

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003255	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/22/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HELIA SOUTHBELT HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 101 SOUTH BELT WEST BELLEVILLE, IL 62220
---	--

(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 Complaint Survey: 2349640/IL166858	S 000		
S9999	Final Observations Statement of Licensure Violations 300.1210b) 300.1210d)6 Section 300.1210 General Requirements for Nursing and Personal Care b) 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. 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 and assistance to prevent accidents. These Requirements were not met as evidenced by:	S9999	<p>Attachment A Statement of Licensure Violations</p>	

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

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003255	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/22/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HELIA SOUTHBELT HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 101 SOUTH BELT WEST BELLEVILLE, IL 62220
--	--

(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>Based on interview, and record review, the facility failed to supervise a resident that is a high risk fall falls while toileting for 1 of 3 (R7) residents reviewed for falls in the sample of 9. This failure resulted in R7 falling and sustaining a fracture to T12.</p> <p>Findings Include:</p> <p>R7's Face Sheet documents an admission date of 11/8/2023. Diagnosis to include Acute Coronary Thrombosis not resulting in Myocardial Infarction, Vitamin B12 Deficiency Anemia due to intrinsic factor deficiency, Transient ischemic Attack (TIA), and Cerebral Infarction without residual deficits, Weakness, Pain in Left Leg and Hypertension.</p> <p>R7's care plan documents R7 is new to facility and needs time to acclimate to facility life, favorite act. is playing bingo. Interventions include: Inform R7 of upcoming activities by: provide activity calendar, verbal reminders, encouragement.</p> <p>R7's Minimum Data Set, MDS not yet finalized.</p> <p>R7's fall risk assessment dated 11/19/2023 documents R7 is high risk for falls.</p> <p>R7's Progress Notes dated 11/12/23 documents in part, "Resident is A & O (Alert and oriented) x 2/3, verbal & able to make needs known. Resident has L (left) sided weakness due to an old CVA; drop foot noted as well with brace in place. Resident noted to have slurred speech upon admission.."</p> <p>R7's progress notes dated 11/14/2023 at 4:32 PM by V3 (Licensed Practical Nurse) documents this nurse was called to R7's room. Upon entering</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003255	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/22/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HELIA SOUTHBELT HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 101 SOUTH BELT WEST BELLEVILLE, IL 62220
---	--

(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>room, R7 noted to be on floor in bathroom, next to toilet. R7 stated she fell trying to get to toilet from wheelchair, stating her wheelchair was unlocked. R7 reported hitting right side of head but denied pain. no visible injuries noted by writer upon assessing area. R7 alert/orientated at baseline. Able to move all extremities at baseline. Writer attempted to obtain post fall vitals, R7 refused. Writer educated R7 on importance of using call light system for assistance when needed, and importance of locking wheelchair when ambulating from wheelchair. Understanding verbalized by resident. R7 then requested to go to hospital related to fall. Sent to hospital.</p> <p>R7's progress notes dated 11/17/2023 at 10:23PM document R7 returned from hospital at this time. R7 able to make needs known, speech garbled from previous Cerebral Vascular Accident, CVA. R7 transferred to bed with assist x 2. Denies pain. skin warm dry and intact. Left sided weakness noted.</p> <p>R7's History and Physical dated 11/14/2023 documents, R7 presented to local hospital after sustaining an unwitnessed fall at nursing home. R17 stated that she fell while transferring out of her wheelchair in the restroom. Soon after wards R7 started complaining of left hip and lank pain. Impression of CT scan: Acute appearing fracture of T12 with 25% loss and no retropulsion. Operative findings document T12 kyphoplasty with spine jack 8cc of freshly made bond cement was instilled in T12 vertebral body.</p> <p>On 11/21/2023 at 12:00PM, V2 (Director of Nursing) stated, "I think what happened with R7 was inadequate footwear and not locking wheelchair."</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003255	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/22/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HELIA SOUTHBELT HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 101 SOUTH BELT WEST BELLEVILLE, IL 62220
---	--

(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>On 11/21/2023 at 11:10AM, V13 stated, " I was the CNA working when R7 fell recently. I had her in the restroom and I was assisting her roommate with something. R7 must've gotten up and she fell to the floor. She had her shoes on. She just got up."</p> <p>On 11/21/2023 at 3:00PM, V3 (Licensed Practical Nurse) stated, "From what I remember that day, (V13) came and got me and R7 was on the floor in the bathroom. (V13) said R7 was in the bathroom and (V13) was helping the roommate. R7 tried to get up and fell. I think she just got impatient and tried to get up herself and fell."</p> <p>On 11/22/2023 at 10:00AM, V15 (Nurse Practitioner) stated, "Since R7 was assisted to the restroom, the staff member should've stayed in the restroom and provided supervision."</p> <p>Facility's fall policy dated 7/2017 states "It is the policy of (Facility Name) to assess and manage resident falls through preventions, investigation, and implementation and evaluation of interventions."</p> <p>(B)</p>	S9999		