

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  10/10/2024
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44556</b></p> <p>Based on observations, interviews, and record reviews, the facility failed to apply residents' continuous positive airway pressure (C-PAP)/bilevel positive airway pressure (Bi-PAP) machine at bedtime as ordered for 1 of 2 residents (R3) reviewed for respiratory care in a sample of 7.</p> <p>Findings include:</p> <p>On 10/7/2024 at 11:26 PM, R3 was in her room. She was wearing a hospital gown, eyes were closed, door was open. R3 was not wearing a C-PAC or Bi-PAP machine.</p> <p>On 10/8/2024 at 12:03 AM and again at 12:15 AM, R3 was still sleeping at a 45-degree angle, with no C-PAC machine on her face.</p> <p>R3's Face Sheet, with an admitted [DATE], documented R3 has diagnoses of but not limited to Congestive Heart Failure (CHF), Type II Diabetes Mellitus, and Obstructive sleep apnea (adult) (pediatric).</p> <p>R3's Minimum Data Set (MDS), dated [DATE], documented R3 is severely cognitively impaired and is dependent on staff for all her activities of daily living (ADLs).</p> <p>R3's Care Plan, admitted [DATE], has no documentation regarding R3's use of a BiPAP machine at night.</p> <p>R3's Physician's Orders, dated 12/04/2023, documented BIPAP Machine. Use device on mouth or throat nightly at bedtime. Inspiratory pressure 12. Expiratory pressure 8. At Bedtime 09:00 PM.</p> <p>On 10/09/24 at 3:00 PM, V1, Administrator said the night nurses and respiratory therapy are responsible for putting resident's C-PAP/Bi-PAP machines on them at night. She said she would expect them to be applied nightly.</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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility's policy CPAP/BiPAP Support, revision date of 07/2014, documented Purpose 1. To provide the spontaneously breathing resident with continuous positive airway pressure with or without supplemental oxygen. 2. To improve arterial oxygenation (PaO2) in residents with respiratory insufficiency, obstructive sleep apnea, or restrictive/obstructive lung disease. 3. To promote resident to comfort and safety. Preparation 1. Only a qualified and properly trained nurse or respiratory therapist should administer oxygen through a CPAP mask. It further documents General Guidelines 1. CPAP (continuous positive airway pressure) and BiPAP (bilevel positive airway pressure) can be used in conjunction with ventilation to improve oxygenation. 2. BiPAP delivers CPAP but allows separate pressure settings for expiration (EPAP) and inspiration (IPAP). 3. CPAP is used when residents have not responded to attempts to increase PaO2 with other types of oxygen delivery systems (e.g., nasal cannula). 4. CPAP may be appropriate for improving arterial oxygenation in residents with respiratory insufficiency, obstructive sleep apnea, or restrictive/obstructive lung disease.</p>		