

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

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 06/04/2026
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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to revise and update a comprehensive care plan for 2 of 3 (R2, R3) residents investigated for pressure ulcers in a sample of 16. Findings include: 1. R2's EMR (Electronic Medical Record) documents that the resident was admitted to the facility on [DATE]. R2's EMR dated 4/30/26 documents a diagnosis of displaced intertrochanteric fracture of left femur, subsequent encounter for closed fracture with routine healing. R2's EMR dated 4/30/26 documents a diagnosis of periprosthetic fracture around internal prosthetic right hip joint, subsequent encounter. R2's EMR dated 4/30/26 documents a diagnosis of fracture of nasal bones, subsequent encounter for fracture with routine healing. R2's EMR dated 4/30/26 documents a diagnosis of laceration without foreign body of scalp, subsequent encounter. R2's MDS (Minimum Data Set) dated 5/4/26 documents a BIMS (Brief Interview for Mental Status) score of 15 out of 15. The MDS documents that the resident is dependent for roll left and right and chair/bed to chair transfer. The MDS documents that the resident was experiencing frequent pain that affected her sleep and interfered with her day-to-day activities. The MDS documents that the resident has 1 stage 4 pressure ulcer and surgical wounds. R2's Progress Notes dated 5/1/26, 5/4/26, 5/5/26, 5/6/26, 5/7/26, 5/8/26, 5/9/26, 5/11/26, 5/12/26, 5/15/26, 5/16/26, 5/17/26, and 5/18/26 documents that the resident refused activities of daily living including turning and repositioning, wound care, and incontinent care due to pain. R2's RN note dated 5/12/26 at 1:11 PM documents Resident requested hospice information, r/t pain from injuries. No care plans noted for R2 regarding hospice or pain from injuries. 2. R3's EMR (Electronic Medical Record) documents that the resident was admitted to the facility on [DATE]. R3's EMR dated 10/10/24 documents a diagnosis of malignant neoplasm of prostate. R3's EMR dated 4/4/24 documents a diagnosis of unspecified dementia, unspecified severity, with other behavioral disturbance. R3's EMR dated 4/4/24 documents a diagnosis of hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right dominant side. R3's MDS (Minimum Data Set) dated 4/15/26 documents a BIMS (Brief Interview for Mental Status) score of 3 out of 15. The MDS documents that the resident required partial/moderate assistance for roll left and right. The MDS documents that the resident was dependent for sit to lying, lying to sitting on side of bed, chair/bed to chair transfer, and toilet transfer. The MDS documents that the resident had diabetic foot ulcers and open lesions other than ulcers, rashes, cuts. No care plan noted for skin integrity, pressure ulcers, or diabetic wounds. R3's Hospital Discharge Paperwork dated 3/2/26 documents Wound 2/24/26 Pressure Injury Buttocks Left; Medial. Wound 2/24/26 Pressure Injury Hip/trochanter Posterior; Right Device Related. Wound 2/24/26 Pressure Injury Hip/trochanter left; posterior. Wound 2/24/26 Pressure Injury Heel Right; Plantar. Wound 2/24/26 Pressure Injury Foot Right; Medial. R3's LPN (Licensed Practical Nurse) Note dated 3/5/26 at 10:20 AM documents This nurse was notified that resident has two pressure ulcers on Right lateral foot, heel and ankle. All responsible parties notified. Treatment order in place. R3's LPN Note dated 3/12/26 at 7:59 PM documents Pressure ulcer to the L (left) hip was reported to this nurse. All appropriate parties were made aware. This nurse cleaned the wound, soaked it in (wound solution), (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
--	-------	-----------

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 06/04/2026
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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	and applied a dry dressing.R3's LPN Note dated 3/18/26 at 3:02 PM documents This nurse notified that resident has new area on right hip, this nurse assessed notified wound care nurse, treatment order in place. MD (Medical Director) Notified.R3's Wound Evaluation & Management Summary dated 4/13/26 documents Patient has wounds on his right lateral ankle; right heel; left hip; right hip; left lateral foot, right lateral foot. Focused Wound Exam (Site 2) Diabetic Wound of the right, lateral ankle full thickness. Healing/Maintaining healing. Wound size: 2.8 cm. (centimeter) x 2.7 cm. x 0.4 cm. Moderate serous exudate. 75% thick adherent devitalized necrotic tissue. 25% granulation tissue. Improved evidenced by decreased necrotic tissue. Focused Wound Exam (site 3) Diabetic Wound of the right heel full thickness. Healing/Maintaining healing. Wound size: 4 cm. x 4 cm. x not measurable cm. No exudate. Skin intact with purple/maroon discoloration. Improved evidenced by decreased surface area. Wound Exam (Site 4) End Stage skin failure of the left hip with evidence of multisystem organ failure, with life expectancy of < 2 weeks, with minimal recent caloric intake, with multiple sites of simultaneous skin breakdown. Poor healing potential. Wound size: 13.3 cm. x 16 cm. x 0.3 cm. Moderate serous exudate. 100% thick adherent black necrotic tissue. Improved evidenced by decreased surface area. Focused Wound Exam (site 5) End-stage skin failure of the right hip with evidence of multisystem organ failure, with life expectancy of < 2 weeks, with minimal recent caloric intake, with multiple sites of simultaneous skin breakdown. Poor healing potential. Wound size: 13.4 cm. x 9.8 cm. x not measurable cm. no exudate. skin intact with purple/maroon discoloration. Improved evidenced by decreased surface area. Focused Wound exam (site 6) Diabetic Wound of the left, lateral foot. Healing/maintaining healing. Wound size: 3.4 cm. x 11 cm. x not measurable cm. skin intact with purple/maroon discoloration. Improved evidenced by decreased surface area. Focused Wound Exam (site 7) End-stage skin failure of the right, lateral foot with evidence of multisystem organ failure, with life expectancy of < 2 weeks, with minimal recent caloric intake, with multiple sites of simultaneous skin breakdown. Noted to be present on admission per staff. Poor healing potential. Wound size: 2.4 cm. x 12.4 cm. x not measurable cm. Skin intact with purple/maroon discoloration. Improved evidenced by decreased surface area.On 6/4/26 at 9:13 AM, V3, ADON (Assistant Director of Nursing)/MDS Coordinator stated that (R2) should have care plans for hospice and severe pain. She stated that (R3) should have had a care plan for wounds.Facility's Baseline Plan of Care policy dated August 2017 documents Policy: The facility will develop and implement a Baseline Plan of Care for each resident that includes the instructions needed to provide effective person-centered care of the resident that meet professional standards of quality of care. The baseline care plan will include the minimum healthcare information necessary to properly care for each resident immediately upon their admission, which would address resident-specific health and safety concerns to prevent decline or injury, such as elopement or fall risk, and will identify needs for supervision, behavioral interventions, and assistance with activities of daily living, as necessary. Procedures: 5. If the comprehensive assessment and comprehensive care plan identified a change in the resident's goals, or physical, mental, or psychosocial functioning, which are not identified in the baseline care plan, those changes must be incorporated into an updated summary provided to the resident and his or her representative.		

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 06/04/2026
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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review, the facility failed to properly secure a resident's wheelchair in the transport van during transport for 1 (R2) of 3 residents reviewed for accidents in the sample of 16. This failure resulted in R2 falling from her wheelchair while the van was in motion, sustaining multiple serious injuries: a periprosthetic proximal femur fracture, intertrochanteric fracture of the left femur, distal fracture of the right femur, nasal fracture, and a scalp laceration. R2 required surgical fixation of the right femur (open reduction internal fixation) and suturing of the forehead laceration. An Immediate Jeopardy began on 4/24/26 when R2 was being transported to doctor's appointment in the facility van. R2 was not properly secured in her wheelchair in the facility van when the van driver had to brake to avoid an accident, R2 fell forward out of her wheelchair onto the van's floor. V1, Administrator; V21, Regional Director of Clinical Services; and V22, Regional Director of Operations were notified of the Immediate Jeopardy on 6/2/26 at 11:20 AM. The surveyor confirmed by record review and interview that Immediate Jeopardy was removed on 4/24/26. Findings include: R2's EMR (Electronic Medical Record) documents that the resident was admitted to the facility on [DATE]. R2's EMR dated 4/30/26 documents a diagnosis of displaced intertrochanteric fracture of left femur, subsequent encounter for closed fracture with routine healing. R2's EMR dated 4/30/26 documents a diagnosis of periprosthetic fracture around internal prosthetic right hip joint, subsequent encounter. R2's EMR dated 4/30/26 documents a diagnosis of fracture of nasal bones, subsequent encounter for fracture with routine healing. R2's EMR dated 4/30/26 documents a diagnosis of laceration without foreign body of scalp, subsequent encounter. R2's EMR dated 5/17/26 documents a diagnosis of local infection of the skin and subcutaneous tissue, unspecified. R2's Care plan dated 5/5/26 documents Problem: IMPAIRED WHEELCHAIR Mobility R/T (related to) limited mobility, limited ROM (range of motion), fatigue, and pain. Contributing DX (Diagnosis): Osteoarthritis, Obesity, HTN (hypertension). R2's Care plan dated 5/28/26 documents Resident has impaired skin integrity due to: 4/30/26 Surgical incision to the right medial distal knee. 4/30/26 Stage IV pressure to right lower neck. 5/5/26 Non pressure to left lower buttock. 5/11/26 Skin tear to sacrum. R2's Care plan dated 5/18/26 documents Resident requires antibiotic for wound infection. R2's MDS (Minimum Data Set) dated 5/4/26 documents a BIMS (Brief Interview for Mental Status) score of 15 out of 15. The MDS documents that the resident is dependent for roll left and right and chair/bed to chair transfer. The MDS documents that the resident was experiencing frequent pain that affected her sleep and interfered with her day-to-day activities. The MDS documents that the resident has 1 stage 4 pressure ulcer and surgical wounds. R2's RN (Registered Nurse) Note dated 4/24/26 at 7:40 AM documents Resident fell from wheelchair in transportation van. Facility's Injury Investigation dated 4/24/26 documents Received call from (V10) Transportation Aid at 7:00 AM on 4/24/26. (V10) reported to me that resident (R2) and Transportation Aid (V10) were traveling to (Metropolitan Hospital) in St. Louis for an outpatient surgery where an incident occurred. (V10) explained that after exiting the facility van, she and (R2) ended up at the wrong part of the hospital. (V10) stated they asked a staff member for directions to arrive at the right place. (V10) stated they got back in the van to travel to the correct location. (V10) stated that a car cut in front of them. She stated that she applied the brakes quickly causing (R2) to fall forward and hit her head. (V10) stated that she was close to the ER (Emergency Room) and was able to get help immediately. ER staff assisted getting (R2) out of van to be evaluated in the ER. (R2) was admitted to (Metropolitan Hospital) on 4/24/26 with a diagnosis of a fractured hip and nose. When Administrator interviewed (R2) she stated that (V10) had not secured the wheelchair when they got back into the van to go to the correct location. She stated that (V10) said she applied shoulder strap to secure but when hitting the brakes (R2) fell forward. (R2) has a BIMS score of 15 and was consistent with her story during 2 sperate interviews. (continued on next page)		

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 06/04/2026
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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	When (R2) was interviewed, she stated (V10) did not secure me in the van. (V10) was suspended following the accident pending investigation completion. A drug test was performed and showed positive. A Worker's compensation report was completed as (V10) sustained no visible injuries. An Ad Hoc performance plan was put into place. The van was inspected by (V9) on April 24, 2026. All safety mechanisms were noted to be functioning properly. Education on safety including proper procedures for installing and securing wheelchairs and passengers in the transport van was initiated and completed on April 24, 2026, for all transport personnel. After completing the investigation, it was concluded that the wheelchair was likely not secured by (V10) prior to transporting (R2) from the incorrect location at (Metropolitan Hospital) to correct location. (V10's) employment was terminated for not properly following safety procedures and following the safety of residents when transporting making sure resident is secure and safe during transport. R2's LPN (Licensed Practical Nurse) Note dated 4/30/26 at 5:10 PM documents Resident returned from to facility at 5pm from (Metropolitan Hospital) on stretcher accompanied by emts (Emergency Medical Technicians). Resident AxOx4 (Alert and Oriented to person, place, time, and situation) can make needs known, refuses skin assessment right now r/t pain, will try again. Resident has L (left) IT (intertrochanteric) femur fx (fracture), R (right) distal femur fx, left nasal bone fx, and complex frontal scalp lac (laceration). Resident VS (vital signs) 101/63 73 r (respirations) 95%. On contact ISO (isolation) r/t C-aures (Candida auris) and VRE (Vancomycin-resistant Enterococci). C/o (complaint of) sore throat r/t intubation in hospital. Hasn't had a bowel movement since being in the hospital per report. Meds put into (Electronic Computer App). Resident in bed resting, being fed. Call-light within reach. Resident afraid to be turned r/t to pain and discomfort. MD (Medical Director) Notified. R2's Progress Notes dated 5/1/26, 5/4/26, 5/5/26, 5/6/26, 5/7/26, 5/8/26, 5/9/26, 5/11/26, 5/12/26, 5/15/26, 5/16/26, 5/17/26, and 5/18/26 documents that the resident refused activities of daily living including turning and repositioning, wound care, and incontinent care due to pain. R2's RN note dated 5/12/26 at 1:11 PM documents Resident requested hospice information, r/t pain from injuries. R2's Wound Culture dated 5/15/26 documents (1) Klebsiella Aerogenes (organism known to possess inducible Beta-lactamase suggest clinical observation for the development of resistance after using Cephalosporins or extended spectrum penicillin.) (2) Escherichia Coli ESBL (Extended-spectrum Beta-Lactamases (ESBLs) are enzymes that mediate resistance to extended-spectrum (third generation) Cephalosporins and Monobactams but do not affect Cephamycin's. Recommend caution and monitoring of patients during/after therapy. (3) Diphtheroid Bacillus, no sensitivity will be done. R2's LPN Note dated 5/17/26 at 2:48 PM documents N.O (New Order) for IV (intravenous) ABT (antibiotic) Zosyn t.i.d (three times a day) 3.375mg (milligrams) x 6weeks. IV med will come mixed with Normal Saline. per Pharmacist recommendation. Hospice (V19) gives ok for recommendation. Also noted in special instructions. On 5/28/26 at 9:37 AM, V1, Administrator stated that (R2) told him that she was not strapped in. He stated that (V10) was fired for not following safety protocols and being positive for marijuana. On 5/28/26 at 12:39 PM, V10, Former Transportation Driver stated that (R2) was buckled, and wheelchair was locked towards the front of the van. She stated that the wheel locks are made for manual wheelchairs and not electric wheelchairs. She stated that R2 had an electric wheelchair. She stated that after going to the first office and finding out they were at the wrong place, R2 was at the back of the van with just a shoulder strap seatbelt holding her in. She stated that she did not attach the wheel locks. She stated that after she slammed on the brakes to avoid the accident, she saw R2 on the floor of the van. She stated that she pulled into a parking lot to check on R2. She stated that R2 had fallen forward out of her wheelchair. She stated that the seatbelt buckle had popped and R2 fell out. On 5/28/26 at 1:13 PM, V11, RN Case Manager for R2's Hospice Company stated that she is the one that admitted (R2) into hospice. She stated that she believes that (R2) was admitted into hospice because of the [NAME] effect from her injuries. She stated that (R2) was in a lot of pain and was refusing all care. She stated that she was refusing to be turned and repositioned and her wounds got infected. She stated that pain is not an admitting diagnosis for hospice that her diagnosis is heart (continued on next page)		

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 06/04/2026
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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	disease.On 5/29/26 at 11:48 AM, V18, Wound Nurse stated that (R2's) pressure ulcers on her left lower buttock and her right neck were from (R2) not wanting to move because of the pain from her injuries. She stated that the pressure ulcer on her left lower buttock got infected. She stated that the wound had an odor. She stated that she swabbed and cultured it. She stated that is why she was sent to the hospital for IV antibiotics.5/29/26 at 12:24 PM, V10, Former Driver stated that the last time she smoked marijuana was on April 18th. She denies smoking marijuana prior to her shift on the day of the incident. On 5/29/26 at 2:34 PM, V19, R2's Hospice Physician stated that he feels that along with the injuries that (R2) sustained from the facility's van incident, her other comorbidities, the infected wounds from not moving due to intractable pain is what caused (R2) to need to be on hospice. He also stated that it is fair to say that transporting a resident in a wheelchair in a facility van not secured per protocol has the potential to cause severe harm or potential death.Facility's Van Usage Policy and Procedure dated 2025 documents Purpose: The purpose of this policy is to establish procedures by which employees formally acknowledge and accept responsibilities of operating a facility owned van on behalf of Four Fountains/[NAME] South belt. Further, it establishes requirements for enforcement of operating procedures and safe driving practices. Procedure: To ensure proper van usage: 3.b. Wear seat belts anytime the vehicle is in motion and require all passengers to wear seatbelts. 3.c. Ensure all residents and wheelchairs are safely secured.The Immediate Jeopardy that began on 4/24/26 was removed on 4/24/26 when the facility took the following actions to remove the immediacy:Removed involved licensed staff from resident care pending investigation.The resident received immediate medical evaluation and treatment following the incident. The resident's physician, responsible party, and appropriate regulatory agencies were notified.An immediate audit was completed of facility transportation vehicle to ensure wheelchair tie-down systems, occupant restraints, seat belts, and safety equipment were present and functioning properly with all safety features.The facility transportation policy and procedure were reviewed and all staff responsible for resident transportation received re-education on: this was completed on 4/24/2026. Safety mechanisms in place, proper procedures for installing and securing wheelchairs and passengers in transportation van with return demonstration, van safety for transports, and call EMS for transportation for incidents.		