

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6016091	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/29/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HELIA HEALTHCARE OF BENTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1310 MARK FRANKLIN LOUIS STREET BENTON, IL 62812
---	--

(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	<p>Final Observations</p> <p>STATEMENT OF LICENSURE VIOLATIONS</p> <p>300.615e) 300.1230a)1)2)3) 300.1230b)5)</p> <p>Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information</p> <p>e) In addition to the screening required by Section 2-201.5(a) of the Act and this Section, a facility shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act for all persons 18 or older seeking admission to the facility, unless a background check was initiated by a hospital pursuant to the Hospital Licensing Act. Background checks shall be based on the resident's name, date of birth, and other identifiers as required by the Department of State Police. (Section 2-201.5(b) of the Act)</p> <p>This requirement is not met as evidenced by:</p> <p>Based on interview and record review the facility failed to promptly initiate admission background checks for 9 residents (R66, R30, R52, R23, R44, R67, R34, R49 and R18) in the supplemental sample.</p> <p>The findings include:</p> <p>On 5/27/15 at 2:30 PM, E10, Office Manager, provided this surveyor with the facility's Admission Records and the Illinois State Police, State Level Criminal Background Checks. These facility</p>	S9999		

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE 06/08/15
---	-------	------------------------------

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6016091	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/29/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HELIA HEALTHCARE OF BENTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1310 MARK FRANKLIN LOUIS STREET BENTON, IL 62812
---	--

(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	<p>Continued From page 1</p> <p>records document that: R66 was admitted to the facility on 5/23/15. R66's Illinois State Police (ISP) Background Check was initiated on 5/26/15. R30 was admitted to the facility on 5/22/15. R30's ISP Background Check was initiated on 5/26/15. R52 was admitted to the facility on 5/21/15. R52's ISP Background Check was initiated on 5/26/15. R23 was admitted to the facility on 5/20/15. R23's ISP Background Check was initiated on 5/26/15. R44 was admitted to the facility on 5/3/15. R44's ISP Background Check was initiated on 5/26/15. R67 was admitted to the facility on 4/27/15. R67's ISP Background Check was initiated on 5/26/15. R34 was admitted to the facility on 4/25/15. R34's ISP Background Check was initiated on 5/26/15. R49 was admitted to the facility on 4/24/15. R49's ISP Background Check was initiated on 5/26/15. R18 was admitted to the facility on 4/23/15. R18's ISP Background Check was initiated on 5/26/15.</p> <p>On 5/27/15 at 2:30 PM, E10, Office Manager stated that she knew the resident's background checks were supposed to be done within 24 hours of admission but that she just forgot to do them.</p> <p>Section 300.1230 Direct Care Staffing</p> <p>a) For the purposes of this Section, the following definitions shall apply:</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6016091	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/29/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HELIA HEALTHCARE OF BENTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1310 MARK FRANKLIN LOUIS STREET BENTON, IL 62812
---	--

(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	<p>Continued From page 2</p> <p>1) Direct care is the provision of nursing care or personal care as defined in Section 300.330, therapies, and care provided by staff listed in subsection (f).</p> <p>2) Skilled care is skilled nursing care, continuous skilled nursing observations, restorative nursing, and other services under professional direction with frequent medical supervision.</p> <p>3) Intermediate care is basic nursing care and other restorative services under periodic medical direction.</p> <p>b) The number of staff who provide direct care who are needed at any time in the facility shall be based on the needs of the residents, and shall be determined by figuring the number of hours of direct care each resident needs on each shift of the day.</p> <p>5) Effective January 1, 2014, the minimum staffing ratios shall be increased to 3.8 hours of nursing and personal care each day for a resident needing skilled care and 2.5 hours of nursing and personal care each day for a resident needing intermediate care. (Section 3-202.05(d) of the Act) This requirement was not met as evidenced by: Based on observation, interview, and record review, the facility failed to provide adequate staffing to meet the needs of facility residents. This failure has the potential to affect all 65 residents in the facility. Findings include: On 5/29/15 at 11:00 a.m., E2, Director of Nurses, stated for the purposes of staffing at the time of this survey the facility had 52 residents requiring intermediate level of care and 13 residents requiring skilled care. On 5/29/15 at 11:00 a.m.,</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6016091	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/29/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HELIA HEALTHCARE OF BENTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1310 MARK FRANKLIN LOUIS STREET BENTON, IL 62812
---	--

(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	<p>Continued From page 3</p> <p>E2 stated the licensed nurses worked an 8 hour shift, and the Certified Nurse Aides (CNAs) worked a 7.5 hour shift. Using these numbers and factors specified within the regulation, it was determined that the facility required 2.5 FTE (Full Time Equivalents) of licensed nurses on first shift, 2 on the second shift, and 1.1 on the third shift, and also required 8 additional FTE direct care staff on the first shift, 6.2 on the second shift, and 3.7 on the third shift.</p> <p>According to the CNA Schedule and Nursing Schedule for the sample day of 5/17/15, the facility had only 2 licensed nurse staff on the first shift (including E4, the Care Plan Coordinator) and 6 CNAs, and only 5 CNAs on the second shift, working with 2 nurses.</p> <p>According to the CNA Schedule and Nursing Schedule for the sample day of 5/23/15, the facility had only 2 licensed nurses and 4.5 FTE of CNAs on the second shift.</p> <p>According to Resident Council Minutes for 4/28/15, 3/31/15, 2/24/15, and 1/26/15, residents complained of having difficulty finding a CNA after meals or call lights were not answered in a timely manner after meals.</p> <p>On May 27, 2015 at 9:20 AM, surveyor observed a call light going off on the North Hall Shower Room from 9:20 AM to 9:35 AM. On the same day at 9:40 AM, E5, Certified Nurses Aide came out of the shower room and stated "R2 was in the shower room and E14 needed assistance transferring R2 from the shower chair to the wheel chair."</p> <p>On May 28, 2015 at 11:00 AM, E14 stated "I turned the call light on in the North Hall Shower Room on May 27, 2015 at approximately 9:20 AM to get assistance with transferring R2 from the shower chair to the wheel chair and waited 15 minutes for assistance."</p> <p>According to the Resident Census and Conditions</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6016091	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/29/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HELIA HEALTHCARE OF BENTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1310 MARK FRANKLIN LOUIS STREET BENTON, IL 62812
---	--

(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 4 of Residents report dated 5/26/15, the facility had 65 residents. (B)	S9999		