PRINTED: 04/18/2023 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: C B. WING IL6006704 03/30/2023 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 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S 000 S 000 **Initial Comments** Complaint Investigation: 2342435/IL157901 Final Observations S9999 S9999 Statement of Licensure Violations: 300.610a) 300.1010h) 300.1210d)2)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 h) The facility shall notify the resident's physician of any accident, injury, or significant change in a

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notification.

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injury or change in condition at the time of

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,

TITLE

Attachment A

Statement of Licensure Violations

(X6) DATE

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nurse (V30 Licensed Practical Nurse/LPN) was alerted by the floor nurse that the resident's

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING 1L6006704 03/30/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **40 NORTH 64TH STREET** HELIA HEALTHCARE OF BELLEVILLE **BELLEVILLE, IL 62223** PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5)(X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PRÉFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 S9999 Continued From page 2 toenail on his left great toe had come off, and he was bleeding. Upon examination this nurse (V30) observed the resident's great toenail missing. The area was bleeding and swollen. This nurse cleansed the area with normal saline and applied bacitracin and a dry dressing per orders given by (V23) to (V25 former Director of Nursing) DON. The resident (R6) tolerated the treatment well and made no complaint of pain or discomfort will continue to monitor. R6's Nurses Note dated 2/4/23 documents this nurse (V30) was called by the floor nurse to inform me that the resident's treatment was not on the TAR (treatment administration record) for the left great toe. This nurse put the order in the TAR. Please see TAR. Resident (R6) has tolerated the treatments well. Will continue to monitor. (R6 did not receive any treatment on his right great toe from 2/2/23 through 2/4/23 because it was not on the TAR). R6's Weekly skin reports document: 2/1/23 no skin abnormalities noted. 2/9/23 no skin abnormalities noted. 2/17/23 no skin abnormalities noted. 2/23/23 no skin abnormalities noted. 3/2/23 pressure injury foot great big toe. 3/9/23 skin observation no abnormalities noted. R6's Wound Consultant Note dated 2/6/23 documents Wound on left first toe measures 2 x 2 x 2 Calcium Alginate (CA), Collagen Powder, Silver Sulfadiazine. Etiology is infection. R6's Wound Consultant Note dated 2/13/23 documents wound of left first toe measures 2 x 1.5 x 0.3 apply CA alginate and betadine New

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Wound of left distal dorsal foot 2 x 2 x 0.1 apply Calcium Alginate collagen powder and silver

FORM APPROVED Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING IL6006704 03/30/2023 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 PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 3 S9999 sulfadiazine. R6's Wound Consultant Note dated 2/20/23 documents wound of first left first toe measures 2x 1.8 x 0.3 treatment is the same. Wound of left dorsal distal foot measures 2 x 2x 0.1. R6's Wound Consultant Note dated 2/27/23 documents Wound of left first toe measures 1.5 x 1.8 x 0.3 Wound of left distal dorsal foot measures 2x1.8x 0.1. R6's Wound Consultant Note dated 3/6/23 wound of left first toe measures 1.8 x1.8x 0.3 new treatment Calcium Alginate and Santyl. Wound of left dorsal distal foot measures 2 x2x 0.1 treatment CA and Santyl. R6's Wound Consultant Note date 3/13/23 wound of left first toe measures 1.8 x 1.8 treated with betadine, CA, Santyl. Wound of left distal dorsal foot measures 1.5 x 2 Etiology is still infection. R6's Local Hospital Vascular and Vein Surgery Consult Note dated 3/16/23 documents R6 has dry gangrene of his left hallux, left metatarsophalangeal joint and his right 1st metatarsophalangeal joint. Dry gangrene both feet. And no significant edema. Non palpable pedal pulses bilaterally. Dry gangrene both feet. Patient is bed-bound, non-communicative, and a resident of a long-term care facility. He would

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unfortunately require bilateral above knee amputations with any worsening progression. The patient is not a surgical candidate for vascular reconstruction and limb salvage. 1. left diabetic foot infection with eschar around the 1st metatarsophalangeal joint area as well as

loss of left foot 1st digit nail. Extensive

surrounding soft tissue erythema consistent with

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
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S9999	Continued From pa	age 4	S9999		in the second	
	ongoing soft tissue on cefepime and volume a	e infection. Patient is currently rancomycin day 6. ancomycin monotherapy. No rene. No skin breakdown dis [MRSE] bacteremia. 2/2 taph epidermidis. Sets were eparate site as per labeling. roin day 6. blood sugars ranging from ties: No edema. peripheral Left foot 1st digit disarticulation ligit. Ulcer around the 1st eal joint area associated with ssue induration and erythema.				
	in the R6's Clinical On 3/24/23 at 10:4 stated, "On the 15t swollen, warm and I told his wife I was looking. I wanted told not see him of foot was red above opaque drainage to normal basis, but i					
A 6	stated, "He was ac gangrene, and ma	O AM, V7 (Wound Consultant) dmitted to the hospital with ay have a bilateral amputation. the two wounds on his foot were	e		2	

completely dry. He was uncoordinated and would

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