

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  06/28/2024
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 - Minimal harm or potential for 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 provide insulin for the first five days of admission for one of three residents( R2) reviewed for significant medications errors in the sample of 9.</p> <p>Findings Include:</p> <p>R2's Minimum Data Set, dated dated dated [DATE] documents R2 is moderately cognitively impaired.</p> <p>R2's Electronic Health Record under CCD (Continuity of Care) Diagnosis documents Type 2 Diabetes without complications was added on 5/13/24.</p> <p>R2's Face Sheet documents R2 was admitted on [DATE].</p> <p>R2's Admission Note dated 5/13/24 resident admitted to facility via family transportation from (Another State). resident present A&amp;Ox2-3 (Alert and Oriented). Resident in good spirit with minor confusion on where he is. Resident currently has on a back brace related to recent fall and sustained T12 fracture as well as 11th and 12th rib fracture per family and referral paperwork. resident noted to be in minimal pain at this time. Resident transferred to bed two assist with a cane. VS (Vital Signs) 98.5,85,16,177/79,100 RA (Oxygen Saturation on Room Air). Resident does have swelling to bilateral lower extremities with bandages to the back of each heel resident requested to stop assessment. Resident did state that he was tired from the long drive and would like to finish admission process the following morning when daughter in-law arrives back to facility. Resident in currently resting in bed with call light within reach no complaints at this time plan of care continue. MD (Medical Doctor) and Management made aware of resident's arrival.</p> <p>Admission Paperwork sent over from A Out of State Medical Center Discharge Paperwork dated 5/13/24 documents Medication Active: Insulin Aspart Novolog Sliding scale. Trauma Progress Note dated 5/13/24 documents DM ( Diabetes Mellitus) No home medications Sliding Scale Insulin.</p> <p>R2's MAR (Medication Administration Record) dated 5/13/24 through 5/31/24 documents Lantus Solostar was ordered from 5/20/24 through 6/7/24. R2's MAR for May also documents R2's Novolog Flexpen Insulin Sliding Scale before meals and at bedtime was ordered on 5/18/24. R2's June MAR documents Lantus Solostar 10 units from 5/20/24 through- 6/7/24. ( No Diabetic Medication was ordered from 5/13/24 until 5/18/24).</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
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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R2's MAR dated 5/13/24 through 5/31/24 documents that R2's finger blood sugars range from 138 through 397 starting on 5/18/24 through 5/31/24.</p> <p>On 6/27/24 at 1:00 PM Licensed Practical Nurse (LPN) V4 stated we missed it because they didn't actually send over a sliding scale.</p> <p>On 6/28/24 at 8:00 AM V17 Pharmacist stated not receiving the Lantus (long acting insulin) would be a significant medication error. the Sliding Scale Insulin not so much, because he would only receive that if his blood sugar was high.</p> <p>The facility policy Admission to Facility dated 7/2014 Prior to or at the time of admission the resident's attending physician must provide the facility with information needed for the immediate care of the resident. Including orders covering at least b) Medication Orders including a medical condition or problem associated with each medication example diabetes.</p>