

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 02/14/2025
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33112</p> <p>Based on interview, observation, and record review, the facility failed to provide complete incontinent care to prevent urinary tract infections for 3 of 4 residents (R3, R4, R5) reviewed for incontinent care in the sample of 8.</p> <p>Findings include:</p> <p>1. R3's Face Sheet, print date of 2/14/25, documents that R3 was admitted on [DATE] with diagnoses of flaccid hemiplegia affecting the right dominant side and a personal history of urinary tract infections.</p> <p>R3's Minimum Data Set (MDS), dated [DATE], documents that R3 is cognitively intact, requires partial to moderate assistance with toileting, always incontinent of urine, and frequently incontinent of bowel.</p> <p>On 2/14/25 at 4:15 AM, V9 Certified Nurse Assistant (CNA), transferred R3 from the bed, to the wheelchair, and then to the toilet. V9 removed the incontinent brief. The brief was slightly soiled with urine. When R3 finished, she stood up, V9 washed her rectal area with a soapy towel. V9 pulled up the incontinent brief and R3's pants. R3 was transferred back to the wheelchair. V9 failed to cleanse the labia and urethra and failed to dry R3.</p> <p>2. R4's Face Sheet, Print date of 2/24/25, documents R4 was admitted on [DATE] and has a diagnosis of an anoxic brain injury.</p> <p>R4's MDS, dated [DATE], documents R4 is severely cognitively impaired, is dependent on staff for activities of daily living, is always incontinent of urine, and frequently incontinent of bowel.</p> <p>On 2/14/25 at 4:25 AM, V9 checked R4 for incontinence. R4 was not soiled but V9 provide pericare. With a soapy towel, V9 cleansed the groins, labia and the urethra. V9 failed to flip the towel to a clean portion of towel. V9 rolled R4 over onto her side and cleansed the rectal area and the buttocks with the same portion of the towel. V9 placed a new incontinent brief on R4. V9 failed to dry R4.</p> <p>3. R5's Face Sheet, print date to 2/14/25, documents R5 was admitted on [DATE] and has diagnoses of history of urinary tract infection and Alzheimer's Disease.</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 02/14/2025
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R5's MDS, dated [DATE] documents that R5 is severely cognitively impaired, is dependent on staff for activities of daily living, has an indwelling urinary catheter, and is always incontinent of stool</p> <p>On 2/14/25 at 6:46 AM, V2, Director of Nurses confirmed R5 does not have an indwelling urinary catheter. V2 stated, She just came back from the hospital and they removed the catheter there.</p> <p>R5's Progress Note, dated 02/06/2025 04:58 PM, documents, pt (patient) arrived back to facility at 345 pm. via stretcher. It continues, pt will start abt (antibiotic) x 12 days for UTI (urinary tract infection).</p> <p>On 2/14/25 at 4:43 AM, V10 (CNA) and V9 entered R5's room to provide incontinent care. R5's brief was removed. The brief was soiled with stool and urine. V10 cleansed the groin, labia, and meatus with a soapy towel, flipping the towel over 3 times to utilize a clean portion of the towel. V10 did not dry the areas. V 9 using the same towel that V10 did used the soiled part of the towel to cleanse the rectum and the left buttocks V9 failed to dry the buttocks. A new incontinent brief was placed on R5.</p> <p>On 2/14/25 at 6:02 AM, V9 stated she only uses one towel because the towels are limited. V9 was questioned why she did not dry R3, R4, and R5. V9 stated, Yes I did. I used the other end of the towel.</p> <p>On 2/14/25 at 6:00 AM, V1, Administrator, stated the same section of towel should not be used for all of the incontinent care and residents should be dried after incontinent care is preformed.</p> <p>The policy Perineal Care, dated 7/2017, documents, Wash perineal area wiping from front to back, 1. Separate the labia and wash area downward from front to back. 2. Continue to wash the perineum moving from inside outward to and including thighs, alternating from side to side, using downward strokes. So not reuse the same washcloth or water to clean the urethra or labia. 3. rinse the perineum thoroughly in the same direction, using fresh water and a clean washcloth. 4. Gently pat dry the perineum. It continues, Wash the rectal area thoroughly, wiping from the base of the labia towards and extending over the buttocks. do not reuse the same washcloth or water to clean the labia. It continues, g. Dry area thoroughly.</p>		