

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  11/21/2024
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 0626</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Permit a resident to return to the nursing home after hospitalization or therapeutic leave that exceeds bed-hold policy.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 42108</p> <p>Based on records review and interviews, the facility failed to permit a resident to return to the facility from the hospital for 1 of 3 (R5) residents reviewed for discharge in a sample of 11.</p> <p>Finding included:</p> <p>R5's Electronic Health Record (EHR), not dated, documents that R5 was admitted on [DATE] at 5:46 PM with diagnosis of Acute respiratory failure, unspecified whether with hypoxia or hypercapnia as Primary/Admission and Dependence on respirator [ventilator] status, Quadriplegia, unspecified, Pain, unspecified, Major depressive disorder, single episode, unspecified, Neuromuscular dysfunction of bladder, unspecified, Encounter for attention to tracheostomy, Tracheostomy status, Presence of cardiac pacemaker, Personal history of pulmonary embolism, Chronic embolism and thrombosis of left femoral vein, Acute embolism and thrombosis of right peroneal vein, Extended spectrum beta lactamase (ESBL) resistance Note: Lung, Spinal stenosis, cervical region, Other nondisplaced fracture of third, fourth, and fifth cervical vertebra, subsequent encounter for fracture with routine healing.</p> <p>R5's Progress Note, dated 05/16/2024 at 6:06 PM, documents that Resident arrived to facility by ambulance from (Regional) Hospital, 48 y/o male full code, was in a motor vehicle accident, has a c (cervical) spine injury. Is trach/vent, quadriplegic, previously had no feeling from neck down but can now feel some sensation of temperature. Was at (Regional) hospital prior to (hospital), tried to leave AMA (Against Medical Advice). History of refusing care and medications. Bronch done on 05/15 with no findings. Alert x's 4, has non pitting edema in all extremities. Regular diet, thin liquids, has g (gastrostomy) tube still in place, diet order submitted to dietary, evening meal tray served. wounds noted to bilateral shoulders, bilateral elbows, wound to coccyx, right shin.</p> <p>R5's Care Plan, dated 5/16/2024, documents that Problem: Resident will not be able to be discharged to community due to Acute respiratory failure; Quadriplegia; and Stage 4 wounds. It also addressed R5's skin impairment, pacemaker, trach, Depression, Gtube and behaviors.</p> <p>R5's Discharge Minimum Data Set, Return Anticipated, dated 9/29/2024, documents R5 was moderately impaired cognitive skills, dependent on staff for all activities of daily living.</p> <p>R5's Progress Note, dated 09/29/2024 at 11:24 AM, documents that Resident sent out to (Regional Hospital) at his request. R/t (related to) wound care. All party made aware.</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  11/21/2024
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 0626</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R5's Progress Note, dated 09/30/2024 05:19 AM resident admitted to (Regional Hospital), R/T wound care.</p> <p>R5's Physician Order, dated September 2024, does not document orders for hospital transfer 9/29/2024.</p> <p>R5's Progress Note, dated 10/04/2024 at 3:00 AM, documents that This writer was notified by staff that the resident made a threat regarding his ex-wife having a gun in the facility the prior weekend when she visited. The CNA noted that the ex-wife was very agitated after the resident reported he was not getting meal trays. The CNA stated she went to the kitchen and got him a tray and he refused the food. The CNA reported that the ex-wife was yelling at the DON. The CNA stated that when she went to answer the resident's call light the resident stated my ex does play about me and he stated that he had to tell his ex-wife to chill out and she had her gun too. He told the ex-wife she needed to put her gun away in case they called the police on her so she won't get banned from the facility. Upon this information being reported to the administrator the police were called and an investigation was started. This writer requested that the admissions director contact the case worker at (hospital) and inform her that that due to a pending investigation we would not be able to take the resident back until the investigation was resolved. The admissions director informed the case worker that they would have to contact her to ensure he was able to return if she did not contact prior.</p> <p>R5's Progress Notes, dated 11/11/2024 at 1:54 PM, documents DISCHARGE NOTE: SSD (Social Service Director) called R5's Mother, (V9), via phone, to pick up his belongings as he has been discharged from the facility. She (V9) indicated she would make some phone calls because he is in the hospital. SSD notified the Administrator of the call.</p> <p>R5's EHR was reviewed the discharge notes do not document specific need that cannot be met at facility and facility attempts to meet those needs, services available at receiving facility that meet resident's needs. No physician documentation of facility not being able to meet resident's needs. No documentation of resident and or family being notified of discharge verbally until 11/11/2024 or in writing and reason for discharge. No documentation of resident and family being notified verbally or written of bed hold.</p> <p>On 11/19/2024 at approximately 8:40 AM V1, Administrator, stated that they have not had any recent involuntary discharges. V1 stated that R5 had been discharged from the facility. V1 stated that R5 had been out of the for over 30 days and had been discharged from the facility because of this. V1 stated that this is in the facility discharge and bed hold policy.</p> <p>On 11/19/2024 at 8:58 AM V4, Ombudsman, stated that she was Notified by V9 that R5 had been discharged from the facility and the facility would not take him back. V9 stated that she had not spoken with R5 as he is in the hospital. V9 stated that when speaking to the facility she (V4) was informed that R5 had been out of the facility for over 30 days and was discharged . V4 stated that she is not familiar with this 30 day reasoning and notified the facility that they had to take him back because they did not have a valid reason not to. V4 stated that they tried to say something about an issue with the ex wife but that not the resident so it does not count as a reason for discharge.</p> <p>(continued on next page)</p>		

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  11/21/2024
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 0626</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 11/19/2024 at 9:45 AM V7, Social Worker, stated that R5 is ready for discharge. V7 stated that R5 was admitted to the hospital and started on antibiotic and antifungal medication regimen that was 6xs a day. V7 stated that they were notified that the facility could not meet that need. V7 stated that they were informed if the times were daily or twice a day the facility could accommodate. V7 stated that when calling the facility about R5's return notified that because of an investigation they can not accept R5 back into the facility. V7 stated that they have not been notified of what the investigation is. V7 stated that R5 is ready to return to the facility.</p> <p>On 11/19/24 at 10:03 AM V9, R5's Mother, stated that she was upset that her son was being denied return to the facility. V9 stated that she received a call from V6, SSD, on a Monday or Tuesday. V9 stated that (V6), SSD, called her Monday November 11th at 1:46 PM. V9 stated that R5 went to the hospital frequently due to lack of care. V9 stated that she was informed that R5 was at another facility. V9 stated that R5's wounds were not being treated and that he had infections because of this. V9 stated that the facility does not have enough staff to provide the care that R5 needs. V9 stated that this facility is the only facility that cares for vent patients that is remotely close to family. V9 stated that V6 informed her at the time to pick up R5's belongings because he was discharged . V9 stated that V6 informed her that because R5 was out of the facility for over 30 days he was discharged from the facility. V9 stated that at no point did the facility communicate with V9 about discharge from the facility and never spoke to them about a 30-day rule. V9 stated that she did not receive anything in writing about R5 being discharged . V9 stated that as far as she was aware R5 was returning to the facility.</p> <p>On 11/19/24 at 10:48 AM V6, SSD, stated that she was notified in the morning meeting that R5 was discharged from the facility. V6 stated that housekeeping was notified to clean room and box up belongings. V6 stated that she then placed a call to V9 and notified her that R5's belonging were ready to be picked up. V6 stated that V9 was not aware. V6 stated that she tried to explain to V9 that R5 had been out of the facility for over 30 days and was discharged because of this. V6 stated that V9 said she would be making some calls. V6 stated that she had not spoken with R5 or V9 prior to this about discharge.</p> <p>On 11/19/2024 at 10:57 AM V3, Admissions Coordinator, stated that she handles the admissions and discharges. V3 stated that she is familiar with R5's discharge. V3 stated that R5 was admitted to the hospital on 9/29/2024. V3 stated that R5 has been out of the facility for over 30 days. V3 stated that it is their policy that if a resident is out of the facility passed 30 days then he is discharged from the facility. The hospital can send over a new referral, and we will review. V3 stated that the hospital was told this and they did and the facility denied. V3 stated that the denial was because they were aware that R5 didn't feel that the facility could meet his needs.</p> <p>On 11/19/2024 at 11:14 AM V2, Director of Nursing, stated that R5 was a resident at the facility. V2 stated that R5 said that the facility could not meet his needs. V2 stated that R5 was sent to the hospital per his request. V2 stated that during the hospitalization that was investigation involving R5 and the hospital was notified that R5 could not return at that time. V2 stated that V1 handled the investigation. V2 stated that R5 had multiple complaints and refusal with care. V2 stated that several attempts were made to assist him. V2 stated that the facility tried different staff, different times and R5 would not allow care. V2 stated that there was an issue with V5, R5's ex wife, V2 stated that V5 was upset and yelling at her (V2). V2 stated that V5 did not threaten her. V2 stated that she (V2) suggested a careplan meeting and left the room. V2 stated that R5 had been out of the facility for over 30 days and was automatically discharged from the facility.</p> <p>(continued on next page)</p>		

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  11/21/2024
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 0626</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 11/21/2024 at 9:05 AM V8, LPN, stated that she was assigned to R5 on the day of discharge. V8 stated that she been in room and spoken with R5. V8 stated that they talked about his family but nothing about his wounds until he requested to go out to hospital for wound care. V8 stated that R5 usually allows her to do his treatment but on that day he wanted to go to the hospital. V8 stated that she sent R5's Face sheet and medication list. V8 stated that she did not discuss with, give to, or send a bed hold with R5. V8 stated that she expected R5 to return to the facility.</p> <p>On 11/21/2024 at 11:00 AM V1, stated that she expected the staff to follow the bed hold policy. V1 stated that the 30 days she thought was a regulation. V1 stated that they had tried to accommodate R5's needs while in the facility and R5 refused. V1 stated that several attempts were made by staff without success. V1 stated that because of the refusal the family was called and they were accusatory and not willing to help. V1 stated that the facility at that time could accommodate the R5's needs but R5 refused and wanted to be hospitalized repeatedly. V1 stated that R5 has been out of the facility for over 50 days and has been discharged from the facility.</p> <p>The facility's Bed Reserve Policy Notification, not dated, documents This Bed Reserve Policy will be given to you at the time of admission and a copy will be given to you each time you are transferred from the facility. Under normal circumstances, if you leave the facility for a hospitalization , you will be readmitted to the first available bed in a semi-private room.</p>		