PRINTED: 11/29/2022

FORM APPROVED Illiniois 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 IL6006704 11/03/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **40 NORTH 64TH STREET** HELIA HEALTHCARE OF BELLEVILLE BELLEVILLE, IL 62223 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S 000 **Initial Comments** S 000 Complaint Investigation: 2248375/IL152484 S9999 Final Observations S9999 Statement of Licensure Violations: 300.610a) 300.1010d) 300.1010e) 300.1010h) 300.1210a) 300.1210b) 300.1210d)3) 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 300.1010 Medical Care Policies d) All residents, or their guardians, shall be permitted their choice of a physician. e) All resident shall be seen by their physician as often as necessary to assure adequate health Attachment A care. Statement of Licensure Violations

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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: **B. WING** IL6006704 11/03/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **40 NORTH 64TH STREET** HELIA HEALTHCARE OF BELLEVILLE **BELLEVILLE, IL 62223** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) S9999 Continued From page 1 S9999 h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification. Section 300.1210 General Requirements for Nursing and Personal Care a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's quardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's quardian or representative, as applicable. 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

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care and personal care shall be provided to each resident to meet the total nursing and personal

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006704		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		(X3) DATE SURVEY COMPLETED				
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(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	Continued From page 2		S9999							
	care needs of the resident.		83							
· ·	d) Pursuant to subscare shall include, and shall be practic seven-day-a-week 3) Objective ob	section (a), general nursing at a minimum, the following sed on a 24-hour, basis: servations of changes in a								
e. The same of the	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.			# # # # # # # # # # # # # # # # # # #						
	Based on interview failed to identify or and failed to send to timely manner for 1 for change of condification failure resulted in Rambulance and insights hospital. R2 was a fever, sepsis, pneutachycardia, bacteridisease (PAD), lact to his left distal foot	and record review, the facility monitor a change of condition he resident to the hospital in a of 3 residents (R2) reviewed ition in the sample of 7. This 12's family calling the isting R2 be sent to the dmitted with a diagnosis of monia, altered mental status, emia, peripheral artery ic acidosis, and dry gangrene				2000 2000 20 20 20 20				
a I	Epilepsy, unspecific epilepticus; Essenti sequelae of cerebra	ocuments diagnoses to include ed, intractable, with status al hypertension, Unspecified al infarction; Unspecified avioral disturbances; Other								

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stable.

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Procedure: None. Dressing treatment plan:

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short-term memory is poor. He is currently at his

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document, "Resident's POA took resident to

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R2's Hospital Records dated 10/10/2022

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Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _ C B. WING IL6006704 11/03/2022 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **40 NORTH 64TH STREET** HELIA HEALTHCARE OF BELLEVILLE **BELLEVILLE, IL 62223** PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** PRÉFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S9999 S9999 Continued From page 12 is all I really remember about him." On 10/26/2022 at 8:32 AM, V2 (Director of Nursing/DON), stated, "(R2) came from the hospital and before that he lived in an apartment. He was one of nine siblings. (V5) took it upon herself to make appointments with him. One day, she even took him to the hospital and was gone for over 8 hours with him. I was not in the building when (V5) had (R2) sent out and from Friday to Monday I was not aware of any decline or change of condition for (R2). We do not have any of the blood work because (V5) took him to the emergency room to get the blood work and told us he had blood work there at the hospital. I do not have a copy of the blood work because he was already out at the hospital because (V5) had him sent out. We did do the x-rays for (R2) on 10/7/2022 and there was no evidence of any fractures or osteomyelitis." The Facility provided a list of Residents with Change of Condition, and the paper documents a change of condition for R2, the paper provided by the facility documents, "10/2/2022 (R2) noted to have area to left foot (V4 Wound Doctor) consulted. 10/3/2022 (V4) with diagnosis of arterial wound. 10/4/2022 Care Plan, (V5) states the resident has a history of vascular disease and has had previous wounds to left foot and has had a bypass done to left lower extremity to increase blood flow. 10/7/2022 (V5) took resident to hospital returned at approximately 4:30 PM. 10/10/2022 (V4) evaluated resident-weekly visit, 10/10/2022 (V5) returned to facility and took resident to hospital." On 11/3/2022 at 11:21 AM, during a phone

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interview, V23 (Hospital Medical Doctor) stated, "(R2) was a very sick man when he came to the

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 IL6006704 11/03/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **40 NORTH 64TH STREET** HELIA HEALTHCARE OF BELLEVILLE BELLEVILLE, IL 62223 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 Continued From page 13 S9999 hospital. He had a history of peripheral disease. and it was chronic and his toes had gangrene in them resulting in having an above the knee amputation. This is not something that would just happen in a day and is something that the facility should have been monitoring for and watching because of his past history. He was admitted to the Emergency Room on 10/10/2022 and he was having seizures and had a serious infection. If his family would not have been aggressive and not brought him to the hospital when they did, we could have had a much worse outcome. It was good they brought him to the emergency room when they did." R2's Emergency Department (ED) Notes dated 10/1 O/2022 document, "Musculoskeletaltenderness to left distal mid feet. Skin hot to touch, dry chronic skin changes to left dorsal foot. Small ulcer to distal left foot along the medial aspect of the 1st MTP (metatarsophalangeal). Left foot is cooler when compared to the right foot." R2's ED records document at 2:26 PM, "patient febrile to 101.5 F (Fahrenheit), tachycardia and hypoxic. High suspicion for sepsis. Critical Care in the Emergency Department. Patient is a high risk for complications and morbidity or mortality. Patient is critically ill with viral organ impairment or failure. There is a high probability of imminent of life-threatening deterioration in patient condition." The Change in a Resident's Condition or Status Policy with a revision date of November 2016 documents, "A facility must immediately inform the resident; consult with the resident's physician: and notify; consistent with his or her authority, the

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resident presentative (s) when there is (e.g. changes in level of care, resident rights, etc.) A

significant change in the resident

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