

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145290	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Belleville Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 727 North 17th Street Belleville, IL 62226	

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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35156</p> <p>A. Based on interview and record review, the facility failed to ensure residents were free from abuse for 9 of 25 residents (R30, R35, R36, R39, R50, R63, R64, R85 and R88) reviewed for abuse, in the sample of 59. This failure resulted in R30 biting R50 and R50 being treated for a human bite and seeing the wound nurse for treatment. This failure also resulted in R85 being thrown out of wheelchair by R39, and R39 attempting to smash R85's head with the wheelchair causing an abrasion to R85's left ear, upper left arm, and face.</p> <p>Findings include:</p> <p>1.R30's Physician Order Sheet (POS) for February 2024 documented a diagnosis of Unspecified psychosis not due to a substance or known physiological condition, unspecified asthma, morbid obesity, hypertension, major depression disorder, anxiety disorder, Schizophrenia, legal blindness, and post-traumatic stress disorder.</p> <p>R30's Minimum Data Set (MDS), dated [DATE], documented that R30 was severely impaired for cognition for activities of daily living. R30 was able to walk ten feet and required supervision or touching assistance. R30 had no impairments on the upper or lower extremities.</p> <p>R30' Care Plan, with multiple dates, documented, (R30) is at risk for abuse and/or neglect related to anxiety and major recurrent due to suicidal ideations and significant mental health issues. On 10/11/2022, it documented, (R30) was physically and verbally aggressive towards another resident that he shared a room with. (R30) will destroy his own property, i.e., guitar. Resident has diagnosis of Schizophrenia and may display symptoms that include but are not limited to; being out of touch with reality (delusional or hallucinations), may have disorganized speech or erratic behavior, decrease in activities. Diagnosis of mental illness. On 2/16/23 it documented, Having delusional thoughts. It continued, dated 09/30/23, Experienced delusions. On 10/12/2023, it continues, Experienced delusions. R30's care Plan did not address the altercation on 2/1/2024.</p> <p>R30's Care Plan, dated 8/2/2023, documented, (R30) is legally blind. He stated he was born with blindness in both eyes. (R30) qualifies for Subpart S programming to diagnosis major depression disorder, recurrent, sever, focus areas include community living, medication management and self-maintenance. Diagnosis of mental illness. At risk for abuse and neglect related psychosis, anxiety, and schizophrenia.</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: 145290	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Belleville Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 727 North 17th Street Belleville, IL 62226	
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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>	<p>R30's Initial Incident Report, dated 2/1/2024 at 8:30 AM, documented, Resident (R30) and (R50) entered into a verbal disagreement about (R50) working for a seed company that (R30) used to work for. The verbal argument became physical and (R30) bit (R50) on the right hand. Puncture wound/bite marks that drew blood to right hand of resident (R50).</p> <p>On 4/11/2024 at 9:22 AM, R30 stated, (R50) and I were roommates. (R50) was aggressive, and I am legally blind. (R50) was always threatening me and stealing my chips and candy bars. (R50) came right up into my space and I had to do something, so I bit him. I can see shadows and he was threatening me, so I bit him on the arm. They moved me downstairs now and I like it better. (R50) was always threatening me and they never did anything about it. When (R50) got close to me on my side of the room, I bit him to defend myself, he said he was going to beat me up. I did not do anything wrong.</p> <p>An Incident Report, dated 2/14/2024, documented, (R50) got into a verbal disagreement with roommate (R30) about working at the same seed company in the past then (R30) bit him on the right hand. Root cause: Both residents are cognitively impaired and became agitated resulting in (R50) being bit by (R30) on the right hand. Intervention: Residents were moved to separate rooms on a different hall. Supervision provided to both residents for change in status.</p> <p>R30's Progress Notes/Nurse's Notes did not document anything related to R30 biting R50.</p> <p>On 4/11/2024 at 9:32 AM, V18, Licensed Practical Nurse (LPN) stated, (R30) use to be upstairs but they moved him down here with me now. He is legally blind, and he can see shadows. When he was upstairs, he bit (R50) and then they moved him down here and I have not had any issues with him. He told me (R50) was taking his stuff and threatening him and he was defending himself. (R50) has a history of starting stuff with residents.</p> <p>On 4/9/2024 at 8:00 AM, all abuse investigations were requested for the past year.</p> <p>On 4/9/2024 at 5:15 PM, V21, Corporate Nurse stated, We had a change in Administration, and we were only able to find one abuse investigation. At this point, we do not have any other abuse investigations in the building, and we have looked in multiple places and this is all we have. I do not have any other abuse investigations. No abuse investigation for R30 was provided by the facility for the incident on 2/1/24.</p> <p>2. R85's POS for April 2024, documented a diagnosis of dissociative and conversion disorder, chronic obstructive pulmonary disease, idiopathic aseptic necrosis of bone, psychoses, hypertension, peripheral vascular disease bipolar disorder, major depression, and suicidal ideations.</p> <p>R85's MDS, dated [DATE], documented that he was cognitively intact for decision making of activities of daily living (ADL).</p> <p>R85's Care Plan, dated 10/27/2022, documented, (R85) has an alteration in comfort related to idiopathic aseptic necrosis of the bone in his hip. R85's Care Plan Focus Area, dated 7/30/2022, documented, Resident reported being the recipient of verbal/physical aggression. On 8/19/2023, it documented, (R85) was on the receiving end of peer-to-peer incident. It continues, Intervention: Both residents separated and had psychosocial follow-up.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145290	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Belleville Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 727 North 17th Street Belleville, IL 62226	
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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>	<p>On 4/16/2024 at 3:35 PM, R85 stated, I got thrown out of my wheelchair and onto the floor. (R39) is a hot head and he was mad at me in the dining room, and he can walk but I can't, and he got mad, he rushed me and threw me out of my chair. I think he would have killed me if he would have had more time.</p> <p>R85's Nurse Notes, dated 8/19/203 at 4:53 PM, As told by the 400 hall CNA, resident was thrown out of his wheelchair by another resident to the floor. As told by the resident he was thrown out of his wheelchair by another resident. Both residents separated from each other by staff. 911 was called.</p> <p>R85's Incident Report, dated 8/19/2023, documented, As told by the 400 hall CNA, resident was thrown out of his wheelchair by another resident to the floor. Both residents were separated by staff. Abrasion to left ear, upper left arm, and face.</p> <p>On 4/17/2024 at 3:12 PM, V2, Director of Nursing stated, We have had a lot of staff changes and I was not working at the time or the interim Administrator when this happened.</p> <p>On 4/17/2024 at 3:23 PM, V27, Certified Nursing Assistant (CNA), stated, I was in the dining room and (R85) bumped into (R39) and (R39) turned around and picked (R85) up and threw him out of his wheelchair and then he picked up the wheelchair and was going to try and smash his head in and I got there in time and stopped him from hitting him with the wheelchair but (R85) was slammed on the floor. It happened a while ago, and I do not remember all of the other details, but I know he wanted to smash his head in and would have if I would have not got there in time.</p> <p>34964</p> <p>3. R39's Progress Note, dated 8/19/2023 at 5:38 PM, documented, Approximately 1530 (3:30 PM) this said RN (Registered Nurse) was down the hall when I heard loud voices coming from the 300 hall. I ran to assist, and that is when I saw (R85) on the floor with CNA holding (R85's) wheelchair. CNA stated that he stopped (R39) from hitting (R85) with the wheelchair, and that (R39) had thrown/knocked (R85) out of his wheelchair. I assessed the situation and called 911 believing that (R39) was still a threat to others. While on the 911 call, I notified the Administrator, DON, NP (Nurse Practitioner) for DR (doctor).</p> <p>The Facility's Incident Report, dated 8/19/24 at 4:19 PM, documented, Nursing Description: As told by the 400 Hall CNA resident (R85) was thrown out of his w/c (wheelchair) by another resident (R39) to the floor. Resident Description: As told by the resident he was thrown out of his w/c by another resident. Immediate Action Taken: Both residents were separated from each other by staff.</p> <p>No other information regarding investigation of this resident-to-resident altercation was provided by the facility when requested.</p> <p>R39's Face Sheet, printed 4/10/24, documented that his diagnoses were Schizophrenia, Vitamin D Deficiency, Hyperlipidemia, Unspecified Dementia, Unspecified Severity, Without Behavioral Disturbance, Psychotic Disturbance, Mood Disturbance, and Anxiety, Bipolar Disorder and Hypertension.</p> <p>R39's MDS, dated [DATE], documented that he was cognitively impaired, and has rejected care daily.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145290	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Belleville Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 727 North 17th Street Belleville, IL 62226	
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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>	<p>R39's Care Plan, dated 11/26/18, documented, (R39) is at risk for abuse and/or neglect related to history of physical/verbal aggression, use of psychotropic medications, hallucinations/delusions, confusion/disorientation/forgetfulness, offensive anti-social habits, poor personal hygiene and DX; SCHIZOPHRENIA, BIPOLAR DISORDER, and DEMENTIA. It continues, Interventions: 1:1 counseling as needed and as resident allows. Administer medications as per MD orders. Notify MD if behaviors are worsening. If resident becomes aggressive attempt to remove resident from situation and assist him/her to a quiet place. Encourage resident to vent his/her feelings about situation. Remind resident that behavior is not acceptable. Resident is involved in anger management focus groups learning different techniques on maintaining his anger. Resident was sent to the ER for evaluated. He was admitted . Staff to encourage resident to attend daily group therapy.</p> <p>On 04/12/24 at 12:57 PM, V1, Administrator, stated that he has not been able to locate the investigations surveyors have requested of the resident-to-resident abuse investigations and abuse investigations. He stated he has reached out to the two previous administrators who stated the investigations should be here, but he has looked in all the file cabinets and closets and the abuse investigations are not here anywhere.</p> <p>4. On 4/11/24 at 11:18 AM R50 was lying on his bed. He had a crusty yellow scab at the base right first finger with no dressing or drainage noted. R50 shook his head when asked if he had any pain in his right hand from being bit.</p> <p>R50's Wound Physician Note, dated 2/6/24, documented the description of the bite wound to his right hand as a full thickness open ulceration wound measuring 6-centimeter (cm) x 1.3 cm x 0.2 cm with light serous exudate that is being treated with Augmentin (antibiotic).</p> <p>R50's Treatment order, dated 2/6/24, documented, Silver Sulfadiazine, apply twice daily, cover with bordered gauze and wrap with kerlix.</p> <p>R50's Wound Physician Progress note, dated 4/9/24, documented, (R50's) wound is now a scab and he removes his dressings, so treatment was changed to skin prep daily.</p> <p>R50's Face Sheet, print date 4/10/24, documented that he was initially admitted to the facility on [DATE] and his diagnoses included Schizophrenia, Maxillary Fracture, Left Side, Fracture of Nasal Bones, Fracture of Orbit, Unspecified Psychosis Not Due to a Substance or Known Physiological Condition, Paranoid Personality Disorder, Unspecified Lack of Coordination, Major Depressive Disorder, Anxiety Disorder, and Insomnia.</p> <p>R50's MDS, dated [DATE], documented that he was severely cognitively impaired, and had no behavior symptoms during the look-back period for that assessment.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145290	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Belleville Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 727 North 17th Street Belleville, IL 62226	
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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>	<p>R50's Care Plan, dated 8/20/20, documented, (R50) is at risk for abuse and neglect related to use of psychotropic medication, physical/verbal aggression, isolation, resistive to care, poor hygiene and diagnosis of Anxiety, Schizophrenia, Depression, and Psychosis. It continued, Interventions: 1:1 visits for emotional support as needed. It continues, Administer medications as directed by MD and monitor for possible side effects and for effectiveness. If resident becomes difficult during care, make sure resident is safe and walk away. Allow resident time to calm down, then reapproach. Keep resident safe from harm at all times. Report any suspected abuse and/or neglect immediately to Administrator. Social Services to provide information regarding Hotline, Ombudsman, Community resources and residents rights as needed. Social services to review/assess resident history and assess risk factors for Abuse/Neglect quarterly and PRN. Staff to provide education/counseling if behaviors are noted. Staff will demonstrate respectful/non-threatening approaches.</p> <p>R50's Progress Note, dated 2/1/2024 at 12:08 PM, documented, Resident noted with blood stains on his coat. Resident assessed for injuries and noted abrasion to right hand. MD (Medical Doctor) notified new orders clean with wound cleaner and apply Triple Antibiotic Ointment daily until healed. Resident is own responsible party.</p> <p>R50's Progress Notes, dated 2/4/2024 at 12:05 PM, documented, Resident on abt (antibiotic) therapy r/t (related to) bite to hand; no ase (adverse side effects) noted. Will continue to monitor.</p> <p>R50's Progress Notes, dated 2/9/2024 at 2:50 PM, documented, Resident changed rooms; resident notified and aware; resident own responsible party; attempted to call (R50's family) but the number was disconnected; called placed to (R50 family) with no answer; (R50 family) called and notified of room change; said he would let the family know; no concerns voiced.</p> <p>R50's Order Summary Report, dated 4/11/24, documented, Silvadene External Cream 1 % (Silver Sulfadiazine) Apply to Right Hand topically every day shift for To Promote Wound Healing; Telfa Non-Adherent Pad (Gauze Pads & Dressings) Apply to right hand topically every day shift for To Promote Wound Healing; Kerlix Gauze Roll Medium Miscellaneous (Gauze Pads & Dressings) Apply to right hand topically every day shift for To Promote Wound Healing.</p> <p>R50 Physicians order, dated 4/10/24, documented, Skin Prep Wipes Miscellaneous (Ostomy Supplies) Apply to Right Hand topically everyday shift for To Promote Wound Healing for 30 Days.</p> <p>On 4/10/24 at 3:00 PM, V2, Director of Nursing, stated that she has not been able to find any abuse investigations regarding abuse allegations or resident to resident physical altercations involving R50.</p> <p>R50's Incident Report, dated 2/1/24 at 8:30 AM, documented, Nursing Description: Resident was bit by peer RB (R30). Refused to go to the hospital. Resident Description: Resident unable to give description. Immediate action taken: Description: Immediately separated, both refused to go to the hospital. Both skin assessed. NP (Nurse Practitioner) notified. Injuries Type: No injuries observed at time of incident. This incident report also documented that R50 was alert and ambulatory without assistance.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145290	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Belleville Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 727 North 17th Street Belleville, IL 62226	
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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>	<p>R50's Incident Report, dated 9/30/23, documented, Nursing Description: Resident was seen in bed laying down with his roommate standing over him yelling about being hit. Resident description: Stated he did not do anything to that man. Immediate Action Taken: Resident was put on a one to one; and rooms are being changed. Mental status: Oriented to person; Predisposing Environmental Factors: Other; Predisposing Physiological Factors: Non-compliant with safety guidance, recent change in cognition, and Predisposing Situation Factors: Recent room change.</p> <p>R50's Incident Report, dated 9/28/23 at 2:01 AM, documented, Nursing Description: CNA (Certified Nursing Assistant) shouted out to this nurse that they were fighting. This nurse entered the room and observed this resident and another punching each other in the face and chest area while in the bathroom. I attempted to close the bathroom door to cease the fighting and this resident put his feet in the door in attempts to reopen. The other resident has sat down and calmed himself at this this time. this resident was then screaming, I said turn off the lights, turn them off. I asked the resident to if he could stop screaming in attempts to not awake other sleeping residents. He then responded, Fuck you, you, you, you I will kill all you guys. Several attempts were made to redirect/calm this resident by it only agitated him even more so I allowed him space to calm himself. Resident still at this time continued screaming, making gestures and threats. Resident Description: Unable to give description. Immediate Action Taken: Residents were separated. The aggressor was escorted from the room to ensure safety of other residents. MD called/texted. Management contacted. EMS (Emergency Medical Services/Police contacted. Resident sent to Gateway for a psych eval. The incident report documented R50 is ambulatory without assistance, oriented to person, place, time and situation. Predisposing Environmental Factors: other, poor lighting. Predisposing Situation Factors: Dislikes roommate, recent room change.</p> <p>R50's Incident Report, dated 9/9/23 at 4:00 PM, documented, Nursing Description: resident was seen by a staff member blood on resident masked. This nurse examined all that I could. Resident was angry yelling. A scratch examined on resident nose and under eye. Resident description: Resident states a guy hit him and he fell . Resident stated he does not know who hit him. Immediate Action Taken: Skin assessed. 2 small scratches noted under his eye near his nose. Skin cleansed with normal saline. Physician, police, and resident's responsible party resident sent to ER (emergency room) for eval and treatment. Predisposing Environmental Factors: other. Predisposing Physiological Factors: confused, gait imbalance. Predisposing Situation Factors: Ambulating without assist.</p> <p>R50's Progress Note dated 9/9/2023 at 3:07 PM, documented, Note Text: resident was seen by a staff member blood on resident masked. This nurse examined all that I could. resident was angry yelling. a scratch was examined on resident nose and under eye.</p> <p>R50's Progress note dated 9/30/23 at 7:11 AM documented, Resident roommate c/o being physically assaulted by him. Resident denied allegations of abuse. Resident was yelling w/ roommate; roommate stated that he was struck by (sic); MD was notified, order was given to send resident to ED for eval of altered mental status; [NAME] PD were called to assist EMS; resident's roommate filed report; this resident refused to go to ED for eval; residents were separated immediately, this resident remains on one to one; MD made aware of changes.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145290	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Belleville Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 727 North 17th Street Belleville, IL 62226	
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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>	<p>On 4/11/24 at 11:08, V16, LPN/Scheduler stated that she did the incident report on 2/1/24 when (R30) bit R50 on his hand but she did not witness what happened and could not remember who reported it to her. She also stated that she did provide wound care to R50's bite and that the bite did break the skin and it was bleeding. She also stated that he was followed by the wound nurse practitioner for a while because of the wound. V16 continued to state she did not know anything about R50 being hit by another resident on 9/9/23 causing facial fractures.</p> <p>On 4/11/24 at 11:25 AM V21, Corporate Nurse and V22, Corporate Travelling Administrator, both stated that they do not have any investigations for abuse allegations or resident to resident altercations for R50. V21 stated, We have given you (surveyors) everything we can find. We have looked everywhere for investigations and have not found them.</p> <p>On 4/11/24 at 11:40 AM V23, Nurse Practitioner stated that she assessed R50's wound from another resident biting him on the day after it happened. She stated the bite did break his skin and they always treat a human bite with antibiotics, but she did not feel that the wound from the bite was ever infected. She stated that R50 had prolonged healing from the bite because he is non-compliant with treatment and refuses hygiene most of the time.</p> <p>04/12/24 at 12:57 PM, V1, Administrator, stated that he has not been able to locate the investigations surveyors have requested of the resident-to-resident abuse investigations and abuse investigations. He stated he has reached out to the two previous administrators who stated the investigations should be here, but he has looked in all the file cabinets and closets and the abuse investigations are not here anywhere.</p> <p>5. The facility report to the State Agency, dated 3/30/24 at 12:23 PM, documented, Resident/ Victim/Perpetrator: (R63/R64) Initial Incident Description: Resident reported that he got into an argument with another resident over the food cart and the other resident poked him and hit him. Residents were separated and assessed for injury and minor injury was treated. Residents monitored to prevent recurrence. The Initial Report documents R63, as the victim and R64, as the perpetrator.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145290	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Belleville Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 727 North 17th Street Belleville, IL 62226	
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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>	<p>The facility's Follow-up Investigation Report, undated, documented, The victim describes the incident as a disagreement over the access to the hallway meal cart during lunch. The victim states that he asked the other party to close the door to the cart and not to take food out of it. This discussion escalated to a verbal argument followed by the other resident approaching the victim and, with cupped hands, shoving his hands into the neck area of the victim and lightly poking him with a fork. Victim said there were no staff or residents present as the location was out of view of the nursing staff at the time. The victim stated that the other resident said he was allowed to access the cart. The victim displayed no expression of distress after the incident and during the follow up discussion with the Administrator on 4/1 and 4/2. He appeared to be in good spirits and expressed understanding of the other residents' initial actions due to the misunderstanding of the access allowed to the meal cart by residents. Under interview of alleged perpetrator, it documented, The resident is not cognitively able to express himself as to the intent of his actions due to a past brain injury but is alert. It continues, Based on staff interviews there were no additional reports of similar incidents uncovered involving these or other residents. A staff member did indicate that the victim has a history of directing other residents and that the alleged perpetrator coincidentally does not take direction well from other resident. It continued, Conclusion statement, Not verified. Unsubstantiated. It continues, The facility residents have diagnosis of bipolar, depressive disorders and behavior histories. The investigation uncovered the source of the altercation as a misunderstanding of the facility procedures for access to the hallway meal cart rather than a deliberate attempt by the alleged perpetrator to willfully harm the victim. The victim expressed this in his statements as well. The injury sustained by the victim were relatively minor and required basic first aid and apparently resulted from an initial verbal disagreement. Upon further discussions, the victim expressed no fear or feelings of being unsafe. Based on review of the medical records, resident history, as well as the disagreement involved and related to his need for behavior intervention plan, which is in place. At this point the police report has not been received but has been requested by the facility. If there are changes to the results of the investigation based on the content of the police report, the final report will be adjusted.</p> <p>R63's Face Sheet, undated, documented diagnoses included Bipolar Disorder, Current Episode Mixed, Moderate, Major Depressive Disorder, Single Episode, Unspecified and Anxiety Disorder, Unspecified.</p> <p>R63's MDS, dated [DATE], documented that R63 was alert and oriented and had no behaviors.</p> <p>R63's Care Plan dated 5/18/23, documented, Has symptoms such as mood swings, impulsive behavior and attention seeking behavior related to a diagnosis of bipolar disorder and major depression disorder. Goal: Resident will demonstrate an ability to manage affect/mood swing without difficulty at least twice/week; Resident will not have a relapse of symptoms through the next review. Interventions: Administer Medication as prescribed by the physician. Encourage and counsel on the importance of medication compliance as needed. Encourage participation in activities. Encourage participation in recommended programming.</p> <p>R63's Care Plan, dated 5/18/23, documented, ABUSE: (R63) is at risk for abuse and neglect r/t Bipolar Disorder, MDD, and Anxiety. It continues, Assess resident for abuse and neglect upon admission and quarterly. Continue to in-service the staff about abuse and neglect.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145290	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Belleville Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 727 North 17th Street Belleville, IL 62226	
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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>	<p>6. R64's Face Sheet, printed 4/12/24, documented diagnoses of Type 2 Diabetes Mellitus, Aphasia Following Non-Traumatic Subarachnoid Hemorrhage; Mixed Receptive-Expressive Language Disorder; Epilepsy, Unspecified, Intractable, with Status Epilepticus; Muscle Weakness; Bipolar Disorder; Cognitive Communication Deficit; Major Depressive Disorder; Personal History Traumatic Brain Injury; and Alcohol Abuse.</p> <p>R64's MDS, dated [DATE], documented that he was alert and oriented.</p> <p>R64's Care Plan, dated 3/30/24 documented, (R64) is at risk for abuse and/or neglect related to: history of TBI, Schizoaffective, depression, history of chemical/substance abuse, persistent anger/fear/anxiety, confusion/disorientation/forgetfulness, and poor judgement skills. Has difficulty in communications, history of verbal and physical aggression. It continues, Administer medications as directed by MD and monitor for possible side effects and for effectiveness. If resident becomes difficult during care, make sure resident is safe and walk away. Allow resident time to calm down, then reapproach. Keep resident safe from harm at all times. Provide resident with psychosocial programming for anger management. Report any suspected abuse and/or neglect immediately to Administrator. Social Services to provide information regarding Hotline, Ombudsman, Community resources and residents rights as needed. Social services to review/assess resident history and assess risk factors for Abuse/Neglect quarterly and PRN. Staff to provide education/counseling if behaviors are noted. Staff will demonstrate respectful/non-threatening approaches. It continues, 1:1 Anger management counseling with social services when res is aggressive. 1:1 counseling as needed and as resident allows. If resident becomes aggressive attempt to remove resident from situation and assist him/her to a quiet place. Encourage resident to vent his/her feelings about situation. Remind resident that behavior is not acceptable. If resident becomes upset, give him/her time to calm down before re-approaching. If resident refuses care, care giver should leave room and try again later. Separate residents as needed. Staff will ensure that each resident is safe. Staff to encourage resident to attend daily group therapy. Will be encouraged to attend Reality Awareness group.</p> <p>On 4/16/24 at 12:50 PM, V9, Social Service Designee, stated that they did have a point system for attending groups, but they no longer have any funding for groups and therefore there is no country store to offer the residents a place to spend their points. She stated attendance in groups has declined since they no longer have incentives to offer for attending them. She stated after residents are involved in 1:1 altercation with other residents she or her psycho-social staff do 1:1 with those residents to see if there is any post-traumatic stress following the incident and they make sure they are staying separated. She stated they are encouraged to attend psycho-social groups. V9 also stated that R63 does not attend psycho-social groups and R64 rarely attends them.</p> <p>On 4/17/24 at 2:55 PM V1, Administrator, stated that he did not feel abuse was substantiated in regard to the incident between R63 and R64 because, based on the facility's population, there was no willful intent to cause harm. V1 also stated that R63 likes to tell others what to do and R64 does not like anyone to direct him. V1 stated that there was superficial harm when R64 scratched R63 on the right cheek, but due to there being no intent, abuse was not substantiated.</p> <p>33110</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145290	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Belleville Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 727 North 17th Street Belleville, IL 62226	
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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>	<p>7. Resident to resident Initial Investigation, dated 2/26/24, documented that V34, LPN heard yelling coming from the dining area. She then went to assess and noted R36 laying on her back against a chair with staff in between her and a peer. R36 then voiced that R35 had taken her bag from a table in the dining room and when R36 attempted to retrieve her belongings, R35 pushed her away and hit her. Then R35 voiced that R36 grabbed R35's hair resulting in them falling back on to chair. Attempted to call V34, LPN without answer and R36 refused interview. When R35 was asked about the incident, he didn't remember the incident. An Investigation was requested from the facility, and V1, Administrator, stated that he has called the former staff, and they were not helpful. The final report staff and resident interviews were not provided during this investigation.</p> <p>R35's Care Plan, dated 2/3/24, documented that R35 can be verbally and physically aggressive. R35's intervention was to remove resident from the situation and administer medications.</p> <p>R35's Electronic Health Record, undated, documented that R35 has the diagnoses of Schizophrenia, Unspecified Dementia, and Unspecified Psychosis.</p> <p>R36's MDS, dated [DATE], documented that R36 was cognitively intact.</p> <p>R36's Care Plan, dated 3/14/24 documented that R36 qualified for subpart S. R36 displayed difficult behavior when dealing with peers and/ or staff and by the next review, R36 will not insult or direct vulgar behavior toward staff or peers.</p> <p>R36's Electronic Health Record Diagnoses list, undated, documented that R36 was bipolar disorder and Schizo affective.</p> <p>On 4/17/24 at 12:50 PM, V2, DON stated that if one resident takes the other residents belongings then they would initially separate the residents and assess them for injuries and then we would monitor them for 72 hours.</p> <p>The Facility Abuse Policy and Prevention Program, dated 2022, documented, This facility affirms the right of our residents to be free from abuse, neglect, exploitation, and misappropriation of property, deprivation of goods, and services by staff or mistreatment. The facility will take steps to prevent potential abuse while the investigation is underway. Residents who allegedly abused another resident shall be immediately evaluated to determine the most suitable therapy, care approaches, and placement considering his and her safety as well as the safety of other residents and employees of the facility. In addition, the facility shall take all steps necessary to ensure the safety of residents including but not limited to the separation of residents.</p> <p>B. Based on interview and record review, the facility failed to investigate injuries of unknown origin for 2 of 2 residents (R36 and R88), reviewed for abuse of unknown origin. This failure resulted in R88's fracture of T9 and T10 not being investigated as to the cause.</p> <p>Findings Include:</p> <p>8. R88's Nurses Note, dated 8/12/23, documented, Resident complained of lower back pain, NP (Nurse Practitioner) notified. N.O (New Order) for lidocaine patch and Xray- Lumbar and sacral spine 4 view.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145290	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Belleville Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 727 North 17th Street Belleville, IL 62226	

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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>	<p>R88's Nurses Note, dated 8/14/23, Resident came to nurses' station and stated that she is having back pain.</p> <p>R88's Nurses Note, dated 8/13/23, documented, Resident returned to facility with new orders for hydro-acet 5-325 PRN q6 d/t (Hydrocodone/Acetaminophen 5milligrams (mg)-325mg) Cat Scan results fracture vertebrae.</p> <p>R88's Clinical Record was reviewed on 4/16/24, and No investigation for injury of unknown found and no investigation to injury of unknown was provided by V1 Administrator or V2 Director of Nursing.</p> <p>9. R36's Initial Report, dated 5/9/23, documented, This writer was made aware by the assistant administrator that resident reported being physically touched by a staff member, resident states a staff member physically touched her. Bruising noted with bright red blood to right lower extremity. Reside[TRUNCATED]</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145290	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Belleville Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 727 North 17th Street Belleville, IL 62226	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35156</p> <p>Based on observation, interview and record review, the facility failed to ensure allegations of abuse, neglect, or mistreatment were thoroughly investigated and interventions were put into place to prevent further potential abuse, neglect exploitation or mistreatment for 7 of 25 residents (R30, R36, R39, R50, R63, R85 and R88) reviewed for abuse in the sample of 59. This failure had the potential to affect all 112 residents residing in the facility.</p> <p>Findings include:</p> <p>1. R30's Initial Incident Report, dated 2/1/2024 at 8:30 AM, documented, Resident (R30) and (R50) entered a verbal disagreement about (R50) working for a seed company that (R30) used to work for. The verbal argument became physical and (R30) bit (R50) on the right hand. Puncture wound/bite marks that drew blood to right hand of resident (R50).</p> <p>An Incident Report, dated 2/14/2024, documented, (R50) got into a verbal disagreement with roommate (R30) about working at the same seed company in the past then (R30) bit him on the right hand. Root cause: Both residents are cognitively impaired and became agitated resulting in (R50) being bit by (R30) on the right hand. Intervention: Residents were moved to separate rooms on a different hall. Supervision provided to both residents for change in status.</p> <p>On 4/9/2024 at 8:04 AM, all abuse investigations for the past year were requested from the facility.</p> <p>On 4/9/2024 at 10:30 AM, V1, Interim Administrator, stated We are working on the abuse investigations. I have only been here for a little while and we are working on them.</p> <p>On 4/9/2024 at 5:20 PM, V21, Corporate Nurse, stated, We have been looking everywhere and we cannot find all of the abuse investigations. We have given you everything we could find. We are not sure where all of the investigations went. We believe they were completed, we just cannot provide them, or prove that they're done.</p> <p>The Facility was unable to provide a Final Report for R30 and R50 for 2/14/2024. There were no investigations documenting staff or residents' interviews related to the altercation. The Facility was unable to show evidence of the incident and how the altercation was thoroughly investigated. The facility was unable to provide what protective actions were taken to ensure residents were being protected and safe aside from separating R30 and R50 and placing them on different halls. There was no evidence of the interaction between R30 and R50 and no documentation related to if R50 was or was not threatening R30 prior to the altercation. There was no evidence of the facility conducting observations of R30 and R50, the interactions and relationships between them and other residents. No corrective actions were documented from the incident except the Intervention: Residents were moved to separate rooms on a different hall. Supervision provided to both residents for change in status.</p> <p>2. R85's Incident Report dated 8/19/2024 documents, As told by the 400 hall (Certified Nurse Assistant) CNA, resident was thrown out of his wheelchair by another resident to the floor. Both residents were separated by staff. Abrasion to left ear, upper left arm, and face.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145290	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Belleville Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 727 North 17th Street Belleville, IL 62226	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>R85's Nurse Notes, dated 8/19/203 at 4:53 PM, documented, As told by the 400 hall CNA, resident was thrown out of his wheelchair by another resident to the floor. As told by the resident he was thrown out of his wheelchair by another resident. Both residents separated from each other by staff. 911 was called.</p> <p>The Facility was unable to provide a Final Report for R85 and R39 for the altercation on 8/19/2023. There were no investigations documenting staff or residents' interviews related to the altercation. The Facility was unable to show evidence of the incident and how the altercation was thoroughly investigated. The facility was unable to provide what protective actions were taken to ensure residents were being protected and safe. There was no evidence of the interaction between R85 and R39. There was no evidence of the facility conducting observations of R85 and R39, the interactions and relationships between them and other residents. No corrective actions were documented from the incident on 8/19/2023. There were no interviews documented if R85 felt safe in the facility.</p> <p>On 4/17/2024 at 4:14 PM, V21, Corporate Nurse stated, We realize it is serious that we could not find the abuse investigations. We are not sure what happened to all of the abuse investigations, or where they went to.</p> <p>33110</p> <p>3. R36's Resident to resident Initial Investigation, dated 2/26/24, documented that V34, Licensed Practical Nurse (LPN), heard yelling coming from the dining area. She went to assess and noted R36 laying on her back against a chair with staff in between her and a peer. R36 voiced that R35 had taken her bag from a table in the dining room. When R36 attempted to retrieve her belongings R35 had pushed her away and hit her (R36). R35 voiced that she grabbed R36's hair, resulting in them falling back on to chair. During this investigation, attempted to call V34 was unable to reach her and R36 refused interview. R35, when interviewed, didn't remember the incident. An Investigation was requested from the facility, and V1 stated I have called the former staff, and they were not helpful this is the only investigation we have. The final report staff and resident interviews were not provided.</p> <p>R36's Initial Report, dated 5/9/23, documented, This writer was made aware by the Assistant Administrator that resident reported being physically touched by a staff member. Resident states a staff member physically touched her. Bruising noted with bright red blood to right lower extremity. Resident refused care at this time.</p> <p>R36's Clinical Record was reviewed and an investigation into this injury of unknown origin was not found, and when requested, an investigation into the injury of unknown origin was not provided by the facility.</p> <p>4. R88's Nurses Note, dated 8/12/23, documented, Resident complained of lower back pain, NP (Nurse Practitioner) notified. N.O (New Order) for lidocaine patch and Xray- Lumbar and sacral spine 4 view.</p> <p>R88's Nurses Note, dated 8/13/23, documented, Resident returned to facility with new orders for (Hydrocodone/Acetaminophen 5milligrams (mg)-325mg as needed every 6 hours due to) Cat Scan results fracture vertebrae.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145290	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Belleville Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 727 North 17th Street Belleville, IL 62226	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>R88's Nurses Note, dated 8/14/23, documented, Resident came to nurses station and stated that she is having back pain.</p> <p>R88's Clinical Record was reviewed during this investigation and there was not an investigation for injury of unknown origin found and no investigation to injury of unknown was provided by V1 Administrator or V2 Director of Nursing when they were asked for it.</p> <p>The facility policy Abuse Prevention program, dated 2/2017, documented, For resident injuries not involving an allegation of abuse or neglect, the administrator will appoint a person to gather further facts to make a determination as to whether the injury should be classified as an injury of unknown source. an injury should be classified as an injury of unknown source when both of the following conditions are met. The source of the injury was not observed by any person, or the source of the injury could not be explained by the resident. The injury is suspicious because of the extent of the injury, or the location of the injury is located in an area not generally vulnerable to trauma or the number of injuries observed at one particular point in time or the incidence of injuries over time.</p> <p>34964</p> <p>5. R39's Progress Note, dated 8/19/2023 at 5:38 PM, documented, Approximately 1530 (3:30 PM) this said RN (Registered Nurse) was down the hall when I heard a loud voices coming from the 300 hall. I ran to assist, and that is when I saw (R85) on the floor with CNA holding (R85's) wheelchair. CNA stated that he stopped (R39) from hitting (R85) with the wheelchair, and that (R39) had thrown/knocked (R85) out of his wheelchair. I assessed the situation and called 911 believing that (R39) was still a threat to others. While on the 911 call, I notified the Administrator, DON, NP (Nurse Practitioner) for DR (doctor).</p> <p>The Facility's Incident Report, dated 8/19/24 at 4:19 PM, documented, Nursing Description: As told by the 400 Hall CNA resident, (R85) was thrown out of his w/c (wheelchair) by another resident (R39) to the floor. Resident Description: As told by the resident he was thrown out of his w/c by another resident. Immediate Action Taken: Both residents were separated from each other by staff.</p> <p>No other information regarding investigation of this resident-to-resident altercation were provided by the facility when requested.</p> <p>On 04/12/24 at 12:57 PM, V1, Administrator, stated that he has not been able to locate the investigations surveyors have requested of the resident-to-resident abuse investigations and abuse investigations. He continued to state that he has reached out to the two previous administrators, who stated the investigations should be here, but he has looked in all the file cabinets and closets and the abuse investigations are not here anywhere.</p> <p>6. On 4/11/24 at 11:18 AM, R50 was lying on his bed. He had a crusty yellow scab at the base right first finger with no dressing or drainage noted. R50 shook his head when asked if he had any pain in his right hand from being bit.</p> <p>R50's Progress Note, dated 2/1/2024 at 12:08 PM, documented, Resident noted with blood stains on his coat. Resident assessed for injuries and noted abrasion to right hand. MD (Medical Doctor) notified new orders clean with wound cleaner and apply Triple Antibiotic Ointment daily until healed. Resident is own responsible party.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145290	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Belleville Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 727 North 17th Street Belleville, IL 62226	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>R50's Progress Notes, dated 2/9/2024 at 2:50 PM, documented, Resident changed rooms; resident notified and aware; resident own responsible party; attempted to call (R50's family) but the number was disconnected; called placed to (R50 family) with no answer; (R50 family) called and notified of room change; said he would let the family know; no concerns voiced.</p> <p>On 4/10/24 at 3:00 PM, V2, Director of Nurses, stated that she has not been able to find any abuse investigations regarding abuse allegations or resident to resident physical altercations involving R50.</p> <p>Incident Report, dated 2/1/24 at 8:30 AM, documented, Nursing Description: Resident was bit by peer (R30). Refused to go to the hospital. Resident Description: Resident unable to give description. Immediate action taken: Description: Immediately separated, both refused to go to the hospital. Both skin assessed. NP (Nurse Practitioner) notified. Injuries Type: No injuries observed at time of incident. This incident report documented that R50 was alert and ambulatory without assistance.</p> <p>Incident Report, dated 9/30/23, documented, Nursing Description: Resident was seen in bed laying down with his roommate standing over him yelling about being hit. Resident description: Stated he did not do anything to that man. Immediate Action Taken: Resident was put on a one to one; and rooms are being changed. Mental status: Oriented to person; Predisposing Environmental Factors: Other; Predisposing Physiological Factors: Non-compliant with safety guidance, recent change in cognition, and Predisposing Situation Factors: Recent room change.</p> <p>R50's Incident Report, dated 9/28/24 at 2:01 AM, documented, Nursing Description: CNA (Certified Nursing Assistant) shouted out to this nurse that they were fighting. This nurse entered the room and observed this resident and another punching each other in the face and chest area while in the bathroom. I attempted to close the bathroom door to cease the fighting and this resident put his feet in the door in attempts to reopen. The other resident has sat down and calmed himself at this this time. This resident was then screaming, I said turn off the lights, turn them off. I asked the resident to if he could stop screaming in attempts to not awake other sleeping residents. He then responded, F**k you, you, you, you I will kill all you guys. Several attempts were made to redirect/calm this resident by it only agitated him even more, so I allowed him space to calm himself. Resident still at this time continued screaming, making gestures and threats. Resident Description: Unable to give description. Immediate Action Taken: Residents were separated. The aggressor was escorted from the room to ensure safety of other residents. MD called/texted. Management contacted. EMS (Emergency Medical Services/Police contacted. Resident sent to Gateway for a psych eval. This incident report documented that R50 was ambulatory without assistance, oriented to person, place, time and situation. Predisposing Environmental Factors: other, poor lighting. Predisposing Situation Factors: Dislikes roommate, recent room change.</p> <p>Incident Report, dated 9/9/24 at 4:00 PM, documented, Nursing Description: resident was seen by a staff member blood on resident masked. This nurse examines all that I could. Resident was angry yelling. A scratch examined on resident nose and under eye. Resident description: Resident states a guy hit him, and he fell . Resident stated he does not know who hit him. Immediate Action Taken: Skin assessed. 2 small scratches noted under his eye near his nose. Skin cleansed with normal saline. Physician, police, and resident's responsible party resident sent to ER (emergency room) for eval and treatment. Predisposing Environmental Factors: other. Predisposing Physiological Factors: confused, gait imbalance. Predisposing Situation Factors: Ambulating without assist.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145290	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Belleville Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 727 North 17th Street Belleville, IL 62226	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>R50's Progress Note, dated 9/9/2023 at 3:07 PM, documented, Note Text: resident was seen by a staff member blood on resident masked. This nurse examined all that I could. Resident was angry, yelling. A scratch was examined on resident nose and under eye.</p> <p>R50's Progress note, dated 9/30/23 at 7:11 AM, documented, Resident roommate c/o being physically assaulted by him. Resident denied allegations of abuse. Resident was yelling w/ roommate; roommate stated that he was struck by Rusty; MD was notified, order was given to send resident to ED for eval of altered mental status; [NAME] PD were called to assist EMS; resident's roommate filed report; this resident refused to go to ED for eval; residents were separated immediately, this resident remains on one to one; MD made aware of changes.</p> <p>During this investigation, V2, DON, could not provide incident report for this incident when she provided other incident reports for him (V50) on 4/10/24.</p> <p>On 4/11/24 at 11:08, V16, LPN/Scheduler stated that she did the incident report on 2/1/24 when R30 bit R50 on his hand but she did not witness what happened and could not remember who she reported it to her. She continued to state that she did not know anything about R50 being hit by another resident on 9/9/23 causing facial fractures.</p> <p>On 4/11/24 at 11:25 AM, V21, Corporate Nurse and V22, Corporate Traveling Administrator, both stated that they do not have any investigations for abuse allegations or resident to resident altercations for R50. V21 also stated, We have given you (surveyors) everything we can find. We have looked everywhere for investigations and have not found them.</p> <p>On 04/12/24 at 12:57 PM, V1, Administrator, stated that he has not been able to locate the investigations surveyors have requested of the resident-to-resident abuse investigations and abuse investigations. He stated he has reached out to the two previous administrators who stated the investigations should be here, but he has looked in all the file cabinets and closets and the abuse investigations are not here anywhere.</p> <p>7. The facility reportable to the State Agency, dated 3/30/24 at 12:23 PM documented, Resident/Victim/Perpetrator(R63/R24) Initial Incident Description: Resident reported that he got into an argument with another resident over the food cart and the other resident poked him and hit him. Residents were separated and assessed for injury and minor injury was treated. Residents monitored to prevent recurrence. The Initial Report documented that R63, as the victim and R64, as the perpetrator.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145290	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Belleville Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 727 North 17th Street Belleville, IL 62226	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>The facility's Follow-up Investigation Report, undated, documented, The victim describes the incident as a disagreement over the access to the hallway meal cart during lunch. The victim states that he asked the other party to close the door to the cart and not to take food out of it. This discussion escalated to a verbal argument followed by the other resident approaching the victim and, with cupped hands, shoving his hands into the neck area of the victim and lightly poking him with a fork. Victim said there were no staff or residents present as the location was out of view of the nursing staff at the time. The victim stated that the other resident said he was allowed to access the cart. The victim displayed no expression of distress after the incident and during the follow up discussion with the Administrator on 4/1 and 4/2. He appeared to be in good spirits and expressed understanding of the other residents' initial actions due to the misunderstanding of the access allowed to the meal cart by residents. It continues, The resident is not cognitively able to express himself as to the intent of his actions due to a past brain injury but is alert. It continues, Based on staff interviews there were no additional reports of similar incidents uncovered involving these or other residents. A staff member did indicate that the victim has a history of directing other residents and that the alleged perpetrator coincidentally does not take direction well from other resident. Conclusion statement, Not verified. Unsubstantiated. It continues, The facility residents have diagnosis of bipolar, depressive disorders and behavior histories. The investigation uncovered the source of the altercation as a misunderstanding of the facility procedures for access to the hallway meal cart rather than a deliberate attempt by the alleged perpetrator to willfully harm the victim. The victim expressed this in his statements as well. The injury sustained by the victim were relatively minor and required basic first aid and apparently resulted from an initial verbal disagreement. Upon further discussions, the victim expressed no fear or feelings of being unsafe. Based on review of the medical records, resident history, as well as the disagreement involved and related to his need for behavior intervention plan, which is in place. At this point the police report has not been received but has been requested by the facility. If there are changes to the results of the investigation based on the content of the police report, the final report will be adjusted.</p> <p>On 4/17/24 at 2:55 PM, V1, Administrator stated that he did not feel abuse was substantiated in regard to the incident between R63 and R64 because, based on the facility's population, there was no willful intent to cause harm. V1 also stated that R63 likes to tell others what to do and R64 does not like anyone to direct him. V1 stated that there was superficial harm when R64 scratched R63 on the right cheek, but due to there being no intent, abuse is not substantiated.</p> <p>The Facility Abuse Policy and Prevention Program, dated 2022, documented, This facility affirms the right of our residents to be free from abuse, neglect, exploitation, and misappropriation of property, deprivation of goods, and services by staff or mistreatment. The facility will take steps to prevent potential abuse while the investigation is underway. Residents who allegedly abused another resident shall be immediately evaluated to determine the most suitable therapy, care approaches, and placement considering his and her safety as well as the safety of other residents and employees of the facility. In addition, the facility shall take all steps necessary to ensure the safety of residents including but not limited to the separation of residents.</p> <p>The Long-Term Care Facility Application for Medicare and Medicaid form, dated 4/9/24, documented that there are 112 residents that reside in the facility.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145290	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Belleville Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 727 North 17th Street Belleville, IL 62226	
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42834</p> <p>Based on observation, interview, and record review, the facility failed to treat a pressure ulcer per physician's order for 1 of 3 residents(R14) reviewed for pressure ulcers in the sample of 59.</p> <p>Findings include:</p> <p>R14's Face sheet documents an admitted [DATE]. The Face Sheet documents R14's diagnoses as Type 2 Diabetes, Chronic Obstructive Pulmonary Disease, Weight Loss, Asthma, Contractures.</p> <p>R14's Care Plan dated 2/26/2024 documents SKIN: R14 is at risk for skin complications related to incontinence and psychotropic medications, Diabetes, COPD, and Seizures. R14 has no open areas to skin 7/19/23. R14 has open areas to bilateral heels 9/21/23 Resolved. R14 has Unstageable Pressure area to coccyx 9/25/23. Interventions include: 10/30/23 low air loss mattress provided to assist with reducing pressure issues. Assess and document of progress of areas weekly. Assist and encourage resident to turn and reposition every 1 to 2 hours and as needed. Provide skin care after each incontinent episode. Skin assessment weekly. Wound care per wound care doctor/hospice.</p> <p>R14's Wound Company notes dated 9/25/2023 documents R14 had an unstageable pressure ulcer (Due to necrosis) on R14's coccyx full thickness. The Note documented R14's pressure ulcer measured 3 centimeters x 2cm x 0.2cm with 100% necrosis. Dressing Treatment Plan Primary Dressing(s)Alginate calcium apply once daily for 30 days; Santyl apply once daily for 30 days Secondary Dressing(s). Gauze island with border, apply once daily for 30 days.</p> <p>R14's Weekly Skin assessment dated [DATE] documents coccyx wound unstageable.</p> <p>R14's Wound Company notes dated 4/9/2024 documents Stage 4 Pressure Wound Coccyx Full Thickness Etiology Wound Size (L x W x D): 5cm x 4cm x 0.2 cm. Primary Dressing(s) Sodium hypochlorite solution (Dakin's) apply three times per week as needed for 9 days: 1/4 strength cleanse; Collagen powder apply three times per week and as needed for 30 days Secondary Dressing(s) Foam with border apply three times per week and as needed for 9 days.</p> <p>On 4/11/2024 at 2:00PM V11 Licensed Practical Nurse, LPN, provided incontinent care to R14. R14's coccyx pressure ulcer was red and open with large amount of red drainage. R14 was then turned and repositioned. V11 provided wound care to R14. V11 stated I haven't done (R14)'s wound care yet. Our wound nurse is who does the wound care, and he is on vacation. I am not exactly sure how they want us to clean this. I will use normal saline. V11 used normal saline instead of the Dakins when cleansing R14's pressure ulcer.</p> <p>Facility policy with a review date of 1/2023 states The following treatment guidelines have been developed to serve as a general protocol for selecting the type of treatment or dressing to be used. However, the facility recognizes that the selection of treatment protocols is individualized based on the resident condition and Health Care Provider practice patterns. Therefore, these are only guidelines and not all inclusive. An order is required for all treatment orders.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145290	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Belleville Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 727 North 17th Street Belleville, IL 62226	
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35156</p> <p>A. Based on observation, interview, and record review, the facility failed to ensure resident's coffee was served at temperatures that would not burn aresident for 1 of 12 residents (R30) reviewed for accidents in the sample of 59. This failure resulted in hot coffee being spilled on R30 and R30 sustaining burns to thigh and abdomen.</p> <p>Findings include:</p> <p>1. R30's Physician Order Sheet (POS) for February 2024 documents diagnoses of unspecified psychosis not due to a substance or known physiological condition, unspecified asthma, morbid obesity, hypertension, major depression disorder, anxiety disorder, Schizophrenia, legal blindness, post-traumatic stress disorder.</p> <p>R30's POS has an order dated 3/12/2024 at 3:07 PM, Silvadene external cream 1%, apply to abdomen topically every day shift for blister. Clean with wound cleaner then apply Silvadene and cover with dry dressing daily until healed. Apply to abdomen topically every day shift to promote wound healing.</p> <p>R30's Minimum Data Set (MDS) dated [DATE] documents R30 was severely impaired for cognition.</p> <p>R30's Care Plan date initiated of 8/2/2023 documents, (R30) is legally blind. He stated he was born with blindness in both eyes. (R30) qualifies for Subpart S programming to diagnosis major depression disorder, recurrent, severe, focus areas include community living, medication management and self-maintenance. Diagnosis of mental illness. At risk for abuse and neglect related psychosis, anxiety, and schizophrenia.</p> <p>R30's Nurse's Notes dated 2/20/2024 at 3:52 PM, documents Resident witnessed with open red area to upper left abdomen. (Medical Doctor) notified new orders Silvadene and dry dressing to affected area until healed. Resident is own responsible party. Plan of care will continue. (Draft). There was no documentation to how R30 sustained this wound.</p> <p>R30's Progress Notes dated 2/26/2024 at 3:52 PM, Resident witnessed with open area to upper low left abdomen. MD (Medical Doctor) notified, new order Silvadene and dry dressing to affected area until healed.</p> <p>R30's Wound Report dated 2/27/2024 documents, Burn wound of left abdomen partial thickness, wound size 13 (length) x 15 (width) x 0.1 cm (centimeters), surface area 195.00 cm2, cluster wound open ulceration area of 78.00 cm2, no exudate, skin 60%. Silver sulfadiazine apply twice daily for 30 days. Secondary dressing, gauze island w/ bdr apply twice daily for 30 days. Burn Wound of the left thigh, partial thickness, etiology, burn, further etiology detail, 'hot liquid', duration less than four days, wound size Length 0.8 L x 0.6 w x d 0.1 c.</p> <p>Incident Reports provided by the facility do not document any incident for R30. R30's Nurse's Notes do not document when R30's accident/burn occurred or how the incident occurred.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145290	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Belleville Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 727 North 17th Street Belleville, IL 62226	
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>R30's Wound Notes dated 3/1/2024 at 9:00 AM, Resident has reddened area on left abdomen upper and lower, scabbed over, purulent drainage noted, cleansed area, applied Silvadene and a bordered gauze, applied Silvadene to left upper leg at this time, resident is scratching at wound at this time.</p> <p>R30's Wound Report dated 3/5/2024 documents hot liquid burn, wound size 13 (length) x 9 (width) x 0.1 cm. Patient has a wound on his left abdomen, left thigh. Further etiology detail: Hot liquid. Silver sulfadiazine apply twice daily for 30 days. Secondary dressing, gauze island w/ bdr apply twice daily for 30 days.</p> <p>R30's Skin and Wound Evaluation dated 3/5/2024 at 9:28 AM, Burn, second degree, front left thigh, New, Wound measurement area 3.2 cm (centimeters), length 2.3 cm, width 2.1 cm.</p> <p>On 4/11/2024 at 9:22 AM, R30 stated, I got that area on my belly from coffee that spilled on me. I can hold the cup and the (V20, certified nursing assistant CNA) spilled the coffee on me and it burned me on my stomach and thigh. I was in my room when the coffee was spilled. I burnt my stomach and thigh.</p> <p>On 4/11/2024 at 9:24 AM, R30 had a wound on his left stomach approximately 4 inches in length and 2 inches in width, pinkish in color, appearing as old wound, with an area in the center the size of a dime that had healed over. No exudate or pus was present, or foul odors. R30's thigh was healed over and had no open areas.</p> <p>On 4/11/2024 at 9:32 AM, V18, Licensed Practical Nurse (LPN) stated, (R30) use to be upstairs but they moved him down here with me now. He is legally blind, and he can see shadows. He has that area on his belly that is almost healed up. I can do treatments on him without any issues. He got burnt when coffee was spilled on him. I am not sure when this happened. He had an area on his thigh and stomach from the coffee burn.</p> <p>On 4/11/2024 at 9:52 AM, V20, Certified Nursing Assistant (CNA) stated, (R30) had a cup of coffee that he tipped over and it burnt him. I was not there but that is what (R30) told me. (R30) had a burn on his thigh and stomach.</p> <p>On 4/11/2024 at 8:02 AM, V10, Dietary Manager stated, The coffee machine breaker part has been ordered and we are waiting for the part for the coffee hot water machine to work. It was not working correctly.</p> <p>On 4/11/2024 at 4:30 PM, V1, Administrator stated there was no policy on heat/burns.</p> <p>B. Based on observation, and interview the Facility failed to provide supervision to residents to ensure they do not have access to areas of facility under construction for 1 of 3 residents (R63) reviewed for potential accident hazards in the sample of 59.</p> <p>Findings include:</p> <p>On 4/16/2024 at 8:00 AM, on the 400-halls, there was a sign posted on the two doors upon entering the hall not to proceed and not to enter the area. The doors did not lock and opened with no issues.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145290	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Belleville Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 727 North 17th Street Belleville, IL 62226	

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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/16/2024 at 8:05 AM, no staff was observed sitting at the nurse's station or monitoring the 400-hall entrance for residents.</p> <p>On 4/16/2024 at 8:07 AM, V2, Director of Nursing (DON) stated, We are in the process of redoing the floors and remodeling on the 400-hall. The 400 hall is closed off for residents. We do not allow residents on that hall.</p> <p>On 4/16/2024 at 8:09 AM, construction work is being conducted on the 400-hall. There were various tools, and instruments being used for the flooring sitting in the unoccupied rooms.</p> <p>On 4/16/2024 at 2:24 PM, R63 entered the area walked down the hall into the conference room.</p> <p>On 4/16/2024 at 2:29 PM, R63 stated, I knew that state was in the building and so I was looking around trying to find where they put you. I just came through those doors and had no issues.</p> <p>On 4/16/2024 at 5:15 PM, the 400-hall at the end of the hall there was an exit door. When the door was open, the alarm did not sound or go off.</p> <p>On 4/16/2024 at 5:18 PM, V1, Interim Administrator stated, We have a construction crew that are putting in new floors and painting the 400- hall. We have moved all of the residents on the 400-hall and once everything is done, they will be moved back to the 400-hall. Residents are not allowed on the 400-hall until the work is completed. Staff are monitoring them.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145290	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Belleville Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 727 North 17th Street Belleville, IL 62226	
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 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42834</p> <p>Based on observation, interview and record review, the facility failed to provide interventions to address weight loss for 1of 9 residents (R108) reviewed for weight loss in the sample of 59. This failure resulted in R108 losing 45.5 pounds (#s), a 16.98% loss of body weight in less than 2 months.</p> <p>Findings include:</p> <p>R108's Face sheet documents R108's admitted [DATE] with diagnoses of Hemiplegia, Hemiparesis following Cerebral Vascular Accident, Weakness, Dysphagia, Gastronomy tube status.</p> <p>R108's hospital discharge records dated 2/15/2024 documents R108's discharge weight of 268 pounds (#s).</p> <p>R108's Admission Observation dated 2/16/2024 documents Formula 250 milliliters every 6 hours.</p> <p>R108's order sheet dated 2/16/2024 documents Nepro at (@) 250 milliliters (ml) every 6 hours via gastric tube. Discontinued 4/11/2024.</p> <p>R108's Minimum Data Set, MDS, dated [DATE] documents R108 cognition is severely impaired. R108's MDS documents upper extremity left side impairment and is dependent on staff for all Activities of Daily Living.</p> <p>R108's Care Plan dated, 3/7/2024, documents R108 is nutritionally compromised as evidenced by obesity. The Care Plan documents R108 is at risk for further compromise in nutrition and hydration status due to diagnosis of dysphagia, aphasia, hypertension, and dependence on tube feeding for all nutrition and hydration.</p> <p>R108's Progress notes dated 2/23/2024 at 4:18PM, written by V24, Registered Dietician, RD, documents Note Text: Nutrition at Risk Review Monitoring for admission, 2/15, and Tube Feeding. Weights. Diet: Jevity 1.5 Cal/Fiber Oral Liquid. Give 250 ml/hour via G-Tube four times a day until Nepro comes in. R108 is Nothing by Mouth, NPO, No weight/height in chart. Plan/Monitoring: Recommend adding height/weight to chart for complete assessment. Will follow with weekly weights. Continue plan of care. Registered Dietician available as needed.</p> <p>R108's Dietary Nutrition at Risk Initial dated 2/27/2024 documents weight at 240#. Will follow up with weekly weights. Recommend clarifying tube feed order, continue plan of care. Registered Dietician available as needed.</p> <p>R108's Dietary Evaluation dated 3/7/2024, written by V58, RD, documents no known weight loss, and no weight changes.</p> <p>R108's facility weight log documents weights dated 2/28/2024 240#, 3/5/2024 240#, 3/14/2024 230.2#, 3/21/2024 236#, 3/27/2024 234#, 4/5/2024 221.5#, and 4/9/2024 222.5#.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145290	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Belleville Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 727 North 17th Street Belleville, IL 62226	
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 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>R108's Progress notes dated 3/21/2024 at 2:29PM, written by V58, documents Nutrition at Risk Review. Monitoring for admission, 2/15, and Tube feeding, TF. Weights: 236# (3/21), 230.2# (3/14), 240# (2/28), 240# (3/5) BMI: 33.9 Diet: Nothing by Mouth, NPO; Nepro @ 250 ml/hour via G-Tube four times a day Skin: intact Review: Tolerating TF well, will continue to follow. Plan/Monitoring: Continue with weekly weights. Continue plan of care, Registered Dietician available as needed.</p> <p>R108's order sheet dated 4/11/2024 documents Six times a day for nutritional support 250ml. Nepro bolus via g tube every 4 hours for nutrition.</p> <p>R108's progress notes dated 4/11/2024 at 2:28PM documents Monitoring for Tube Feeding. BMI 31.9. Diet: Nothing by Mouth. Nepro @ 250milliliters an hour via G tube four times a day. Skin intact. Review R108 has had -7.7% weight loss since admission. Current order meeting caloric needs yet weight loss occurring, no tolerance issues noted. Plan/monitoring: Recommend changing tube feed order to Nepro 55ml/hour times 20 hours, 350ml flushes every 4 hours (providing 2004kcal, 95g PRO, 177g carbs, 106g fat, 2900mL total fluids). Continues with weekly weights. Continue plan of care, Registered Dietician available as needed.</p> <p>On 4/11/2024 at 12:00PM V11, Licensed Practical Nurse, LPN, provided nutritional supplement to R108 with no issues. V11, LPN, stated R108 has lost weight. V11 stated I am not sure why he has been losing weight.</p> <p>On 4/11/2024 at 11:00AM V23, Nurse Practitioner, stated R108 had a lot of edema when he first arrived. Some of his weight loss is probably related to the edema. His supplement was just increased from every 6 hours to every 4 hours.</p> <p>On 4/11/2024 at 2:45PM V24, Registered Dietician, stated A resident on a tube feeding should not be losing weight. I was not notified of (R108's) weight loss. We had a meeting today and changed his feeding to 55ml an hour for 20 hours a day with 50cc of water three times daily.</p> <p>Facility Tube Feeding policy with a review date of 4/2024 states Continuous tube feedings are based upon a 22-hour consumption period or other time frame based on individual resident need per Registered Dietician assessment and delivered over a 24-hour period. All residents admitted on a tube feeding will be reviewed at the first care conference and quarterly to determine if the tube feeding is till congruent with the resident and family goals for care.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145290	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Belleville Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 727 North 17th Street Belleville, IL 62226	

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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>35156</p> <p>Based on interview and record review the Facility failed to ensure there was sufficient qualified nursing staff available at all times to ensure timely medication administration for five of five residents (R27, R61, R63, R64, R102) reviewed for sufficient staffing in the sample of 59.</p> <p>Findings include:</p> <p>On 4/16/2024 at 8:00 AM, schedules and timecards were requested for all staff working in the facility on Sunday 4/14/2024 on the day shift.</p> <p>On 4/16/2024 at 2:02 PM, R102 stated, On Sunday 4/14/2024 there was no nurse on my hall. I live on the 100-hall. In fact, my buddy, (R63) needs insulin, and he did not get his insulin on Sunday because there was no staff passing out medications on the 100-hall. Nobody on my hall got any medication until the lunch service because we did not have a nurse. There was no nurse working on the 100-hall.</p> <p>On 4/16/2024 at 2:25 PM, R63 stated, On this past Sunday (4/14/2024) there was no nurse on the 100-hall. I am diabetic, I did not get my insulin or any medication on Sunday morning. I am not sure why there was no nurse passing out medications in the morning. I am diabetic and they are supposed to be checking my blood sugar levels. Good thing my sugar levels were good because there was no nurse around if I would have needed one.</p> <p>On 4/16/2024 at 2:32 PM, R27 stated, I am diabetic, and staff are supposed to check my sugar levels and give me the right amount of insulin. I am supposed to get the insulin at meals. On Sunday there was not any nurse on our hall. I live on the 100-hall. Nobody got their medicine Sunday morning because we did not have a nurse.</p> <p>On 4/16/2024 at 2:35 PM, V16, Licensed Practical Nurse (LPN) stated, I was on vacation on Sunday, and I am in charge of the schedule, but I was not working Sunday. I was on vacation. I expect staff would be contacting (V2) and (V30) if staff were a no show or did not show up for the scheduled time. I know there was something about not having enough staff on Sunday but again, I was not here.</p> <p>On 4/16/2024 at 2:42 PM, V34, LPN stated, I was working Sunday and we were short staffed. We only had two nurses working the entire building. It was only me and (V52). I did not get to the 100-hall until the afternoon, and I was not able to pass out any AM medications. (V3, ADON) finally came in to help us but she did not get here until after 1:00 PM. (V52) was working downstairs and I was the only nurse covering upstairs, 100, 200 and 300 halls and we were both going back and forth.</p> <p>On 4/16/2024 at 2:52 PM, V3, Assistant Director of Nursing (ADON) stated, I know the facility was short staffed on Sunday and I came into help. I did not get here until maybe 1:20 PM. I did not pass out any, AM medications. I talked with (V32) and (V52) and they told me they were behind in their morning medications.</p> <p>On 4/16/2024 at 2:59 PM, V1 stated V52 forgot to clock in but she worked a double shift and worked 6 AM to 10:30 PM on 4/14/2024. V3 is salary and does not have a timecard.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145290	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Belleville Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 727 North 17th Street Belleville, IL 62226	

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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Staffing schedules were reviewed for 4/14/2024 and document V34 for the 100 and 400 halls, V3 for the 300 hall and V52 working the 200 and 500 halls.</p> <p>R27's, R61's, R63's, R64's and R102's April 2024 Medication Administration Records were reviewed and document on 4/14/2024 medication and blood glucose monitoring were given late or not given.</p> <p>Grievance dated 3/28/2024 documents, Nurse always are late to give meds.</p> <p>The Facility Assessment with a revision date of 4/1/2024 documents, Is licensed for 180 beds with and average daily census of 115. Facility Resources needed to provide competent support and care for our resident population every day and during emergencies, Nursing services, DON (Director of Nursing), RN.</p> <p>The Facility Staffing Policy with a revision date of 8/2022 documents, To have appropriate number of staff available to meet the needs of the residents.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145290	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Belleville Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 727 North 17th Street Belleville, IL 62226	

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 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35156</p> <p>Based on interview and record review, the facility failed to ensure a Registered Nurse (RN) was working in the facility seven days a week, for 8 consecutive hours. This failure has the potential to affect all 112 residents living in the facility.</p> <p>Findings include:</p> <p>On 4/9/2024 at 8:03 AM, staffing schedules were requested from the facility for the past 14 days.</p> <p>On 4/9/2024 at 8:25 AM, V1, Interim Administrator, stated he was filling in as the administrator, but he was not aware of any issues with not having enough Registered Nurses (RN) working in the facility.</p> <p>On 4/10/2024 at 10:13 AM, the staffing scheduled provided were reviewed for RN coverage every day, for 8 consecutive hours for the past 14 days. No RN coverage was documented as working on 3/7/2024.</p> <p>On 4/11/2024 at 10:39 AM, timecards or documentation was requested for any RN coverage for 3/7/2024.</p> <p>On 4/11/2024 at 10:44 AM, RN staffing was provided and documents there was no RN coverage on 3/7/2024.</p> <p>On 4/11/2024 at 10:49 PM, V2, Director of Nursing stated, I have given you all of the timecards for all of the RN coverage for the past 14 days.</p> <p>On 4/11/2024 the timecards provided for RN coverage document there were no RN coverage on 3/1/2024, 3/4/2024 and 3/7/2024.</p> <p>The Facility assessment dated [DATE], documents, (Facility) is licensed for 90 bed Skilled Nursing Facility with the average daily census of 50 residents. RN of LPN Charge Nurse: 1 for each shift. 1-59 residents DON may be Charge Nurse. Licensed Nurses: RN, LPN providing direct care.</p> <p>The undated Staffing Policy documents, It is the policy of (Facility) to provide sufficient licensed and unlicensed nursing staff on each shift of the day to attain or maintain the highest practical physical, mental, and psychosocial well-being of each resident. Nurse staffing shall be based upon resident evaluation by the Administrator and Director of Nursing as specified by the Illinois Department of Public Health.</p> <p>The Facility's Long-Term Care Facility Application for Medicare and Medicaid form, dated 4/9/2024, documented the facility had a census of 112 residents.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145290	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Belleville Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 727 North 17th Street Belleville, IL 62226	
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>34964</p> <p>Based on interview and record review, the facility failed to administer medications and perform blood glucose monitoring as ordered by the physician for 5 of 5 residents (R27, R61, R63, R64 and R102) reviewed for Pharmacy Services in the sample of 59.</p> <p>Findings include:</p> <ol style="list-style-type: none"> R27's Medication Administration Record (MAR) dated April 2024 documents the orders for the following medications to be administered during the morning medication pass: Humulin R Insulin to be administered per sliding scale order before meals at 7:00 AM, 11:00 AM, 4:00 PM and 8:00 PM. R27's blood glucose monitoring flow sheet documents he did not get his 7:00 AM blood glucose monitoring on 4/14/24 as ordered. R61's Medication Administration Record dated April 2024 documents the orders for the following medications to be administered during the morning medication pass: Insulin Aspart FlexPen Subcutaneous-Inject 15 units three times a day for diagnosis of Type 2 DM. R61's Treatment Administration Record documents his blood glucose monitoring was not performed on 4/14/24 at 8:00 AM as ordered. R63's Medication Administration Record dated April 2024 documents the orders for the following medications to be administered during the morning medication pass: Amlodipine 10 milligrams (mg), Aspirin Enteric Coated 81 mg, Lexapro 20 mg, Lipitor 20 mg, Buspirone 5 mg, Docusate Sodium 100 mg, Metformin 500 mg, Symbicort Inhaler 2 puffs, Torsemide 40 mg, Gabapentin 600 mg, and Insulin Lispro 14 units SQ, and also Insulin Lispro per sliding scale. The MAR does not document that R63 received any of his AM medications or his blood glucose monitoring that was ordered for 8:00 AM on 4/14/24. R64's Medication Administration Record dated April 2024 documents the orders for the following medications to be administered during the morning medication pass: Olanzapine 5 mg, Lidoderm Patch 5% to be put on in morning, Ferosol 325 mg, Multivitamin, Famotidine 20 mg, Vitamin B 12, Sodium Chloride 1 Gram, Flonase Nasal Spray one spray each nostril, Metformin 1000 mg, Depakote 750 mg, Levetiracetem 1000 mg, Metoprolol 12.5 mg, Fluoxetine 30 mg, Vimpat 200 mg, and Insulin Lispro per sliding scale. The MAR does not document R64 received any of his medications ordered at 8:00 AM on 4/14/24 and did not document R64 received his blood glucose monitoring at 8:00 AM or 11:00 AM on 4/14/24 as ordered. R102's Medication Administration Record dated April 2024 documents the orders for the following medications to be administered during the morning medication pass: Bupropion 150 mg, Celexa 20mg, Lisinopril 5 mg, Omeprazole 20 mg, Metformin 500 mg, Buspirone 7.5 mg, and Hydroxyzine 50 mg. The MAR does not document R102 received any of his ordered medications at 8:00 AM as ordered. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145290	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Belleville Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 727 North 17th Street Belleville, IL 62226	
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 4/16/24 at 1:54 PM R102 stated there was no nurse on the 100-Hall on Sunday, April 14, 2024, and he did not get his medications until after lunch. R102 came and requested to speak to surveyors on 4/16/24 at 1:54 PM stating he had some concerns. R102 stated there was no nurse on the 100-hall on Sunday and he did not get his medications until after lunch, around 1:00 PM, when a nurse from the other hall came to administer his medications and other residents' medications on the hall. R102 stated he heard one of the other residents, (R63) arguing with the nurse because he had not gotten his blood glucose monitoring or insulin in the morning like he was supposed to.</p> <p>On 4/16/24 at 2:16 PM V7, Licensed Practical Nurse (LPN), stated she worked the afternoon shift on Sunday, 4/14/24 on the 200-Hall and could not recall what nurse she relieved. V7 stated there was another nurse who came in for the afternoon shift for the 100-hall, but she did not know who worked days on the 100-hall.</p> <p>On 4/16/24 at 2:21 PM V16, LPN, stated she is working the 100-Hall today and no residents complained to her about not getting their medications on the weekend. She stated she would usually be notified if a nurse did not show up to work, but she was on vacation so they wouldn't bother her. She stated she didn't know anything about a nurse not showing up for day shift on the weekend.</p> <p>On 4/16/24 at 2:25 PM R63 stated he did not get his medications on Sunday morning, including not getting blood glucose monitoring to see if he needed insulin. R63 stated the day shift nurse did not show up and he didn't get any medications. He stated a nurse came over to the 100-Hall at 10:30 AM or 11:00 AM to administer his medications and he told her it was too late for his blood glucose monitoring and insulin and stated he did not take any medications at that time because they were so late. R63 stated his blood sugar was not checked until 10:30 PM that night. R63 stated he was upset about not getting his medications like he was supposed to.</p> <p>On 4/16/24 at 2:35 PM V55, Nurse Practitioner-Cardiac Division stated she would expect medications to be given as ordered. She stated she monitors cardiac conditions, including congestive heart failure, and watches residents' weights. She stated if a resident had a weight gain noted day to day, she would want to know if that resident was receiving their blood pressure medications and diuretics as ordered or if that could be the cause of the weight gain.</p> <p>On 4/16/24 at 3:25 PM V34, LPN stated she worked a double shift from Saturday 4/13/24 at 10:30 PM to Sunday through the day shift. She stated she was working on the 400-Hall and no nurse showed up to work the 100-Hall or 200-Hall on day shift on Sunday. V34 stated she and one other nurse, V52, LPN were the only two nurses in the facility, and V52 was working downstairs. V34 stated after she finished passing medications on her own hall (400) she went over to the other side and tried to get some of the medications done over there. V34 stated R63 was upset about his medications being late and refused to take them for her at about 10:30 AM.</p> <p>On 4/16/2024 at 2:52 PM, V3, Assistant Director of Nursing (ADON) stated, I know the facility was short staffed on Sunday and I came into help. I did not get here until maybe 1:20 PM. I did not pass out any, AM medications. I talked with (V32) and (V52) and they told me they were behind in their morning medications.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145290	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Belleville Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 727 North 17th Street Belleville, IL 62226	
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The facility's policy, Medication Administration, reviewed 4/2024, documents, General: All medications are administered safely and appropriately to aid residents to overcome illness, relieve and prevent symptoms, and help in diagnosis. 6. Check medication administration record prior to administering medication for the right medication, dose, route, patient/resident, and time.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145290	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Belleville Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 727 North 17th Street Belleville, IL 62226	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>35156</p> <p>Based on observation, interview, and record review the facility failed to ensure food is stored, prepared and held in a manner which prevents potential contamination and potential food-borne illness. This has the potential to affect all 112 residents living in the facility.</p> <p>Findings include:</p> <p>1. On 4/9/2024 at 11:28 AM, the walk-in refrigerator, located on the wall when standing in the doorway on the left side, is rusted and peeling from the ceiling and sides of the unit. There are pieces of the material from the ceiling and sides of the wall pulling away. There was peeling paint coming off and dropping onto the food being stored in the refrigerator. There was a large box of pizza crust 30 count sitting underneath the peeling paint with paint chips on top of it.</p> <p>On 4/9/2024 at 11:31 AM, the food temperature logbook did not have the temperature of any of the pureed food for the lunch service documented.</p> <p>On 4/09/24 11:32 AM, tour of the kitchen was conducted. In the free standing cooler next to the walk-in refrigerator were two boxes of ready-made health shakes that were dated 1/30/2024. The boxes were not labeled when the health shakes were open and only had the date 1/30/2024.</p> <p>On 4/9/2024 at 11:34 AM, V17, District Manager Food Service, stated, The boxes should have been labeled when they were put in the cooler. There is no way for staff to know when the 14 days were over or when the shakes need to be tossed. Once the health shakes are in the cooler, they are only good for 14 days. I would expect all the health shakes to be labeled when they are put into the fridge. That date 1/30/2024 was when the shipment arrived. I am not sure what is happening in the refrigerator unit and the paint/rust, but I will take care of and make sure that is fixed. I expect all items to always be dated and labeled.</p> <p>On 4/9/2024 at 11:44 AM, in the ice machine the scoop was left inside the machine with the scoop handle covered in ice.</p> <p>On 4/9/2024 at 11:48 AM, the ice scoop was still inside the ice machine with the scoop handle covered in ice.</p> <p>On 4/9/2024 at 11:50 PM, V10, Dietary Manager stated, I would expect the ice scoop to always be stored outside the ice machine and never stored in the ice. That ice is used for all of the residents' ice cups and hydration. The ice scoop must be stored in a container facing downward for the water to drain. The ice scoop should never be stored or left in the ice machine.</p> <p>2. On 4/10/2024 at 11:55 AM, the puree meat and vegetables were in a small metal container sitting out and not in the steam table.</p> <p>On 4/10/2024 at 12:04 PM, puree plates were being made up during the lunch service. No temperatures for the purees were taken during the meal service.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145290	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Belleville Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 727 North 17th Street Belleville, IL 62226	

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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 4/10/2024 at 12:05 PM, the puree food temperatures were taken with a calibrated metal thermometer and the meat puree was 127.4 Degrees Fahrenheit (F), the rice was 124.4 F. Two of the plates were taken into the dining room for R58 and R68 and the other two plates were replaced after V2, Director of Nursing, reheated the purees. (R14 and R58).</p> <p>On 4/10/2024 at 12:19 PM, V10 stated I expect all food being held at the steam table to be at least 135 degrees Fahrenheit at all times. The proper food temperature must be cooked and held during the entire service. I expect all items in the kitchen to be labeled and dated with the correct amount of time and use by date.</p> <p>On 4/11/2024 at 3:32 PM, V2 provided a list of residents on pureed diets and R14, R58, R68 and R90 were documented as receiving pureed diets.</p> <p>On 4/11/2024 at 3:00 PM, V25, Registered Dietician, stated I expect foods on the steam table to be over 135 degrees. Pureed foods need to be over 135 degrees also prior to serving. If the food is not at the correct temperature, the residents served these foods will be at risk for the development of food borne illnesses and/or bacterial illnesses.</p> <p>The Food Preparation Policy with a revision date of 9/2017 documents, All foods are prepared in accordance with the FDA (Food Drug Administration) Food code. The Dining Services Director/Cook (s) will be responsible for food preparation techniques' which minimize the amount of time that food items are exposed to temperatures greater than 41 degrees F (Fahrenheit) and/or less than 135 F, or per state regulation.</p> <p>The Ice Policy with a revision date of 9/2017 documents, Ice scoops will be cleaned and stored in a separate container that limits exposure to dust and moisture retention.</p> <p>The Receiving Policy with a revision date of 9/2017 documents, Safe food handling procedures for time and temperature control will be practiced in the transportation, delivery, and subsequent storage of all food items. All food items will be appropriately labeled and dated with through manufactory packing or staff notation. All non-perishable foods and supplies will be stored appropriately.</p> <p>The Facility's Long-Term Care Facility Application for Medicare and Medicaid form, CMS 671, dated 4/9/2024 documented the facility had a census of 112 residents.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145290	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Belleville Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 727 North 17th Street Belleville, IL 62226	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>33110</p> <p>Based on interview and record review the facility failed to identify the causative organism for infections to track and trend current infections and to prevent further infections in the facility. This has the potential to affect all 112 residents living in the facility.</p> <p>Findings Include:</p> <ol style="list-style-type: none"> 1. The facility's Infection Surveillance Monthly Report for the month of December 2023 documents R20 had a urinary tract infection (UTI) and altered mental status and he was on Macrobid 100mg. (R20) was seen and treated in the ER (emergency room) called lab about UA (urinalysis) culture results had been disregarded. Lab tech (technician) stated increased WBC (white blood cells) usually treat as such. The facility's Infection Surveillance Monthly Report for December did not document the organism causing R20's UTI. 2. The facility's Infection Surveillance Monthly Report for the month of January 2024 documents R58 has a UTI that started on 1/8/24 and was resolved on 1/18/24. The facility's Infection Surveillance Monthly Report did not document the organism causing R58's UTI. 3. The facility's Infection Surveillance Monthly Report for the month of February 2024 documents R67 had a UTI starting on 2/2/24 closed on 2/21/24 no cultures were ordered per MD (Medical Doctor). The facility's Infection Surveillance Monthly Form does not document the organism causing R67 UTI infection. 4. The facility's Infection Surveillance Monthly Report for the month of November 2023 documents R78 has a UTI for localized pain and altered mental status. The Infection Surveillance Monthly Report documents R78 received Macrobid 100mg, and (R78) returned from the hospital R78 will finish remaining ABT (antibiotic) started at hospital. The facility's Infection Surveillance Monthly Report did not document the organism causing R78's UTI. <p>On 4/17/24 at 10:40 AM V2, Director of Nursing, stated, I would expect organisms to be on the Infection Control Log. We have to know the organism to make sure we are treating them correctly, and to know what's in the building.</p> <p>The facility policy Infection Control Program Content Clinical dated 9/2023 documents The Infection Control Program establishes guidelines to follow in the prevention and control of contagious, infectious, or communicable diseases. The objectives of the program are to: provide a safe and sanitary environment, Prevent, or control the spread of communicable diseases, establish guidelines that adhere to standards of care and CDC (Center for Disease Control) guidelines. The Policy documents The facility identified where infections are acquired. The facility also collects, analyzes, and uses data related to infections to identify and prevent the spread of infections and to adjust it infection prevention and control program.</p> <p>The Facility's Long-Term Care Facility Application for Medicare and Medicaid, CMS 671, dated 4/9/2024 documented the facility had a census of 112 residents.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145290	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Belleville Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 727 North 17th Street Belleville, IL 62226	

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 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Implement a program that monitors antibiotic use.</p> <p>33110</p> <p>Based on interview and record review the facility failed to ensure the residents were given the correct antibiotics for the organism causing infection for 4 of 4 residents (R20, R58, R67, R78) reviewed for antibiotic stewardship in the sample of 59.</p> <p>Findings Include:</p> <p>1. R20's Physician Order Sheet (POS) dated 12/24/23 documents R20 received Macrobid 100 milligrams (mg) twice daily (BID) for Urinary Tract Infection (UTI) until 12/30/23.</p> <p>The facility's Infection Surveillance Monthly Report for December 2023 did not document the organism causing R20's UTI (Urinary Tract Infection).</p> <p>R20's medical record was reviewed and there was no culture and sensitivity (C&S: a lab test to attempt to grow bacteria, viruses, or fungi and then test which medications will effectively work to stop the infection) conducted to ensure that R20 was receiving the appropriate antibiotic to treat R20's UTI.</p> <p>2. R58's POS dated 1/7/24 documents R58 was to receive Keflex 500 mg three times daily (TID) for UTI for 5 days.</p> <p>The facility's Infection Surveillance Monthly Report for the month of January 2024 documents R58 has a UTI that started on 1/8/24 and was resolved on 1/18/24. There was no documentation on the Report listing the causative organism for R58's UTI.</p> <p>R58's medical record was reviewed and there was no C&S completed to ensure that R58 was receiving the appropriate antibiotic to treat R58's UTI.</p> <p>3. The facility Infection Surveillance Monthly Report for the month of February 2024 documents R67 had a UTI, and no cultures were ordered per MD (Medical Doctor). The organism causing the infection was not located on the Infection Surveillance Monthly Report.</p> <p>R67's POS dated 2/19/24 documents Ciprofloxacin 250 mg every (Q) 12 hours from 2/19/24 through 2/26/24.</p> <p>R67's medical record was reviewed and there was no C&S completed to ensure that R67 was receiving the appropriate antibiotic to treat R67's UTI.</p> <p>4. The facility Infection Surveillance Monthly Report for the month of November 2023 documents R78 has a UTI for localized pain and altered mental status. The Infection Surveillance Monthly Report did not document the organism causing the UTI.</p> <p>R78's POS dated 11/26/23 documents Nitrofurantoin Macrocrystal 100 mg one capsule BID for infection ordered 11/26/23 and discontinued 11/27/23.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145290	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Belleville Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 727 North 17th Street Belleville, IL 62226	
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 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R78's medical record was reviewed and there was no C&S completed to determine if R78 was receiving the appropriate antibiotic to treat R78's UTI.</p> <p>On 4/17/24 at 10:40 AM V2, Director of Nursing stated, I would expect organisms to be on the infection control log. We have to know the organism to make sure we are treating them correctly, and to know what's in the building.</p> <p>The facility's Antibiotic Stewardship Policy, revision date 1/2018, provided to the survey team documents There are not definitive practice guidelines that specifically address treatment of UTI in elderly patients in LTCF (Long term Care Facilities). Prescribers will base treatment recommendation on the following factors: 1. Likely UTI site (i.e., cystitis or pyelonephritis), 2. Facility-specified culture and antibiotic sensitivity data.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145290	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Belleville Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 727 North 17th Street Belleville, IL 62226	
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 0882</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home.</p> <p>35156</p> <p>Based on interview and record review the Facility failed to ensure the Facility had an Infection Preventionist working in the building at least part time. This has the potential to affect all 112 residents living in the facility.</p> <p>Finding include:</p> <p>On 4/9/2024 at 8:00 AM, surveyor requested the name of the facility's infection preventionist (IP) and documentation of the IP's primary professional training and evidence of completion of specialized training in infection prevention and control.</p> <p>On 4/9/2024 at 8:04 AM, V1, Interim Administrator stated, I am only the interim administration. I have been here for a month now. (V27) is the ICP (Infection Control Preventionist).</p> <p>On 4/9/2024 at 11:44 AM, V1 produced the certification for the training for the ICP for V27.</p> <p>On 4/9/2024 at 4:00 PM, V1 produced a list of Key Personnel and V27 was documented as being the IP.</p> <p>On 4/10/2024 at 9:01 AM, V2, Director of Nursing stated, We do not have a ICP in the facility as (V27) is on maternity leave. I believe (V7), Wound Nurse is filling in for her while she is on maternity leave. I am not sure how long she will be out. (V27) is not working part time in the facility.</p> <p>On 4/10/2024 at 9:05 AM, V3, Assistant Director of Nursing stated, (V27) is on maternity leave, I believe (V7) is the ICP until (V27) returns from her maternity leave. I am not sure how long that will be. (V27) is not working part time in the facility, she is on leave.</p> <p>On 4/11/2024 at 5:15 PM, V1 stated, (V27) is the ICP. If I go on vacation, I am still the administrator I do not know why it would be different. (V27) is on maternity leave but she is going to be coming back. I am not sure when she will be coming back. (V7) is not the ICP, and he does not have any certification for the training for the ICP because he is not the ICP.</p> <p>Staffing schedules were reviewed for the past 14 days and does not document (V27) was working in the facility.</p> <p>The Facility Assessment with a revision date of 4/1/2024 documents, The (Facility) has conducted an infection control risk assessment which evaluates and determines the risk or potential vulnerabilities within the resident population and the surrounding community. The process is integrated with the facility Infection Prevention and Control Program (IPCP). The IPCP is designed to meet current standards of practice and the needs of the facility population, staff, and community. The IPCP is reviewed annually and as needed.</p> <p>On 4/17/2024 at 9:55 AM, V1 stated, There is no policy on having a ICP working in the facility.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145290	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Belleville Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 727 North 17th Street Belleville, IL 62226	
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 0882</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>The Facility's Long-Term Care Facility Application for Medicare and Medicaid, CMS 671, dated 4/9/2024 documented the facility had a census of 112 residents.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145290	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Belleville Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 727 North 17th Street Belleville, IL 62226	

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 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention.</p> <p>42834</p> <p>Based on interview and record review the facility failed to provide proof of continuing education of nursing assistants. This has the potential to affect all 112 residents living in the facility.</p> <p>Findings include:</p> <p>On 4/16/2024 at 10:00AM proof of Certified Nursing Assistant continuing education certificates for staff were requested from V1, Interim Administrator and V2 Director of Nursing (DON).</p> <p>On 4/16/2024 at 2:35PM V1, stated I don't know how they keep track of continuing education here. The Human Resources person is on vacation and regional has not gotten back to me. I'll let you know when they do. I do not have any proof of continuing education and I do not keep track of it.</p> <p>On 4/16/2024 at 10:00AM V2, stated I don't know anything about continuing educations for staff and I do not track it. Human Resources deals with that. If they did not provide it, I do not have it.</p> <p>On 4/17/2024 at 12:23 PM, the Facility did not provide any proof of continuing education for any staff.</p> <p>On 4/17/2024 at 10:40AM V2, Director of Nursing stated, I do not believe we have a policy about continuing education.</p> <p>On 4/17/2024 at 12:25PM V1 stated Most of our job descriptions typically would require continuing education and training. Continuing education is an integral part of training development in a specialized environment. We have in services monthly on various topics.</p> <p>The Facility's Resident Census and Conditions of Residents form, CMS 671, dated 4/9/2024 documented the facility had a census of 112 residents.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145290	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Belleville Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 727 North 17th Street Belleville, IL 62226	
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 0949</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide behavior health training consistent with the requirements and as determined by a facility assessment.</p> <p>42834</p> <p>Based on interview and record review, the facility failed to ensure behavioral health training for all employees. This has the potential to affect all 112 residents living in the facility.</p> <p>Findings include:</p> <p>Facility in-services dated 4/12/2024-4/19/2024 documents Abuse Policy and Procedures. V2, Director of Nursing, DON, V44, Dietary Staff, V7, Licensed Practical Nurse, LPN, V19, Certified Nursing Assistant, CNA, V47, CNA, V38, Receptionist, attended abuse in-service and signatures provided.</p> <p>Facility provided in-services dated 1/18/2024 documents Safety, Notification Policies, Abuse, Enhanced Monitoring, Resident Rights.</p> <p>Facility provided in-services dated 11/202023 documents in-services were given regarding Abuse, Showers, Skin Issues, Rashes.</p> <p>Facility provided in-services dated 10/28/2023 documents in-service was given on Resident Rights, Abuse.</p> <p>The facility provided no in-services regarding Behavioral Health Services.</p> <p>On 4/16/2024 at 2:45PM V34, Licensed Practical Nurse, LPN, stated We had training on abuse, nothing else. No training on behavioral health.</p> <p>On 4/16/2024 at 2:50PM V54, Certified Nursing Assistant, CNA, stated I had a training today and I had to sign. It was about abuse.</p> <p>On 4/16/2024 at 2:55PM V5, Minimum Data Set, MDS Coordinator, stated we had a training on abuse and that was it.</p> <p>On 4/17/2024 at 10:40AM V2, Director of Nursing stated, I do not believe we have a policy about Behavior training.</p> <p>On 4/17/2024 at 12:25PM V1, Administration, stated Most of our job descriptions typically would require continuing education and training. Continuing education is an integral part of training development in a specialized environment. We have in services monthly on various topics.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145290	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Belleville Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 727 North 17th Street Belleville, IL 62226	
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 0949</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>The Facility's Facility Assessment, updated 4/1/24, documents (Facility) strives to offer the necessary training required to better meet our resident's needs. The Assessment documents The residents of the facility have both chronic physical and mental illness and post-acute conditions. It documents (Facility) may accepted resident with, or resident may develop, the following common disease, conditions, physical and cognitive disabilities, or combinations of conditions that requires complex medical care and management. The Assessment documents under the category of psychiatric/Mood Disorders Psychosis, impaired cognition, mental disorder, depression, bipolar disorder (i.e., Mania/Depression), Schizophrenia, Post-traumatic Stress disorder, Anxiety Disorder, Behavior that needs interventions (Due to the differenced in the severity and conditions, each case is assessed to determine if (facility can meet the needs of the resident.) Under the section Acuity the table documents that the number/average or range of residents requiring behavioral health needs is 80 and 17 residents have active or current substance use disorders. The Facility Assessment documents staff training/education and competencies: Person-Centered care and Caring for residents with mental and psychologic disorders, as residents as well as resident with a history of trauma and/or post-traumatic stress disorder and implementing nonpharmacological interventions. In addition, the Facility's Assessment documents Provide training for the care of residents with Substance Abuse disorder (SUD) including non-pharmacological interventions and referral for counseling as needed.</p> <p>The Facility's Long-Term Care Facility Application for Medicare and Medicaid, CMS 671, dated 4/9/2024 documented the facility had a census of 112 residents.</p>		