STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145388	A. Building B. Wing	05/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Helia Healthcare of Olney	410 East Mack Olney, IL 62450

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	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. Based on observation, interview and record review the facility failed to ensure the planned menu was provided to residents. This has the potential to affect all 71 residents residing in the facility. The Findings Include: 1.On 5/19/26 the meal planned for lunch for the week ?at a glance' menu was chicken breast supreme, carrots, green beans and peach slump cake. On 5/19/2026 at 11:30 AM the meal provided to the residents was a chicken patty or beef patty, corn, green beans and cake with whipped topping. V4 (Culinary Assistant) was asked why the chicken breast supreme was not served as planned. V4 stated that someone forgot to get the chicken thighs out of the freezer the night before and she did not have enough time to get them thawed and cooked for lunch today. V4 stated she had to look and see what she could use in place of the planned meal and chicken patty, and beef patties were the best option. V4 went stated the dessert was supposed to be a peach slump cake, so she just added some crushed canned peaches to the cake mix. 2.On 5/20/26 at 11:15 AM the meal that was planned for lunch per the week ?at a glance' menu was meatballs with a sweet and savory sauce, rice and green peas. The meal that residents were receiving was meatballs with no sauce, white rice and green beans mixed with green peas. V5 (Culinary Assistant) stated she had to make the sauce for the meatballs with teriyaki sauce and orange marmalade because that was all she had to work with and had to add green beans to the peas because she would of ran out of vegetables. On 5/20/26 at 11:45 AM, V3 (Culinary Manager) stated the truck came later than usual today. V3 stated usually the food is delivered first thing in the morning and that they would have the food items needed for lunch on it, but the last few weeks it has been coming after lunch. V3 stated she guesses she needs to start adjusting her order. V3 stated they had to buy meatballs from the local grocery store today and peas but realized that they did not purchase enough peas, so they added green beans to make them go further and feed the entire census. V3 stated she is new and she is still trying to learn the ordering process. 3.On 5/21/26 at 11:30 AM, the meal planned for lunch per the week ?at a glance' menu was savory baked chicken, company potatoes, garden seasoned carrots, and chef's choice of dessert. The meal being served to the residents was baked chicken thighs, rosemary potatoes and seasoned carrots with cake. V3 stated they did not make the company potatoes, which is a casserole, due to not having enough fresh baking potatoes for today's meal and Friday's meal to make the recipe so she substituted for rosemary potatoes. V3 stated the next truck delivery would not be here until next week, so they just used what they had available. During the resident council meeting on 5/20/26 at 1:00 PM, R14 who was alert to person, place and time stated during resident council meetings they complained about the facility not always following the menu and not knowing what was going to be served. The Long Term Care Facility Application for Medicare and Medicaid dated 5/19/26 documents 71 residents reside in the facility.

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options. Based on observation, interview and record review the facility failed to offer meal substitutions that were appealing and of similar nutritive value to residents. This has the potential to affect all 71 residents residing in the facility. The Findings Include: On 5/19/26 during the lunch meal service at 11:00 AM a chicken patty, green beans, carrots and peach cake was served to all residents. The planned menu for 5/19/26 was chicken supreme, carrots, peach slump cake, and green beans. V4 (Culinary Assistant) stated she did have a beef patty for those who do not want chicken but no alternative to the vegetable and the meal was not served with any type of bread. On 5/19/26 during the lunch meal service at 11:30 AM, R19 who was alert to person, place and time stated they always get carrots or green beans it seems served at lunch and dinner, and there are never alternate meal selections available to choose from. R19 stated it is a chicken salad sandwich or leftovers from the previous meal as an alternative if there is any left, and most of the time she didn't like that meal either. On 5/20/26 at 11:15 AM during the lunch meal service meatballs, white rice, green peas mixed with green beans and apple pie were served for lunch. No other food items were available on the steam table. V5 (Culinary Assistant) stated she did not make any alternative food choices but if a resident does not like the meatballs, she could make a chicken salad sandwich. On 5/20/26 at 1:00 PM, during the resident council meeting R8, R14, R19, R44 and R63, who were all alert and oriented to person, place and time confirmed that they do not have alternate meal options for the main choice or the vegetable on a regular basis. The same residents all confirmed the food is generally not good, and they don't eat a lot off their plate. They are only offered a cold cut or chicken salad sandwich. On 5/21/26 at 11:30AM during the lunch meal service the steam table was observed to have baked chicken thighs, rosemary potatoes, and seasoned carrots. V5 confirmed there were no substitutions available other than the chicken salad sandwiches she could make when tray line was complete. On 5/22/26 at 11:00 AM during the lunch meal service the steam table was observed to have fish, baked potato, and green beans. There were no other hot meal options on the steam table. The Long Term Care Facility Application for Medicare and Medicaid dated 5/19/26 documents 71 residents reside in the facility. The Meal Substitutions Policy dated 12/2016 documented: an appealing alternate option of similar nutritive value should be available for all meals for residents who choose not to eat food that is initially served or who request a different meal choice Procedures: 1. Alternates shall be prepared and made available at all meals. At breakfast an alternate entree shall be prepared. At lunch and dinner an alternate entree and vegetable shall be prepared. 2. The dietary manager, cook or aide shall inform nursing of the alternates available. 3. Residents who refuse menu items, based on preference, shall be offered an alternate. 4. The dietary manager shall monitor meal service to ensure alternates are available.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview and record review the facility failed to ensure that proper sanitation of dishes and cleanliness of equipment was maintained to prevent cross contamination. This failure has the potential to affect all 71 residents residing in the facility. The Findings Include:On 05/19/2026 at 9:55 AM during the initial kitchen walk through the following observations were made:Dirt and debris were observed under the floor mounted stainless-steel tables. The oven/stove had a layer of grease/dust build up on the top shelf over the stove, the back splash/sides/oven doors and oven top were full of old food splatters and dried spills. The dish machine had no sanitizer registering on the chlorine test strips. On 5/19/26 at 10:00 AM, V4 (Culinary Assistant) stated she is unsure when the machine is tested for sanitizer other than once a month when some guy comes in and services the machine. On 5/19/26 at 10:05 AM, V15 (Culinary Assistant) stated he is the main dish washer but is not sure when the sanitizer is checked. V15 stated he does not regularly test the sanitizer level in the dish machine and was not aware that he should be doing this. On 5/19/26 at 10:10 AM, V4 (Culinary Assistant) stated she determined the chlorine test strips were outdated/past expiration and maybe the reason no sanitizer level was detected and would contact the maintenance man to see if he had any in his stock. On 5/19/26 at 10:20 AM, V10 (Maintenance Director) entered the kitchen with pool and spa test strips and stated that he tested the water in the dish machine, and it all comes out testing as it should. V10 stated those are the strips he was told to use when testing the water. V10 stated he would attempt to work on the machine and prime the line to see if that would help get the sanitizer to flow through the tubing and the administrator went to find/borrow test strips from a sister facility. On 5/19/26 at 10:20 AM the dish machine was not in use due to sanitizer level not being within manufacturer recommended range. On 5/19/26 at 11:00 AM, V3 (Director of Human Resources/Culinary Manager) stated she is unsure how to test the sanitizer level and is unsure who services the dish machine but will speak with the administrator. V3 stated that the kitchen appliances should all be cleaned and the floors swept daily but confirmed that the stove/oven combination has clearly not been wiped down for quite some time. On 5/19/26 at 11:20 AM, V1 (Administrator) stated she was unsure who services the dish machine or where the correct strips are that should be used to test the chlorine level. V1 stated she will contact the corporate office and get the appropriate strips ordered if the pool and spa test strips were inadequate. On 5/19/26 at 11:45 AM, V15 ran the dish machine a full cycle and used the new test strips that were obtained from sister facility, and the test strip measured a concentration level of chlorine to be within 50-100ppm (parts per million). The Long Term Care Facility Application for Medicare and Medicaid dated 5/19/26 documents that 71 residents reside in the facility. The Cleaning and Sanitation-General Policy with a revision date of 01/2012 documents that the kitchen will be maintained in a clean and sanitary condition. The State and/or Federal Food Code will be maintained on file within the food service department and will be the basis of all sanitation and food safety practices 15. Food Service workers will receive training on the following subjects: .principals of cross contamination , proper techniques for cleaning and sanitizing utensils, equipment, and surfaces

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. Based on observation, interview and record review the facility failed to ensure that resident meals were delivered at appetizing/preferred temperatures for 5 of 5 (R8, R14, R19, R44 and R73) residents reviewed for cold food complaints in a sample of 49. The Findings Include:During the resident council meeting on 5/20/26 at 1:00 PM, R8, who was alert and oriented, stated the food is cold when it is delivered to her room. R8 stated she eats most meals in her room by choice but most of the time if she is hungry, she has to eat cold food. R14 , R19 and R44 who are alert and oriented to person place and time, stated they have complained about the food temperatures in the resident council meetings. On 5/21/26 at 9:00 AM, R8 stated by the time her breakfast tray was delivered this morning it had cold eggs and French Toast on it, so she did not eat very much of it. On 5/21/26 during lunch meal delivery the Arch unit trays were loaded on a non-insulated open to air cart. The trays had a plastic dome over the non-insulated plates. The cart left the serving window at 11:13 AM and the test tray was not delivered to the room until 11:40 AM. On 5/21/26 at 11:30am a digital metal stemmed thermometer used for taking temperatures for this survey was checked for accuracy using the ice-point method and was accurate within +/_ 2 degrees Fahrenheit. The temperatures were taken immediately at 11:40AM for the food items and were as follows: chicken 109.4 degrees Fahrenheit, potatoes 94.2 degrees Fahrenheit and carrots 88.5 degrees Fahrenheit. 5/21/2026 at 11:48 AM, R73 who was alert and oriented to person, place and time stated, her lunch served today was cold. R73 was observed sitting in her recliner in her room while eating lunch. On 5/21/26 at 3:00 PM, V7 (Activities) stated the residents do complain about the food temperature in the resident council meetings and thought she had filled out a grievance for this issue in the last couple months. Upon review of the last 12 months of grievances and resident council minutes nothing was found on cold food complaints. On 5/22/26 at 9:00 AM, R8 stated her breakfast tray had barely warm food on it when it was delivered this morning as usual. R8 stated that she feels the staff try their best, but the food just gets cold fast.

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F 0808 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure therapeutic diets are prescribed by the attending physician and may be delegated to a registered or licensed dietitian, to the extent allowed by State law. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to ensure residents receive food items in accordance with physician orders for safe swallowing/therapeutic diets for 18 of 18 residents (R4, R6, R13, R14, R16, R21, R22, R26, R27, R29, R34, R35, R45, R47, R52, R53, R64 and R65) reviewed for therapeutic diets in a sample of 49. Findings include: 1. On 5/19/26 at 11:00 AM the lunch meal service was observed to be serving ground chicken patty to the residents that receive a mechanical soft diet with no gravy on top. The steam table was observed to see options available for residents to eat for lunch and no gravy was seen. V4 (Culinary Assistant) confirmed that no gravy was made for this meal. No menu was available to review for this meal due to serving an item that was not planned and no recipe available. 2. The recipe for Meatballs sweet and savory ground for 5/20/26 documents the following serving instructions: 1. Prepare regular recipe as directed. 2. Remove the appropriate number of cooked meatballs and place in a food processor. Grind to desired texture. 3. Serve in a #6 scoop of meatballs with 2 fluid ounces of sweet and savory sauce. Additional sauce may be needed to moisten meat. During the lunch meal tray preparation on 5/21/26 at 11:15 AM, V5 (Culinary Assistant) was observed scooping the 2 ounces of meatballs in a slotted spoon and letting the thin sauce drain out of the spoon prior to placing on the plates. V5 stated that her meatballs were moist and tender. 3. R53's admission Record documented an admission date of 4/10/2026 with diagnoses including cerebral ischemia, adult failure to thrive, chronic pulmonary edema, pulmonary fibrosis, unspecified, heart failure, paroxysmal atrial fibrillation, and dysphagia, oral phase. R53's Minimum Data Set (MDS) dated [DATE] documented under Section K-Swallowing/Nutritional Status: R53 complaints of difficulty or pain with swallowing and mechanically altered diet R53's Physician Order dated 4/13/2026 documented a diet: Regular, Consistency: Mechanical Soft and gravy with meat. R53's Dietary Card documented a diet of mechanical soft and gravy with meat. On 05/19/2026 at 11:19 AM, R53 was served a mechanical soft diet of chicken patty, green beans and peas mixed and cooked carrots. There was no gravy on the chicken patty. On 05/20/2026 at 11:37 AM, V14 (Certified Nurse Assistant/CNA) served R53 a mechanical soft diet that included sweet and savory meatballs, green beans and peas, rice and apple pie. There was no sweet and savory sauce noted on 53's meatballs. On 05/20/2026 at 11:39 AM, V14 (CNA) stated R53 should have gravy/sauce on her meat for each meal because of swallowing issues. V14 stated there was no sauce on R53's meatballs. On 05/20/2026 at 11:43 AM, V6 (Minimum Data Set/MDS Coordinator) stated R53 is supposed to have gravy on her meats at each meal because she had been choking on her food while at the hospital prior to coming to the facility. (continued on next page)

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F 0808 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 05/20/2026 at 11:55 AM, V1 (Administrator) stated her expectation is for staff follow dietary orders. On 05/20/2026 at 12:02 PM, V5 (Cook) stated she does not serve gravy over meats if the meat is moist that day. V5 stated R53 did not get any gravy on her meatballs today and the sauce with the meatballs is too thin to use as well. On 5/21/2026 at 10:39 AM, V12 (Speech Pathologist) stated, R53 does have an order for a mechanical soft diet with gravy on meats to aid in swallowing. V12 stated, all other facility's do add gravy or some type of sauce to the mechanical soft meats to aid in swallowing, but this facility does not do that and is not consistent with adding gravy to mechanical soft diets. V12 stated, in her opinion all meat on a mechanical diet should include gravy or sauce to aid in swallowing. On 5/21/26 at 12:30 PM, V13 (Registered Dietitian) stated it is the policy that all mechanical soft meats should have gravy on them to aide in swallowing and reduce chance of choking due to swallowing difficulties. On 5/22/26 at 2:00 PM, V1 (Administrator) provided a diet type report of all residents residing in the facility. This report documents that R4, R6, R13, R14, R16, R21, R22, R26, R27, R29, R34, R35, R45, R47, R52, R53, R64 and R65 are to receive Mechanical Soft diets.

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to ensure resident equipment was maintained in a state of good repair for 1 (R58) of 18 residents reviewed for environment in the sample of 49. Findings included:R58's admission Record documented an admission date of 9/21/2010 with diagnoses including rheumatoid arthritis, unspecified, mild intermittent asthma, uncomplicated heart failure, unspecified, essential primary hypertension, and type 2 diabetes mellitus without complications.R58's Minimum Data Set (MDS) dated [DATE] documented under BIMS (Brief Interview of Mental Status) score of 15 indicating R58 is cognitively intact.On 05/19/2026 at 10:46 AM, R58 stated she had an issue with her shower in her bathroom. R58 stated her shower is not working and continues to run water. R58 stated she had spoken to V10 (Maintenance) about her shower room, but it had been a while ago and V10 said he is still waiting for parts. At the time R58's shower head was continuously running water at a medium flow into the shower with black substance noted to shower floor in front of the drain.On 5/20/2026 at 10:15 AM, R58's shower head was continuously running water at a medium flow into the shower. There was a scattered black substance on the shower floor in front of and around the drain. On 05/20/2026 at 1:17 PM, V9 (Licensed Practical Nurse/LPN) stated the staff fill out a work order for items that are not working properly and turn it in to V10 (Maintenance). V9 stated, R58's shower did get a ticket filled out for maintenance and thinks it had been about 2 weeks ago.On 05/20/2026 at 1:19 PM, V10 (Maintenance) stated staff will complete a work order for broken items for him to fix. When this surveyor asked to look at work the order for R58's shower, V10 stated that he is moving offices, and he does not know where the work order is. V10 stated, he believes it was about 2 months ago when he first received the work order for R58's shower. V10 stated he is aware that R58's shower continuously runs water out of the shower head. V10 stated, he did notify V1 (Administration) about 2 months ago the parts he needed, which included a new cartridge for R58's shower. V10 stated, he will need to follow up with V1 on parts today.On 05/20/2026 at 1:27PM, V11 (Certified Nurse Assistant/CNA) stated, she does have direct patient care with R58. V11 stated, at first R58's shower head had just a trickle of water, but in the last 3-4 months the shower does constantly run a moderate amount of water in the tub. V11 stated, there had been a work order turned in about 3-4 months ago for the shower and they have been waiting on the parts. V11 stated, she had noticed the black substance on the shower floor.On 05/20/2026 at 1:31 PM, V1 (Administration) stated staff will fill out a work order form for broken items and give to V10. V1 stated, she had not been aware of R58's shower issues until today. V1 stated, V10 should have gotten parts from the local hardware store where they have a charge account, and she would not have ordered anything special. V1 stated, V10 should have fixed the shower in a timely manner. The facility's Quality of Life-Homelike Environment policy (revised February 2012) documented under Policy: Residents are provided with a safe, clean, comfortable and homelike environment and encouraged to use their personal belongings to the extent possible.

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, observation and record review the facility failed to provide range of motion program per COTA (Certified Occupational Therapy Assistant) recommendations to a resident with limited range of motion to prevent further reduction of range of motion (ROM) for 1 (R40) of 18 residents reviewed for range of motion in the sample of 49. The Findings Include: R40's Face Sheet documents an admission date to the facility of 01/23/2025. The diagnoses listed include cerebral infarction due to unspecified occlusion or stenosis of left middle cerebral artery, dysphagia following cerebral infarction, hemiplegia and hemiparesis following cerebral infarction affecting right side, speech and language deficits following cerebral infarction, chronic kidney disease, and insomnia.R40's current care plan does not document any problem areas related to R40's hemiplegia and hemiparesis of the right arm / hand requiring restorative nursing.R40's MDS (Minimum Data Sheet) dated 03/26/2026 coded as Quarterly documents in Section GG0115, Functional limitation in Range of Motion, impairment in upper extremity coded 1 indicating that R40 has impairment. The same MDS, under Section O0500 Restorative Nursing Program, Record the number of days each of the following restorative programs was performed (for at least 15 minutes a day) in the last 7 days (enter 0 if none or less than 15 minutes daily) answered 0 indicating R40 does not receive restorative nursing.R40's Occupational Therapy Discharge summary dated [DATE] documents under section titled Discharge recommendations and status, restorative programs, restorative range of motion program upper extremity.On 05/20/2026 at 9:35 AM, R40 was observed sitting in a wheelchair in her room. R40 stated she does not receive any type of exercises on her arms or legs. R40's right arm was observed to be lying in her lap, with her fingers curled in. On 05/21/2026 at 9:44 AM, V8 (Certified Occupational Therapy Assistant) stated not all residents will be placed on a restorative program. It depends on their cognitive and physical abilities. V8 stated that R40 was discharged with a program for range of motion for the upper extremity. V8 stated she would expect the facility to put a program into place if a resident is discharged with a recommendation for a restorative program.On 05/21/2026 at 9:44 AM, V2 (Director of Nursing) stated range of motion is not a program the facility usually places for residents. V2 stated most residents are on bed mobility and transfer programs. V2 stated she thought range of motion was incorporated. V2 stated she was not aware when occupational therapy discharged R40 there was a recommendation for range of motion restorative program.On 05/21/2026 at 9:46 AM. V1 (Administrator) stated it is her expectation when a resident is discharged from therapy and a restorative program is recommended; the nursing department put the program in place. A Resident Mobility and Range of Motion Policy dated 10/20/25 documented, Residents will not experience an avoidable reduction in range of motion (ROM). 2. Residents with limited range of motion will receive treatment and services to increase and/or prevent a further decrease in ROM. 3. Residents with limited mobility will receive appropriate services, equipment and assistance to maintain or improve mobility unless reduction in mobility is unavoidable. 4. The care plan will be developed by the interdisciplinary team based on the comprehensive assessment and will be revised as needed. 5. The care plan will include specific interventions, exercises and therapies to maintain, prevent avoidable decline in, and/or improve mobility and range of motion. 6. Interventions may include therapies, the provision of necessary equipment, and/or exercises and will be based on professional standards of practice and be consistent with state laws and practice acts. 7. The care plan will include the type, frequency, and duration of interventions, as well as measurable goals and objectives. The resident and representative will be included in determining these goals and objectives.