STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146045	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Helia Healthcare of Energy	210 East College Energy, IL 62933

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 0689

Level of Harm - 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 43088

Based on interview and record review, the facility failed to ensure safe resident transfers were provided to prevent accidents for 2 (R1 and R2) of 3 residents reviewed for accidents and supervision in the sample of 4. This failure resulted in R1 sustaining a laceration to the right foot requiring sutures and R2 sustaining a fibula fracture.

Findings include:

1. R1's face sheet documented an admitted [DATE], a discharge date of [DATE], and diagnoses including: urinary tract infection, laceration without foreign body of unspecified toe without damage to nail, metabolic encephalopathy, paraplegia, lymphedema, anemia, type 2 diabetes mellitus.

On 4/11/24 at 1:31 PM, V4 (Licensed Practical Nurse/LPN) stated she was called to R1's room on 4/8/24 to help transfer R1 onto his motorized wheelchair. V4 said while R1 was in the mechanical lift sling the wheelchair moved causing R1's foot to be lacerated by the bedframe. V4 said she applied pressure to R1's laceration to slow the bleeding and called for emergency services to transfer R1 to the hospital. V4 said R1's laceration looked pretty deep.

On 4/12/24 at 9:57 AM, V10 (CNA) said she was assisting R1 to transfer to his motorized wheelchair on 4/8/24. V10 said that R1's motorized wheelchair was sitting parallel with the bed when R1 was transferred onto it with a mechanical lift. V10 said while staff were trying to position R1, R1 hit the controls on the motorized wheelchair causing the wheelchair to turn and R1's foot to be cut by the bedframe. V10 said once staff got R1's foot out from under the bedframe a laceration was seen with heavy bleeding. V10 said staff assisted R1 back to the bed and R1 was sent to the hospital for further treatment.

On 4/12/24 at 10:16 AM, V9 (CNA) stated that on 4/8/24 she was assisting R1 to get cleaned up for the day and get R1 in his motorized wheelchair. V9 said staff used a mechanical lift to get R1 out of bed and onto the motorized wheelchair. V9 said as staff were attempting to move R1 back into the seat for better positioning the motorized wheelchair came on and moved causing R1's foot to be sent under the bedframe. V9 said once R1's foot was under the bedframe staff used the joystick control on the motorized wheelchair to move the chair back. V9 said this caused a laceration to R1's foot that was bleeding heavily.

(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: 146045	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/15/2024
NAME OF PROVIDER OR SUPPLIER Helia Healthcare of Energy		STREET ADDRESS, CITY, STATE, ZIP CODE 210 East College Energy, IL 62933	

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 0689 Level of Harm - Actual harm Residents Affected - Few	On 4/12/24 at 11:28 AM, V7 (Therapy Director) said all residents who wish to use a motorized wheelchair must be assessed by therapy for safety. V7 said R1 had not been assessed for motorized wheelchair safety when the 4/8/24 incident happened. V7 said she was not made aware R1 had a motorized wheelchair until after the 4/8/24 incident. V7 said staff should ensure the motorized wheelchair is off prior to transferring someone onto it. On 4/12/24 at 11:59 AM, V2 (Director of Nursing/ DON) said she expected staff to notify her of a family bringing in a motorized wheelchair as the resident would need to wait to use it until therapy could assess the resident for safety. V2 said she expected staff to notify her if any resident family brings Durable Medical Equipment (DME) into the facility. On 4/12/24 at 1:05 PM, V8 (Certified Nursing Assistant/CNA) said R1's family brought R1's motorized wheelchair into the facility on [DATE] at approximately 10:30 AM. R1's progress note dated 4/8/24 at 12:08 PM documented in part .Between 11:15 and 11:20 AM, during a transfer from his bed to his chair using a hoyer lift, this resident sustained a deep laceration to his right 4th metatarsal. Towels were applied to his right foot to staunch the flow of blood. 911 was called for transfer to a hospital. After the bleeding slowed down to a slower continuous bleeding a pressure dressing of 4 X 4s and an abdominal pad were applied to the area. This dressing was then reinforced with tape . R1's progress note dated 4/8/24 at 5:35 PM documented in part . (Nurse Practitioner) at facility and made aware of incident. Facility notified by family that resident will require sutures. (V1 Administrator) notified. Awaiting resident return . R1's progress note dated 4/8/24 at 6:42 PM documented in part .(R1) returned from the (Hospital) about 5:30 pm, after having his right 4th metatarsal stitched with 7 internal and 7 external stitches. He is doing okay. The foot has a dressing that is intact, but since the doctor left a small opening for drainage, there is some blood coming out. This is expected, so blood won't build up under the skin or around the toe . R1's 4/8/24 hospital medical record documented in part . right foot with starburst pattern laceration overlying the 5th MCP (metacarpophalangeal) joint. 2 cm (centimeters) in diameter with approximately 3 cm length of affected skin. Laceration affects underlying facia with approximately 0.7 cm deep puncture wound just proximal to the web between fourth and fifth toes. (R1) with complete loss of feeling in both feet at his baseline .seven 4 - 0 running Vicyl internal sutures and 7 interrupted 4 - 0 nylon external sutures . The facility's June 2013 Motorized Mobility Aides in the LTC (Long Term Care) Residence- Policy Considerations documented in part .housing providers must also permit manually operated wheelchairs and other manually operated assistive devices without exception. Housing providers must also permit individuals who use power- driven mobility devices to utilize same, unless it can be shown by the housing provider that an individual's use fundamentally alters its programs, services, activities, or creates a direct threat, and/or safety hazard . 2. R2's face sheet documented an admitted [DATE] and diagnoses including: dementia, atherosclerotic heart disease, hypertension, anxiety disorder, contusion of right ankle. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146045	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/15/2024
NAME OF PROVIDER OR SUPPLIER: Helia Healthcare of Energy		STREET ADDRESS, CITY, STATE, ZIP CODE: 210 East College, Energy, IL 62933	

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 0689 Level of Harm - Actual harm Residents Affected - Few	R2's 1/23/24 Minimum Data Set (MDS) documented a Brief Interview for Mental Status (BIMS) score of 00, indicating R2 is severely cognitively impaired. R2's progress note dated 3/13/2024 at 7:00 PM documented in part . (V11, Wound Physician) in facility to round on wound to left foot at approximately (7:00 PM). Continue treatment per eTar (Electronic Treatment Administration Record). Right foot currently bruised with no swelling observed. Both (V11) and (V12 LPN) palpated foot with no observed (signs or symptoms) of pain. No complaints of pain. No new orders. (V2 DON) notified. Resident had previous fall with eye currently bruised purplish red as well . R2's progress note dated 3/14/2024 at 05:34 PM documented in part .(R2) in bed was seen by (V11) yesterday- right foot swollen, bruised and painful. Unsure of his orders. Did call (V13, Nurse Practitioner) (new order) received for a right foot and ankle x-ray. Did make POA (Power of Attorney) aware and x-ray set up for tonight . R2's 3/14/24 Patient Report of the right ankle x-ray documented in part . an oblique fracture is noted involving the distal fibula . R2's 3/14/24 incident investigation contained a note from V7 (Therapy Director/Family Member) and documented in part . I have transferred (R2) multiple times . there have been several instances where she is unable to assist with the pivot portion of a transfer. I have noticed that when she cannot assist with the pivot, her feet do get caught up in the wheels of her (wheelchair). This has happened during our transfers a few times . R2's 3/19/24 Detailed Incident Summary by V1 (Administrator) documented in part .Per the facility protocol an investigation was completed to identify the cause of the fractured extremity. It was found that the resident's (R2's) feet would become entangled in the wheelchair foot rests during transfers, and cause a twisting of the ankle . On 4/12/24 at 9:14 AM, V16 (LPN) said she was caring for R2 on 3/13/24 during the day shift. V16 said she did not see any bruising or swelling of R2's ankle during her shift. V16 said no staff reported any new injuries to R2 during her shift. On 4/12/24 at 9:39 AM, V15 (CNA) said she was caring for R2 on 3/14/24 during the dayshift. V15 said when she assisted R2 back to bed after the noontime meal she noticed bruising to R2's right ankle. V15 said when R2's ankle was moved R2 complained of pain. V15 said she reported R2's right ankle bruise and complaints of pain to V4 (LPN) immediately. On 4/12/24 at 10:07 AM, V14 (CNA) said she was caring for R2 on 3/13/24 during the dayshift. V14 said she did not see any bruising to R2 right ankle. V14 said R2 did not complain of any pain to her right ankle during transfers on 3/13/24. V14 said if she had noticed any bruising to R2's ankle she would have reported it to the nurse. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146045	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/15/2024
NAME OF PROVIDER OR SUPPLIER Helia Healthcare of Energy		STREET ADDRESS, CITY, STATE, ZIP CODE 210 East College Energy, IL 62933	

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 0689 Level of Harm - Actual harm Residents Affected - Few	On 4/12/24 at 10:43 AM, V12 (LPN) said she arrived at the facility to start her shift at 6:00 PM on 3/13/24. V12 said as she was administering medications to residents, V11 (Wound Physician) had alerted her R2 had a bruise to her right ankle. V12 said she went to assess R2 and R2's right ankle was bruised. V12 said R2's right ankle was not swollen and R2 did not complain of any pain with palpation. V12 said she notified V2 (DON) of R2's bruise and was told R2 had previously fallen, and the bruising was known about. V12 said she did not work on R2's hall often and was not aware the bruise to the right ankle was a new injury. On 4/12/24 at 11:28 AM, V7 (Therapy Director/Family Member) said she was very familiar with R2. V7 said she had transferred R2 several times. V7 said there are times R2 will not follow queuing to move R2's feet during a transfer and R2's feet will get caught up on the wheelchair. V7 said she was not sure how R2's fibula sustained a fracture. V7 said it was possible R2's foot got caught under the wheelchair pedal and R2 moved the wheelchair causing the fracture. On 4/12/24 at 11:59 AM, V2 (DON) said she did not recall V12 (LPN) notifying her of any new bruise to R2's ankle on 3/13/24. V2 said if she had been notified, she would have instructed V12 no notify V13 (Nurse Practitioner). On 4/12/24 at 1:31 PM, V4 (LPN) said on 3/14/24 staff reported to her R2 had some bruising on her right ankle. V4 said after she assessed R2 she contacted V13 (Nurse Practitioner) to obtain an order for an x-ray of R2's ankle. V4 said R2 complained of pain when the right foot was moved left and right. On 4/15/24 at 10:42 AM, V1 (Administrator) said V7 (Therapy Director) had told him of R2's feet getting tangled in the footrests on R2's wheelchair at times. V1 said in the course of his investigation of the 3/14/24 incident, no other staff had told him of R2's feet getting tangled on the footrests of her wheelchair during transfers. V1 said it was an assumption that R2's foot got entangled in R2's wheelchair's footrests causing R2's fibula to become fractured. V1 said he was not sure exactly how R2's fibula sustained a fracture. On 4/15/24 at 12:36 PM, V13 (Nurse Practitioner) said she would expect staff to notify her of any new bruises or injuries to residents. V13 said she was not notified of R2's right ankle bruise until 3/14/24 when she ordered an x-ray. The facility's February 2012 Change in Condition policy documented in part . 1. The staff person who first notices the change reports resident change in condition immediately to the licensed nurse. 2. The licensed nurse assesses the resident . signs, symptoms and any physical and/ or mental changes in condition. 3 . sign, symptoms and any physical and/ or mental changes in condition are documented in the resident's medical record. 4. The resident's primary physician or designated alternate will be notified immediately of any change in a resident's physical or medical condition, this includes: b. Deterioration in health, mental, or psychosocial status. C. Need to alter treatment .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146045	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/15/2024
NAME OF PROVIDER OR SUPPLIER Helia Healthcare of Energy		STREET ADDRESS, CITY, STATE, ZIP CODE 210 East College Energy, IL 62933	

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43088 Based on observation, interview, and record review the facility failed to administer medication in accordance with professional standards for 2 (R1 and R3) of 3 residents reviewed for medication administration in a sample of 4. Findings include: 1. R3's face sheet documented an admitted [DATE] with diagnoses including: anxiety disorder, disorder of thyroid, pain, hypertension, nausea, depression, opioid dependence, and hyperlipidemia. R3's Physician Order Report dated 3/15/24 - 4/12/24 documented the following orders: 4/10/24 methimazole 5 mg (milligram) tablet once a morning, 4/10/24 pantoprazole 40 mg tablet once a morning, 4/10/24 roflumilast 500 mcg (microgram) tablet once a morning, 4/10/24 sulfamethoxazole- trimethoprim 800 - 160 mg twice a day. R3's 4/1/24 - 4/12/24 Medication Administration Record (MAR) documented the following: 4/11/24 7:00 AM - 10:00 AM V3 (RN) administered methimazole 5 mg 1 tablet, pantoprazole 40 mg 1 tab, roflumilast 500 mcg 1 tablet, sertraline 50 mg 1 tablet, sulfamethoxazole - trimethoprim 800 - 160 mg 1 tablet. 4/12/24 7:00 AM - 10:00 AM V6 (RN) administered methimazole 5 mg 1 tablet, pantoprazole 40 mg 1 tab, roflumilast 500 mcg 1 tablet, sulfamethoxazole - trimethoprim 800 - 160 mg 1 tablet. On 4/12/24 at 1:50 PM, V6 (Registered Nurse/RN) said R3's medications had not been delivered to the facility. V6 said R3's medications would probably be delivered to the facility on [DATE]. V6 said she had administered all the over the counter medications from stock to R3. V6 said she knew the facility had an electronic medication cabinet but was not sure what medications were stored in it. V6 said she had only ever pulled a narcotic out of the electronic medication cabinet. On 4/12/24 at 2:21 PM, V5 (Pharmacy Nurse Consultant) said R3's medications had not yet been delivered to the facility as of 4/12/24 and no nurse had pulled any medications for R3 out of the electronic medication cabinet. On 4/12/24 at 2:38 PM, V6 said R3's medications were not in the medication cart when she completed the morning medication pass. V6 said she knew there were other residents with medication in the cart matching R3's medication doses. V6 said she had borrowed medications from other residents to administer to R3, and when the facility gets R3's medications, V6 would return the borrowed medications to the resident they were borrowed from. V6 said when a new resident was admitted to the facility and the pharmacy had not delivered the new resident's medications, she would borrow the important medications from other residents. On 4/15/24 at 11:14 AM, V3 (RN) said she did not recall how she obtained the medications for R3 on 4/11/24. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146045	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Helia Healthcare of Energy	210 East College Energy, IL 62933

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 4/15/24 at 1:05 PM, V2 (Director of Nursing/ DON) said methimazole, pantoprazole, roflumilast, and sulfamethoxazole - trimethoxazole were not stock medications. The electronic medication cabinet log documented no medications had been extracted for R3. 2. R1's face sheet documented an admitted [DATE], a discharge date of [DATE], and diagnoses including: urinary tract infection, laceration without foreign body of unspecified toe without damage to nail, metabolic encephalopathy, paraplegia, lymphedema, anemia, type 2 diabetes mellitus. R1's 3/12/24 - 4/12/24 Physician Order Report documented the following orders: 3/28/24 bumetanide 1 mg (milligram) 1 tablet twice a day, 3/28/24 clopidogrel 75 mg 1 tablet once a day, 3/28/24 duloxetine 40 mg 1 tablet once a day, 3/28/24 Eliquis 5 mg 1 tablet twice a day, 3/28/24 levetiracetam 500 mg 2 tablets twice a day, 3/28/24 oxybutynin 5 mg 1 tablet once a day. R1's 3/28/24 - 4/15/24 Medication Administration Report (MAR) documented: 3/29/24 7:00 AM - 10:00 AM V4 (Licensed Practical Nurse/ LPN) administered bumetanide 1 mg (milligram) 1 tablet, clopidogrel 75 mg 1 tablet, duloxetine 40 mg 1 tablet, Eliquis 5 mg 1 tablet, levetiracetam 500 mg 2 tablet, oxybutynin 5 mg 1 tablet. The facility pharmacy Packing Slip Proof of Delivery documented R1's medications were delivered to the facility on [DATE]. On 4/12/24 at 2:21 PM, V5 (Pharmacy Nurse Consultant) said no medication had been pulled from the electronic medication cabinet for R3. The facility's electronic medication cabinet log documented no medications had been extracted for R3. On 4/15/23 at 10:59 AM, V2 (DON) said if a medication was unavailable, she expected staff to go to the electronic medication cabinet to extract the medication. V2 said if the medication was not stocked in the electronic medication cabinet, she expected staff to call the resident's medical provider to get an order for something that was possibly an equivalent to the medication. V2 said she expected staff to call the pharmacy to order the medications and ensure they are delivered. V2 said staff should never borrow medications from other residents. On 4/15/24 at 1:05 PM, V2 (DON) said bumetanide, clopidogrel, duloxetine, Eliquis, levetiracetam, and oxybutynin were not stock medications. The facility's 10/25/14 Medication Administration policy documented in part . 15) Medications supplied for one resident are never administered to another resident . 6) If a dose of regularly scheduled medication is withheld, refused, not available, or given at a time other than the scheduled time . the space provided on the front of the MAR for that dosage administration is [initialed and circled]. An explanatory note is entered on the reverse side of the record .