certification program process.

Determination Codes

1 = VALID - A complaint allegation is considered "valid" if the Department determines that there is some credible evidence that there has been a deficiency (non-compliance with the Act or rules & regulations) relating to the complaint allegation.

2 = INVALID - A complaint allegation is considered "invalid" if the Department determines that there is no credible evidence that there has been a deficiency (non-compliance with the Act or rules & regulations) relating to the complaint allegation.

3 = UNDETERMINED - A complaint allegation is considered "undetermined" if the Department finds there is insufficient information reported to initiate or complete an investigation.

RESIDENT INJURY - Per the P&A v. Lumpkin consent decree, allegations of resident injury will always be "valid" if the resident who is the subject of the allegation was injured.

DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH STATE OF ILLINOIS, Complainant, v. HELIA SOUTHBELT HEALTHCARE, LLC, D/B/A, HELIA SOUTHBELT HEALTHCARE, Respondent.	)))))))))	Docket No. NH 19-C0066

NOTICE OF TYPE "B" VIOLATION(S); NOTICE OF PLAN OF CORRECTION REQUIRED; NOTICE OF FINE ASSESSMENT; NOTICE OF PLACEMENT ON QUARTERLY LIST OF VIOLATORS;
NOTICE OF OPPORTUNITY FOR HEARING

Pursuant to the authority granted by the Nursing Home Care Act (210 ILCS 45/1-101 et seq.) (hereinafter, the "Act"), NOTICE IS HEREBY GIVEN:

NOTICE OF TYPE "B" VIOLATION(S)

It is the determination of the Illinois Department of Public Health, State of Illinois, (hereinafter, the "Department") that there has been a failure by Respondent to comply with the Act. This determination is subsequent to a Complaint Investigation conducted by the Department on January 4, 2019, at Helia Southbelt Healthcare, 101 South Belt West, Belleville, Illinois 62220. On February 28, 2019, the Department determined that such violations constitute one or more Type "B" violations of the Act and the Skilled Nursing and Intermediate Care Facilities Code, 77 Ill. Adm. Code 300 (hereinafter, the "Code"). The nature of each such violation and sections of the Code that were violated are further described in the Summary of Licensure Violation which is attached hereto and incorporated herein as Attachment A and made a part hereof.

A Type "B" violation may affect your eligibility to receive or maintain a two-year license, as prescribed in Sec. 3-110 of the Act.

NOTICE OF PLAN OF CORRECTION REQUIRED

Pursuant to Section 3-303(b) of the Act and Section 300.278 of the Code, the facility shall have 10 days after receipt of notice of violation in which to prepare and submit a plan of correction. Any previous submissions are considered to be comments to the licensure findings and are not eligible as a plan of correction for this notice.

Each plan of correction shall be based on an assessment by the facility of the conditions or occurrences that are the basis of the violation and an evaluation of the practices, policies, and procedures that have caused or contributed to the conditions or occurrences. Evidence of such assessment and evaluation shall be maintained by the facility. Each plan of correction shall include:

1) A description of the specific corrective action the facility is taking, or plans to take, to abate, eliminate, or correct the violation cited in the notice.

2) A description of the steps that will be taken to avoid future occurrences of the same and similar violations.
3) A specific date by which the corrective action will be completed.

If a facility fails to submit a plan of correction within the prescribed time period, The Department will impose an approved plan of correction.

NOTICE OF FINE ASSESSMENT

Pursuant to Section 3-305 of the Act the Department hereby assesses against Respondent a monetary penalty of **$2,200.00**, as follows:

- **Type B violation** of an occurrence for violating one or more of the following sections of the Code: 300.1210b)4), 300.1210c), 300.1210d)6) and 300.3240a). The fine was doubled in this instance in accordance with 300.282i) and j) of the Code due to the violation of the sections of the Code with a high risk designation: 300.1210b), 300.1210d)6) and 300.3240a).

Section 3-310 of the Act provides that all penalties shall be paid to the Department within ten (10) days of receipt of notice of assessment by mailing a check (note Docket # on the check) made payable to the Illinois Department of Public Health to the following address:

Illinois Department of Public Health
P.O. Box 4263
Springfield, Illinois 62708

If the penalty is contested under Section 3-309, the penalty shall be paid within ten (10) days of receipt of the final decision, unless the decision is appealed and stayed by court order under Section 3-713 of the Act.

A penalty assessed under this Act shall be collected by the Department. If the person or facility against whom a penalty has been assessed does not comply with a written demand for payment within thirty (30) days, the Director shall issue an order to do any of the following:

(A) Direct the State Treasurer to deduct the amounts otherwise due from the State for the penalty and remit that amount to the Department.

(B) Add the amount of the penalty to the facility's licensing fee; if the licensee refuses to make the payment at the time of application for renewal of its license; the license shall not be renewed; or

(C) Bring an action in circuit court to recover the amount of the penalty.

NOTICE OF PLACEMENT ON QUARTERLY LIST OF VIOLATORS

In accordance with Section 3-304 of the Act, the Department shall place the Facility on the Quarterly List of Violators.

NOTICE OF OPPORTUNITY FOR A HEARING

Pursuant to Sections 3-301, 3-303(e), 3-309, 3-313, 3-315, and 3-703 of the Act, the licensee shall have a right to a hearing to contest this Notice of "B" Violation(s); Notice of Fine Assessment; and Notice of Placement on Quarterly List of Violators. In order to obtain a hearing, the licensee must send a written request for hearing no later than ten (10) days after receipt by the licensee of these Notices.

FAILURE TO REQUEST A HEARING WITHIN TEN DAYS OF RECEIPT OF THIS NOTICE WILL CONSTITUTE A WAIVER OF THE RIGHT TO SUCH HEARING.

FINE REDUCTION IF HEARING WAIVED

Pursuant to Sections 3-309 and 3-310 of the Act, a licensee may waive its right to a hearing in exchange for a 35% reduction in the fine. In order to obtain the 35% reduction in the fine, the licensee must send a written waiver of its right to a hearing along with payment totaling 65% of the original fine amount within 10 business days after receipt of the notice of violation. (Please refer to the Notice of Fine Assessment section on where to send your fine Payment).

Plan of Correction, Hearing Requests and Waivers can be emailed to the following email address: DPH.LTCQA.POCHearing@illinois.gov. If your facility does not have email capabilities then mail it to the attention of: Sammye Geer, Illinois Department of Public Health, Long Term Care – Quality Assurance, 525 West Jefferson, Springfield, IL 62761.

Sherry Barr

Sherry Barr
Division Chief of Quality Assurance
Office of Health Care Regulations

Dated this 28th day of February ,2019.

DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH STATE OF ILLINOIS Complainant, v. HELIA SOUTHBELT HEALTHCARE, LLC, D/B/A, HELIA SOUTHBELT HEALTHCARE , Respondent.	)	Docket No. NH 19-C0066

PROOF OF SERVICE

The undersigned certifies that a true and correct copy of the attached Notice of Type "B" Violation(s); Notice of Plan of Correction Required; Notice of Fine Assessment; Notice of Placement on Quarterly List of Violators; and Notice of Opportunity for Hearing were sent by certified mail in a sealed envelope, postage prepaid to:

Registered Agent:	Business Filings Inc.
Licensee Info:	Helia Southbelt Healthcare, LLC
Address:	118 W. Edwards Street, Suite 200 Springfield, Illinois 62704

That said documents were deposited in the United States Post Office at Springfield, Illinois, on the 28th day of February, 2019.

Sammye Geer

Sammye Geer
Administrative Assistant I
Long Term Care – Quality Assurance
Office of Health Care Regulations

BF300//Helia Southbelt Healthcare/January 4, 2019/kk

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003255	A. BUILDING: _____ B. WING _____	C 01/04/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELIA SOUTHBELT HEALTHCARE	101 SOUTH BELT WEST BELLEVILLE, IL 62220

(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 #1940042/IL108393 Statement of Licensure Violations	S 000		
S9999	Final Observations 300.1210b)4) 300.1210c) 300.1210d)6) 300.3240a) 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. c) Each direct care-giving staff shall review and be knowledgeable about his or her residents'	S9999	Attachment A Statement of Licensure Violations	

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S9999	Continued From page 1	S9999		

respective resident care plan.
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:
6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.

Section 300.3240 Abuse and Neglect
a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident

These requirements were not met as evidenced by:

Based on observation, interview and record review the facility failed to implement safe eating interventions for one of three residents (R2) reviewed for safety with eating in the sample of 3. This failure resulted in R2 sustaining second degree burns on her left and right inner thighs.

Findings include:

R2's Progress Note, dated 12/27/18 at 6:34 PM, documents R2 spilled coffee on herself at dinner time, and redness was noted to her left and right inner thighs. The Progress Note also documents, "medical doctor made aware, and a new order was given to monitor every shift until resolved." The progress note also documents if the skin breaks down notify the medical doctor and consult wound management.

R2's Event Report, dated 01/03/19, for event on

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S9999	Continued From page 2	S9999		

12/28/18 at 7:13 AM documents R2 spilled coffee on herself at dinner last night Physician and family notified at that time, treatment in place. The event report documents interventions implemented as staff will offer resident a cup with a lid.

R2's Progress Note, dated 12/27/18 at 6:56 PM, documents a nail size blister to right inner thigh, and V7, Physician, ordered skin prep twice daily and a non adhesive dressing until resolved.

R2's Wound Report, dated 12/27/18, documents R2's left inner thigh burn measures 6 centimeters (cm) x 1.5 cm, and her right inner thigh burn measures 5 cm x 6.5 cm x 0.1 cm.

R2's Physician Order Sheet, dated 12/30/18, documents the order to cleanse left and right inner thigh with normal saline, and apply Silvadene cream 1% a 4 by 4 and a dry dressing.

R2's Minimum Data Set (MDS), dated 07/31/18, documents R2 has a Brief Interview for Mental Status (BIMS) score of 12, which represents moderate cognitive impairment. R2's MDS also documents R2 needs supervision, oversight, encouragement or cueing, and set up for eating.

R2's Care Plan, dated 12/28/18, documents the problem as R2 has episodes of shakiness and she can not hold full cups causing her to spill them on herself at times. The Goal documents R2 will not burn herself with hot liquids due to inability to hold her cup. The approach documents R2 will use a cup with two handles or a lid or both for all hot liquids at minimum, as she does not like the idea of a special cup.

On 01/03/19 at 11:02 AM, V3, Licensed Practical

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S9999	Continued From page 3	S9999		

Nurse (LPN), entered the R2's room and asked R2 to look at her dressings. R2 had one dime size area that was dark red surrounded by a larger area half dollar size that was red on her right inner thigh. R2's left inner thigh had three dime size areas to her left inner thigh that are surrounded by a half dollar size reddened area. A full cup of coffee in a regular coffee mug and an empty regular coffee mug were on R2's bedside table. The mugs were not adaptive equipment with lids or 2 handles.

On 01/03/19 at 11:05 AM, R2 stated, "I spilled coffee on myself. Sometimes, I shake a lot." At that same time, V3 also said R2 does shake sometimes when she tries to hold drinks.

On 01/03/18 at 12:00 PM V9, R2's Power of Attorney (POA), stated, "(R2) was shaky before Christmas, and (V10, Certified Nurses Aide, CNA) told me they would put a sippy cup on (R2's) Christmas list. (R2) did get a sippy cup for Christmas, but they didn't use it for my mom."

In an interview on 01/04/19 at 10:20 AM, V11, LPN, stated, "During dinner, (V4, CNA) came and got me and told me she (R2) spilled coffee on herself (in her room). I looked at her legs and they were both red. I called (V8, Physician), and she said monitor her legs until resolved, if skin breaks down occurs call her back. When the kitchen delivers the meals (for the hall trays), they also deliver a drink cart. The coffee came off the drink cart."

On 01/03/19 at 1:15 PM, V4, CNA, stated, "She (R2) shakes a little." In a second interview on 01/04/19 at 10:35 AM, V4 stated, "(R2) loves coffee, and she asked me for a cup of coffee. (R2) always eats in her room. I went and got her

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S9999	Continued From page 4 a cup of coffee. I went to the dining room, and was told she spilled coffee on herself by another aide. I cleaned her up. The nurse was notified. She seemed ok, when I gave her the coffee. We go back and forth to check on the residents eating." https://www.webmd.com documents, "Second-degree burns (partial thickness burns) affect the epidermis and the dermis (lower layer of skin). They cause pain, redness, swelling, and blistering." (B)	S9999		