

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145241	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/05/2024
NAME OF PROVIDER OR SUPPLIER  Helia Southbelt Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE  101 South Belt West Belleville, IL 62220	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0760</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 33110</p> <p>Based on interview and record review the facility failed to make sure medications were provided and given for 1 of 3 residents, (R2) reviewed for significant medications in the sample of 18.</p> <p>This failure resulted in R2 missing, 9 doses of his Glaucoma medication, which is a significant medication error.</p> <p>Findings Include:</p> <p>R2's Minimum Data Set, (MDS), dated [DATE] documents, R2 is severely cognitively impaired.</p> <p>R2's Care Plan dated, 05/03/23, did not document anything about his Glaucoma, for bedside usage of Glaucoma medications.</p> <p>R2's Physician Order Sheet, (POS), dated 11/08/23, documents, Brimonidine/Timolol 0.2%-0.5% BID, (Twice Daily), may have drops at bedside, for resident to insert.</p> <p>R2's POS dated, 02/19/24, documents, Brimonidine/Timolol 0.2%-0.5%), May have drops at bedside, Pharmacy last filled on 02/03/24.</p> <p>R2's Progress Note, dated 02/19/24, documents, order for eye drops, clarified with Pharmacy. Insurance will pay for eye drops every 18 days. Resident is allowed to keep eye drops at bedside, resident also has Timolol drops and Brimonidine drops, separate for use when the Timolol-Brimonidine mix is not available. Drops, administered to resident, by me personally, resident aware of the procedure for administration, ordering and storage.</p> <p>R2's Medication Error/Discrepancy Report, dated 02/19/24, documents, from 02/17/24 through 02/19/23 Brimonidine/Timolol, eyedrops were empty. Individual drops used, related to combo order not available. Med, (medication), is out, an unable to obtain, (more combination drops), individual was used. Education to nurses and family, 2 eye drops were used VS, (versus), the combo eye, family states, eye drops were out of date, by manufacturer, this was verified as out of date.</p> <p>On 04/02/24 at 10:45AM, V13 [NAME] Specialist stated, We sent the facility Brimonidine/Timolol on February 4th and February 23.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145241	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/05/2024
NAME OF PROVIDER OR SUPPLIER  Helia Southbelt Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE  101 South Belt West Belleville, IL 62220	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0760</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 04/02/24 at 10:50AM, V14 Pharmacist stated, We sent the combo medication of Brimonidine/Timolol on 11/08, 12/05, 01/13, 02/02, 02/21, and 03/31, and we always sent the combo dosages. We did not put that in the convenience box. We only have Atropine in that box.</p> <p>On 04/02/24 at 12:08AM, V2 Director of Nursing, (DON), stated, Well the family insist that he keep it at his bedside. The bottle is good for 18 days. It hit on the weekend. It was a refill too soon. We found two separate bottles not the combination medication. The bottles were sent back with him from the hospital. So that is what we used. We verified that the manufacturer's date, was not outdated even though the bottle had been opened. So, we gave the medication, until after the weekend, where we could order it. We have now made sure, an extra bottle in the Convenience Box. The family insist that he keeps the medication at bedside, but he is not always alert and we feel he should not have it at the bedside. We don't know the bottle was emptied.</p> <p>R2's Medication Administration Records, (MAR), were reviewed for the months of January and February the Brimonidine/Timolol was given in January. R2 missed dosages of this medication on February 15th, AM dose, February 17th, both the AM and PM dosage. February 18th, the AM dose. February 21st, the PM dose and February 26th, the AM dose. R2's MAR for January and February, also documents, may have drops at bedside for resident to insert himself. R2's MAR for the month of March, and R2 missed one dose of Brimonidine/Timolol on 03/04/24.</p> <p>On 04/3/24 at 1:38PM, V16 covering Primary Care Physician stated, in the community people can miss dosages, but it is unacceptable for doses to be missed in a Skilled Nursing facility.</p> <p>On 04/03/24 at 1:00PM, V15 Pharmacist stated, it is a significant medication error.</p>		