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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145388 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 05/08/2024 |
| NAME OF PROVIDER OR SUPPLIER Helia Healthcare of Olney | | STREET ADDRESS, CITY, STATE, ZIP CODE 410 East Mack Olney, IL 62450 | |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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| (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 - Minimal harm or potential for 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** 41610</p> <p>Based on interview, observation and record review, the facility failed to provide nutritional supplements as ordered for 2 (R56, R58) of 12 residents reviewed for nutrition in a sample of 40.</p> <p>Findings include:</p> <p>1. R45's face sheet documents an admitted [DATE] and diagnoses including: Cerebral ischemia, Dementia, Polyarthritis, Repeated falls, scoliosis, lumbar region, Essential hypertension, Spinal stenosis, lumbar region without neurogenic claudication, Other specified disorders of bone density and structure, multiple sites, Osteophyte, left hip, Diaphragmatic hernia without obstruction or gangrene, Type 2 diabetes mellitus without complications, Trochanteric bursitis, right hip, Unsteadiness on feet, Gastro-esophageal reflux disease without esophagitis, Chronic kidney disease, stage 3, iron deficiency anemias, History of falling, Anxiety disorders, Insomnia, Pain in unspecified joint, Vitamin D deficiency, Hypothyroidism, Restless legs syndrome, and Dysuria.</p> <p>R45's Physician order sheet documents a diet order of mechanical diet with double desserts and nutritional shakes with meals with a start date of 03/10/24 and an end date documented as: open ended.</p> <p>On 05/07/24 at 11:45 AM, R45 was served the lunch meal and did not receive her nutritional shake, nor any substitute for the nutritional shake.</p> <p>On 05/07/24 at 1:30 PM, V10 (Dietary Manager) stated, the facility did run out of nutritional shakes today. V10 stated they should have provided nutritional ice creams as a substitute. V10 stated he has been trying to educate his staff on situations like this.</p> <p>The facility policy dated 02/2024 titled, Weight Management Program documents in part: Policy: It is the policy of (this facility) to manage resident weight through prevention, assessment, and implementation and evaluation of interventions. 12. The charge nurse will notify the attending physician of the current resident's condition and of the RD's (Registered Dietician) recommendations and document the physician's order on the physician's order sheet and the 24 hour report sheet.</p> <p>48356</p> <p>2. R56's Face Sheet dated 05/08/24, documents an admitted [DATE] with diagnoses in part, of unspecified severe protein-calorie malnutrition, hypertension, dysphagia, oropharyngeal phase, hypo-osmolality and hyponatremia, hyperlipidemia, and abnormal weight loss.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>R56's Minimum Data Set (MDS) Section GG dated 03/04/24, under eating documents that R56 requires supervision or touching assistance.</p> <p>R56'S Current Care Plan documents a Category of Nutritional Status, noting a problem of Resident (R56) is at risk for wt. (weight) changes. She (R56) is currently on puree diet with supplements. She is not a big eater. She has severe protein calorie malnutrition. She is currently on antidepressant for appetite, other factors that may affect the wt.: Tylenol, digoxin, diltiazem, Dulcolax (dulc) Suppository (supp), Norco, Remeron, Zofran, telmisartan, hypertension (HTN), dysphagia, chronic pain, diastolic dysfunctional, Chronic Kidney Disease (CKD), neuropathy, lumbar stenosis, cardiac arrhythmia, constipation, History (hx) of Multiple (multi) Fractures(fx) and age, with interventions in part of Provide supplements: milk (health) shakes with meals, fortified food with meals.</p> <p>R56's Physician Orders documents an order for Nutritional health shake q (every) meal with a start date of 08/08/23.</p> <p>On 05/07/24 at 11:50 AM, R56 was observed to be cognitively impaired and was not interviewable at this time. R56 was served her lunch meal of pureed diet with a glass of water and glass of flavored drink mix. No nutritional shake was served to R56. R56 ate around 25-50% of her meal and then was taken out of the dining room with no nutritional shake ever given during meal, nor any substitute for the nutritional shake.</p> <p>On 05/07/24 at 12:05 PM, V13 (Cook) stated that the facility ran out of nutritional health shake and didn't have enough to serve everyone that was ordered nutritional health shakes.</p> |

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| <p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41610</p> <p>Based on observation, interview and record review, the facility failed to provide food portions as directed by the approved menu for 4 (R42, R45, R58, R168) of 12 residents reviewed for nutrition in a sample of 40.</p> <p>Findings include:</p> <p>1. R45's face sheet documents an admitted [DATE] and diagnoses that included: Cerebral ischemia, Dementia, Repeated falls, Essential hypertension, Diaphragmatic hernia without obstruction or gangrene, Type 2 diabetes mellitus without complications, Unsteadiness on feet, Gastro-esophageal reflux disease without esophagitis, chronic kidney disease, stage 3, iron deficiency anemias, Vitamin D deficiency and Hypothyroidism.</p> <p>R45's Physician order sheet documents a diet order of: mechanical diet with double desserts with a start date of 03/10/24 and an end date documented as: open ended.</p> <p>2. R58's face sheet documents an admitted [DATE] and diagnoses that included: Other specified disorders of brain, protein-calorie malnutrition, Muscle weakness (generalized), Other disorders of lung, Unsteadiness on feet, Abnormal posture, Hypokalemia, Mixed hyperlipidemia, Atherosclerosis of aorta, Unspecified convulsions, Cardiac murmur, Essential (primary) hypertension, Rhabdomyolysis, and Abnormal weight loss.</p> <p>R58's Physician Order Sheet documents an order of: mechanical soft diet with a start date of 11/27/23 and an end date of: open ended.</p> <p>3. R42's face sheet documents an admitted [DATE] with diagnosis including: Nontraumatic intracranial hemorrhage, Hemiplegia and hemiparesis following cerebral infarction affecting right dominant side, Essential (primary) hypertension, Type 2 diabetes mellitus with unspecified complications, Gastro-esophageal reflux disease without esophagitis, Chronic obstructive pulmonary disease, Atherosclerotic heart disease of native coronary artery without angina pectoris, Occlusion and stenosis of unspecified carotid artery, Dysarthria following cerebral infarction, Hypo-osmolality and hyponatremia, Personal history of transient ischemic attack (TIA), and cerebral infarction without residual deficits.</p> <p>R42's Physician Order Sheet documents an order stating: Diet Clarification: Mechanical Soft Consistency diet with a start date of 06/13/23 and an end date of: open ended.</p> <p>On 05/05/24 during lunch service, at approximately 11:30 AM, V13 (Cook) served R45, R58, and R42 a #12 scoop (2.875 ounces) of ground chicken tenders and a #30 scoop (1.125 ounces) of mashed potatoes.</p> <p>The recipe #1171 titled, Chicken Tenders grnd (ground) documents: serve a #6 (4.75 ounces) of ground chicken tenders. The production recipe titled, Potatoes Mashed documents: 2. serve using a #8 (3.75 ounces) scoop.</p> <p>(continued on next page)</p> | | |

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| <p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>On 05/06/24 during lunch service, at approximately 11:30 AM V13 (Cook) served R45, R58, and R42 approximately 1.5 scoops of the # 30 scoop (1.125 ounce) of ground Swedish meatballs.</p> <p>The facility document titled, cycle Day: 16, Monday 11/06/23 documents: lunch: Swedish meatballs: Mech (mechanical) soft: #6 (4.75 ounce) scp (scoop).</p> <p>4. R168's face sheet documents an admitted [DATE] and diagnoses including: Nontraumatic subarachnoid hemorrhage, Other cerebral infarction due to occlusion or stenosis of small artery, Chronic obstructive pulmonary disease, Acute pulmonary edema, Pulmonary fibrosis, Dysphagia, oropharyngeal phase, atrial fibrillation, disorders of brain, Anemia, Essential (primary) hypertension, Atherosclerotic heart disease of native coronary artery without angina pectoris, Cardiomegaly, Atherosclerosis of aorta, Synovitis and tenosynovitis and Gastro-esophageal reflux disease without esophagitis.</p> <p>R168's Physician order sheet documents an order of: Diet: regular, consistency: pureed with a start date of 05/01/24 and an end date documented as: open ended.</p> <p>On 05/05/24 during lunch service at approximately 11:30 AM V13 (Cook) served R168 a #16 scoop (2 ounces) of pureed chicken and a #30 scoop (1.125 ounces) of mashed potatoes, and no pureed bread.</p> <p>The production recipe titled, Chicken tenders pureed thick documents: 6. serve 3 heaping #16 (2 ounce) scoops per serving. The production recipe titled, Potatoes Mashed documents: 2. serve using a #8 (3.75 ounces) scoop. The recipe #779 titled, bread pureed documents: 6. serve 1 slice = 2/3 thick, 0.415 cup or 6. 6 Tbsp. (tablespoon).</p> <p>On 05/06/24 during lunch service at approximately 11:30 AM V13 (Cook) served R168 a #30 scoop (1.125 ounces) of pureed meat, a #30 scoop (1.125 ounces) of pureed egg noodles and no pureed bread.</p> <p>The facility document titled, cycle Day: 16, Monday 11/06/23 documents: lunch: Swedish meatballs: Pur (pureed): #10 (3.25 ounce) scp (scoop), egg noodles: #8 (3.75 ounces) scoop pureed, buttered breadstick 2/3 slice pureed bread.</p> <p>On 05/08/24 at 1:30 PM, V10 (Dietary Manager) stated, all residents should receive the portion size listed on the menu or recipe unless otherwise directed by the registered dietician or the physician. All residents should receive the supplements they are ordered to have or any other dietary order including double protein, double desserts or double portions.</p> <p>The facility policy titled, Menus and Food Preparation dated 12/2016 documents in part: Policy: Meals shall be prepared according to the facility approved menu. The menu shall be approved by the Registered Dietitian licensed in the state of practice. Corresponding recipes shall be used in conjunction with meal service.</p> | | |

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| <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>41610</p> <p>Based on interview, observation and record review, the facility failed to ensure dishware was sanitized appropriately. This has the potential to affect all 66 residents residing at the facility.</p> <p>Findings include:</p> <p>On 05/05/24 at 11:00 AM, V11 (Dietary Aide) showed the test strips he uses to check the dish machine sanitizer. The test strips indicated they were for testing swimming pool water. V11 was finishing washing the breakfast dishes and tested the dish machine sanitizer with the pool test strips, which read very high.</p> <p>On 05/05/24 at 11:10 AM, V10 (Dietary Manager) stated the strips have been in the kitchen since before he started. V10 stated he has been the dietary manager for about 2 months. V10 acknowledged the pool test strips were not the correct strips and said he would try to find the correct strips to use.</p> <p>On 05/05/24 at 11:15 AM, V10 (Dietary Manager) found the appropriate chlorine test strips and tested the dish machine sanitizer with them. The test strip read approximately 10 ppm (parts per million). V10 stated, That is too low, it should be at least 50 ppm. V10 stated he would get rid of the pool test strips now.</p> <p>On 05/05/24 at 12:30 PM, none of the previous dishware was sanitized appropriately before use and more dishes were washed and put away without appropriate sanitization.</p> <p>On 05/05/24 at 1:10 PM V10 (Dietary Manager) stated, he didn't think about sanitizing the dishes another way, he is still new to this position and figuring it out.</p> <p>On 05/06/24 at 10:30 AM, V10 checked the dish machine sanitizer, and the chlorine test strip indicated an appropriate range of 100 ppm chlorine sanitizer.</p> <p>On 05/06/24 at 10:30 AM, V10 (Dietary Manager) stated, the dish machine works appropriately, and he was able to test it with the correct test strips now.</p> <p>The Daily Census report dated 05/05/24 documents 66 residents residing at the facility.</p> <p>The facility policy dated 01/2012 titled, Machine Ware Washing documents: 1. Employees that use the ware washing machine will be responsible for knowing how to use the machine, document its use, and properly maintain it after use. Steps include: Check sanitizer concentration using appropriate test strips.</p> | | |