

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006704	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/17/2017
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NAME OF PROVIDER OR SUPPLIER HELIA HEALTHCARE OF BELLEVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 40 NORTH 64TH STREET BELLEVILLE, IL 62223
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S 000	<p>Initial Comments</p> <p>Complaint #1647117/IL90487</p> <p>Statement of Licensure Violations</p>	S 000		
S9999	<p>Final Observations</p> <p>STATEMENT OF LICENSURE VIOLATIONS</p> <p>300.610a) 300.1010h) 300.1210b) 300.3240a)</p> <p>Section 300.610 Resident Care Policies</p> <p>a) The facility shall have written policies and 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.</p> <p>Section 300.1010 Medical Care Policies</p> <p>h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The</p>	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

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S9999	<p>Continued From page 1</p> <p>facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>THESE REGULATIONS WERE NOT MET AS EVIDENCED BY:</p> <p>Based on interview and record review, the facility failed to monitor weight for a nutritionally at risk resident receiving nutrition via a gastrostomy tube (g-tube) for 1 of 3 residents (R1) reviewed for nutrition in the sample of 28. This failure resulted in R1 continuing to lose weight on a g-tube without reassessment for potential causes of the weight loss.</p> <p>Findings include:</p> <p>R1's December 2016 Physician Order Sheet (POS) documents diagnoses, in part, "Acute</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>hyponatremia, altered mental status, cachexia, pulmonary nodule, CVA (cerebral vascular accident), Endocarditis, anemia, coronary artery disease, mitral regurgitation, A-fib (Atrial fibrillation)."</p> <p>R1's Admission Nurse's Note dated 11/8/16 does not document an admitting weight.</p> <p>R1's Hospital History and Physical, dated 11/2/16, documents, in part, "Rd (Registered Dietician) Physical Exam: Pt (patient) shows severe subcutaneous fat loss in eyes (pronounced, hollow eyes), triceps (fingers touch when pinching triceps), Chest (prominent ribs) and interosseous (depressed between thumb and forefinger). Pt shows severe muscle wasting in temporal region, shoulders (prominent shoulder bone), clavicle (protruding), biceps/triceps (loose skin no muscle definition). Skin: Surgical chest incision and groin puncture, Stage 1 ulcer on medial back and ulcer forming on coccyx. Weight: 53.8 kg (kilograms) (118.6 pounds), wt (weight) up from 47.6 kg upon admission. Could be actual wt gain since PT (patient) is now meeting needs on TF (tube feeding). Nutrition Diagnosis: Severe Malnutrition related to inadequate oral intake as evidenced by 50# (pounds) weight loss in 4 months."</p> <p>R1's POS, dated November 9, 2016, documents, in part, "Jevity 1.5 bolus 240 ml (milliliters) 5 times a day. 180 ml water flush 5 times a day." The POS documents "Weight weekly times 4."</p> <p>R1's Minimum Data Set (MDS), dated 11/17/2016 documents R1 was 72 inches tall and weighed 118 pounds. The MDS documented he had a loss of 5 % or more in the last month or loss of 10 % or more in the last 6 months.</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>R1's Nutritional Assessment, dated 11/22/16, written by Z10, Consulting Dietician, documents R1's height as 74 inches (6.16 feet), and 143 pounds. The Assessment documents his total caloric nutritional needs based on 143 pounds was 1950-2275 calories. The Nutritional Assessment document "Current tube feeding provides: (in 237 ml cans): 1778 kcal (kilocalories) " The Assessment continues to document "Current feeding < (less than) estimated needs." The Assessment documents "Physical appearance suggest resident < 143# - would impact estimated needs." There was no documentation in R1's medical record documenting R1 weighed 143 pounds.</p> <p>R1's 11/22/16 POS documents, in part, "Arginaid 1 packet BID, Active liquid protein 30 ml a day." R1's POS dated 11/28/16 change tube feeding to Jevity 1.5 55 ml/hr (hour) times 23 hours."</p> <p>R1's Nutritional Progress Record Form, dated 12/29/16 documented "TF/Wt (Tube Feeding/Weight) review: Wt today 12/29: 94.6 # - wt. (up) from 12/1: 90.3#." There was no documentation in R1's medical record verifying R1 weighed 90.3 pounds on 12/1/16.</p> <p>R1's weight log documents on 12/30/16 he weighed 94.6 pounds. This is the first documented weight completed by the facility in R1's medical record since R1 was admitted on 11/8/16. The Weight Log documents he weighed 89.9 pounds on 1/3/17. The Weight Log documents on 1/4/17 he weighed 89.6 pounds. This is a 24.45% (118.6 pounds usual weight - 89.6 pounds actual weight/ 89.6 pounds usual weight x 100) of R1's body weight lost, calculated from his documented weight on 11/2/16 while in</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>the hospital.</p> <p>There is no documentation of the facility contacting Z4, R1's Physician, regarding this weight loss.</p> <p>On 12/20/16, at 2:48 PM, Z10 was interviewed regarding R1. Z10 stated "He never weighed 143#." Z10 stated when R1 left the hospital he weighed 118 pounds; however, she thought the facility may have not taken off the wheelchair weight when they weighed him and got 143 pounds.</p> <p>On 1/17/17 at 11:20 PM, Z4 Physician, stated, "It is concerning that (R1's) weight was not monitored. I expect staff to weigh weekly and report a loss to me. I saw (R1) Friday I realized he had lost weight but not that much weight. (R1) had a chest surgery while at the hospital so he has a large surgical scar which has now opened up because of weight loss and his sternotomy wires are showing. At this point is unclear if this is avoidable or unavoidable weight loss. I will be requesting consults so we can figure out what is going on."</p> <p>On 1/17/17 at 12:20 PM, E2, Director of Nurses (DON) stated, "If a weight is ordered every week I expect staff to weigh the resident every week."</p> <p>The facility policy and procedure "Weight Management Program" dated July 2014 documents, in part, "It is the policy of Health care to manage resident weight through prevention, assessment, and implementation and evaluation of interventions. 1. Upon Admission/ Re-admission, Quarterly and with a Significant Change. 2. On the first through the fifth days of the month, the CNA (Certified Nurse Aide) will</p>	S9999		
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S9999	Continued From page 5 take the weight for all monthly weights. Weekly weights will be obtained for any resident determined by the Weekly PAR (Patients at Risk) committee." (B)	S9999		
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