

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145807	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/21/2025
NAME OF PROVIDER OR SUPPLIER Helia Healthcare of Newton		STREET ADDRESS, CITY, STATE, ZIP CODE 300 S Scott Street Newton, IL 62448	

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>49714</p> <p>Based on interview and record review, the facility failed to provide 8 hours of daily Registered Nurse (RN) coverage. This failure has the potential to affect all 36 residents residing in the facility.</p> <p>Findings include:</p> <p>On 02/20/2025 at 10:29 A.M. V1 (Administrator) stated she is aware there are a few shifts that did not have 8 hours with a Registered Nurse. V1 stated that V2 (Director of Nursing) has been working weekends to ensure that the facility has RN coverage every shift. V1 stated on 02/16/2025 that V2 was in the building and left for several hours before coming back. V1 stated she did not realize that registered nurse coverage hours had to be consecutive.</p> <p>On 02/21/2025 at 10:15 A.M. V1 stated that the facility uses several nurses from one shift who keep extending their contract to work for the facility. V1 stated that they have hired a new MDS (Minimum Date Set) nurse who will help cover RN hours when she gets trained. V1 verified the accuracy of the December 2024, January 2025, and February 2025 nursing schedules.</p> <p>Review of December 2024 Nursing Schedule documents four hours of RN coverage was provided at the facility on 12/07/2024. The same schedule documents two and a half hours of RN coverage was provided by the facility on 12/08/2024, and five hours of RN coverage was provided by the facility on 12/21/2024 and 12/22/2024. Review of Employee Timecard documented on 02/16/2025, V1 clocked in at 5:15 A.M. and out at 8:00 A.M. V1 then clocked in at 11:55 A.M. and out at 6:52 P.M. V1's hours were not consecutive.</p> <p>The facility provided a Matrix for Providers on 02/20/2025 which documented the facility currently has 36 residents residing at the facility.</p> <p>Facility policy titled Staffing with no date on it documented under section titled Policy: The Facility provides adequate staffing to meet needed care and services for our resident's population and according to regulatory staffing requirements (CMS, IDPH). Under the section titled Procedure: 2. Licensed registered nursing and licensed nursing staff are available to provide and monitor the delivery of resident care services. The facility will schedule a registered nurse 8 consecutive hours each day.</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
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