Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED С IL6006704 B. WING 12/21/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **40 NORTH 64TH STREET HELIAHEALTHCARE OF BELLEVILLE BELLEVILLE, IL 62223** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (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 DATE DEFICIENCY) S 000 Initial Comments S 000 Complaint Investigation: 2249627/IL153968 S9999 Final Observations S9999 Statement of Licensure Violations: 300.610a) 300.1210a) 300.1210b) 300.1810h) 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 300.1210 General Requirements for Nursing and Personal Care a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian 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 Attachment A resident's comprehensive assessment, which Statement of Licensure Violations allow the resident to attain or maintain the highest practicable level of independent functioning, and

Ilinois Department of Public Health

ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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NAME OF I	PROVIDER OR SUPPLIER	5711ZZ171		STATE, ZIP CODE		112022
HELIAH	EALTHCARE OF BEI		TH 64TH STRI ILLE, IL 6222			
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S9999	Continued From pa	age 1	S9999			
	restrictive setting be needs. The asses the active participa	ge planning to the least pased on the resident's care sment shall be developed with ation of the resident and the nor representative, as				72
	and services to attempracticable physical well-being of the reeach resident's corplan. Adequate and care and personal	provide the necessary care ain or maintain the highest al, mental, and psychological esident, in accordance with mprehensive resident care d properly supervised nursing care shall be provided to each te total nursing and personal resident.		E A	*	
98.	recording all reside each resident's atte ordered procedure include, but are no treatment of decub to determine a resi	ts shall be maintained ent care procedures ordered by ending physician. Physician s that shall be recorded t limited to, the prevention and oldus ulcers, weight monitoring dent's weight loss or gain, are, blood pressure monitoring,				
<i>2</i> €	Based on observat review the facility fa physician's order a address poor food 3 residents (R3) re the sample of 12.	NT is not met as evidenced by ion, interview, and record alled to monitor weights per nd implement interventions to intake and weight loss for 1 of viewed for nutritional status in This failure resulted in R3 a 9.6 % weight loss in less than				

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 IL6006704 12/21/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **40 NORTH 64TH STREET** HELIA HEALTH CARE OF BELLEVILLE **BELLEVILLE, IL 62223** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) S9999 Continued From page 2 S9999 Findings include: R3's Hospital Paperwork, dated 11/10/2022 documents R3 weighed 164.8 pounds while in the hospital. R3's Resident Face Sheet, undated, documents he was admitted on 11/16/2022 with diagnoses of hemiplegia and hemiparesis following stroke, major depression disorder, moderate protein-calorie malnutrition, gastro-esophageal reflux disease, vitamin deficiency and pressure ulcer to left heel stage four, and muscle weakness. R3's Facility's Observation Detail List Report, dated 11/17/2022, has no weight or height documented. R3's Physician's Order Sheet (POS), dated 11/19/2022, documents, "Monitor and record meal percentages/fluid intake for breakfast and lunch." R3's Care Plan Problem, with start date of 11/29/22, documents "Resident has impaired skin integrity due to Stage IV pressure injury to left heel." The Approach documented "Diet as ordered and observe intake" and "Evaluate nutritional status prn (as needed)." The Care Plan did not address R3's being at risk for weight loss or interventions to address this weight loss. R3's Admission Minimum Data Set (MDS) dated 11/23/2022, documents, R3 was alert, 70 inches tall, 165 pounds, requires supervision while eating, dressing and personal hygiene extensive assistance with setup, bathing total dependent,

frequent incontinent of bowel and bladder.

Illinois Department of Public Health STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED A. BUILDING: __ C IL6006704 B. WING 12/21/2022

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

HELIA HEALTHCARE OF BELLEVILLE 40 NORTH 64TH STREET BELLEVILLE, IL 62223						
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S9999	Continued From page 3	S9999				
	R3's POS, dated 11/24/2022, documents, "Weigh on the 5th of every month and weekly weight x4 on Wednesdays."		30 30	25		
	R3's Registered Dietitian Progress Note, dated 11/28/2022 at 1:27 PM, documents "Admission s/p (status post) hospitalization after transfer from another facility. Previously on "regular, thin liquid diet". Will advise to clarify orders. No teeth, but no noted difficulties at meals. Able to assist self after set up. A/O (alert/orientated) verbalizes needs. Prev (previous) reported freq (frequent) loose BM in hosp (hospital), none currently. Fluids encouraged. Has order for Lasix (diuretic), refusing. Skin with PU (pressure ulcer) L (left) heel and LLE (left lower extremity) edema/cellulitis. Appropriate to add vitamin and protein supplementation as effort to support healing. CBW pending. Noted hospital weight 11/10 164.8 lbs recommend: 1. obtain height and weight 2. clarify diet "regular, thin liquids" 3. add Vit C 500 mg BID 4. add multivitamin with minerals once daily 5. add (brand name nutritional supplement) 1 pkt (packet) BID (twice a day.) Will follow."					
	R3's Progress Note, dated 11/30/2022 at 3:02 PM documents, "Dietary recommendations reviewed and implemented."	Đ		\$7		
9	R3's POS, dated 11/30/2022 documents physician's orders for (brand name nutritional supplement) BID (twice a day), vitamin C 500 mg (milligrams) BID, multi-vitamin daily, regular diet with thin liquids.	W.				
	R3's Medication Administration Record (MAR), dated 11/16/2022 through 12/7/2022 documents R3 did not receive (brand name nutritional supplement) from 12/3 through 12/7/22, due to					

AND PLAN OF CORRECTION (X1		(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM	CO.	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
IL6006704			B. WING	B. WING			C 12/21/2022	
NAME OF	PROVIDER OR SUPPLIER		TREET ADDRESS, CI	TY, STATE, ZIP COD	E	<u> </u>		
HELIAH	EALTHCARE OF BEL	LEVILLE	10 NORTH 64TH S BELLEVILLE, IL 6					
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	"Weekly Weights x no documented we documented "Mont	ble." This MAR docum 4 on admission." Ther ights for R3. The MAR hly weight once a day o There were not docum	e were	7 19 19				
	R3's POS, dated 12 TID (three times a c mg for appetite stin	2/6/2022 house supple day) with meals. Reme nulant.	ment ron 7.5			1,27		
	wheelchair in his robed side table. He and 50% of mashed enough and I'm not at the doctor's officers.	45 PM R3 was sitting in om. His lunch tray was ate 100% of chocolate d potatoes. R3 stated, hungry. I was weighed I was 144 pounds. Meight, but I don't know."	on the pudding "I ate I today y family		N		**************************************	
•	Nurse/LPN) stated recently assessed (house supplement drink it because he very picky eater. (R of meals. (R3) likes pudding and desser and (R3) also refus	00 PM V4 (Licensed Pr "The NP (nurse practit R3's) weight and order 3 times a day but (R3) said it tastes bad. (R3 3) rarely eats more that sweets so we give him rts. (R3) often refuses es to allow staff to weight was weighed since he	oner) ed a won't is a n 50% extra to eat					
	sitting up in his whe	00 AM R3 was in his ro elchair. He ate 50% of usage, and oatmeal.	om	= *		ā	:	
	stated R3's nursing It is the observation aware staff didn't we	:00 AM, V3 (Regional I assessment was com detail list report. V3 w eigh R3 or why he was ity. V3 stated R3 was w	oleted. as not n't	8				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY A. BUILDING:

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IL6006704

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	in the hospital in November 2022.			
	On 12/8/2022 at 1:30 PM V2 (Director of Nurses/DON) stated R3 was weighed and currently weighs 149 pounds at this time.		· · · · · · · · · · · · · · · · · · ·	
il.	On 12/8/2022 at 9:45 AM V9 (Nurse Practitioner) stated she expected the facility to follow their weight management program and follow	ā/.		
81-	physician's orders. V9 expects staff to weigh residents upon admission and readmission to the facility and once a week for the first 4 weeks and	2		8
	monthly therefore after. V9 stated after staff weigh a resident, they should assess to see if the resident has lost weight and if so, they should add the concern to the resident's care plan with interventions to prevent weight loss and notify her			State of Sta
1.2	or the physician. V9 stated she expected staff to notify her if a physician ordered supplement was not available, she was not aware R3 missed (brand name nutritional supplement) 12/3/2022 through 12/7/2022. V9 stated if it wasn't available staff should notify her so she can order a different	d o		4.
	supplement to ensure residents receive proper nutritional supplements to prevent weight loss. V9 wasn't aware that R3 had significant weight loss since being admitted to the facility.			
	The facility's Weight Management Program, revised July 2014, documents "It is the facility's policy to manage resident weight through prevention, assessment and implementation and			A
ŧn .	evaluation of interventions. Upon admission, re-admission, quarterly and with a significant change. On the first through fifth day of the	8		
	month, the CNA will take the weights for all monthly weights. Weekly weights will be obtained for any resident determined by the weekly PAR committee. The weight loss tracking is to be used			

Illinois Department of Public Health

STATE FORM

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STATEMENT OF DEFICIENCIES

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S9999	discussion/assessr a five pound or mo tracking is complet interventions, select the date the interventions who is completing to needed or commer designee will list the weight loss or gain intake, pressure uld problems, all new a will be given to the recommendations. the RD (Registered per wing to the chawill notify the attendation or the physic 24-hour report sheet initiate a diet order the dietary manage	ment of resident who have had re weight loss. The weight loss ed by reading the list of cting appropriate ones, writing antion was used, the initials of the form and any follow up onts. The DON or his/her are residents who have had a greater than five pounds, poor cers, chewing or swallowing admissions, all re-admissions dietician for assessment and The DON will then distribute Dietician) recommendations rege nurse. The charge nurse ding physician of the current and of the RD's and document the physician's ian's order sheet and the est. The charge nurse will then and communication form to r who will chart the change in	\$9999				
65 73	update the care pla	the MDS Coordinator to n."				18	
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