

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 08/26/2025
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)
F 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason. (continued on next page)

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 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the Facility failed to ensure residents requiring assistance for transfers were getting assistance and transferred with the mechanical lift for 1 of 3 residents reviewed for transfers in the sample of 11. Findings include: R3's Physician order Sheets (POS) for August 2025 documents a diagnosis of Unspecified osteoarthritis, unspecified site; Chronic venous hypertension (idiopathic) with other complications of unspecified lower extremity; Essential (primary) hypertension; Type 2 diabetes mellitus with hyperglycemia; Morbid (severe) obesity due to excess calories; Body mass index [BMI] 45.0-49.9, adult; Hyperlipidemia, unspecified; Hypothyroidism, unspecified; Other chronic pain; Insomnia; and Overactive bladder. R3's MDS dated [DATE] document R3 was cognately intact for decision making of activities of daily living. R3 uses a motorized wheelchair and is dependent on staff for transfers.R3's Care Plan with a revision date of 6/23/2025 documents. Problem: Resident is limited in (mobility/functional status) and requires the use of (mechanical lift).On 8/20/2025 at 9:33 AM, R3 stated, Several months ago during resident council I complained about the (mechanical lifts) not always working and the machines being dead when they need to use them. I talked with (V1) about them and (V5, Ombudsman). (V1) told me he will get some new batteries. (V5) has been sick but she usually always follows up with stuff. I am not sure what is happening. I usually, like to lay down at 4 PM. Some of the staff know that I like to lay down around and (V6, CNA) she is really good about asking me I want to lay down because she knows me. Over the weekend (V6) told me she could not put me down because the (mechanical lift) was not working. I was really tired, and I wanted to lay down and I had to wait an hour and a half for the battery to charge so she could put me to bed. I was so upset and in tears. This is supposed to be my home and when I am tired, and I need help they should help me back in bed when I need it. It's August now and they are still having problems with the (mechanical lift) and putting me down.On 8/20/2025 at 12:55 PM, V5, Ombudsman stated, Working (mechanical lifts) have been on ongoing issue for the past several months. When staff need the (mechanical lifts) they are not available to lay residents down and or get residents up. (V1) is a new administrator and I believe he started at the end of May as he was at the May Resident Council Meeting. (V1) said in May that he would order new batteries for the lifts. Residents are saying the lifts are not available mostly during the weekends. I personally, observed the (mechanical lift) being dead on 8/5/2025 and no staff used the manual lift and residents were not transferred. Residents and staff are still saying it is an issue that they are not getting transferred because the lifts are not available and/or the staff do not want to use the other lifts.On 8/20/2025 at 11:03 AM, V7, Certified Nursing Assistant (CNA) stated, We are constantly having issues with the (mechanical lifts) working. First, they told us it was a battery issue, and they were getting new batteries, but it is still a problem.On 8/20/2025 at 11:05 AM, V8, CNA stated, We are constantly running around trying to find a working (mechanical lift) because half the time they are not working. This has been going on for months.On 8/20/2025 at 11:07 AM, V9, CNA stated, That (mechanical lift) is dead. I think the battery needs charged. We were supposed to be getting new batteries. We have been having issues with these lifts for a few weeks now.Resident Council Meeting Notes dated 5/27/2025 document, Chargers for (mechanical lifts). On 8/22/2025 at 3:32 PM, V1, Administrator stated, We do not have a policy on batteries for the equipment, like the (mechanical lift).The Mechanical Lift Policy with a revision date of 9/8/2025 documents, The mechanical lift may be used to lift and move a resident with a limited ability during transfer while providing safety and security for the resident and nursing personnel. The mechanical lift must be able to accommodate the weight of the residents.The Resident Right Policy dated November 2018 documents, Your rights to dignity and respect. You have a right to make your own choices. Your facility must treat you with dignity and respect and must care for you in a manner that promotes your quality of life. Your facility must provide equal access to quality care regardless of diagnosis, condition, or payment source.</p>		