

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6003255</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/14/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HELIA SOUTHBELT HEALTHCARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>101 SOUTH BELT WEST BELLEVILLE, IL 62220</b>
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(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: 2441427/IL170036	S 000		
S9999	Final Observations  Statement of Licensure Violations  300.1210b) 300.1210d)1 300.1210d)2  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:  1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered.  2) All treatments and procedures shall be administered as ordered by the physician.  These Requirements were NOT MET as evidenced by:	S9999		

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

TITLE

(X6) DATE  
03/25/24

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S9999	<p>Continued From page 1</p> <p>Based on interview and record review the Facility failed to ensure Physician Orders were being followed and residents were free from any significant medication errors for 1 of 6 residents (R2) reviewed for medication errors in the sample of 24.</p> <p>This failure resulted in R2 not receiving her medications and being hospitalized for six days with a diagnosis of urinary tract infection and urosepsis.</p> <p>Findings include:</p> <p>R2's Physician Order Sheet for February 2024 documents, a diagnosis of thyrotoxicosis; adrenocortical insufficiency; heart failure. R2's POS does not document, any loss of an adrenal gland. R2's POS with a start date of 2/26/2024 documents, hydrocortisone 10 milligrams (mg), once a day. The POS with start date of 7/20/2023 documents, triple dose of hydrocortisone for illness, nausea, abdominal pain or cramping.</p> <p>R2's Minimum Data Set dated, 12/22/2023 documents, R2 is cognitively intact for cognition for activities of daily living. The MDS documents, she uses a walker and is independent.</p> <p>R2's Medication Administration Record, (MAR), for January 2024 does not document any order for triple dose of hydrocortisone PRN for illness, nausea, abdominal pain or cramping.</p> <p>R2's MAR for February 2024, does not document, any Physician Orders of triple dose of hydrocortisone was administered to R2.</p> <p>R2's Progress Notes, document, she was in the hospital from 2/1/2024 to 2/5/2024 and 2/17/2024</p>	S9999		

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S9999	<p>Continued From page 2 to 2/22/2024.</p> <p>R2's Progress Notes dated, 2/16/2024 at 9:57 AM, SSD, (Social Service Director), was asked to speak to the resident's daughter, (V6) via phone, to set up a Care Plan Meeting. Writer offered to set up the meeting and (V6) indicated she wanted to talk about her mother's current presentation and the need to send her to the hospital now. Using strength-based validations, SSD attempted to focus on the specific areas that were of concern at this time. (V6) indicated the fall from this morning, and overall decline in functioning without a change in her medications as recommended by the Endocrinologist, have resulted in the request to send the resident to the hospital. SSD continued, the conversation with the resident present and she was in agreement to go to the hospital. SSD will f/u, (follow up), with the floor Nurse to confirm the request to send the resident to the hospital."</p> <p>R2's Endocrinology, Progress Notes dated, 12/20/2023: documents DX; Left 1-adrenalectomy for cortisol producing adrenal nodule 13, January 2023. 2- Secondary Adrenal insufficiency resolved with return of pituitary ACTH production, 3-Primary adrenal insufficiency, 4-Multinodular goiter/hyperthyroidism. (None of these dx are in the POS for the facility). Hospital records, also documents, Triple the dose of hydrocortisone for illness, nausea abdominal pain or cramping. Illness and increase in hydrocortisone will likely require increase in insulin.</p> <p>On 2/29/2024 at 3:09 PM, R2 stated, "I got out of the hospital on Monday. I went because two weeks prior I had gone to (Hospital) I remember the Nurse coming in and saying that I had to go to</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>the hospital, and he was telling me my whole face, arms and legs were swollen at that time. I was there for about a week. I came back a couple days and then was sent out again, because the second time I felt really bad and not normal. Aching, hot and cold, body pains, I just felt like I had the flu. All I know is that they almost coded me, then I was in the ICU, (intensive care unit), for a few days. They removed my adrenal glands, because I do not produce cortisol. I am supposed to take hydro cortisol every day. My Endocrinologist called them and sent them a fax that they should increase my dosage and the facility did not increase my cortisol and they are thinking that is why I ended up at the hospital. I just got out of the hospital, and they said I had a bad UTI. I wanted to go to the hospital before a few days night before and called my daughter and said something about the ambulance because they did not think I was bad enough but if she wanted to take me then she could take me to (hospital). Then two days later it was snowing, and I went over to (Hospital) and they said I had a UTI, (urinary tract infection). I have been here since 6/19/2023. I am starting to feel better."</p> <p>On 3/1/2024 at 12:32 PM, V27, Pharmacist stated, "I would expect all Physician orders to be followed, all medications to be administrated per Physician orders. All medications should be given per Physician orders. Any medication not given I would say should be given."</p> <p>On 3/1/2024 at 1:13 PM, V23, Physician Internal Medicine Endocrinologist stated, "The facility should have been following my orders and (R2) should have been receiving the hydrocortisone due to her medical condition and her issues with her adrenal gland. I would consider this a significant medication error and it could have</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>easily contributed to her having to go out to the hospital and having a urinary tract infection."</p> <p>R2's Hospital Records dated 2/16/2024 documents, "Patient has a history of recurrent UTI, (urinary tract infection). Recent admission on 1/30/2024 to 2/5/2024, patient developed UTI and urosepsis.</p> <p>The Facility Physician Order Policy with a revision date July 2014 documents, "It is the policy of the (Facility) that physician a orders will be obtained by a licensed personnel and followed. If those orders are not followed for any reason, the Physician and Director of Nursing will be promptly notified."</p> <p>(A)</p>	S9999		