

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  07/17/2024
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42636</b></p> <p>Based on interview, observation and record review, the facility failed to provide wound care treatments as ordered by the Physician to promote wound healing in 1 of 4 residents (R2) reviewed for quality of care in the sample of 7.</p> <p>Findings include:</p> <p>R2's Face Sheet, undated, documents R2 has the following diagnoses: Chronic Kidney Disease, Heart Disease, Venous Insufficiency, Rheumatoid Arthritis, Chronic Non-Pressure Related Ulcer to the Buttock and Open Wound of the Left Buttock.</p> <p>R2's Minimum Data Set, dated [DATE], documents R2 has a BIMS (Brief Interview for Mental Status) score of 15, which indicates R2 is cognitively intact.</p> <p>R2's Care Plan, dated 3/3/22, documents R2 is at risk for impaired skin integrity.</p> <p>The Wound Log, dated 7/16/24, documents R2 has a wound to his left medial buttock.</p> <p>R2's Physician Order Sheet documents an order dated 6/24/24, to cleanse the left medial buttock with normal saline, apply Silver Silvadene, collagen powder and calcium alginate and cover with a dry dressing daily and as needed.</p> <p>R2's Treatment Administration Record, documented the treatment was not completed on 7/9/24 or 7/10/24 due to being on hold. There was no physician order noted to hold the dressing change on those dates.</p> <p>On 7/16/24 at 1:35 PM, R2 stated he has a bed sore on his rear, the dressing was changed during the day and he didn't have any problems, then it was changed to nights and it doesn't get done. R2 stated in the past week his dressing has been changed once. R2 stated he normally has a bowel movement during the day and if the dressing gets dirty, they take it off, but the day shift refuses to replace it, so if night shift doesn't do the dressing that night, it'll go for days without a dressing covering it. R2 stated he has had the area for a long time and the wound doctor told him recently that it was healing and he (R2) is worried that it will get worse because they aren't changing his dressing.</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 1/17/24 at 11:05 AM, V9, Licensed Practical Nurse, stated sometimes it's a problem with night shift not doing their treatments, so she goes through and does the ones that didn't get done.</p> <p>On 7/17/24 at 11:25 AM, V2, Director of Nurses, stated she has not had any concerns brought to her attention about night shift not completing their treatments.</p> <p>The Wound Management Program, dated 1/20/23, documents it is the policy of the facility to manage resident skin integrity through prevention, assessment, and the implementation and evaluation of interventions.</p>		

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<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 42636</p> <p>Based on interview, observation and record review, the facility failed to infuse tube feeding at a rate ordered by the physician to aid in nutrition in 1 of 4 residents (R4) reviewed for tube feeding management in the sample of 7.</p> <p>Findings include:</p> <p>R4's Face Sheet, undated, documents R4 has the following diagnoses: Amyotrophic Lateral Sclerosis, Protein-Calorie Malnutrition, Gastrostomy Status and Dysphagia.</p> <p>R4's Minimum Data Set, dated [DATE], documents R4 receives 51% or more of his nutrition through tube feeding.</p> <p>R4's Care Plan, dated 2/6/24, documents R4 is dependent on tube feeding for all nutrition and hydration needs with an intervention to administer tube feeding as ordered.</p> <p>R4's Progress Note by the Dietician, dated 7/8/24 at 1:31 PM, documents R4's current body weight on 7/5/24 was 108.8 lbs, which indicates an undesirable weight loss from the previous usual body weight of 116 - 118 lbs. Decline noted since readmission last month. Continues Nutren 2.0 at 40ml (milliliters)/hr (hour) for 23 hours with 80ml flushes every 2 hours. Recommend to increase tube feeding to Nutren 2.0 at 50ml/hr for 23 hours.</p> <p>R4's Progress Note, dated 7/9/24 at 2:39 PM, documents a new order was received per the dietician recommendation to increase tube feeding to Nutren 2.0 at 50ml/hr for 23 hours.</p> <p>R4's Physician Order Sheet, documents an order dated 7/9/24 for Nutren 2.0 50ml/hr for 23 hrs with a continuous water flush of 80ml every 2 hours for 23 hrs daily.</p> <p>On 7/16/24 at 9:00 AM, 7/16/24 at 1:30 PM, and 7/17/24 at 9:30 AM, R2's Nutren was infusing at a rate of 40ml/hr and not 50ml/hr as recommended by the dietician and ordered by the physician.</p> <p>On 7/17/24 at 9:55 AM, V4, Registered Nurse, stated R4's tube feeding order was just changed and he is to be getting Nutren 2.0 at 50ml/hr for 23 hours with a continuous water flush of 80ml/hr.</p> <p>On 7/17/24 at 11:00 AM, V2, Director of Nurses, stated the nurses are to check the tube feeding to make sure it is running at the correct rate.</p> <p>The Tube Feeding policy, dated 7/2014, documents that it is the policy of the facility that resident's nutritional needs will be met by tube feeding when oral consumption is not possible. The procedure is to check the physician's order to determine the type and rate of the feeding and to set the pump for the rate ordered.</p>		