

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 04/11/2025
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.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>32619</p> <p>Based on observation, interview, and record review, the facility failed to ensure a medication cart was locked and its keys were not accessible to 4 (R31, R42, R58 and R66) of 4 confused ambulatory residents reviewed for safe and secure storage of medications in the sample of 34.</p> <p>On 04/09/25 at 08:05 AM, V5 (Registered Nurse/RN) was observed passing medications on B Hall. V5 prepared medications for a resident and entered the residents room, leaving the medication cart unlocked and the cart keys on top of the cart, and out of V5's visual control.</p> <p>On 04/09/25 at 08:13 AM, V5 prepared medications for another resident and left the cart keys on top of the cart and out of V5's visual control. During these observations, there were residents or staff near the cart.</p> <p>On 04/10/25 at 03:01 PM, V2 (Director of Nurses/DON) confirmed the medication cart is to be kept locked and its keys in possession of the nurse passing medications.</p> <p>The facility's Storage of Medications Policy dated 5/1/18 documented Medications and biologicals are stored safely, securely, and properly, following manufacturers recommendations or those of the supplier. The medication supply is accessible only by licensed nursing personnel, pharmacy personnel, or staff members lawfully authorized to administer medications. B. Only licensed nurses, pharmacy personnel, and those lawfully authorized to administer medications (are) permitted to access medications. Medication rooms, carts, emergency kits/boxes, and medication supplies are locked when not attended by persons with authorized access.</p> <p>An undated policy for Personnel Authorized to Handle Medications in the Facility stated, Licensed nursing personnel who administer medications have authorized access to medication storage areas in the facility. Consistent with their scope of practice, licensed nurses may transcribe and transmit orders to the pharmacy(ies), receive and store medications, and have possession of the keys to all drug storage areas in the facility. Keys to medication storage areas are under the control of licensed personnel only.</p> <p>The facility provided a list dated 4/11/25 which documented R31, R42, R58, and R66 as being confused, ambulatory residents living at the facility.</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