Illinois Department of Public Health

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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NAME OF I	PROVIDER OR SUPPLIER	IL6003255 STREET ADI	1	STATE, ZIP CODE	08/1	19/2022
	OUTHBELT HEALTHO	CARE 101 SOUT	TH BELT WE	EST		
		BELLEVIL	LLE, IL 6222			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
S 000	Initial Comments		S 000			
	Complaint Investiga	ation 2246431/IL150121				
S9999	Final Observations		S9999	er e		
	Statement of Licens	sure Violations		(Q		
	300.610a)					
	300.1210b)	ιŝ				
.1	300.1210d)1)	1				
	300.1610a)1)	ļ	ıš			
12	Section 300.610 Re	esident Care Policies			4	
	procedures governing facility. The written public formulated by a language of committee consisting administrator, the administrator of committees and complete the facility and shall administration.	dvisory physician or the ommittee, and representatives or services in the facility. The ly with the Act and this Part. It is shall be followed in operating to be reviewed at least annually documented by written, signed				
돧	Section 300.1210 G Nursing and Person	General Requirements for nal Care	(*)	₹s		
2	and services to attain practicable physical,	provide the necessary care in or maintain the highest I, mental, and psychological sident, in accordance with		Attachment A Statement of Licensure Violations		

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

TITLE

(X6) DATE

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C B. WING IL6003255 08/19/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 101 SOUTH BELT WEST HELIA SOUTHBELT HEALTHCARE **BELLEVILLE, IL 62220** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) S9999 Continued From page 1 S9999 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. 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: 1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered. 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. These requirements were not met as evidenced by: Based on interview and record review the Facility failed to follow physician's orders for 1 of 3 residents (R2) reviewed for pharmacy services in the sample of 15. This failure resulted in R2 having increased urinary incontinent episodes and feelings of embarrassment.

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Findings include:

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STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED		
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IL6003255		B. WING		08/19/2022			
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
LIEUASOUTHBELT HEALTHCARE 101 SOUTH BELT WEST							
		BELLEVII	LE, IL 6222	20			
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S9999	Continued From pa	ge 2	S9999				
	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL						

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C WING IL6003255 08/19/2022 NAME OF IPROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 101 SOUTH BELT WEST HELIA SOUTHBELT HEALTHCARE BELLEVILLE, IL 62220 SUMMARY STATEMENT OF DEFICIENCIES (X4)ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE **DEFICIENCY**) S9999 Continued From page 3 S9999 medication. I do not understand this at all. I have an overactive bladder and the medication helps me. I notice that when I do not get my medicine, I have more accidents. I have been running out of medications for the last three months off and on. I tell staff but nothing changes. I talked with V2 (Director of Nursing/DON)) and she said she would look into it, but I am still having issues with my medication. I am thankful it is a pill that if I miss, I will not die. Because, then I would really be in trouble. I do not think it is right that they are not making sure I get the medicine I need. They do not have enough staff here and because of my medication I have more accidents and I have been left sitting in urine for hours at a time. It happened again two nights ago. I put my call light on and waited for over an hour finally one of those student nursing assistants came into my room and I asked her if she could put me on the bed pan and she said she was helping down the half because (R14) had fallen. Now, I am a reasonable woman so if (R14) fell I understand that is priority. But then she left and never came back or told anybody that I needed to go to the bathroom. I waited so long that the next shift finally helped me and cleaned me up. It was not a good day for me. I was cold and sitting in urine for hours. I do not understand this at all. I have an overactive bladder and the medication helps me. I notice that when I do not get my medicine, I have more accidents and I get embarrassed. Nobody wants to wet their pants. I have been

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running out of medications for the last three months off and on. I tell staff but nothing changes. I talked with V2 (DON) and V9

(Ombudsman) she said she would look into it, but I am still having issues with my medication. I am thankful it is a pill that if I miss, I will not die. Because, then I would really be in trouble. I do not think it is right that they are not making sure I

**FORM APPROVED** Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ C B. WING IL6003255 08/19/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 101 SOUTH BELT WEST HELIA SOUTHBELT HEALTHCARE BELLEVILLE, IL 62220 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE **DEFICIENCY**) S9999 Continued From page 4 S9999 get the medicine I need. I have talked with V9 about it as well. It is like they don't care if I pee myself when this medicine helps me not to have accidents. Plus, I really don't want to get a urinary tract infection either." R2's Medication Administration Record (MAR) dated 8/1/2022 to 8/17/2022 document R2 did not receive her Oxybutynin chloride tablet extended release 24 hours 10 milligrams (mg) tablet on 8/13/2022, 8/15/2022, 8/16/2022 and 8/17/2022 at 10:00 AM. R2's MAR dated 7/1/2022 to 7/31/2022 document R2 did not receive her tolterodine capsule. extended release 24 hours, 4 mg tablet for her overactive bladder on 7/5/2022, 7/8/2022, 7/10/2022, 7/11/2022, 7/12/2022 and 7/13/2022 at 10:00 AM. R2's MAR dated 7/1/2022 to 7/31/2022 document R2 did not receive her trazadone 50 mg tablet on 7/8/2022, 7/9/2022, 7/10/2022 and 7/31/2022 at 9:00 PM. R2's Progress Notes dated 5/11/2022 at 2:23 PM. "Resident voiced complaining of her narcotics running out and not being filled. I notified (MD) Medical Doctor on 5/10 of new order needed. MD stated she will write it and bring on 5/11. Resident ran out of oxy 5.325 last night, resident stated pain at a 7. Got RX (prescription) from MD faxed to pharmacy, I called the pharmacy to have

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them Erun the medication. Received at 12:05 PM. gave to resident. Resident pain is decreasing. MD added new order for cranberry tab daily, resident

R2's Progress Notes does not address any of her missed medication in July and or August of 2022.

aware. Will continue to monitor."

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medication. I had them get her medicine today Illinois Department of Public Health

not from the pharmacy side."

On 8/18/2022 at 1:09 PM, V2 (DON) stated, "I am

not sure why R2 has not been getting her

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
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NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		· ·	
HELIA SOUTHBELT HEALTHCARE  101 SOUTH BELT WEST  BELLEVILLE, IL 62220							
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	sent the medication not been able to loc were any issues wit	y kit. The pharmacy said they on 8/16/2022 but we have tate it. I was not aware there h R2's medication before were some issues with her			20	88	
G	stated, "I have talke (DON) and on seve medications not bei been going on for s they will look into ar issues, but it still ke They say they will lot o happen. R2 is co medicine she has a helps her to avoid a she has accidents a but the facility is alw medicine and not m	A4 PM, V9 (Ombudsman) and with V1 (Administrator), V2 ral occasions regarding (R2's) and available for her. This has everal months. They tell me and/or there are insurance eps happening every month, bok into it but then it continues incerned because without the ccidents, and the medicine and this medicine helps her ways running out of her taking sure it is available for going on for at least three					
	stated, "I know R2 I trazadone because took care of that qui today and they told medication on 8/16/ and somebody sign can't find the medicing incontinence. We jut and the oxybutynin happened to it. I know the E Kit, but we no our E kit now. We a	st can't find the medication is missing. I don't know what ow I have been taking it out of longer have the Oxybutynin in re looking into it."		420	e).		
	On 8/18/2022 at 3:0	7 PM, V2 stated, "I do not					

On 8/18/2022 at 3:

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