

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003255	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/14/2023
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NAME OF PROVIDER OR SUPPLIER HELIA SOUTHBELT HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 101 SOUTH BELT WEST BELLEVILLE, IL 62220
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S 000	Initial Comments Annual Licensure and Certification	S 000		
S9999	<p>Final Observations</p> <p>Statement of Licensure Violations (1 of 2) 300.1210b)1)</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. Restorative measures shall include, at a minimum, the following procedures:</p> <p>1) The licensed nurse in charge of the restorative/rehabilitative nursing program shall have successfully completed a course or other training program that includes at least 60 hours of classroom/lab training in restorative/rehabilitative nursing as evidenced by a transcript, certificate, diploma, or other written documentation from an accredited school or recognized accrediting agency such as a State or National organization of nurses or a State licensing authority. Such training shall address each of the measures outlined in subsections (b)(2) through (5) of this Section. This person may be the Director of Nursing, Assistant Director of Nursing or another nurse designated by the Director of Nursing to be in charge of the restorative/rehabilitative nursing</p>	S9999	<p style="text-align: center;">Attachment A Statement of Licensure Violations</p>	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S9999	<p>Continued From page 1 program.</p> <p>These Requirements were NOT MET as evidence by:</p> <p>Based on observation, interview, and record review, the facility failed to ensure that residents with limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion for 4 out of 4 (R10, R45, R66, R81) residents in a sample of investigated for contractures. This has the potential to affect all 97 residents.</p> <p>Findings include:</p> <p>1. R10's Physician Order dated 02/11/19 documents, "contracture, left hand."</p> <p>R10's Physician Order dated 02/24/22 documents, "Restorative Therapy Program for AROM (Active Range of Motion), q (every) shift 6-7x/wk.(week), and Restorative Therapy Program for bed mobility q shift 6-7 x/wk."</p> <p>R10's Care plan dated 08/06/13 documents, "Problem: Requires total care with all ADLs (Activities of Daily Living) d/t (due to) dx, (diagnoses) of CVA, (cerebrovascular accident), w/(L) left hemiparesis, Aphagia, Dysphagia, CAD, (coronary artery disease), MI (myocardial infarction), HTN (hypertension), Dyslipidemia, NIDDM (non-insulin-dependent diabetes mellitus). DJD (degenerative joint disease), Depression and Debility secondary to CVA. Uses mechanical 2 assist with bed mobility."</p> <p>R10's Care Plan 09/04/19 documents, "Problem: R10 is limited in physical mobility R/T (related to)</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>hemiplegia and amputation. Res utilizes electric W/C, (wheelchair), 1/27/23 Res electric w/c seat belt damaged."</p> <p>R10's MDS (Minimum Data Set), dated 03/10/23 documents, a BIMS (Brief Interview for Mental Status) score of 14 out of 15. The MDS documents that R10 requires extensive assistance of two plus persons for bed mobility, transfer, and dressing. R10 is independent with setup only for locomotion on unit and locomotion off unit. R10 requires supervision of one person for eating. Resident requires extensive assistance of one person for toilet use and personal hygiene. R10 is not steady, only able to stabilize with staff assistance. Functional limitation in ROM documents impairment on one side of the upper extremity and impairment on both sides of the lower extremity.</p> <p>R10's MDS dated 06/09/23 documents a BIMS score of 14 out of 15. The MDS documents, that R10 is total dependence of two plus person for bed mobility, transfer, dressing, and toilet use. R10 is independent with setup help only for locomotion on unit and locomotion off unit. Resident requires supervision of one person for eating. R10 requires extensive assistance of one person for personal hygiene. R10 is not steady, only able to stabilize with staff assistance. Functional Limitation in ROM documents impairment on one side of the upper extremity and impairment on both sides of the lower extremity.</p> <p>On 07/13/23 at 9:03 AM, observed resident's left hand is contracted in a fist. There was no hand roll noted.</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>2. R45's Physician Order dated 04/19/20 documents, "quadriplegia, unspecified."</p> <p>R45's Physician Order dated 10/26/20 documents, "Restorative Therapy Program for Bed Mobility 6-7x/wk."</p> <p>R45's Care Plan 10/11/19 documents, "Problem: Requires Therapy services, Restorative Program PT, OT, and SLP."</p> <p>R45's MDS dated 01/13/23 documents a BIMS score of 10 out of 15. The MDS documents that R45 is total dependence of two plus persons for bed mobility, transfer, dressing, toilet use, and personal hygiene. R45 is in total dependence of one person for eating. R45 is not steady, only able to stabilize with staff assistance. R45 functional limitation in ROM resident has impairment on both side of the upper extremity and impairment on both sides of the lower extremity.</p> <p>R45's MDS dated 04/14/23 documents, a BIMS score of 14 out of 15. The MDS documents that R45 is total dependence of two plus persons for bed mobility and toilet use. R45 is total dependence of one person for dressing, eating, and personal hygiene. Resident is not steady, only able to stabilize with staff assistance. The MDS documents R45 functional limitation in ROM resident has impairment on both sides of the upper extremity and impairment on both sides of the lower extremity.</p> <p>On 07/13/23 at 2:45 PM, observation of R45 has contracted bilateral arms and bilateral legs.</p> <p>3. R66's Physician Order dated 02/24/22</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>documents, "Restorative Therapy Program for AROM q shift 6-7x/wk.", "Restorative Therapy Program for Bed Mobility q shift 6-7x/wk." and "Restorative Therapy Program for Dressing q shift 6-7x/wk."</p> <p>R66's Care Plan dated 07/11/23 documents, "Problem: Resident is limited in physical mobility R/T weakness, chronic low back pain decreases mobility BLE."</p> <p>R66's MDS dated 01/06/23 documents, a BIMS score of 15 out of 15. The MDS documents that R66 requires extensive assistance of two plus persons for bed mobility, transfer, dressing, and toilet use. R66 requires extensive assistance of one person for personal hygiene. R66 requires supervision of one person for locomotion on unit, locomotion off unit, and eating. R66 is not steady, only able to stabilize. MDS documents that R66 functional limitation in ROM impairment on both side of the lower extremity.</p> <p>R66's MDS dated 04/07/23 documents, a BIMS score of 15 out of 15. The MDS documents that R66 requires extensive assistance of two plus persons for bed mobility, dressing, and toilet use. R66 is total dependence of two plus persons for transfer. R66 requires supervision of one person for eating. R66 requires extensive assistance of one person for personal hygiene. R66 is not steady, only able to stabilize with staff assistance. MDS documents, that R66 functional limitation in ROM impairment on both sides of the lower extremity.</p> <p>On 07/14/23 at 9:20 AM, observation of R66's contracted bilateral legs.</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>4. R81's Physician Order dated 04/13/22 documents "hemiplegia and hemiparesis following non-traumatic intracerebral hemorrhage affecting left non-dominant side."</p> <p>R81's Physician Order dated 08/23/22 documents "Restorative Therapy Program for AROM q shift 6-7x/wk.", Restorative Therapy Program for Bed Mobility q shift 6-7x/wk.", and "Restorative Therapy Program for PROM to LUE q shift 6-7x/wk."</p> <p>R81's Care Plan dated 04/13/22 documents "Problem: Requires Therapy services _X_Restorative Program PT_X_OT_X_SLP_X_."</p> <p>R81's MDS dated 01/12/23 documents a BIMs score of 10 out of 15. The MDS documents that R81 requires extensive assistance of two plus persons for bed mobility and transfer. R81 requires supervision with setup help only for locomotion on unit and locomotion off unit. R81 requires extensive assistance of one person for dressing and toilet use. R81 requires supervision of one person for eating and personal hygiene. R81 is not steady, only able to stabilize with staff assistance. The MDS documents that R81 functional limitation in ROM impairment on one side of the upper extremity and impairment on one side of the lower extremity.</p> <p>R81's MDS dated 04/14/23 documents a BIMS score of 14 out of 15. The MDS documents that R81 requires extensive assistance of two plus persons for bed mobility and transfer. R81 requires supervision with setup help only for locomotion on unit, locomotion off unit, and eating. R81 requires extensive assistance of one person for dressing and personal hygiene. R81 is</p>	S9999		

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S9999	Continued From page 6 total dependence of two plus persons for toilet use. R81 is not steady, only able to stabilize with staff assistance. The MDS documents that R81 functional limitation in ROM is impairment on one side of upper extremity and impairment on one side of lower extremity. On 07/12/23 at 9:25 AM, observation of R81 contracted left arm and left leg. On 07/3/23 at 8:26 AM, V2 (Director of Nursing/DON) stated the facility does not have a restorative nurse. "Resident Census and Conditions of Residents" form 672 dated 07/11/23 documents a census of 97. "Rehabilitative Nursing Care" policy revised February 2012 documents "Rehabilitative nursing care is provided for each resident admitted." (B)	S9999		
	Statement of Licensure Violations (2 of 2) 300.610a) 300.1210b) 300.1210c) 300.1210d)6) Section 300.610 Resident Care Policies 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			

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S9999	<p>Continued From page 7</p> <p>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>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</p> <p>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:</p> <p>6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.</p> <p>These Requirements Were Not Met as evidenced by:</p>	S9999		

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S9999	Continued From page 8 Based on interview and record review, the facility failed to perform safe transfers for 1 of 10 residents (R86) reviewed for falls in the sample of 45. This failure resulted in R86 sustaining a head laceration that required five staples in the Emergency Room (ER). Findings include: R86's Face Sheet documents diagnoses including hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, hypo-osmolality and hyponatremia, nonspecific low blood-pressure reading, dysarthria following cerebral infarction, long term (current) use of anticoagulants, anxiety disorder, and pain. R86's Minimum Data Set (MDS) dated 5/3/2023 documented R86 was moderately cognitively impaired and required limited one-person physical assistance with bed mobility, transfer, and toileting. R86's Care Plan starting 7/22/2022 documents, "Resident at risk for falls r/t, (related to), recent RCVA, (right sided stroke)." Care Plan revision dated 2/26/23 documents, "Requires assistance with Toileting" and "Potential for bleeding or decrease in blood coagulation R/T use of anticoagulant for blood clot prophylaxis (prophylaxis)." R86's "Orders" printed 7/13/2023 document open ended order dated 12/29/22 for the anticoagulant Eliquis (Apixaban) tablet; 2.5 mg (milligram); 1 tab; oral; twice a day. R86's "Fall Risk Assessment Tool" dated	S9999		

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S9999	<p>Continued From page 9</p> <p>5/8/2023 documented resident was at moderate fall risk.</p> <p>R86's Progress Note dated 7/8/2023 at 5:43 AM by V12 (Licensed Practical Nurse/LPN) documents, "Resident was heard calling out for help, this writer went into resident's room and observed resident on floor in front of toilet. Resident had blood all over face, this writer assisted resident into wc (wheelchair), after cleaning with NS (Normal Saline), there was a 3-5" (inch), laceration to top of head, resident A&Ox3-4 WNL, (alert and oriented x 3-4 within normal limits), vitals T(Temperature)-97, P(Pulse)-84, BP(Blood Pressure)127/74, R(Respiration)-18, O2(Oxygen)-99% , RA (Room Air), stated, "I fell asleep while sitting on the toilet and hit my head on the board on the wall" this writer held pressure, site was still actively bleeding when resident left building, resident is on Eliquis, EMS, (Emergency Medical Services), collected resident via ambulance and transferred resident to (Local Hospital)".</p> <p>R86's "Fall and Investigation" dated 7/8/2023 documents, R86 was observed on the bathroom floor in front of the toilet. The fall was not witnessed, and R86 had a laceration to the top of her head. First Aid and pressure to wound were applied before sending R86 to the Emergency Room, (ER). The intervention was to educate R86 to use call light and request assistance with toileting (R86 is moderately cognitively impaired).</p> <p>R86's "After Visit Summary" dated 7/8/2023 documents, "What You Need to Know: Staples are often used to close a wound."</p> <p>R86's "Progress Note" dated 7/8/2023 at 12:28 PM by V23 (Licensed Practical Nurse/LPN)</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>documents, "Resident returned to facility via car with daughter. Resident arrived with 5 staples located on the top of her head."</p> <p>On 7/13/2023 at 8:15 AM and 1:02 PM, V12 (LPN)) caring for R86 during the shift R86 fell, was unavailable by telephone. V13 (Certified Nursing Aid/CNA), caring for R86 during the shift R86 fell, was employed by a staffing agency, and contact information was not available.</p> <p>On 7/13/2023 at 2:55 PM, V2 (Director of Nursing/DON) stated, "(R86) tries to transfer herself at times, but I expect staff to be assisting her with toileting."</p> <p>On 7/13/2023 at 10:37 AM, V17 (Nurse Practitioner/NP) stated that she was informed of R86's fall on 7/8/23. She stated, she would have expected someone to be with her in the bathroom, and if they had been with her the fall probably could have been prevented.</p> <p>The Facility's "Falls Management" Policy revised July 2017 documents, "It is the policy of (Facility) to assess and manage resident falls through prevention, investigation, and implementation and evaluation of interventions."</p> <p>The Facility's "Safe Patient Handling Program" Policy revised January 2017 documents, "Purpose: To identify, assess, and develop strategies to control the risk of injury to residents, nurses and other health care workers associated with lifting, transferring, repositioning, or movement of a resident." "All resident care will be provided in a safe, appropriate and timely manner in accordance with the individual resident's Care Plan. All residents will be assessed by the Care Plan team about the need for assistance with</p>	S9999		

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S9999	Continued From page 11 transfer activities, mobility or repositioning in accordance with MDS procedures and requirements." "All employees shall also receive training at the time of hire, at least annually and retraining whenever necessary. The training provided will emphasize: Resident Transfer criteria including the facility's communication system for transfer status (care plan, transfer assessment, E.H.R. (Electronic Health Record), change in status); Types of approved resident transfers (1 person, 2 person)." "Restorative/CNAs are responsible to:" "Using at least as much assistance to transfer residents as the transfer assessment indicates. CNAs may always choose to use more assistance, but never less than the assessment indicates. (B)	S9999			