STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016067	A. BUILDING: _____ B. WING _____	C 02/02/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELIA HEALTHCARE OF ENERGY-DD	210 EAST COLLEGE 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)	(X5) COMPLETE DATE
Z 000	COMMENTS COMPLAINT INVESTIGATION 1650388/IL 82892	Z 000		
Z9999	FINDINGS Statement of Licensure Violations: 350.620a) 350.1210 350.1230b) 350.1230d)3) 350.1235a)1)2)3)4)5) 350.3240a) Section 350.620 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility which shall be formulated with the involvement of the administrator. The policies shall be available to the staff, residents and the public. These written policies shall be followed in operating the facility and shall be reviewed at least annually. Section 350.1210 Health Services The facility shall provide all services necessary to maintain each resident in good physical health. Section 350.1230 Nursing Services	Z9999	Attachment A Statement of Licensure Violations	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016067	A. BUILDING: _____ B. WING _____	C 02/02/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELIA HEALTHCARE OF ENERGY-DD	210 EAST COLLEGE 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)	(X5) COMPLETE DATE
Z9999	Continued From page 1 b) Residents shall be provided with nursing services, in accordance with their needs, which shall include, but are not limited to, the following: d) Direct care personnel shall be trained in, but are not limited to, the following: 3) First aid in the presence of accident or illness. Section 350.1235 Life-Sustaining Treatments a) Every facility shall respect the residents' right to make decisions relating to their own medical treatment, including the right to accept, reject, or limit life-sustaining treatment. Every facility shall establish a policy concerning the implementation of such rights. Included within this policy shall be: 1) implementation of Living Wills or Powers of Attorney for Health Care in accordance with the Living Will Act (Ill. Rev. Stat. 1991, ch. 110½, pars. 701 et seq.) [755 ILCS 35] and the Powers of Attorney for Health Care Law (Ill. Rev. Stat. 1991, ch. 110½, pars. 804-1 et seq.) [755 ILCS 45]; 2) the implementation of physician orders limiting resuscitation such as those commonly referred to as "Do-Not-Resuscitate" orders. This policy may only prescribe the format, method of documentation and duration of any physician orders limiting resuscitation. Any orders under this policy shall be honored by the facility. (Section 2-104.2 of the Act); 3) procedures for providing life-sustaining treatments available to residents at the facility; 4) procedures detailing staff's responsibility with respect to the provision of life-sustaining treatment when a resident has chosen to accept, reject, or limit life-sustaining treatment, or when a	Z9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016067	A. BUILDING: _____ B. WING _____	C 02/02/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELIA HEALTHCARE OF ENERGY-DD	210 EAST COLLEGE 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)	(X5) COMPLETE DATE
Z9999	Continued From page 2	Z9999		

resident has failed or has not yet been given the opportunity to make these choices;
5) procedures for educating both direct and indirect care staff in the application of those specific provisions of the policy for which they are responsible.

Section 350.3240 Abuse and Neglect

a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)

These Regulations were not met as evidenced by:

A. Based on observation, interview, record verification and review of the facility's policy and procedures, the facility has failed to assure that individuals are provided with health care services in accordance with their needs for 1 of 1 individual (R1 who expired at the facility on 01/22/15) in the sample of 5 individuals (R2, R3, R4 and R5) who have been identified by the facility as having orders to, "Do Not Resuscitate" (DNR) and staff of the facility started CPR (Cardiopulmonary Resuscitation) on R1 prior to checking his DNR status. The facility failed to:

* Develop and implement a system to assure that individuals with DNR orders are identified and that staff are knowledgeable of these orders in the event that life sustaining measures are required for that individual;
* Develop and implement policy and procedures which assures that the facility emergency crash cart is equipped properly with

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016067	A. BUILDING: _____ B. WING _____	C 02/02/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELIA HEALTHCARE OF ENERGY-DD	210 EAST COLLEGE 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)	(X5) COMPLETE DATE
Z9999	Continued From page 3	Z9999		

items including a CPR board, oxygen and a defibrillator and/or AED (Automated External Defibrillator) as set forth by the 2015 American Heart Association Guidelines for CPR and ECC (Emergency Cardiovascular Care) since the facility does not presently have policy and procedures for their crash cart;
* Call 911 upon finding the individual without breaths or pulse and after nursing staff began CPR; and failed to
* Continue CPR after starting CPR once nursing staff was told that R1 was a DNR and that CPR was not to be performed as stated in his Uniform Do-Not-Resuscitate (DNR) Advance Directive Physician Orders for Life Sustaining Treatment (POLST) sheet.

After this incident, the facility failed to:

* Review the DNR orders for 4 of 4 individuals of the facility with DNR orders for any discrepancies as evidenced for 1 of 1 individual (R5) who has a 2014 DNR order but has a 2015 Life Sustaining Treatment Decisions form identifying that CPR is to be performed and as of 01/27/16 is identified by the facility as a DNR;
* Immediately complete a full check and restock of the crash cart as per the facility's Checklist and labels identified on the individual drawers of the crash cart;
* Immediately begin retraining all staff on CPR guidelines, especially on the initial steps of CPR (checking pulse and respiration, starting compressions on a firm surface and calling 911) since the facility has twenty four hour licensed nursing staff within the facility to respond during an emergency until formal training can be scheduled; and
* Retrain all staff on executing the individual DNR orders for R2, R3, R4 and R5 as specified

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016067	A. BUILDING: _____ B. WING _____	C 02/02/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELIA HEALTHCARE OF ENERGY-DD	210 EAST COLLEGE 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)	(X5) COMPLETE DATE
Z9999	Continued From page 4 by their directives once the facility instituted a systems for identifying these individuals. On 01/28/16 at 2:15 P.M., E1 (Administrator) and E2 (RN/QIDP Registered Nurse Qualified Intellectual Disability Professional) was notified that the Condition of Participation for Health Care Services was not met. Findings include: A) The facility's Uniform Do-Not-Resuscitate (DNR) Advance Directive Physician Orders for Life Sustaining Treatment (POLST) sheet identifies that R1 is a 57 year old male with orders to "Do Not Attempt Resuscitation/DNR" The facility's Cardiopulmonary Resuscitation policy and procedures with a revision date of July 2014 states, "4.... The facility follows the most current American Heart Association or Red Cross CPR guidelines and procedures. 5. The staff member that discovers a resident without a heartbeat and/or respirations will immediately obtain assistance by announcing a "STAT" of Code Blue" to the room. 6. Nursing Staff will respond to the room and bring a crash cart with them. 7. The resident's code status is verified. It the status is Full Code, CPR is initiated. (If the status is "No Code", those wishes will be honored). 8. 911 (or life support ambulance service where 911 is not available) is called for those patients with a full code status. 9. Staff will continue to provide CPR until emergency medical help is there and has assumed care of the resident..."	Z9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016067	A. BUILDING: _____ B. WING _____	C 02/02/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELIA HEALTHCARE OF ENERGY-DD	210 EAST COLLEGE 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)	(X5) COMPLETE DATE
Z9999	Continued From page 5 The American Heart Association (AHA) 2015 Guidelines states that before starting CPR, staff are to check to see if the person is conscious or unconscious. If the person doesn't respond and two people are available, one should call 911 or the local emergency number and one should begin CPR... If an AED is immediately available, deliver one shock if instructed by the device, then begin CPR. Compressions... 1. Put the person on his back on a firm surface... Airway and Breathing...Continue CPR until there are signs of movement or emergency medical personnel take over" On 01/22/16 at 5:18 P.M. E2 (QIDP/RN - Qualified Intellectual Disability Professional) was called to R1 ' s bedroom and a Code Blue was called. Three nurses (E4, E5 and E6) responded from the nursing home portion of the facility. E3 (DSP - Direct Support Person) was observed to have started compressions with R1 laying flat on his back in the bed. No CPR board was observed. Nursing staff relieved (E3) upon entering the room. R1 was not removed from his bed and taken to the floor when nursing staff began CPR as per the AHA 2015 Guidelines. The crash cart was brought into the bedroom and E2 stated, " Where's the board? " E3 left the room and returned with the CPR board. While waiting for the CPR board, E2 began frantically looking through the cart for a mask. One of the nurses stated that oxygen should be started, but no oxygen cylinder was located on the cart. At this time E2 asked if 911 had been contacted. E6 left the room at approximately 5:25 P.M. to call 911. The Transporter Report dated 01/22/16 verifies that the facility did not immediately call 911 as per the facility's policy and per the AHA 2015 Guidelines. This report states that the 911 call came in at 5:24 P.M. which is approximately 5-6	Z9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016067	A. BUILDING: _____ B. WING _____	C 02/02/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELIA HEALTHCARE OF ENERGY-DD	210 EAST COLLEGE 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)	(X5) COMPLETE DATE
Z9999	Continued From page 6	Z9999		

minutes after nursing staff called a Code Blue at 5:18 P.M. While at the nurse ' s station, E6 yelled that R1 was a DNR. One of the nurses stated, "We're done " and E5 exited R1's bedroom. E6 then asked the surveyor if CPR should be stopped or continued. E1 (Administrator) was present at the nurse's station and stated, " Once you start CPR you can't stop ". E5 reentered R1's bedroom and CPR was restarted until orders were received from the physician at 5:33 P.M. to stop. The Emergency Medical Technicians (EMTs) verified that R1 was asystole (having no cardiac electrical activity - clinical death). No transfer was completed by the EMTs.

During review of the Daily Status Meeting report of 01/27/16 with E1 (Administrator) on 01/28/16 at 8:10 A.M., she stated, "The nurses (no specific names provided) stated that CPR was not stopped". The surveyor reviewed the observations of 01/22/16 with E1 and stated during interview with E3 (DSP) on 01/27/16, E3 stated that CPR was stopped by nursing staff on 01/22/16 while trying to revive R1. E1 was informed that whether CPR was stopped or not stopped, R1 had orders for DNR and that the facility did not follow this directive when they started CPR on him on 01/22/16.

E3 (DSP) was interviewed on 01/27/15 at 5:10 P.M. and stated, "E7 (DSP) came and said that something was wrong with R1. I went to the room and felt for a pulse. R1 was gray and I assumed he wasn't breathing. E7 went to get E2 (QIDP/RN) and I started compressions. In the back of my mind I knew that R1 was a DNR. I continued compressions until E2 came into the room. E2 then sent me to get the Crash cart. When I brought the cart to the bedroom, I didn't notice that the CPR board was not attached to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016067	A. BUILDING: _____ B. WING _____	C 02/02/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELIA HEALTHCARE OF ENERGY-DD	210 EAST COLLEGE 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)	(X5) COMPLETE DATE
Z9999	Continued From page 7	Z9999		

the cart... E2 asked E6 (LPN - Licensed Practical Nurse) if she called 911 and E6 left the room. It was a little later when I heard E6 (LPN) yell that R1 was a DNR and was asking you (the surveyor) whether we should stop or continue CPR. Everybody stopped CPR. I heard E1 (Administrator) say something like once you start you cant stop. The nurses restarted CPR until they got a doctor's order to stop". During this interview, E3 was asked if she was CPR certified and she stated, "I'm not really sure, it's been about 3 or 4 years since I went to CPR training".

E7 (DSP) was interviewed on 01/22/15 at 5:45 P.M. and stated, R1 was asleep in his bed. I went to check on him and he didn't respond. I shook him and I didn't get a response. I ran and got help". E7 was visibly shaken during this interview so no further questions were asked.)

E2 (QIDP/RN) was interviewed on 01/27/16 at 9:25 A.M. and stated, "E3 (DSP) had already started CPR on R1 when I entered the room. E4, E5 and E6 responded. I called for the crash cart and we started/took over CPR". E2 was asked if she had checked R1's pulse and assessed for breaths as set forth by the AHA Guidelines for 2015, she stated, "CPR had already started, but I checked his pulse, but I could see he wasn't breathing. I think the RN (E4) checked his pulse and breaths". E2 was then asked if staff should have done CPR while R1 was laying in the bed on a mattress without a CPR board and she stated, "No, we should have taken him to the floor, but the CPR board was placed underneath him later". When E2 was asked if R1's code status had been checked prior to staff starting CPR as per the facility's policy, she stated, "No".

E4 (RN-Registered Nurse) was interviewed on

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016067	A. BUILDING: _____ B. WING _____	C 02/02/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELIA HEALTHCARE OF ENERGY-DD	210 EAST COLLEGE 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)	(X5) COMPLETE DATE
Z9999	Continued From page 8 01/27/16 at 4:50 P.M. and stated, "I responded to the Code Blue that was called on New Horizon. I answered to the Code Room and staff (E3-DSP) was doing compressions, E5 (LPN) entered the room and did the bag mask ventilation. I took over CPR compressions". When E4 was asked if she completed a set of vitals or checked for pulse and respirations, she stated, "No, CPR had been started when I entered the room and I took over compressions". On 01/22/15 at 6:50 P.M. the surveyor was provided with a sheet entitled Crash Cart Supplies which is used by nursing staff to check the supplies of the crash cart. E8 (Quality Assurance) stated that the facility does not have policy and procedures for the facility's crash cart. This sheet states, Crash Cart Supplies: Ambu bag, gloves, tape, stethoscope, blood pressure cuff, oral swabs, CPR face shield, safety goggles, nasal cannula, oxygen mask, suction catheter, isolation gown, isolation mask, back board, suction machine, paper/pen, biohazard bags, betadine swabs and oral airway. This list does not include and AED or defibrillator as set forth by the AHA 2015 Guidelines for CPR and ECC (Emergency Cardiovascular Care) nor does it identify that oxygen is to be included on the cart. The AHA Guidelines for CPR and ECC recommends that any facility that treats patients who have the potential to have a sudden deterioration in their condition should have a crash cart available. These guidelines specify a list of specialized intravenous access equipment and medications (used more in specialized medical facilities such as hospitals, surgery centers, etc.) but indicates that all carts must include at a minimum:	Z9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016067	A. BUILDING: _____ B. WING _____	C 02/02/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELIA HEALTHCARE OF ENERGY-DD	210 EAST COLLEGE 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)	(X5) COMPLETE DATE
Z9999	Continued From page 9 * Basic airway equipment including bag valve masks, oral and nasal airways, oxygen masks and nasal cannulas; and * Monitor equipment with a defibrillator or and AED On 01/26/16 at 4:40 P.M. the facility's crash cart was observed in the room directly across from the nurse's station. On top of the crash cart sits a crash cart check list. A bag marked, "Adult Manual Resuscitation" was on top of the cart and included a mask, bag reservoir and 7 foot oxygen tubing. On each drawer of the crash cart there is a white label which identifies the contents contained in each drawer which states: Drawer 1 CPR face shield, tongue depressors, ammonia inhalants, tape, oral airways and oral swabs Drawer 2 Nebulizer masks, paper/pen, Yankers, suction catheters. betadine swabs and cups Drawer 3 Oxygen masks and nasal cannulas Drawer 4 Gloves, isolation gown, safety goggles, O2 canister, biohazard bags, iso mask and O2 water Drawer 5 Ambu bag, BP (blood pressure) cuff and stethoscope. At this time the drawers were checked against the labels and no ammonia inhalants, nor CPR face masks were present in drawer 1. No oxygen canister was present in drawer 4. During the Daily Status Meeting with E9 (DON - Director of Nursing) on 01/27/16 at 5:30 P.M., E9 stated that she had checked the crash cart against the check sheet after 01/22/16 and confirmed that everything was on the cart. The surveyor then informed E9 that on 01/26/16 the drawers of the cart had been checked and that	Z9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016067	A. BUILDING: _____ B. WING _____	C 02/02/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELIA HEALTHCARE OF ENERGY-DD	210 EAST COLLEGE 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)	(X5) COMPLETE DATE
Z9999	Continued From page 10 there were items missing from the cart. On 01/28/16 the facility's crash cart was reviewed with E2 (QIDP/RN). The surveyor then pointed out the discrepancies between the facility's Crash Cart list and the labels marked on the cart. At this time E2 verified that the items marked on the labels differ from the items that are included on the checklist used by nursing to check the cart. While looking in the drawers, E2 confirmed that no oxygen canister is presently maintained on the Crash Cart in drawer 4 as indicated by the label on the drawer. While checking the cart with E2, the CPR board was present on back of the cart. E2 confirmed that the CPR board had not been attached to the crash cart on 01/22/16 at 5:18 P.M. and that the board had to be retrieved by staff during this event. E2 also stated that the CPR mask/face shield had not been located in drawer 1 on 01/22/16 and that she had to look for the mask. While talking with E2, she removed the white labels off of the five drawers on the crash cart. E2 confirmed that as a Registered Nurse the importance of checking the crash cart regularly and maintaining the contents of the cart to ensure that these items are present when needed in the event of an emergency. Prior interview with E8 (QA) on 01/22/15 at 6:50 P.M. confirmed that the facility does not presently have policy and procedures governing the facility's crash cart. During the interview with E2 on 01/27/16 at 10:30 A.M., E2 stated that no training had yet occurred for nursing and direct care staff in CPR and/or on the DNR protocols for R2, R3, R4 and R5. E2 stated that as of 01/26/16 orange dots had been placed by the individual's names near the bedroom doors to identify that they had DNR orders. The Uniform Do-Not-Resuscitate (DNR)	Z9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016067	A. BUILDING: _____ B. WING _____	C 02/02/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELIA HEALTHCARE OF ENERGY-DD	210 EAST COLLEGE 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)	(X5) COMPLETE DATE
Z9999	Continued From page 11 Advance Directive Physician Orders for Life Sustaining Treatment (POLST) sheets were reviewed at this time with E2. Review of the DNR order sheets for R2, R3, R4 and R5 revealed that R2, R3, R4 and R5's DNR orders specifically state, "No CPR". R5's DNR sheet dated 11/3/14 indicates that staff are not to attempt resuscitation/DNR. However, R5 has another form within her file entitled, Life Sustaining Treatment Decisions form dated 06/15/2015 (which would supersede her 2014 DNR orders) which identifies that CPR is to be completed. This form states, " I, Z1 (R5's guardian) have made the following decisions to administer or withhold treatments from my\his\her care. I am fully aware that the main purpose in doing so is not to delay the moment of my\his\her death and I have discussed this with my attending physician ...". Z1 circled YES to oxygen administration, intravenous fluids, antibiotics, transfer to hospital, CPR, pain medication, blood transfusion and blood tests and X-rays ... "In continuing interview with E2 on 01/27/16, E2 stated that the facility had R5 listed as a DNR. E2 indicated that she was not aware of the R5's Life Sustaining Treatment Decisions signed by R5's guardian on 06/15/15 and countersigned by the physician on 09/17/16. (B)	Z9999		