Illinois D	epartment of Public	Health			FORM	APPROVE
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				SURVEY PLETED
		IL6005870	B. WING		11/20/2024	
	PROVIDER OR SUPPLIER			STATE, ZIP CODE	11/26/2024	
		210 FAS	T COLLEGE			
	EALTHCARE OF ENE	ENERGY	, IL 62933			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
S 000	Initial Comments		S 000			
	Annual Licensure S	Survey				
S9999	Final Observations		S9999			
	Statement of Licens	sure Violations				
	300.610a) 300.1210a) 300.1210b) 300.1210d)3)					
	Section 300.610 R	esident Care Policies				
	procedures governi facility. The written be formulated by a Committee consisti administrator, the a medical advisory co of nursing and othe policies shall comp The written policies the facility and shall	dvisory physician or the ommittee, and representatives or services in the facility. The ly with the Act and this Part. s shall be followed in operating I be reviewed at least annually documented by written, signed				
	Section 300.1210 Nursing and Person	General Requirements for nal Care				
	facility, with the part the resident's guard applicable, must de comprehensive car includes measurab meet the resident's	nsive Resident Care Plan. A ticipation of the resident and dian or representative, as evelop and implement a e plan for each resident that le objectives and timetables to medical, nursing, and mental eeds that are identified in the				
	tment_of Public Health ⁄ DIRECTOR'S OR PROVID	DER/SUPPLIER REPRESENTATIVE'S SIG	SNATURE	TITLE		(X6) DATE
	ically Signed					12/16/24
ATE FORM	М		6899 A	VOH11	If continu	ation sheet 1

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		IL6005870	B. WING		11/2	26/2024
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE	•	
HELIA H	EALTHCARE OF ENE	RGV	T COLLEGE /, IL 62933			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
S9999	resident's compreh allow the resident to practicable level of provide for discharg restrictive setting baneeds. The assess the active participat resident's guardian applicable. (Section b) The facility care and services to practicable physical well-being of the re each resident's com- plan. Adequate and care and personal of resident to meet the care needs of the re care needs of the re d) Pursuant to nursing care shall in following and shall seven-day-a-week 3) Objective of resident's condition emotional changes determining care re- further medical eval made by nursing st resident's medical re- tresident's medical re- failed to follow order hospice and failed to	ensive assessment, which o attain or maintain the highes independent functioning, and ge planning to the least ased on the resident's care sment shall be developed with tion of the resident and the or representative, as n 3-202.2a of the Act) shall provide the necessary o attain or maintain the highes il, mental, and psychological sident, in accordance with nprehensive resident care d properly supervised nursing care shall be provided to each e total nursing and personal esident. subsection (a), general nclude, at a minimum, the be practiced on a 24-hour, basis: bservations of changes in a n, including mental and , as a means for analyzing and equired and the need for iluation and treatment shall be aff and recorded in the	t	DEFICIENC	Τ)	

	epartment of Public			CONSTRUCTION		
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		IL6005870	B. WING		11/	26/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
HELIA HI	EALTHCARE OF ENE	RGY	T COLLEGE ′, IL 62933			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PRÉFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	THE APPROPRIATE	COMPLET DATE
S9999	Continued From pa	ge 2	S9999			
	quality of care in a sample of 39. This failure resulted in R80 being admitted to the hospital for 5 days with hypoxemic respiratory failure.					
	Findings include:					
	1. R80's face sheet documents an admission date of 08/22/24 with diagnoses including: cerebral infarction, acute kidney failure, 2019-nCoV acute respiratory disease, chronic kidney disease stage 3, dementia, and atrial fibrillation.					
	Start date 9/6/24, C (R80) has tested po places resident at h include: Acute resp infections such as p increased risk for fl following clinical sy Cough and Maliaise Approach: "Start da provider orders N status and observe pneumonia or acute productive cough, e abnormal respirator of breath, diaphore is occurs Vitals (te	ocuments in part, "Problem category: Disease Process. positive for Covid-19. This higher risk for severe illness to iratory distress and secondary powemonia or bronchitis: uid volume deficit " The mptoms have been exhibited: e/lethargy are marked. Under the 9/6/24. Labs per healthcare ursing to assess respiratory for signs and symptoms of e respiratory distress such as: elevated temperature, ry status, cyanosis, shortness sis. Notify healthcare provider o include temperature, heart ulse oximetry, blood pressure 5"				
	by V24 (Nurse Prac visit date of 09/10/2 subjective HPI (hist documenting: R80	tes document a progress note ctitioner/NP) documenting a 24 and a subject area of: cory of present illness) is a 89 year old female seen 80) reports shortness of breath				

STATEMEN	Department of Public NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		IL6005870	B. WING		11/2	26/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
HELIA H	EALTHCARE OF ENE	RGY	T COLLEGE /, IL 62933			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From pa	age 3	S9999			
	x-ray was ordered yesterday (10/09/24) but has not been done yet. R80 denies cough, headache, fever and sore throat. The subject area listed as 'Plan:' lists: covid: acute, cxr (chest x-ray) pending, nursing staff will monitor temp (temperature) and O2 (oxygen) sat (saturation) each shift and prn (as needed), and supportive therapy, will monitor for worsening systemic infection.					
	the order was sent am for a PA (poster chest, and OBL (ob once-one time 6:30 documents that the 9/11/24 at 9:18am I event. This order a	ray) order by V24 documents in verbally on 9/10/24 at 6:40 roanterior) chest, LAT (lateral) blique) chest. Frequency: bam-6:30pm. This order also e order was discontinued on based on census discharge lso documents a transmission ax error during attempt to				
	documents R80's lu There were no add assessing R80's re	e dated 9/6/24 at 9:14am ungs sounds were diminished. itional progress notes spiratory status until V24's cumented on 9/10/24 found in ord.				
	at 8:58 AM This res family members to for decline in condi because they are c some decline in ab	es documents: On 09/11/2024 sident (R80) was taken by ED (emergency department) tion and pneumonia work-up concerned for her. She has hac ility to feed herself. Family of two days off work to wait for a e was never done."				
. D	was at the facility for	38 AM, V26 (family) stated R80 or rehab and contracted he facility. They went in to see				

	epartment of Public IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
		IL6005870	B. WING		11/	26/2024
NAME OF I	PROVIDER OR SUPPLIER	ATE, ZIP CODE				
	EALTHCARE OF ENE	ZIO EAS	T COLLEGE			
	EALTHCARE OF ENE	ENERGY	, IL 62933			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
S9999	Continued From pa	ige 4	S9999			
	time breathing. She coughing, having a declining and R80 I losing her breath. T an order for a ches pneumonia. The x became concerned to the emergency re hospital for about 5 not remember if she pneumonia or if she causing her not to b not breathe well. S while she was at th enough staff while s bunch of Covid in th room with the door she has dementia, when she needed of taking her back the	boughing and having a hard e told the staff R80 was hard time breathing and hey stated, they would get her t x-ray to make sure it was not ray never happened and she I and took her out and took her oom. R80 was admitted to the days. V26 stated she does e actually had a diagnosis of e had an accumulation of fluid breathe, either way, she could to R80 did not get her rehab e facility, they did not have she was there they had a he building and R80 was in her shut because of the covid and she did not get a chest x-ray one, therefore she was not the, she went to another r she was discharged from the much better.				
	09/11/24 at 9:19 AM "Subjective" patient after she apparently chest x-ray 3 days x-ray. Patient (R80) positive for COVID- has no specific con short of breath" pos productive. The sec documents: patient female admitted to breath) and hypoxia	rds document a visit date of M with the heading of t (R80) with family members y was supposed to have a ago and did not get a chest) has a history of testing -19 8 days ago. Patient (R80) nplaints but states "I am a little sitive cough that sounds ction titled, "Narrative" : (R80) is an 89 year old acute with SOB (shortness of a. Patient (R80) recently tested -19. Upon arrival to ER				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED 11/26/2024	
		IL6005870	B. WING			
	PROVIDER OR SUPPLIER		DDRESS, CITY, S	TATE, ZIP CODE		0/2024
		210 FAS	T COLLEGE			
	EALTHCARE OF ENE	ENERGY	(, IL 62933			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From pa	ige 5	S9999			
	section titled, "Assessment and Plan" document: acute hypoxemic respiratory failure, likely secondary to COVID, chest x-ray reviewed significant edema bilaterally. IV (intravenous) Lasix 40 mg (milligrams) IV daily x 3 days. The section titled, "COVID19 infection" documents in part: dexamethasone started 6mg (milligrams) po (per oral) daily x 5 days. Hospital records document a discharge date of 09/16/24. On 11/21//24 at 12:10 PM, V1 (Administrator) stated, he does not have a document showing when that order came through for R80's X-ray or exactly when V24 called and gave the order for the chest x-ray. He stated he sees the note from V24 about the order but does not know when she verbally put it in. V1 stated, sometimes x-rays can take awhile to get here. V1 confirmed that R80 did not receive an X-ray prior to leaving the facility on 9/11/24.					
	fax error on R80's of stated, when the transferror occurs a notif	10 PM when asked what the order meant V1 (Administrator ansmission status of a fax ication would be sent to three s and the order would be nt.)			
	,V24 (NP) was atte	07 PM, 12:19 PM, 3:59 PM mpted to be reached at both her, with messages left. V24 all back.				
	stated he did not ha R80. V23 stated he information of when she is not his nurse	14 AM, V23 (Medical Director) ave much information about would not have any NV24 ordered the chest x-ray, practitioner, she is the nurse facility. Therefore she or the that information				

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
		IL6005870	B. WING		11/2	26/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
HELIA H	EALTHCARE OF ENE	RGY	T COLLEGE (, IL 62933			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	THE APPROPRIATE	COMPLET DATE
S9999	Continued From pa	ige 6	S9999			
		On 11/25/24 at 1:17 PM, V24 was attempted to be reached. V24 never returned a call back.				
	date of 11/16/24 wi deficiency anemia, hypertension, pulm	t documents an admission th diagnoses including: Iron malignant neoplasm of liver, onary embolism without acute trointestinal (GI) hemorrhage,				
	11/15/24 document a comment of: refe document contains 11/15/24 with a sec awaiting appropriat after discussion wit oncology consult w canceled after reas (family) over discus documents contain consult note dated documents: R81 is with a history of ins mellitus type 2, pric accident) on Eliquis	rds fax transmission dated s: subject: patient referral with rral for services. This progress notes dated etion titled, "plan for today" e placement with hospice inpu- h V19 (family) on 11/14 ith physician was finally sessing goals of care with V19 sion on 11/14. These s an acute care surgery 11/12/24 at 10:47 AM an 82 y. o. (year old) male ulin dependent diabetes or CVA (cerebrovascular s, history of GIB s/p APC of	ıt			
	malformations) in the 6/24/24 who present complaints of program R81 was found to be of 5.9 requiring block of H/H (hemoglobin consulted and perform which revealed a lage fungating mass in program of the second se	a coagulation for ed caused by arteriovenous he 2nd portion of duodenum nted to (acute hospital) with ressive weakness and fatigue. be anemic with a hemoglobin od transfusion with stabilization and hematocrit). GI was prmed a colonoscopy on 11/11 urge nearly obstructing proximal ascending colon. MR ce imaging) of the abdomen	n			

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		IL6005870	B. WING		11/2	26/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE, ZIP CODE		
HELIA HI	EALTHCARE OF ENE	RGY	「COLLEGE , IL 62933			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC ^Y	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETI DATE
S9999	with probable meta- uncinate process, 2 nodules, and metas lower quadrant mess the duodenum. R81 bedside. (R81) is to reports RLQ (right I pain. These docum dated 11/15/24 at 7 "consults/procedure Oncology 11/14 was after long discussio hospice/comfort car metastatic disease tomography) brain v contrast). R81's hospital note 11/14/24 titled, "Reg documents in part: MD (medical doctor mass with metastat and retroperitoneal (small bowel obstrue that pt (patient) fam hospice care. On 11/19/24 at 3:19 was under the impr hospice care. She t facility on hospice of On 11/19/24 at 4:55	the cecum/ascending colon static lesions at the pancreatic hepatic lesions, pulmonary static lymph nodes in the right sentery and second portion of l seen and evaluated at olerating FLD (fluid diet). R81 ower quadrant) abdominal ents contain a progress note :53 AM with a section titled, es/tests" documenting in part: s canceled on 11/14 since n with V19 she elects re (evidence of brain on CT (computed w (with) iv (intravenous) s contains a document dated gistered Dietitian Note" which assessment comment(s): per r) note, imaging showed cecal tic disease in the mesenteric lymph nodes and distal SBO loction). MD notes also state hilly has decided in favor of 0 PM, V19 (family) stated she ession R81 was already on hought he was coming to this	S9999			
	consult for R81 set On 11/22/24 at 11:1	vill look into getting a hospice up. 4 AM, V23 (Medical Doctor) received a message from the				

TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CUPPLIE		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6005870	B. WING		11/26/2024	
AME OF F	PROVIDER OR SUPPLIER	1	 DDRESS, CITY, ST	ATE. ZIP CODE	11/2	.0/2024
	EALTHCARE OF ENE	ERGY 210 EAS	T COLLEGE	,		
		ENERG	r, IL 62933			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE	(X5) COMPLE ⁻ DATE
S9999	Continued From pa	age 8	S9999			
	facility about a consult for R81 to be admitted to hospice care. He will contact the facility and check into that. R81's physician order report documents an order with a start date of 11/19/24 documenting: code status DNR (do not resuscitate) comfort measures.					
	with a start date of	der report documents an order 11/21/2024 documenting: are Dx (diagnosis) malignant				
	and Following Physical the policy of (this factoria)	lated 07/14 titled, "Obtaining sicians orders" documents: it is acility) that physician orders wil nsed personnel and followed.				
	(A)					