IL6006704

05/23/2023

Illinois Department of Public	Health		
STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:	(X3) DATE SURVEY
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:		COMPLETED

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

B. WING

## **HELIA HEALTHCARE OF BELLEVILLE**

40 NORTH 64TH STREET

(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
S 000	Initial Comments	S 000		E-
N.	Annual Licensure and Certification Survey			
57.1	Complaint Investigation: 2343589/IL159664			
	2343309/IE139004	Topico man	a 25	
S9999	Final Observations	S9999	un s un s un	
	Statement of Licensure Violations: 300.610a)	₽ <sup>18</sup> .00	, 2 No. 2	
88	300.1210a) 300.1210b)5) 300.1210d)8)	34 34		900 g
839	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	N	en an mar y	
55	be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the	6		#:
	medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part.	)2 <b>5</b>		
	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.	5 W		
36 	Section 300.1210 General Requirements for Nursing and Personal Care a) Comprehensive Resident Care Plan. A	78 .		2 3
9	facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a		8 II	
5.5	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 Statement of Licensure Violations	- 01

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

PRINTED: 06/12/2023 FORM APPROVED 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 05/23/2023 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 PREFIX (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 Continued From page 1 S9999 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. 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 care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. 5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of functioning. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see

that each resident receives adequate supervision

This REQUIREMENT is not met as evidenced by:

and assistance to prevent accidents.

(X3) DATE SURVEY

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMI	LETED
		IL6006704	B. WING		05/:	23/2023
	PROVIDER OR SUPPLIER	LEVILLE 40 NOR	ADDRESS, CITY, ST TH 64TH STREI	ET		
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S9999	Continued From pa	ige 2	S9999			
	review the facility fatechniques to preveresidents requiring transfers for 19 of R10, R12, R13, R1 R23, R27, R30, R3 supervision to prev 34. This failure reswithout using a full manufacture's guidenteest to prever the supervision of the supe	ion, interview, and record ailed to ensure safe transfer ent injuries/accidents for full body mechanical lift 33 residents (R1, R5, R6, R8, 5, R16, R17, R19, R20, R21, 11, R32 and R187) reviewed for ent accidents in the sample of sulted in staff transferring R19 body mechanical sling per lelines, R19 falling to floor ral hematoma with an r to the hospital.	or f			
	Findings include:					
	documents diagno failures, encounter tracheostomy statu obstructive pulmor disease, anxiety di traumatic subdural	Physician's Order Sheet ses of chronic respiratory for attention to tracheostomy is, cerebral infarction, chronic hary disease, chronic kidney sorder, epileptic seizures, hemorrhage with loss of unspecified duration, nter.				
181	11/30/2022, document impaired for cognition	ata Set (MDS), dated nents R19 was severely tion and decision making. The ints R19 is totally dependent ofers.	е			
	documents "Falls, resulting in injury r (Emergency Room Plan regarding Be	nitiation date 10/10/2022 Resident with fall on 12/9/202 elated to transfer. Sent to ER n) for evaluation." R19's Care d Mobility with a start date of ents, "Resident is limited in		() ()		

(X2) MULTIPLE CONSTRUCTION

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

05/23/2023

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

HELIA HEALTHCARE OF BELLEVILLE  40 NORTH 64TH STREET BELLEVILLE, IL 62223					
(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 3	S9999			
	(mobility/functional status) and required the use of mechanical lift."				
	R19's Progress Note, dated 12/9/2022 at 6:04 PM, recorded as Late Entry on 12/10/2023 at 1:13 AM, documents "This nurse (V3 Former DON) called to resident's room. Reported that resident had fallen during transfer. Entered resident rooms. Resident noted to have laceration on back of head. Resident on floor with CNA (Certified Nurse's Aide) applying pressure. Eyes open, reactive to light. Resident unable to voice pain or discomfort. Alert, Able to move arms without difficulty. No other apparent injury noted. EMS (emergency medical service) called for transport for evaluation. Nurse Practitioner, and (V12) Spouse updated."				
9 N	R19's Progress Note, dated 12/9/2022, at 10:24 PM, "Event Fall and Investigation: Fall from mechanical pad, mechanical pad broke. Called (Local Hospital) for update on resident. Resident to be admitting diagnosis not available at this time."	*			
	R19's Progress Note, dated 12/9/23 6:25 PM, record as Late Entry on 12/10/2023 at 1:16 AM, documents "EMS here. Cervical collar placed. Sling place under resident. 6:35 PM, Resident left facility via EMS to (local hospital) for evaluation."				
Illinois Dena	R19's Incident Description, dated 12/9/2023 at 6:04 PM, documents "An investigation was conducted regarding the circumstances by which (R19) fell to the floor, striking his head while being transferred via mechanical lift from his (reclining wheelchair) to his bed on 12/9/2022. The two staff attending to (R19) mistook the transfer sheet on which (R19) was sitting to be a		2		

STATE FORM

**FORM APPROVED** 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 IL6006704 B. WING 05/23/2023 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 (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 4 S9999 mechanical lift sling. They did attach the sling to the lift apparatus correctly; however, the sling released when (R19) was lifted off the chair. It was not until after the fact that the staff realized they had used the wrong sling. It was determined that there was no intent to cause harm to (R19)." The Summary documented "The facility immediately pulled all transfer sheets from service and has in-serviced all staff retarding safe handling and lifting procedures as defined in facility policy. Additionally, staff have been in-serviced regarding identifying and inspection of mechanical slings proper to each use, when sent to laundry for cleaning and proper to next use. (R19) remains in the hospital at this time." R19's History and Physical from Local Hospital Records, dated 12/10/2022 at 4:03 PM. documents, "This is a 53-year-old male with extensive medical history. Patient was brought to the emergency room with complaints of having fell at the facility. Apparently, patient was moved by mechanical lift, and he was dropped to the ground and sustained a small laceration of the occipital head." R19's Computed Tomography (CT) of the head on 12/9/2022 documents, "1. Small volume acute subdural hematoma along the left cerebral convexity and left tentorium with no significant mass effect. 3. Small left occipital scalp confusion with no acute fracture." R19's Hospital Assessment documents, "Principal Problem: Subdural hematoma; Active Problem: Fall, initial Encounter, Left-side subdural hematoma." R19's Progress Note, dated 1/1/23 documented R19 was readmitted to the facility from the

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facility.

hospital. This was 22 days after R19 fell at the

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

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	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE	SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED		
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NAME OF	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE  40 NORTH 64TH STREET							
HELIA H	EALTHCARE OF BEL	LEVILLE	LE, IL 6222:					
4444	CUMMADY CT	····	1 1	<del>-</del> ·· · · · · · · · · · · · · · · · · ·	1011	1		
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S9999	Continued From pa	age 5	S9999					
臣	stated, "(R19) did r December. The fac him injury. (V7 Ce and (V13 CNA) bot	:24 AM, V12 (Family of R19) not have a fall back in cility dropped him and caused rtified Nurse Assistant/CNA) th apologized to me for the and told me it should have	9.		Ţ	ω		
**************************************	In R19's 12/9/22 In by V13 (CNA) doct 2022, at approxima (R19's) room. I no was told all resider evening shift comir grab the (mechanic lift pad was a pad I figured the CNA the cleared to use it. V the mechanical lift. (R19) in mid-air the (R19) falls to the fich his head. We imm head with a towel a get assistance quic on day shift she stand one person as	vestigation File, a statement uments, "On December 9, ately 6:00 PM, I walked into tice (R19) sitting in his chair. I ats was laid down prior to ag in. I asked the new hire to be call lift). I notice the mechanical never used before, but I at got him up that morning was be started to hook (R19) up to As we proceed to lift him a mechanical lift pad rips. For which cause for him to bust rediately stopped! I grab his and had the new hire to go and be called the control of the cause for him to bust rediately stopped! I grab his and had the new hire to go and be called the control of the c	) (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c		-			
=	remember when (F asked me to stay la orientation with a n name was (V14 Ct night, they said all down to bed. When was in a chair and underneath him an lift of 2 staff memb	25 PM, V13 (CNA) stated, "IR19) fell. It was awful. They ate that day and I was doing an ew girl I am not sure I think her NA). When I got the report that of the residents had been put in I got into (R19's) room he not in bed. There was a pad id (R19) required a mechanical ers. I saw the pad underneath pads on other residents. I						

PRINTED: 06/12/2023 FORM APPROVED 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 05/23/2023 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) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 Continued From page 6 S9999 questioned the pads but (V7 CNA) told me (V3) told her they could use it. When I lifted (R19) up in the air the pad split in mid-air, and he fell through the pad and hit his head and busted his head open. He was bleeding and I grabbed a towel and started pressure. The pads had a green top and green bottom but once I got him in the air, I realized they were not the correct sling/pad. Then the pad broke and (R19) was injured. I had the new girl go and get help. (R19) was in the hospital for over a month." On 5/16/2023 at 8:42 AM, V14 (CNA) stated, "It was my first day at the facility and I was doing orientation with (V13) and when we went into (R19's) room he was sitting on pad. I knew right away it was not the right pad, but I was in orientation, so I was scared to say anything. It looked different then a mechanical pad. When we lifted (R19) in the air the pad broke because it was real thin and not durable and it snapped in half. (R19) fell through the cracks and hit his head. There was blood everywhere and I ran and got help. (R19) was hurt really bad because his head was split open, and they sent him out to the hospital." Statement by V7 (CNA), dated 12/12/2022 documents, "I (V7) put (R19) on a transfer sheet Friday morning on 12/9/2022. We had a meeting Friday morning, and in that meeting it was said

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we could use them. I may have gotten the context wrong in assuming they could be used for transferring a resident from the bed to a chair instead of bed to bed. I had him up prepared to visit his wife. Last time I saw him was before I left, while waiting for his wife to show up."

On 5/14/2023 at 3:03 PM, V7 stated "We had a meeting on Friday right before the accident and

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resident to be transferred to a chair and or their bed especially while using a mechanical lift to ever be transferred with a paper transfer sheet. I

FORM APPROVED Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: B. WING IL6006704 05/23/2023 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 **PREFIX** PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 S9999 Continued From page 8 am aware that (V3) who was the Director of Nursing at that time told staff they could use the paper transfer sheets for transfers. V3 did not specify what type of transfers it was just a blanket statement, and nobody asked questions. I heard there were not enough slings that day the CNA heard she could use the paper transfer sheet. The CNA then used the paper transfer sheet and transferred (R19) to a chair. Which I would not have expected her to do. Then later when the next CNA came in, she saw the pad underneath (R19) and attempted to do a transfer him without questioning the pad, hooked him up with the mechanical lift, the pad broke and (R19) was injured." On 5/16/2023 at 10:04 AM, V2 (Director of Nursing/DON), stated, "I would expect a resident who is an extensive assist to always be transferred with a mechanical lift. I was not here when (R19) fell but I heard about it. We no longer use the paper transfer sheet. When the residents were being transferred by the EMT (emergency medical team) they are on a paper transfer sheet. They are to be thrown away and not reused. They are not to be used for transfers for any kind." On 5/16/23 at 11:45 AM, V5 (Licensed Practical Nurse/LPN) and V13 (CNA) transferred R19 using a full body mechanical lift. V5 and V13

used (Brand name bariatric patient lift). V5 and V13 used a sling which was large sized and was not made by the same manufacture as the lift.

The facility provided Vitals Report, dated 5/14-5/18/23. The Report documented that on 5/16/23, R19's weight was 121.6 pounds (lbs.).

The Safe Patient Handling and Falls

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED B. WING IL6006704 05/23/2023 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)**PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 9 S9999 Management Product Guide, dated 2022, for the slings which the facility was using for all residents requiring full body mechanical lift transfers documented that the facility should have used a medium sized sling for residents weighing 100-195 lbs. 2. On 5/16/2023 at 10:03 AM, a tour of the facility was completed and there was one mechanical lift (Brand Name and Model #) on each hallway for a total of 2 mechanical lifts in the facility. Both lifts were the same brand. During this survey on 5/16/2023, there were only 3 full body mechanical lift slings available for use with the two mechanical lifts for the entire facility. There was 1 (extra-large) sling and 2 large slings. These 3 slings were not made by the same manufacture as the two full-body mechanical lifts which were being used by staff to transfer residents. The Safe Patient Handling and Falls Management Product Guide, dated 2022, for the slings which the facility was using for all residents requiring full body mechanical lift transfers documented that the facility should use the following slings with the following weight ranges: a medium sized sling for residents weighing 100-195 lbs.; large sized sling for residents weighing 150-300 lbs.; and bariatric for residents above 300 lbs. On 5/16/2023 at 2:33 PM, V6 (Regional Director of Clinical Operations) provided a list of residents requiring transfer with a mechanical lift and the following residents were documented: R1, R5, R6, R8, R10, R12, R13, R15, R16, R17, R19, R20, R21, R23, R27, R30, R31, R32 and R187.

**FORM APPROVED** 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 05/23/2023 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 (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG **DEFICIENCY**) S9999 Continued From page 10 S9999 On 5/16/2023 at 2:42 PM, V6 provided an invoice of slings that were ordered from 8/13/2022 to 3/16/2023. All invoices document (Brand Name) extra-large and large slings were ordered for the mechanical lifts. The first order documented was on 8/13/2022. The (Brand Name and Model Number) full body Lift Manual, dated 2013 documents, "Operating Instructions: Warning: Use only custom slings designed for the (Brand Name and Model Number) Patient Lift." On 5/17/2023 at 8:01 AM, V6 stated, "We were told by (V23 Sling Manufacture Service for Customer Service) that we could use their sling and that various lifts and sling of multiple manufactures are compatible with each other as long as they follow the ISO (International Organization for Standardization) guidelines, and the connection types matches. For example, Loop style slings with loop style lifts." On 5/17/2023 at 9:33 AM, V19 (Mechanical Lift Customer Service Representation) stated, "We design the slings for our lifts to fit properly. If the customer chooses to use a different sling, I can't say what would happen because our product was only designed for our slings, and we can't guarantee safe transfers with any other slings. We only recommend our slings with the use of our (Brand Name) Lift."

On 5/17/2023 at 8:15 AM, the ISO Assessments for R1, R5, R6, R8, R10, R12, R13, R15, R16, R17, R19, R20, R21, R23, R27, R30, R31, R32 and R187 were requested to ensure that full body mechanical lift slings being used by the facility was compatible with the full body mechanical lifts.

FORM APPROVED 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 05/23/2023 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) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 Continued From page 11 S9999 The Facility did not provide the ISO Assessments on 5/17/23. On 5/18/2023 at 8:00 AM, the ISO Assessments for R1, R5, R6, R8, R10, R12, R13, R15, R16, R17, R19, R20, R21, R23, R27, R30, R31, R32 and R187 were provided by V6 and did not have any date or identify which size slings were appropriate for the above residents. On 5/18/2023 at 2:30 PM, V6 provided an updated version of the ISO Assessments, which were corrected, dated and sling size use for each of the residents were identified for R1, R5, R6, R8, R10, R12, R13, R15, R16, R17, R19, R20, R21, R23, R27, R30, R31, R32 and R187. On 5/18/2023 at 9:11 AM, V19 (Mechanical Lift) Customer Service Representation) stated. "We are familiar with the ISO study with slings and still stand by product recommendations that only are custom slings can be used with our product because we do not know the thickness of the other slings, their testing of their slings or the quality of this slings." On 5/17/2023 at 10:12 AM, V21 (Doctor) stated, "I would expect the facility to be following manufacturer guidelines and specifications for mechanical lifts and slings."

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product."

On 5/18/2023 at 1:04 PM, V23 (Customer Service of the Sling Supply Service) stated. "We would expect all residents to be assessed using the ISO Standards of Lift (International Organization for Standardization), the check list completed, and the correct sling assessed before using our

3. R27's Face Sheet, undated, documents R27

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 05/23/2023 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 (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG **DEFICIENCY**) S9999 Continued From page 12 S9999 has a diagnosis of Amyotrophic Lateral Sclerosis (ALS). R27's MDS, dated 3/27/23, documents R27 is dependent on staff for transfers. The Facility's Vitals Report, dated 5/14-5/18/23. documented on 5/16/23, R27 weighed 104 lbs. On 5/16/23 at 1:21 PM, V17 and V18 (CNAs) performed a full body mechanical lift for R27. The lift sling that was utilized was not an approved sling for usage with the (Brand Name Model #) lift. The size of the sling utilized during R27's transfer was a large. The Safe Patient Handling and Falls Management Product Guide, dated 2022, for the slings which the facility was using for all residents requiring full body mechanical lift transfers documented that the facility should use the following slings with the following weight ranges: a medium sized sling for residents weighing 100-195 lbs.; large sized sling for residents weighing 150-300 lbs.; and bariatric for residents above 300 lbs. The Safe Lifting and Movement of Resident Policy undated documents, "In order to protect the safety and well-being of staff and residents, and to promote quality care, this facility uses appropriate techniques and devices to lift and move residents. Manual lifting of residents shall be eliminated when feasible. Nursing staff, in conjunction with the rehabilitation staff, will assess individual resident's needs for transfer assistance. Staff will document resident transferring and lifting needs in the care plan. Staff will be observed for competency in using mechanical lifts and observed periodically for

05/23/2023

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

A. BUILDING:

COMPLETED

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

B. WING

## **HELIA HEALTHCARE OF BELLEVILLE**

IL6006704

40 NORTH 64TH STREET BELLEVILLE, IL 62223

HELIA H	EALTHCARE OF RELIEVILLE	LE, IL 6222		
(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 13	S9999		5
8	adherence to policies and procedures regarding use of equipment and safe lifting techniques. Enough slings, in the size range and style required by resident in need, will be available at all times."	of equipment and safe lifting techniques.  Igh slings, in the size range and style  Ired by resident in need, will be available at		
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