STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145807	A. Building B. Wing	09/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Helia Healthcare of Newton	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)
F 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Encode each resident's assessment data and transmit these data to the State within 7 days of assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49714 Based on interview and record review, the facility failed to ensure assessments were successfully transmitted within 14 days of completion for 1 (R32) of 12 residents reviewed for assessments in the sample of 41. Findings Include: R32's Face Sheet documented an admitted [DATE]. Diagnoses include, but not limited to dementia, Alzheimer's disease, benign prostatic hyperplasia, and essential hypertension. On 09/11/2024 at 1:52 PM, V2 (Registered Nurse / Minimum Data Set Nurse) stated R32 had an admission assessment on 05/03/2024 and the discharge assessment was completed on 05/24/2024. V2 stated that she does not have to transmit the MDS because it was a private pay discharge. V2 stated that she did not transmit the assessment as it is not required to be. On 09/11/2024 at 2:55 PM, V1 (Administrator) stated that she is unfamiliar with the MDS not being transmitted. V1 stated that she will reach out to the corporate office and get the correct information on whether or not the MDS should have been transmitted. On 09/12/2024 9:45 AM, V2 stated she was inaccurate with what she said on 09/11/2024. V2 stated that she was confused about what type of assessment that it was. V2 stated that she got the private pay and the Medicare Advantage rules confused. V2 stated that she transmitted R32's assessment on 09/11/2024. On 09/12/2024 at 1:43 PM, V1 stated the facility does not have a policy about MDS. V1 stated the facility follows the RAI manual and the RAI manual is the policy. On 09/11/2024 at 12:52 PM, R32's MDS (Minimum Data Set) dated 05/24/2024 documented the assessment as complete. Review of CMS (Centers for Medicare & Medicaid Services) MDS 3.0 NH (Nursing Home) Final Validation Report documented completed submission of R32's 05/24/2024 assessment on 09/11/2024. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	RAI Manual Chapter 5, Submission and Correction of the MDS Assessments Nursing homes are required to submit Omnibus Budget Reconciliation Act (OBRA) required Minimum Data Set (MDS) records for all residents in Medicare- or Medicaid-certified beds regardless of the pay source. Transmitting Data: Providers must transmit all sections of the MDS 3.0 required for their State-specific instrument, including the Care Area Assessment (CAA) Summary (Section V) and all tracking or correction information. Transmission requirements apply to all MDS 3.0 records used to meet both federal and state requirements.

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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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36384 Based on interview and record review the facility has failed to update comprehensive care plans for 2 of 12 residents (R15 and R21) reviewed for care plans in a sample of 41. The Findings Include: 1. R15's Face sheet documents an admitted [DATE]. R15's Face sheet includes the following diagnosis: major depressive disorder, cognitive communication deficit, depression, unspecified dementia, without behavioral disturbance, psychotic disturbance, mood disturbance and anxiety, vascular dementia with agitation. R15's Current care plan documents a problem area of falls. The goal for this problem area is that resident will remain free from injury. The approach to this problem area include: therapy to evaluate and treat if POA (Power of Attorney) approves, provide proper well maintained footwear, staff assess pressure alarm is functioning when providing care, lock brakes of wheelchair when resident is not in it, non skid strips placed on the floor next to the bed, observe frequently and place in supervised area when out of bed, resident will be monitored when in the dining room and escorted back to her room when dining is complete, assure resident is wearing eyeglasses and are clean and in good repair, assure the floor is free of glare, liquids, and foreign objects, encourage resident to assume a standing position slowly, give resident verbal reminders not to ambulate/transfer without assistance, keep bed in lowest position with brakes locked, keep call light in reach at all times, keep personal items and frequently used items within reach, leave night light on in room, provide proper maintained footwear, provide environment free of clutter, and provide toileting assistance every 2 hours and as needed. On 9/11/24 at 2:30PM, V1 (Administrator) stated that R15 should have her call light within reach at all times to call for assistance. On 9/11/24 at 2:36 PM, V5 (Certified Nurse Assistant/CNA) stated that the family does not like R15 to have a call light due to the risk of her choking herself with the cord. V5 stated that they just check on her more often, that they do not have any other form of call light system for R15 to use. On 9/11/24 at 2:45 PM, V1 stated that the care plan is not updated to reflect the need for R15 to have an alternate type of call light/alert system to let the staff know assistance is needed, nor is the behavior/request of family in the care plan requesting to not use the standard call light. 2. R21's face sheet documents an admitted [DATE]. The following diagnosis are included on the face sheet: Parkinson's disease, anxiety disorder, depression, and major depressive disorder with psychotic features. R21's current month physician orders include an order for Seroquel 50 milligram tablet once daily at bedtime with a start date of 4/9/2024. (continued on next page)

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R21's Current care plan has a problem area category of psychotropic drug use resident receives antidepressant medication. The goal for this problem area is that the resident will not exhibit signs of drug related sedation, hypotension, or anticholigenic symptoms. The approach to this problem area is that they will assess/record effectiveness of drug treatment, monitor signs and symptoms of sedation, hypotension, or anticholinergic symptoms and to monitor resident mood and response to medication. On 9/13/21 at 12:30 PM, V2 (Minimum Data Set Coordinator/Care Plan Coordinator) stated that the care plan had not been updated to include the anti-psychotic medication that was started on 4/9/24 or any individualized non pharmalogical interventions when behaviors are occurring. V1 did not provide a care plan policy and procedure on updating comprehensive care plans.

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36384 Based on observation, record review and interview the facility failed to implement fall precautions by placing the call light within reach for 1 of 2 (R15) residents reviewed for falls in a sample of 41. Findings Include: R15's face sheet documents an admitted [DATE]. This same document includes the following diagnosis: muscle weakness, other abnormalities of gait and mobility, and vascular dementia. R15's care plan has a problem area category of falls that has a start date of 8/18/22 and an edited date of 8/27/24. The goal for this problem area with a long term goal target date of 11/29/24 is that the resident will remain free from injury. An approach to this problem area with a start date of 8/18/22 is to keep the call light in reach at all times. R15's most recent recent quarterly MDS (Minimum Date Set) dated 5/20/24 documents in Section C a BIMS (Brief Interview of Mental Status) of 6, indicating R15 is severely impaired with cognition level. R15's same MDS Section J documents that R15 has had falls since admission/reentry. On 9/10/24 at 10:30 AM, R15 was observed to be in her recliner and no call light within reach. On 9/11/24 at 9:30 AM, 11:30 AM, 1:30 PM and 2:32 PM, R15 was observed sitting in her recliner with the call light sitting on top of her personal refrigerator in her room not within reach. On 9/11/23 at 2:35 PM, V5 (Certified Nurse Assistant) stated that the family does not want R15 to have a call light due to the possibility that she could strangle herself with it. V5 stated that they do not have an alternate source of a call light right now, they just check on her every two hours for sure and then when they are going up and down the hall.

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32619 Based on interview and record review, the facility failed to provide adequate direct care staffing to meet resident's needs. This has the potential to affect all 32 residents living at the facility. Findings include: 1. R7's Face Sheet documented an admitted [DATE] and listed diagnoses including History of Cerebral Infarction, Chronic Obstructive Pulmonary Disease, and Congestive Heart Failure. R7's Minimum Data Set, dated dated dated [DATE] indicated R7 has moderate deficits in cognition and is totally dependent on staff for toileting, showering, and dressing. R7's Care Plan dated 8/27/24 documented a problem area, Resident's ability to perform activities of daily living requires assistance of staff. On 09/10/24 at 02:11PM, R7 was in his room sitting in his wheelchair watching TV. R7 was alert to person and place but not time. R7 stated he needed to use the bathroom and pushed his call light. After 15 minutes and 46 seconds, V8, Certified Nursing Assistant (CNA), responded and assisted R7 with toileting. 2. R15's Face Sheet documented an admitted [DATE] and listed diagnoses including polyneuropathy, Hypertension, and Dementia. R15's Minimum Data Set, dated dated dated [DATE] documented that R15 has severe deficits in cognition and requires substantial assistance from staff for toileting, showering, and dressing. R15's Care Plan dated 8/20/24 documented a problem area, Due to cognitive deficits, (R15) is dependent on staff for meeting his/her emotional, intellectual, physical and social needs. On 09/11/24 at 11:04 AM, V6, family member of R15, stated when she was visiting on 9/7/24 on day shift, it took an hour to get staff to take V6 to the bathroom. V6 stated on 9/8/24 on day shift, there was one CNA and one nurse to care for the whole building. On 09/11/24 at 1:13 PM, V7, Licensed Practical Nurse, stated there have been times where it has just been her and one CNA for the whole building on day shift on weekends. She stated there is also an issue at times with there being only one CNA and one nurse on night shift. On 09/12/24 at 1:16 PM, V9, CNA, stated there are times when there is only one CNA and one nurse for the whole building, and that it can happen on any shift both through the week and on the weekend. On 09/13/24 at 8:13am, V1, Administrator, stated she is the staff member responsible for scheduling nursing and CNA staff. V1 stated nurses work 12 hour shifts from 6am to 6pm and 6pm to 6am, and CNAs work 8 hour shifts. V1 stated one nurse and 2 CNAs are scheduled each shift. V1 stated there are times when CNA's call in, especially on the 2pm to 10pm shift and 10pm to 6am shift, but coverage can usually be obtained. V1 stated corporate staff have told her one CNA on the 10pm to 6am shift is enough for the current census, and that when the census gets up to 36 she can schedule a total of 3 CNAs either on day shift or evening shift, but not both. On 9/13/24 at 12:10 PM, V2, Interim Director of Nurses, stated it is her expectation that call lights should be answered within five minutes. (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Nursing and CNA Schedules for July, August, and September 2024 documented the following dates with one CNA and one nurse providing care for the entire facility: 7/1/24, 10pm to 6am shift. 7/4/24, 10pm to 6am shift. 7/12/24, 10pm to 6am shift. 7/13/24, 10pm to 6am shift. 7/18/24, 2pm to 10pm shift. 8/2/24, 2pm to 10pm shift. 8/10/24, 6am to 2pm and 2pm to 10pm shifts. 8/18/24, 6am to 2pm shift. 9/8/24, 6am to 2pm shift. 9/9/24, 2pm to 10pm shift. 9/10/24, 2pm to 10pm shift. The Long - Term Care Facility Application for Medicare and Medicaid provided by the facility with a date of 09/11/2024 documents that 32 residents reside at the facility.

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F 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	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. 49714 Based on interview and record review, the facility failed to provide 8 hours of daily Registered Nurse coverage. This failure has the potential to affect all 32 residents residing in the facility. Findings include: Review of June 2024 Nursing Schedule documents no RN coverage was provided at the facility on 06/19/2024 and 06/29/2024. Review of July 2024 Nursing Schedule documents no RN coverage was provided at the facility on 07/13/2024, 07/14/2024, 07/17/2024, 07/27/2024 and 07/28/2024. Review of August 2024 Nursing Schedule documents no RN coverage was provided at the facility on 08/03/2024, 08/04/2024, 08/17/2024 and 08/18/2024. On 09/10/24 at 02:01 PM, V1 (Administrator) stated that she is aware there are shifts that have no RN (Registered Nurse) coverage. V1 stated the facility utilizes agency nurses to fill in gaps. V1 stated that she has recently hired RN's and the September schedule has more RN coverage on it. On 09/13/2024 at 10:47 A.M., V1 stated the facility tries to have RN coverage for all days but it is hard to get RN's to apply. V1 stated that she recently hired more RN's so this should not be an issue moving forward. V1 verified the accuracy of the June 2024, July 2024, and August 2024 nursing schedules. The Long - Term Care Facility Application for Medicare and Medicaid provided by the facility with a date of 09/11/2024 documents that 32 residents reside at the facility.

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36384 Based on record review and interview the facility failed to ensure residents were free from unnecessary medications for 1 of 5 (R2) residents reviewed for unnecessary medications in a sample of 41. The Findings Include: R2's Face sheet documents an admitted [DATE] and includes the following diagnosis: vascular dementia without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety. R2's current Physician Order Sheet documents an order for 1 mg (milligram) Risperadol with diagnosis: vascular dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety with a start date of 9/6/2023. A psychotropic and sedative/hypnotic utilization by resident report provided by V1 (Administrator) dated 9/6/24 documents that R2 started Risperidone 1 mg pm (as needed) on 9/6/23 and is due for a Gradual Dose Reduction (GDR) evaluation on 12/2024. The column labeled Last GDR is blank. On 9/13/24 at 1:30PM, V1 stated at this time there are no other pharmacy reports that show communication to recommend any medication reductions in the medical record. On 9/13/24 at 11:00 AM, V11 (Pharmacist) stated that he would check to see if there were any previous GDR attempts/recommendations for R2, but his routine is review the GDR's every 5 months to ensure that he catches all the medications to ensure they are reviewed per the Medicare guidelines. Review of R2's behavior tracking from 8/13/24-9/12/24 provided by V1 has no behaviors occurring. On 9/11/24 at 2:30 PM, V1 stated that all residents are tracked for the same behaviors because the new system does not allow them to individualize them. According to the tracking sheet R12 is tracked for verbal expression of distress, sleep cycle issues, apathetic/anxious/sad appearance, loss of interest, did the resident have any of the following problems or behaviors (PHQ-9-OV) (with no further explanation). On 9/13/24 at 12:30 PM, V9 (Certified Nurse Assistant) stated that R2 has not had any behaviors that he is aware of. On 9/13/24 at 1:00 PM, V2 (Minimum Data Set Coordinator) stated that R2 used to have behaviors of not having anxiety and eating and drinking all his snack and drinks that family brings in, but they have worked with him and this has all improved. V2 stated that since then he has not really had any behaviors. V2 stated that this is not tracked as a behavior nor is it on his care plan. V2 stated that she cannot find any further documentation regarding any recommendations or attempts at reduction of psychotropic medications. On 9/13/24 at 1:30 PM, V1 provided a document titled Gradual Dose Reduction Schedule that documented, Antipsychotics and Anxiolytics: During the first year of the use of these drugs in the facility, there should be one attempt to reduce the medication .

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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. 36384 Based on observation, record review, and interview, the facility failed to store food and maintain the kitchen in safe and sanitary manner to prevent potential contamination. This has the potential to all 32 residents residing in the facility. Findings Include: On 9/10/24 at 9:45 AM, the initial kitchen tour was completed and the following concerns were noted: the top of the dish machine had a layer of flaky dried matter on top covering the entire surface, a scoop with a handle was found inside the bulk thickener touching the food item, bottom shelves of stainless steel tables were dusty and had old/dried food debris on them, bulk food containers were found to be sticky to touch and dried spills going down the side and food debris on top, a container on the cooks table holding various utensils/seasonings was found to have crumbs and food debris in the bottom, the steam table had dried/black food substance burnt to the bottom of all inserts, the side of the stove was found to have old/dried food spills down the side, the floor under the stove and cooks stainless steel table had spilled food/food debris/paper products underneath them, the floor in the kitchen was upswept with food and paper products scattered everywhere, the stove top is full of old dried spilled food on the burners and under the burners near the flame. A sample cleaning schedule provided by V4 documents that the following items are to be cleaned after each use: can opener, coffee machine, counters, cutting boards, dining room chairs/tables, dishes, floors, food carts, food preparation appliances, kitchen/dining room floors, mixers, pots/pans, Range/Stove Top, and toaster. Items to be cleaned weekly are: dish machine, oven, garbage containers, garbage disposal, interior of dishwasher, refrigerator, sanitize dining room chairs, storeroom floor and windows. Monthly cleaning schedule includes; clean behind/under major appliances, freezer condenser boils/pans, shelves, stove hood/filters, and vacuum and dust back of appliances. Daily cleaning schedule lists: exterior of dishwasher and appliances, floors, kitchen sinks/faucets, kitchen towels/cloths, microwave and waster disposal. On 9/10/24 at 11:30 AM, V10 (Cook) was observed to be pureeing the lunch meal. V10 reached into the bulk food thickener and used the scoop without washing his hands or gloves. V10 then set the measuring cup on the table with no clean barrier and then placed the scoop back in the container when he was finished with the pureed pork. At this same time an observation of V10 stirring cherries on the stove with a spatula that he picked up off the stove top burner with no clean barrier between to stir the cherries. On 9/10/24 at 2:00 PM, V4 (Dietary Manager) stated that they have a cleaning list that is supposed to be completed weekly. V4 stated that for some reason it was not completed this week and she cannot say for sure how long it has been since the stove was cleaned. V4's expectation is that it is cleaned at least once a week. V4 stated that the she will remove the scoops out of the bulk containers and clean them. V4 stated that she will speak with her staff regarding placing food utensils on a clean barrier instead of on a table top and then used to cook the food. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	The Long Term Care Applications for Medicare and Medicaid provided by the facility on 9/11/24, documents 32 residents reside in the facility.