STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6006704	A. BUILDING: _____ B. WING _____	C 05/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELIA HEALTHCARE OF BELLEVILLE	40 NORTH 64TH STREET BELLEVILLE, IL 62223

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S 000	Initial Comments Complaint Investigation: 2243985/IL147154	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.1210 a) 300.1210 b) 300.1210 d)3) Section 300.1210 General Requirements for Nursing and Personal Care a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. 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	S9999	**Attachment A** **Statement of Licensure Violations**	

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S9999	Continued From page 1 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: 3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure a resident who required dialysis received such services for 1 of 2 residents (R5) reviewed for dialysis in the sample of 6. This failure resulted in R5 being hospitalized with critical lab values requiring immediate intravenous (IV) medication and dialysis. Findings include: R5's Face Sheet with a print date of 5/20/2022 documents R5 was admitted on 4/22/22 with diagnoses to include End Stage Renal Disease, Dementia. R5's Minimum Data Set (MDS) dated 4/25/22 documents R5 has severely impaired cognition. MDS also documents R5 relies on extensive 2 person assist for activities of daily living. R5's care plan dated 4/25/2022 documents Problem as R5 is at risk for complications due to end stage renal disease and hemodialysis. R5's careplan does not address how often R5 was	S9999		

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S9999	Continued From page 2 getting dialysis, where he was having it done, and how the resident was getting to/from dialysis. R5's medical record did not contain a physician's order regarding R5 receiving hemodialysis and the frequency R5 was to receive hemodialysis. R5's Progress Note, dated 5/11/2022 (Wednesday) at 4:14 PM, documents, "(Name of Dialysis Facility) called to inform facility that (R5) will need a sitter during visits on Monday, Wednesdays, and Fridays from 12pm -3:45pm because he keeps trying to pull everything out during dialysis. Called (R5's) daughter to inform her of this information and she stated she will call the family and try to get people to go sit with him." There was no documentation in R5's medical record that R5 received dialysis on 5/13 (Friday) and 5/16/22 (Monday). R5's Progress Note, dated 05/17/2022 at 10:14 AM, documents, "Nurse Practitioner updated on (R5) status. Order given for hospice referral and to send to VA (Veteran's Administration) hospital for evaluation of SOB (shortness of breath), abdominal distention. Updated POA (Power of Attorney) on referral for hospice. States that she wants him to be sent out for evaluation. Explained that they may not admit (R5) and he may return to the facility." R5's medical record has no physician's order for Hospice. R5's hospital Emergency Department Triage Note, dated 5/17/2022 at 1:30PM, documents R5's chief complaint as "needs dialysis." The Triage Note documents, "Objective: EMS (emergency medical services) states patient	S9999		

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S9999	Continued From page 3 resides in nursing home and was placed on hospice and then missed 2 dialysis treatments. They have since decided they want to stop hospice and continue dialysis." R5's hospital Physician Emergency Department Note, dated 5/17/2022 at 1:34PM, documents, "(age listed of R5)-year-old male with dementia, end stage 4 renal disease on hemodialysis Monday, Wednesday and Friday." It continues, R5 "was sent in from his nursing home because he has missed dialysis at least 2 sessions." It also documents, medications given in ED as calcium, insulin, glucose, and bicarb. It further documents, "Clinical Impression: 1- hyperkalemia secondary to missing dialysis." R5's hospital Progress Notes dated 5/17/22 at 3:14PM document, "lab called with critical potassium level of 7.9 (normal: 3.5-5)." It further documents at 3:15 PM that sodium bicarbonate, insulin, and glucose were given IV push. It also documents that R5 was enroute to dialysis at 4:10 PM. On 5/20/2022 at 11:45AM V1 (Administrator) states "(R5) missed dialysis due to being combative and needing a sitter at dialysis. We contacted the family, and they would not send a sitter. (R5) missed 2 dialysis appointments. The Nurse Practitioner (NP) wrote to send (R5) back to the VA. The VA was also supposed to help us find a sitter and they did not." On 5/20/2022 at 12:15PM V2 (Director of Nursing), states "We didn't just throw our hands up in the air and say oh well. Dialysis called and said he must have a sitter. I think he missed 2 appointments. His wife was considering hospice and the nephrologist was also wanting to talk with	S9999		

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S9999	Continued From page 4 (R5's) wife about hospice. The family wanted him sent out to the hospital. The issue of needing a sitter at dialysis hasn't ever come up as far as I know. I don't know what our policy would be." On 5/24/2022 at 9:00AM, V1 denied knowledge of any facility policy regarding dialysis. Facility Agreement signed by family on 4/22/2022 documents "Medicines, treatments, or special diets will be offered to the residents if ordered by the physician, the facility Medical Director, or any other physician approved by either of them or the resident." https://emedicine.medscape.com/article/240903-treatment Hyperkalemia Treatment & Management, Updated: Dec 14, 2021, documents, "In patients with severe hyperkalemia, treatment focuses on immediate stabilization of the myocardial cell membrane, rapid shifting of potassium to the intracellular space, and total body potassium elimination. In addition, all sources of exogenous potassium should be immediately discontinued; including intravenous (IV) and oral potassium supplementation, total parenteral nutrition, and any blood product transfusion. Drugs associated with hyperkalemia should also be discontinued. Definitive therapy is hemodialysis in patients with kidney failure or when pharmacologic therapy is not sufficient. Any patient with significantly elevated potassium levels should undergo dialysis; pharmacologic therapy alone is not likely to bring about adequate reduction of potassium levels in a timely fashion. After emergency management and stabilization of hyperkalemia, the patient should be hospitalized. Once the potassium level is restored to normal,	S9999		

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S9999	Continued From page 5 the potassium-lowering therapies can be discontinued, and the serum potassium level can be monitored. Continuous cardiac monitoring should be maintained." "A"	S9999		