

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6006704</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/09/2017</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HELIA HEALTHCARE OF BELLEVILLE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>40 NORTH 64TH STREET BELLEVILLE, IL 62223</b>
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S9999	<p>Final Observations</p> <p><b>STATEMENT OF LICENSURE VIOLATIONS</b></p> <p>300.610a) 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 300.1210 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>	S9999	<p><b>Attachment A</b> <b>Statement of Licensure Violations</b></p>	
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Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE <b>03/24/17</b>
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S9999	<p>Continued From page 1</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (A, B) (Section 2-107 of the Act)</p> <p>THESE REGULATIONS WERE NOT MET AS EVIDENCED BY:</p> <p>Based on observation, interview and record review, the facility failed to provide dignity during Activities of Daily Living (ADL's) for 2 of 6 residents (R1, and R3) reviewed for dignity in the sample of 6. These failures resulted in psychosocial harm for R3 in that she felt humiliated, upset with a loss of appetite, and wanting to end her life. Also for R1 in that she was upset and wanted to remain isolated from her visitors due to her appearance and physical condition.</p> <p>Findings include:</p> <p>1. R3's Minimum Data Set, (MDS), dated 2/23/2017 documents that R3 is cognitively intact with a Brief Interview for Mental Status, (BIMS), score of 15 out of 15. The MDS also documents that R3 requires extensive assistance with all activities of daily living, (ADL's).</p> <p>On 3/8/2017 at 10:56 AM R3 said, "They only gave me one shower while I was there." When asked if R3 requested showers while in the facility R3 stated, "Yes I did they are suppose to offer me two showers a week in any facility and they did not." R3 also said that they did not give me oral care regularly either. R3 said, "I sat in stool and urine for hours before they cleaned me up, I was so humiliated. It upset me so much that when they did bring me my food I didn't even want to eat it. I was so upset that I tried to pull my trach</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>out." When asked why R3 was trying to pull out her tracheostomy R3 stated that she wanted to end her life if she had to stay in the facility and not receive care.</p> <p>R3's admission face sheet undated documents admission date of 2/16/2017. The facility's "Skin Monitoring Comprehensive CNA (Certified Nurse Assistant) shower review" documents skin assessment on 2/24/2017 but the facility could not provide shower sheets for any other day since admission. The "CNA-ADL form" has no documentation of care for February of 2017. The "CNA-ADL form" for March 2017 documents on 3/2/2017 ADL care but no other dates documented for care through March 5, 2017.</p> <p>On 3/8/2017 at 1:57 PM E7 Licensed Practical Nurse, (LPN), when asked how many showers per week the facility is required to give the residents stated, "Two."</p> <p>The Facility shower sheets undated document in part, showers on all halls to be given twice a week with R3 receiving showers on Wednesday and Saturday.</p> <p>2. R1's MDS dated 6/27/2016 documents that R1 is cognitively intact with a BIMS score of 15 out of 15. The MDS also documents that R1 requires extensive assistance with of daily ADL's.</p> <p>R1's Skin Monitoring Comprehensive CNA shower review documents two showers in February, on 2/15/17 and 2/26/2017.</p> <p>On 3/7/2107 at 1:55 PM R1 stated, "I don't want visitors because sometimes I smell and it makes me so upset sometimes that I just cry." R1 also stated that, they don't wash my face or brush my</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>teeth."</p> <p>R1's CNA-ADL tracing form for February 2017 has no documentation of ADL care. R1's March CNA-ADL tracing form documents ADL care on 3/3/2017 but no other date.</p> <p>On 3/8/2017 at 9:32 AM R1's had general inflammation and red puffy gums, her teeth had a white layer of cheese like coating with foul smelling breath. When R1 was asked if her teeth had been brushed yesterday R1 replied no.</p> <p>On 3/7/2017 at 12:16 PM E4, CNA, was asked if she had brushed any of the residents teeth this morning. E4 replied, "No I haven't brushed anyone's teeth this morning." When E4 was asked how many residents that she was responsible for in giving care, E4 replied, "I believe 9."</p> <p>On 3/7/2017 at 12:19 PM E5, CNA, was asked if she had brushed any of the resident's teeth this AM. E5 stated, "No I have not."</p> <p>On 3/7/2017 at 12:39 PM E6, CNA was asked if she had performed mouth care on anyone of the residents that she was responsible for this morning. E6 stated, "No I haven't."</p> <p>On 3/7/2017 at 2:00PM E7, LPN , when requested provided documentation that E4, CNA was responsible for the care of 9 residents. E5, CNA was responsible for the care of 8 residents, and E6, CNA was responsible for the care of 11 residents.</p> <p>On 3/7/2017 at 1:00PM E2 Director of Nurses, (DON), was asked when she expected her staff to perform mouth care/ oral hygiene. E2 replied</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>with morning care. When asked if E2 expected oral care to be done at this time of day, E2 replied yes.</p> <p>The facility policy dated July 2014 entitled "Bathing a Resident", documents in part, "It is the policy of the facility that residents will receive a shower/bath will be scheduled regularly and prn, (as needed)."</p> <p>The facility policy dated July 2014 entitled "Mouth Care" documents in part "The purposes of this procedure are to keep the resident's lips and oral tissue moist, to cleanse and freshen the resident's mouth, and to prevent infections of the mouth."</p> <p>(B)</p>	S9999		
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