PRINTED: 02/07/2024 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 IL6005870 12/22/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 210 EAST COLLEGE **HELIA HEALTHCARE OF ENERGY ENERGY, IL 62933** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (XS) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG **DEFICIENCY**) S 000 Initial Comments S 000 **Annual Licensure Survey** S9999 Final Observations S9999 Statement of Licensure Violations: 1 of 2 300.610a) 300.1210b) 300.1210d)2) 300.1210d)3) Section 300.610 Resident Care Policies The facility shall have written policies and a) 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**

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

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

b) The facility shall provide the necessary care and services to attain or maintain the highest

TITLE

Attachment A

Statement of Licensure Violations

(X6) DATE

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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 IL6005870 12/22/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 210 EAST COLLEGE **HELIA HEALTHCARE OF ENERGY ENERGY. IL 62933** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (XS) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG **DEFICIENCY**) S9999 Continued From page 1 S9999 care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. 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: All treatments and procedures shall be administered as ordered by the physician. All nursing personnel shall assist and encourage residents so that a resident who is incontinent of bowel and/or bladder receives the appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. All nursing personnel shall assist residents so that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary. These requirements are not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure catheter care was provided per current standards of practice for 2 of 8 (R25 and R34) residents reviewed for catheter care in the sample of 45. This failure resulted in R34 developing a urinary tract infection that required hospitalization on 12/10/2023. Findings Include: 1. R34's undated Resident Face Sheet documents R34 was admitted to the facility on

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STATE FORM

8/22/2018 with diagnoses that include spinal

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVE COMPLETED	
IL6005870		B. WING		12/22/2023		
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
HELIA H	EALTHCARE OF ENE	RGY Z10 EAST ENERGY,	IL 62933			
(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 CORRECTS (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	SHOULD BE COMPLETE	
S9999	Continued From pa	ge 2	59999			
	tract infection, muse	acute kidney failure, urinary cle wasting, atrophy, pplemental oxygen, and				
	documents R34 has Mental Status) scor is cognitively intact.	um Data Set) dated 9/14/23 is a BIMS (Brief Interview for e of 15, which indicates R34 This same MDS documents 4 has neurogenic bladder and y.				
	R34's Physician Order Report dated 12/14/23 to 12/21/23 documents a physician order to provide foley catheter care each shift.					
	R34's local hospital record with an admission date of 12/10/23 documents R34 was admitted to the hospital with diagnoses that included acute encephalopathy, acute kidney injury, and urinary tract infection with hematuria.					
	Assistant/CNA) state transferred to the his day after R34 return R34 reported to her care from the time huntil she returned to	PM, V8 (Certified Nursing ed R34 was recently ospital, and she worked the ted to the facility. V8 stated that he had not received perione arrived back to the facility owork the next day. V8 stated lays later that he had not are again.				
linaia Nar	the hospital recently urinary tract infection the facility from the (12/14/23) around s have enough staff "r when they don't hav	PM, R34 stated he was in and diagnosed with a severe n. R34 stated he returned to hospital "a week ago today" upper time. R34 stated they most of the time." R34 stated e enough staff periloesn't get provided. R34				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURV	
			A. BUILDING:			
	IL6005870		B. WING		12/22/2023	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	TATE, ZIP CODE		
HEI IA H	EALTHCARE OF ENE	PGY 210 EAST	COLLEGE			
THEN	EXECUTORIZE OF EIGE	ENERGY,	IL 62933			
(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)		(XS) COMPLETE DATE
59999	Continued From pa	ge 3	S9999			
S9999	stated he thought of be provided each stated it starts stink doesn't clean it. This R34's catheter bag clarified with R34 the catheter. R34 state hanging on the bed (Licensed Practical finding R34's cathetel blanket back and the laying on/near R34' it should have been bed. V12 stated stareposition and had catheter bag after to washcloth with nor sides of the penis is away from the cath used a separate was catheter tubing beggoing downward. Vowashcloth and wipe toward and away from the cath used a separate was catheter tubing beggoing downward. Vowashcloth and wipe toward and away from the cath shift administration reconducted each shift administration reconducted the shift. When a performed catheter terms and the sach shift. When a performed catheter terms are started to the sach shift.	atheter care was supposed to hift and it didn't get done. R34 ing because the facility staff is surveyor didn't observe hanging on the bedside and hat he did in fact have a urinary d he did, and it should be. This surveyor asked V12 Nurse/LPN) to assist in ter bag. V12 pulled R34's he catheter bag was observed a badomen. V12 (LPN) stated hanging on the side of the lift had assisted R34 to forgotten to reattach the	S9999			
	care. After reviewing care provided to R3	ure they provide the catheter g the observation of catheter 4 by V8, V4 stated she would down the catheter tube away				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		IDENTIFICATION NUMBER:					
	IL6005870		B. WING		12/2	12/22/2023	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
HELIA H	EALTHCARE OF ENE	PGY 210 EAST	COLLEGE				
	ENEITHORIZE OF EME	ENERGY,	IL 62933				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LO BE	(XS) COMPLETE DATE	
S9999	Continued From pa	ge 4	59999				
24444	IX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		S9999				
	of bowel and bladde	of."					
inois Deper	documented that R2	a Set dated 10/24/23 25 requires partial/moderate ng and is always incontinent					

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED				
	IL6005870		B. WING		12/22/2023				
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY :	STATE ZIP CODE					
	246 FART OOL LEAR								
HELIAH	EALTHCARE OF ENE	RGY ENERGY,							
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI	ON (YE)				
PRÉFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE	E			
S9999	Continued From pa	ge 5	S9999						
	of bowel and bladde	er.							
	documented, "Residued elevated. New	ress Note dated 12/17/23 dent lying in bed with head of order received for Macrobid tablet twice daily for seven ine."							
	On 12/20/23 at 01:45pm, V9 (CNA), was observed providing incontinence care for R25. R25 was awake and alert only to herself. With R25 lying in bed, V9 donned gloves and removed R25's incontinence brief which was soiled with urine and feces. V9 rolled R25 to the side and wiped off some of the feces from the buttocks. Without changing gloves, V9 repositioned R25 onto her back and, using washcloths with perineal cleansing spray, wiped the perineal area three times from back to front. Again, without changing gloves, V9 touched the perineal spray bottle and a clean towel with which the perineal area was dried. V9 placed the contaminated spray bottle into R25's nightstand. At the conclusion of the procedure, V9 acknowledged she should have changed gloves after they came in contact with								
	on 12/22/23 at 08:5 CNA's will be re-educontrol techniques for A Perineal Care Pol "The purpose of this cleanliness and comprevent infections at observe the resident female resident, were	4am, V4 (DON) stated all ucated on the proper infection or incontinence care. icy dated July 2017 stated, a procedure is to provide infort to the resident, to ind skin irritation, and to its skin condition. 9. For a it washcloth and apply soap or ent. wash perineal area,							

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· •	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		5%				
IL6005870		B. WING		12/22/2023		
NAME OF	PROVIDER OR SUPPLIER		•	TATE, ZIP CODE		
HELIA H	EALTHCARE OF ENE	RGY 210 EAST ENERGY,	COLLEGE			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE COMP		(X5) COMPLETE DATE
S9999	Continued From pa	ge 6	59999			
	(A))				
	2 of 2					
.	300.650d) 300.661					
	Section 300.650 P	ersonnel Policies				
	d) The facility shall check the status of all applicants with the Health Care Worker Registry prior to hiring.					
	Section 300.661 Health Care Worker Background Check		AMPAGAMA			:
	A facility shall comply with the Health Care Worker Background Check Act and the Health Care Worker Background Check Code.					
	These REQUIREMENTs are not met as evidenced by:					
	Based on interview and record review the facility failed to ensure the Healthcare Worker Registry and all required background check websites were checked for employees. This has the potential to affect all 74 residents residing at the facility.					
	Findings Include:					
	Review of the "Long-Term Care Facility Application for Medicare and Medicare" dated 12/20/23, documented 74 residents reside in the facility.					
	The facility provided untitled, undated employee roster with hire dates documents V13's					

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Illinois Department of Public Health

website for V15.

4. The facility provided untitled, undated

of Corrections Sex Offender and Wanted Fugitive website, and/or the Office of Inspector General's

employee roster with hire dates documents V17's (Certified Nursing Assistant) date of hire as 12/19/23 and employment status as active. The facility was not able to provide reproducible evidence of checking the Illinois Sex Offender

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
	IL6005870		B. WING		12/22/2023	
NAME OF	PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, S	STATE, ZIP CODE		
HELIA H	EALTHCARE OF ENE	RGY 210 EAST ENERGY,	COLLEGE IL 62933			
(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)		(XS) COMPLETE DATE
S9999	Continued From pa	ge 8	59999			-
	Registry, the Depar Offender and Want Office of Inspector of On 12/21/23 at 1:44 stated they didn't had checks and/or healt for V13, V14, V15, adays to complete the within the ten days listed.	tment of Corrections Sex ed Fugitive website, and/or the General's website for V17. I PM, V1 (Administrator) ave the missing internet thcare worker registry checks and V17 since they have ten be checks and they were still for each of the employees I Procedures for Prevention ander 1. Pre-employment			and server.	
	Screening for Poter new employee start a reference check for Obtain a copy of the individual being hire Healthcare Worker being hiredd. Che Sex Offender Regis Corrections Sex Offender National Sex Offender National Sex Offender Sex Offender Health and Inspector General thas been adjudicated.	ntial Employees. "Prior to a tingthe facility will: 1. Initiate from previous employer(s)b. to state license of any ted for a positionc. Check the Registry on any individual teck web sites such as Illinois stry, The Department of fender Search Engine, the tections Inmate Search, the der Public Registry, and the Human Services Office of the odetermine if the applicant ted a sex offender, has been a as committed Medicare or				
Hinnic Dena	tment of Public Health					