

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  11/26/2024
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)
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49907</p> <p>Based on observation, interview, and record review the facility failed to provide dignity while assisting dependent residents during mealtimes for 10 of 10 residents (R4, R7, R23, R32, R51, R52, R53, R54, R60, R63) reviewed for dignity in a sample of 39.</p> <p>Findings include:</p> <p>1. R52's face sheet documents an admitted [DATE] with the following diagnoses in part; Alzheimer's disease and unspecified dementia, severe, with anxiety. R52's Minimum Data Set (MDS) dated [DATE], documents a Brief Interview for Mental Status (BIMS) score of 99, indicating that R52 was severely cognitively impaired. Section GG functional abilities and goals documents that R52 is set up and clean up assistance only for eating. R52's care plan documents that R52 needs set up/supervision to substantial assistance for activities of daily living. R52's Physician's Order Report from 10/21/24-11/21/24 documents a puree diet r/t (related to) chewing and spitting food out.</p> <p>On 11/18/24 at 1:00pm, R52's tray was delivered, she was given multiple bowls of pureed food and she began eating with her hands.</p> <p>On 11/18/24 at 1:28pm, R52 continued to eat with hands and was offered no assistance. She was observed rubbing her eye in between bites.</p> <p>On 11/18/24 at 1:59pm, lunch observation of R52 ended, she had not been assisted with her food and continued to eat with her hands. R52's bowls were taken away while she was still eating out of them. No clothing protector was applied to R52 during lunch observation, and she was observed to have food on her clothing and hands.</p> <p>On 11/19/24 at 12:45pm, R52 was observed spilling vanilla nutritional shake on the table. R52 began swiping nutritional shake off table with finger and eating it. R52 was also observed eating ice cream with her fingers. R52 was grabbing the flowers on the table with her hands she had been eating with and pulling them towards her through spilled health shake.</p> <p>On 11/19/24 at 12:52pm, Staff walked past R52 while delivering other residents' trays, R52 continued to eat the health shake off the table with her hand. On 11/19/24 at 12:53pm, staff cleaned health shake off the table in front of R52 and applied a hospital gown as a clothing protector.</p> <p>(continued on next page)</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
---	-------	-----------

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  11/26/2024
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)
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 11/19/24 1:03pm, R52 was delivered multiple bowls of food containing mashed potatoes, pureed meat, gravy, and dessert. R52 began eating mashed potatoes with her fingers. A spoon was placed in R52's mashed potatoes and fork in her dessert, no assistance or instruction was given to R52, and she continued to eat with her fingers.</p> <p>On 11/19/24 at 1:23pm, R52 was still eating with her fingers and staff had not prompted or assisted R52 with meal. R52 was observed with food in her hair, around her mouth and on her hands.</p> <p>On 11/19/24 at 1:41pm, R52 was removed from the table while still eating with her hands and without being asked if she was done. It appeared R52 did not drink any of her pink lemonade and no one offered her assistance with drinking.</p> <p>On 11/20/24 at 12:39pm, R52 was wearing a hospital gown as a clothing protector.</p> <p>On 11/20/24 at 1:08pm, R52's tray was delivered with several bowls of puree food and ice cream. R52 was offered silverware and prompted to use it. R52 began eating with her fingers, no assistance was offered.</p> <p>On 11/20/24 at 01:21pm, R52 continues to eat puree food with her fingers, no other assistance or prompting was offered.</p> <p>On 11/20/24 at 1:49pm, R52 continues to eat puree food with fingers and touch her face and hair. R52's bowls were removed while she was still eating from them.</p> <p>On 11/18/24 at 1:50pm, V16 (Certified Nursing Assistant/CNA) stated that R52 will continue to eat with her hands. You can try to feed R52 but she will still try to get it with her hands. V16 stated R52 does not follow prompting to use silverware at all.</p> <p>2. R23's face sheet documents an admitted [DATE] with the following diagnoses in part; unspecified dementia, unspecified severity, without behavioral disturbance, and unqualified visual loss, both eyes. R23's Minimum Data Set (MDS) dated [DATE], documents a Brief Interview for Mental Status (BIMS) score of 15, indicating that R23 is cognitively intact. Section GG functional abilities and goals documents that R23 is setup or cleanup assistance with eating.</p> <p>On 11/18/24 at 10:58am, R23 stated he is visually impaired and requires some assistance locating things from time to time.</p> <p>On 11/18/24 at 1:19pm, R23's food was sat in front of him, no other assistance was offered. R23 was seen feeling his plate, trying to determine where everything was on his plate. Another resident assisted R23 in trying to figure out what items were on his plate. She also explained to R23 that he had sour cream in his hand and that he was not given butter.</p> <p>On 11/18/24 at 1:24pm, R23 stated he requires a little bit of direction at mealtime. R23 stated everything is kind of blurry to him.</p> <p>(continued on next page)</p>

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  11/26/2024
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)		
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 11/19/24 at 12:59pm, R23 was given his tray, and he was sitting approximately 1.5 feet away from the table and his wheelchair was not locked. Other residents were prompting R23 on the location of his food. R23 was not wearing a clothing protector and was noted to be dropping food onto his lap and clothing.</p> <p>On 11/20/24 at 12:50pm, R23 was served six bowls of food, lids were removed but he was not instructed on where his food was, other residents were assisting him in locating his food. R23 was not given a napkin, as well as many other residents, R23 was noted to have food around his mouth and asking for a napkin to wipe his face.</p> <p>On 11/19/24 at 1:50pm, V2 (Director of Nurses/DON) stated it is her expectation that staff would be assisting anyone who appears to need assistance regardless of the level of assistance their medical record states they require.</p> <p>41610</p> <p>3. On 11/19/24 at 10:30 AM during resident council meeting R32, R7, R53, R63, R4, and R54 stated, they have not received a napkin with meals for over a month. All Residents were alert and oriented to person, place, and time.</p> <p>On 11/19/24 at 12:45 PM, R51 did not receive a napkin with her lunch.</p> <p>On 11/19/24 at 12:45 PM, R7 did not receive a napkin with her lunch</p> <p>On 11/19/24 at 1:04 PM, R60 did not receive a napkin with his lunch. R60 is alert and oriented to person, place, and time.</p> <p>On 11/19/24 at 1:07 PM, R53 received his lunch plate with the tulip cup containing cherry crumble stacked on top of his bread that was laying on top of his meal with the plate cover on top. When the dessert was removed from the center of his plate his bread was pushed into the rest of his food and there was an indented circle into his bread where the tulip cup of dessert was placed. He did not receive a napkin with his lunch.</p> <p>On 11/19/24 at 1:07 PM, R53 stated, his lunch usually arrives this way, with the dessert stacked on top of his food under the plate cover and they have not been given a napkin for over a month.</p> <p>On 11/20/24 at 12:40 PM, R51 did not receive a napkin with her lunch.</p> <p>On 11/20/24 at 12:40 PM, R7 did not receive a napkin with her lunch.</p> <p>On 11/20/24 at 1:10 PM, R60 did not receive a napkin with his lunch.</p> <p>On 11/20/24 at 1:14 PM, R53 did not receive a napkin with his lunch.</p> <p>The facility policy dated 10/2017 titled, Resident's Rights documents: the Resident has a right to a dignified existence, self-determination, and communication with, and access to, persons and services inside and outside the Facility.</p>		

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  11/26/2024
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)		
<p>F 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 41610</p> <p>Based on interview and record review the facility failed to provide the written notice of the resident's potential liability for a non-covered stay (SNFABN) for 2 of 3 residents (R71 and R73) reviewed for Beneficiary Protection Notification in the sample of 39.</p> <p>Findings include:</p> <p>1. R71's face sheet documents diagnosis including: fracture of left pubis, dementia, and fracture of sacrum. R71's face sheet documents an admitted [DATE].</p> <p>R71's SNF Beneficiary Protection Notification Review form documents a discharge from Medicare Part A services prior to exhaustion of his benefit day allotment. This form documents that a written notice of the resident's potential liability for a non-covered stay (SNFABN - CMS10055) form was not provided to R71 to explain her right to appeal the decision of discharge from Medicare Part A services prior to exhaustion of her benefit days.</p> <p>On 11/25/24 at 4:30 PM, V1 (Administrator) stated they do not have the form (CMS 10055) for R71, he does not know why it was not given.</p> <p>R71's record review does not contain a CMS 10055 document.</p> <p>2. R73's face sheet documents diagnosis including: dementia, obesity, and essential hypertension. R73's face sheet documents a admitted [DATE].</p> <p>R73's SNF Beneficiary Protection Notification Review form documents a discharge from Medicare Part A services prior to exhaustion of his benefit day allotment. This form documents that a written notice of the resident's potential liability for a non-covered stay (SNFABN - CMS10055) form was not provided to R73 to explain her right to appeal the decision of discharge from Medicare Part A services prior to exhaustion of her benefit days.</p> <p>On 11/25/24 at 4:30 PM, V1 (Administrator) stated they do not have the form (CMS 10055) for R73, he does not know why it was not given.</p> <p>R73's record review does not contain a CMS 10055 document.</p>		

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  11/26/2024
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)		
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39744</b></p> <p>Based on interview, observation and record review the facility failed to provide showers and assistance with meals to 5 of 10 residents (R4, R9, R23, R39, R52) reviewed for activities of daily living in a sample of 39.</p> <p>Findings included:</p> <p>1. R4's face sheet documents R4 was admitted to this facility on 8/22/2023 with diagnoses of chronic ulcer of the left heel, type II diabetes, cerebral infarction and peripheral artery disease among others. R4's MDS (minimum data set) dated 8/22/2024 documented R4 is dependent on staff for showering, dressing and transferring. This same MDS documented R4's BIMS (brief interview for mental status) score of 13 out of 15 indicating R4 is cognitively intact.</p> <p>On 11/19/2024 at 12:00pm, R4 said he has not had a bath or shower in over a month. R4 said he complains to R2 (Director of Nursing) about it but it doesn't do any good. R4 said the facility needs more staff to provide care for the residents.</p> <p>A facility document titled Shower and Daily Duty List A Wing documents R4 is scheduled to receive a shower twice per week on Wednesdays and Saturdays.</p> <p>R4's Point of Care Completion Summary and reveals R4 received only 2 of the 9 scheduled showers in October (10/9/24, 10/26/24) and 3 of the 5 scheduled showers in November (11/2/24, 11/6/24, 11/16/24)</p> <p>2. R39's facesheet documents an admitted [DATE] with diagnoses of Parkinson's Disease, neuromuscular dysfunction of the bladder and muscle wasting and atrophy among others. R39's MDS dated [DATE] documented R39 is dependent on staff for showers, dressing and all transfers. This same MDS documents R39 with a BIMS of 15 out of 15 which indicates R39 is cognitively intact.</p> <p>On 11/18/2024 at 10:30am, R39 said he has missed several showers and sometimes he gets them as scheduled and sometimes he doesn't. R39 said the facility needs more staff.</p> <p>A facility document titled Shower and Daily Duty List A Wing documents R39 is scheduled to receive a shower twice per week on Monday and Thursdays.</p> <p>R39's Point of Care Completion Summary and reveals R39 received 3 of the 9 scheduled showers in October (10/10/24, 10/21/24, 10/28/24) and 2 of the 5 scheduled showers in November (11/4/24, 11/7/24) all other scheduled showers for October and November were not given.</p> <p>On 11/18/2024 at 12:40pm, V7 (Certified Nursing Assistant/CNA) said the facility is very short on care staff and she can not get all her assigned showers completed.</p> <p>On 11/18/2024 at 12:47pm, V8 (CNA) said the facility does not have enough staff to provided residents with needed care. V8 said showers get missed frequently.</p> <p>(continued on next page)</p>		

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  11/26/2024
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)		
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 11/20/2024 at 1:35pm, V13 (CNA) stated she agrees the facility is very short handed and needs more care staff. Everyday each hall has 8 or 9 showers assigned and the care staff can't get all the showers completed. V13 said the staff are to document when showers are completed electronically in the Point of Care section of the residents EHR (electronic healthcare record).</p> <p>A facility document titled Resident Council Referral form documented on 10/8/24, the resident council brought forth concerns of showers not always getting done on their scheduled days. According to this document, the administration responded with the following: Shower aide when able.</p> <p>On 11/21/2024 at 10:50am, V2 (Director of Nursing) said she knows showers are missed and are a problem, but they are working on it. V2 said it is her expectation for showers to be given as scheduled.</p> <p>49907</p> <p>3. R52's face sheet documents an admitted [DATE] with the following diagnoses in part; Alzheimer's disease and unspecified dementia, severe, with anxiety. R52's Minimum Data Set (MDS) dated [DATE], documents a Brief Interview for Mental Status (BIMS) score of 99, indicating that R52 was severely cognitively impaired. Section GG functional abilities and goals documents that R52 is set up and clean up assistance only for eating. R52's care plan documents that R52 needs set up/supervision to substantial assistance for activities of daily living. R52's Physician's Order Report from 10/21/24-11/21/24 documents a puree diet r/t (related to) chewing and spitting food out.</p> <p>On 11/18/24 at 1:00pm, R52's tray was delivered, She was given multiple bowls of pureed food and she began eating with her hands.</p> <p>On 11/18/24 at 1:28pm, R52 continued to eat with hands and was offered no assistance. She was observed rubbing her eye in between bites.</p> <p>On 11/18/24 at 1:59pm, lunch observation of R52 ended, she had not been assisted with her food and continued to eat with her hands. R52's bowls were taken away while she was still eating out of them. No clothing protector was applied to R52 during lunch observation, and she was observed to have food on her clothing and hands.</p> <p>On 11/19/24 at 12:45pm, R52 was observed spilling vanilla nutritional shake on the table. R52 began swiping nutritional shake off table with finger and eating it. R52 was also observed eating ice cream with her fingers. R52 was grabbing the flowers on the table with her hands she had been eating with and pulling them towards her through spilled health shake.</p> <p>On 11/19/24 at 12:52pm, Staff walked past R52 while delivering other residents' trays, R52 continued to eat the health shake off the table with her hand.</p> <p>On 11/19/24 at 12:53pm, staff cleaned health shake off the table in front of R52 and applied a hospital gown as a clothing protector.</p> <p>(continued on next page)</p>		

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  11/26/2024
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)		
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 11/19/24 1:03pm R52 was delivered multiple bowls of food containing mashed potatoes, pureed meat, gravy, and dessert. R52 began eating mashed potatoes with her fingers. A spoon was placed in R52's mashed potatoes and fork in her dessert, no assistance or instruction was given to R52, and she continued to eat with her fingers.</p> <p>On 11/19/24 at 1:23pm, R52 was still eating with her fingers and staff had not prompted or assisted R52 with meal. R52 was observed with food in her hair, around her mouth and on her hands.</p> <p>On 11/19/24 at 1:41pm, R52 was removed from the table while still eating with her hands and without being asked if she was done. It appeared R52 did not drink any of her pink lemonade and no one offered her assistance with drinking.</p> <p>On 11/20/24 at 1:08pm, R52's tray was delivered with several bowls of puree food and ice cream. R52 was offered silverware and prompted to use it. R52 began eating with her fingers, no assistance was offered.</p> <p>On 11/20/24 at 01:21pm, R52 continues to eat puree food with her fingers, no other assistance or prompting was offered.</p> <p>On 11/20/24 at 1:49pm, R52 continues to eat puree food with fingers and touch her face and hair. R52's bowls were removed while she was still eating from them.</p> <p>On 11/18/24 at 1:50pm, V16 (Certified Nursing Assistant/CNA) stated that R52 will continue to eat with her hands. You can try to feed R52 but she will still try to get it with her hands. V16 stated R52 does not follow prompting to use silverware at all.</p> <p>4. R9's face sheet documents an admitted [DATE] with the following diagnoses in part; multiple sclerosis, restlessness and agitation, anxiety disorder and heartburn. R9's Minimum Data Set (MDS) dated [DATE], documents a Brief Interview for Mental Status (BIMS) score of 8, indicating that R9 is cognitively impaired. Section GG functional abilities and goals documents that R9 is dependent on staff for eating. R9's care plan documents that staff is to offer available substitutes if R9 has problems with the food being served and staff are to feed R9.</p> <p>On 11/18/24 at 1:00pm, R9's ice cream was sat in front of her uncovered, with no assistance provided at this time.</p> <p>On 11/18/24 at 1:10pm, R9's tray was delivered. R9's food was uncovered and sat next to R9, and no assistance was provided at this time.</p> <p>On 11/18/24 at 1:27pm, V16 (CNA) sat next to R9 to assist her. R9's chair back was at approximately a 30-45-degree angle and R9 was slouched down in her chair, no attempt was made at repositioning or sitting her up more before she began eating.</p> <p>On 11/19/24 at 12:40pm, R9 had an ice cream cup in front of her, with no one around to assist her. R9's chair back was at a 30-45-degree angle.</p> <p>On 11/19/24 01:07pm R9's tray was delivered, she stated she did not like chicken. V16 (CNA) began assisting R9 and asked her to try it.</p> <p>(continued on next page)</p>		

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  11/26/2024
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)		
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 11/19/24 at 1:22pm, R9 stated she felt like she was going to choke. R9's chair back was at a 30-40-degree angle and she was slumped down in her chair. No attempt to reposition R9 was made, and V16 continued feeding her.</p> <p>On 11/20/24 at 1:09pm, R9's tray was sat in front of her. R9 stated, I'm hungry, can I please have some food.</p> <p>On 11/20/24 at 1:18pm, staff began assisting R9 with lunch. R9 stated she did not care for the food and would like a cheeseburger. Staff continued to feed her.</p> <p>5. R23's face sheet documents an admitted [DATE] with the following diagnoses in part; unspecified dementia, unspecified severity, without behavioral disturbance, and unqualified visual loss, both eyes. R23's Minimum Data Set (MDS) dated [DATE], documents a Brief Interview for Mental Status (BIMS) score of 15, indicating that R23 is cognitively intact. Section GG functional abilities and goals documents that R23 is setup or cleanup assistance with eating.</p> <p>On 11/18/24 at 10:58am, R23 stated he is visually impaired and requires some assistance locating things from time to time.</p> <p>On 11/18/24 at 1:19pm, R23's food was sat in front of him, no other assistance was offered. R23's was seen feeling his plate, trying to determine where everything was on his plate. Another resident assisted R23 in trying to figure out what items were on his plate. She also explained to R23 that he had sour cream in his hand and that he was not given butter.</p> <p>On 11/18/24 at 1:24pm, R23 stated he requires a little bit of direction at mealtime. R23 stated everything is kind of blurry to him.</p> <p>On 11/19/24 at 12:59pm, R23 was given his tray, and he was sitting approximately 1.5 feet away from the table and his wheelchair was not locked. Other residents were prompting R23 on the location of his food. R23 was not wearing a clothing protector and was noted to be dropping food onto his lap and clothing.</p> <p>On 11/20/24 at 12:50pm, R23 was served six bowls of food, lids were removed but he was not instructed on where his food was, other residents were assisting him in locating his food. R23 was not given a napkin, as well as many other residents, R23 was noted to have food around his mouth and asking for a napkin to wipe his face.</p> <p>On 11/19/24 at 1:50pm, V2 (DON) stated it is her expectation that staff would be assisting anyone who appears to need assistance regardless of the level of assistance their medical record states they require.</p>		

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  11/26/2024
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)		
<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 41610</p> <p>Based on interview and record review the facility failed to follow orders by placing a resident on hospice and failed to get a timely X-ray for a Covid positive resident having respiratory distress for 2 of 2 residents (R80 and R81) reviewed for quality of care in a sample of 39. This failure resulted in R80 being admitted to the hospital for 5 days with hypoxemic respiratory failure.</p> <p>Findings include:</p> <p>1. R80's face sheet documents an admitted [DATE] with diagnoses including: cerebral infarction, acute kidney failure, 2019-nCoV acute respiratory disease, chronic kidney disease stage 3, dementia, and atrial fibrillation.</p> <p>R80's Care Plan documents in part, Problem Start date 9/6/24, Category: Disease Process. (R80) has tested positive for Covid-19. This places resident at higher risk for severe illness to include: Acute respiratory distress and secondary infections such as pneumonia or bronchitis: increased risk for fluid volume deficit . The following clinical symptoms have been exhibited: Cough and Malaise/lethargy are marked. Under Approach: Start date 9/6/24. Labs per healthcare provider orders . Nursing to assess respiratory status and observe for signs and symptoms of pneumonia or acute respiratory distress such as: productive cough, elevated temperature, abnormal respiratory status, cyanosis, shortness of breath, diaphoresis. Notify healthcare provider is occurs . Vitals (to include temperature, heart rate, respirations, pulse oximetry, blood pressure) per CDC guidelines</p> <p>R80's physician notes document a progress note by V24 (Nurse Practitioner/NP) documenting a visit date of 09/10/24 and a subject area of: subjective HPI (history of present illness) documenting: R80 is a [AGE] year old female seen today for Covid. (R80) reports shortness of breath at times. (R80) currently has oxygen on. Chest x-ray was ordered yesterday (10/09/24) but has not been done yet. R80 denies cough, headache, fever and sore throat. The subject area listed as 'Plan:' lists: covid: acute, cxr (chest x-ray) pending, nursing staff will monitor temp (temperature) and O2 (oxygen) sat (saturation) each shift and prn (as needed), and supportive therapy, will monitor for worsening systemic infection.</p> <p>R80's radiology (X-ray) order by V24 documents the order was sent in verbally on 9/10/24 at 6:40 am for a PA (posteroanterior) chest, LAT (lateral) chest, and OBL (oblique) chest. Frequency: once-one time 6:30am-6:30pm. This order also documents that the order was discontinued on 9/11/24 at 9:18am based on census discharge event. This order also documents a transmission status: New order fax error during attempt to send.</p> <p>R80's progress note dated 9/6/24 at 9:14am documents R80's lungs sounds were diminished. There were no additional progress notes assessing R80's respiratory status until V24's physician notes documented on 9/10/24 found in R80's Clinical Record.</p> <p>R80's progress notes documents: On 09/11/2024 at 8:58 AM This resident (R80) was taken by family members to ED (emergency department) for decline in condition and pneumonia work-up because they are concerned for her. She has had some decline in ability to feed herself. Family of R80 stated: I took two days off work to wait for a chest x-ray and one was never done.</p> <p>(continued on next page)</p>		

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  11/26/2024
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)		
<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 11/25/24 at 10:38 AM, V26 (family) stated R80 was at the facility for rehab and contracted Covid-19 while at the facility. They went in to see her and R80 kept coughing and having a hard time breathing. She told the staff R80 was coughing, having a hard time breathing and declining and R80 kept laying there coughing and losing her breath. They stated, they would get her an order for a chest x-ray to make sure it was not pneumonia. The x-ray never happened and she became concerned and took her out and took her to the emergency room . R80 was admitted to the hospital for about 5 days. V26 stated she does not remember if she actually had a diagnosis of pneumonia or if she had an accumulation of fluid causing her not to breathe, either way, she could not breathe well. So R80 did not get her rehab while she was at the facility, they did not have enough staff while she was there they had a bunch of Covid in the building and R80 was in her room with the door shut because of the covid and she has dementia, she did not get a chest x-ray when she needed one, therefore she was not taking her back there, she went to another nursing facility after she was discharged from the hospital and it was much better.</p> <p>R80's hospital records document a visit date of 09/11/24 at 9:19 AM with the heading of Subjective patient (R80) with family members after she apparently was supposed to have a chest x-ray 3 days ago and did not get a chest x-ray. Patient (R80) has a history of testing positive for COVID-19 8 days ago. Patient (R80) has no specific complaints but states I am a little short of breath positive cough that sounds productive. The section titled, Narrative documents: patient (R80) is an [AGE] year old female admitted to acute with SOB (shortness of breath) and hypoxia. Patient (R80) recently tested positive for COVID-19. Upon arrival to ER (emergency room ), patient (R80) was hypoxic with O2 saturation at 83% on RA (room air). The section titled, Assessment and Plan document: acute hypoxemic respiratory failure, likely secondary to COVID, chest x-ray reviewed significant edema bilaterally. IV (intravenous) Lasix 40 mg (milligrams) IV daily x 3 days. The section titled, COVID19 infection documents in part: dexamethasone started 6mg (milligrams) po (per oral) daily x 5 days. Hospital records document a discharge date of [DATE].</p> <p>On 11/21//24 at 12:10 PM, V1 (Administrator) stated, he does not have a document showing when that order came through for R80's X-ray or exactly when V24 called and gave the order for the chest x-ray. He stated he sees the note from V24 about the order but does not know when she verbally put it in. V1 stated, sometimes x-rays can take awhile to get here. V1 confirmed that R80 did not receive an X-ray prior to leaving the facility on 9/11/24.</p> <p>On 11/21/24 at 12:10 PM when asked what the fax error on R80's order meant V1 (Administrator) stated, when the transmission status of a fax error occurs a notification would be sent to three different computers and the order would be automatically resent.</p> <p>On 11/21/24 at 12:07 PM, 12:19 PM, 3:59 PM ,V24 (NP) was attempted to be reached at both numbers listed for her, with messages left. V24 never returned a call back.</p> <p>On 11/22/24 at 11:14 AM, V23 (Medical Director) stated he did not have much information about R80. V23 stated he would not have any information of when V24 ordered the chest x-ray, she is not his nurse practitioner, she is the nurse practitioner for the facility. Therefore she or the facility would have that information.</p> <p>On 11/25/24 at 1:17 PM, V24 was attempted to be reached. V24 never returned a call back.</p> <p>(continued on next page)</p>		

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  11/26/2024
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)		
<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>2. R81's face sheet documents an admitted [DATE] with diagnoses including: Iron deficiency anemia, malignant neoplasm of liver, hypertension, pulmonary embolism without acute cor pulmonale, gastrointestinal (GI) hemorrhage, and type 2 diabetes mellitus.</p> <p>R81's hospital records fax transmission dated 11/15/24 documents: subject: patient referral with a comment of: referral for services. This document contains progress notes dated 11/15/24 with a section titled, plan for today awaiting appropriate placement with hospice input after discussion with V19 (family) on 11/14 oncology consult with physician was finally canceled after reassessing goals of care with V19 (family) over discussion on 11/14. These documents contains an acute care surgery consult note dated 11/12/24 at 10:47 AM documents: R81 is an 82 y. o. (year old) male with a history of insulin dependent diabetes mellitus type 2, prior CVA (cerebrovascular accident) on Eliquis, history of GIB s/p APC of AVM ([NAME] plasma coagulation for gastrointestinal bleed caused by arteriovenous malformations) in the 2nd portion of duodenum 6/24/24 who presented to (acute hospital) with complaints of progressive weakness and fatigue. R81 was found to be anemic with a hemoglobin of 5.9 requiring blood transfusion with stabilization of H/H (hemoglobin and hematocrit). GI was consulted and performed a colonoscopy on 11/11 which revealed a large nearly obstructing fungating mass in proximal ascending colon. MRI (magnetic resonance imaging) of the abdomen obtained and revealed a probable primary adenocarcinoma at the cecum/ascending colon with probable metastatic lesions at the pancreatic uncinate process, 2 hepatic lesions, pulmonary nodules, and metastatic lymph nodes in the right lower quadrant mesentery and second portion of the duodenum. R81 seen and evaluated at bedside. (R81) is tolerating FLD (fluid diet). R81 reports RLQ (right lower quadrant) abdominal pain. These documents contain a progress note dated 11/15/24 at 7:53 AM with a section titled, consults/procedures/tests documenting in part: Oncology 11/14 was canceled on 11/14 since after long discussion with V19 she elects hospice/comfort care (evidence of brain metastatic disease on CT (computed tomography) brain w (with) iv (intravenous) contrast).</p> <p>R81's hospital notes contains a document dated 11/14/24 titled, Registered Dietitian Note which documents in part: assessment comment(s): per MD (medical doctor) note, imaging showed cecal mass with metastatic disease in the mesenteric and retroperitoneal lymph nodes and distal SBO (small bowel obstruction). MD notes also state that pt (patient) family has decided in favor of hospice care.</p> <p>On 11/19/24 at 3:19 PM, V19 (family) stated she was under the impression R81 was already on hospice care. She thought he was coming to this facility on hospice care.</p> <p>On 11/19/24 at 4:55 PM, V1 (Administrator) stated R81 is not on hospice care, he talked with V19 today and he will look into getting a hospice consult for R81 set up.</p> <p>On 11/22/24 at 11:14 AM, V23 (Medical Doctor) stated, he has not received a message from the facility about a consult for R81 to be admitted to hospice care. He will contact the facility and check into that.</p> <p>R81's physician order report documents an order with a start date of 11/19/24 documenting: code status DNR (do not resuscitate) comfort measures.</p> <p>R81's physician order report documents an order with a start date of 11/21/2024 documenting: admit to hospice care Dx (diagnosis) malignant neoplasm of liver.</p> <p>(continued on next page)</p>		

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  11/26/2024
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 0684  Level of Harm - Actual harm  Residents Affected - Few	The facility policy dated 07/14 titled, Obtaining and Following Physicians orders documents: it is the policy of (this facility) that physician orders will be obtained by licensed personnel and followed.

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  11/26/2024
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)		
<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 41610</p> <p>Based on observation, interview and record review the facility failed to provide the diet as ordered for one (R81) of 22 residents reviewed for dining in a sample of 39.</p> <p>Findings include:</p> <p>R81's face sheet documents an admitted [DATE] with diagnoses including: Iron deficiency anemia, malignant neoplasm of liver, hypertension, pulmonary embolism without acute cor pulmonale, gastrointestinal hemorrhage, and type 2 diabetes mellitus.</p> <p>R81's care plan documents a category of disease process with a start date of 11/16/24 documenting: R81 has a diagnosis of cancer of: brain, bone, liver and lymph. (R81) is at risk for excessive weakness, tiredness, weight loss, pain, and depression. R81's care plan documents an approach of encourage good po (per oral) intake with a start date of 11/16/24. R81's care plan documents a problem of psychosocial well-being with a start date of 11/18/24 documenting: R81 is a new admit (admission) and is unaware of surrounding (A/O x1) (alert and oriented times one) at this time.</p> <p>R81's Registered Dietitian note from discharging facility dated 11/14/24 documents a diet order as: full liquid with supplement order: nutritional health drink.</p> <p>On 11/18/24 at 12:48 PM, R81 received a cup of broth and a cup of water for his lunch meal.</p> <p>On 11/19/24 at 8:10 AM, R81 received a cup of broth for his breakfast meal.</p> <p>On 11/19/24 at 12:52 PM, R81 received a cup of broth and a cup of water for his lunch meal.</p> <p>On 11/19/24 at 2:20 PM, R81 stated he was having an ok day, but he was hungry.</p> <p>On 11/19/24 at 3:25 PM, V19 (family) stated she does not understand why R81 can not have anything to eat, he is hungry. V19 stated it is breaking her heart that R81 is telling her he is hungry. She stated, he was eating other items at the hospital like mashed potatoes and soup. She thinks he was getting a nutritional health drink also. She stated she asked the nursing staff and they stated they were checking on his diet order, but she does not understand why it is taking so long. She stated R81 has been here since Saturday (11/16/24) and he has not had anything to eat. V19 stated, R81's cognition has been coming and going but she believes he knows he is hungry.</p> <p>On 11/19/24 at 4:20 PM, V1 (Administrator) stated V19 has talked to him about R81's diet. He stated, he will try to confirm his diet tomorrow. After being shown R81's diet order from the discharging hospital that listed a nutritional health drink as a supplement (by surveyor) he was asked if R81 could have a nutritional health drink. V1 stated, he would have to check tomorrow if he could have a nutritional health shake.</p> <p>(continued on next page)</p>		

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  11/26/2024
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)		
<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 11/20/24 at 12:26 PM, V20 (Hospital Registered Dietitian) stated R81 was given the full liquid diet by her due to the surgeons order. A full liquid diet contains liquids that are smooth that does not mean a clear liquid diet. R81 can have nutritional health drinks, thin mashed potatoes and gravy, cream soups, pudding, thin hot cereal. R81 was eating those at the hospital and was doing fine. V20 stated, she would not have expected him to receive only broth, she would have expected R81 to receive a diet that would meet R81's protein, calorie, and nutritional needs.</p> <p>On 11/21/24 at 1:58 PM, V18 (Dietary Manager) stated R81 did receive only broth for three and a half days, since he has been at the facility. V18 stated, she has educated her staff on the difference between a liquid diet and a clear liquid diet. V18 stated, R81 should not have received only broth. V18 stated, when the nursing staff gave her the dietary order it did not have a supplement listed on it. V18 stated, R81 is now getting a health shake, chocolate milk, cream soup or ice cream.</p> <p>The facility policy dated 07/14 titled, Diet Order and Communication documents: purpose: to ensure both the nursing and dietary departments are aware of any new admission diet order, change in diet order, hold trays, resident hospitalization or leave of absence. 1. The diet order and communication two part form is to be completed by the charge nurse on duty at the time a diet change is made. 2 The nurse completing the form is responsible for giving a copy of the form to the dietary department.</p>		

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  11/26/2024
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)		
<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 39744</p> <p>Based on interview and observation, the facility failed to have enough staff to provided consistent care to residents. This has the ability to effect all 76 residents living at this facility.</p> <p>Findings include:</p> <p>The Long-Term Care Facility Application for Medicare and Medicaid form CMS-671 dated 11/18/24 documents there are 76 residents living in the facility.</p> <p>1. R4's face sheet documents R4 was admitted to this facility on 8/22/2023 with diagnoses of chronic ulcer of the left heel, type II diabetes, cerebral infarction and peripheral artery disease among others. R4's MDS (minimum data set) dated 8/22/2024 documented R4 is dependent on staff for showering, dressing and transferring. This same MDS documented R4's BIMS (brief interview for mental status) score of 13 out of 15 indicating R4 is cognitively intact.</p> <p>On 11/19/2024 at 12:00pm, R4 said he has not had a bath or shower in over a month and frequently misses them due to staffing issues. R4 said the facility needs more staff to provide care for the residents. R4 said he reports this to V2 (Director of Nursing) but nothing changes. R4 said he has to wait long periods of time for his call light to be answered. R4 said it happens on all shifts and staff tell him they are short handed.</p> <p>2. R39's facesheet documents an admitted [DATE] with diagnoses of Parkinson's Disease, neuromuscular dysfunction of the bladder and muscle wasting and atrophy among others. R39's MDS dated [DATE] documented R39 is dependent on staff for showers, dressing and all transfers. This same MDS documents R39 with a BIMS of 15 out of 15 which indicates R39 is cognitively intact.</p> <p>On 11/18/2024 at approximately 10:30am, R39 said he has missed several showers and sometimes he gets them as scheduled and sometimes he doesn't. R39 said the facility needs more staff. R39 said he misses his showers due to not enough staff to help him or at least that is what he is told. R39 said he usually waits a long time for his call light to be answered and the staff tell him they are helping other people and need more help.</p> <p>3. On 11/18/2024 at 12:30pm, the noon meal was ready to be served. Throughout the meal service, only one staff member (V7/Certified Nursing Assistant/CNA) was observed passing trays in the dining room and one staff was observed passing trays on the hall. At 1:00pm and while in the dining room, R9's meal tray was set in front of her and staff did not arrive to assist her with her meal until 1:27pm. At 1:15pm, R52 's meal was set in front of her. R52 began eating with her hands and did not receive guidance from staff until 2:00pm.</p> <p>(continued on next page)</p>		

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  11/26/2024
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)
<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>R9's Minimum Data Set (MDS) dated [DATE], documents a Brief Interview for Mental Status (BIMS) score of 8, indicating that R9 is cognitively impaired. Section GG functional abilities and goals documents that R9 is dependent on staff for eating. R52's Minimum Data Set (MDS) dated [DATE], documents a Brief Interview for Mental Status (BIMS) score of 99, indicating that R52 was severely cognitively impaired. Section GG functional abilities and goals documents that R52 is set up and clean up assistance only for eating.</p> <p>On 11/20/2024, the noon meal was ready to be served at 12:30pm, however staff did not begin serving until 12:50pm due to no staff available to pass the meal trays. At 12:50pm, V13 (Certified Nursing Assistant) began serving meal trays.</p> <p>On 11/18/2024 at 12:40pm, V7 (CNA) said the facility is very short on care staff and she can not get all her assigned showers completed. V7 said because of the lack of staff, meal trays are hard to get passed in a timely manner. V7 said residents have to wait to be assisted with their meals until all the trays are passed out.</p> <p>On 11/18/2024 at 12:47pm, V8 (CNA) said the facility does not have enough staff to provided residents with needed care. V8 said showers get missed frequently and call lights don't get answered very quickly.</p> <p>On 11/20/2024 at 1:35pm, V13 (CNA) stated she agrees the facility is very short handed and needs more care staff. Everyday each hall has 8 or 9 showers assigned and the care staff can't get all the showers completed. V13 said the CNAs can't even get the meal trays passed and people have to wait for assistance with their meals.</p> <p>On 11/21/2024 at 10:50am, V2 (Director of Nursing) said she does not believe the facility is short handed and they have plenty of care staff. V2 said any resident or staff saying otherwise is lying.</p>

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  11/26/2024
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)		
<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49907</p> <p>Based on observation, interview, and record review the facility failed to discard expired medications for 1 of 1 resident (R8) reviewed for expired medications in the sample of 39.</p> <p>Findings include:</p> <p>On 11/20/24 at 11:42 AM the A Hall medication cart had a card of R8's Ultram (Tramadol) 50mg (milligrams) that documented an expiration date of 11/09/24. The Narcotic count sheet documented a dose signed out on 11/19/24 by V25 (Registered Nurse/RN).</p> <p>R8's face sheet documents an admitted [DATE] with the following diagnoses documented in part: hemiplegia, unspecified affecting right dominant side, and idiopathic progressive neuropathy.</p> <p>R8's active orders as of 11/21/24 documents in part; tramadol 50 mg, give 1 tablet by mouth for moderate to severe pain every six hours, PRN (as needed).</p> <p>R8's MAR (Medication Administration Record) documented that a PRN (as needed) dose of Tramadol was administered on 11/19/2024 at 8:08am by V25.</p> <p>On 11/20/24 at 11:26am, V2 (Director of Nursing) stated that she had instructed the staff the day before to look at the medication carts closely and they better remove anything that was expired.</p> <p>Facility Policy dated 05/01/18 titled Storage of Medications documents in part, When the original seal of a manufacturer's container or vial is initially broken, the container or vial will be dated .The expiration date of the vial or container will be 30 days unless the manufacturer recommends another date . The nurse will check the expiration date of each medication before administering. No expired medication will be administered to a resident. All expired medications will be removed from the active supply and destroyed in the facility, regardless of the amount remaining.</p>		

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  11/26/2024
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)
<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 41610</p> <p>Based on interview, observation and record review the facility failed to serve food at a preferred temperature for one (R53) of one resident reviewed for food temperature preferences in a sample of 39.</p> <p>Findings include:</p> <p>R53's face sheet documents an admitted [DATE] with diagnoses including: type 2 diabetes mellitus, type 2 diabetes mellitus with other skin ulcer, anemia, peripheral vascular disease, and non-pressure chronic ulcer of other part of left lower leg with fat layer exposed. R53's Minimum Data Sheet (MDS) dated [DATE] documents a BIMS (Brief Interview of Mental Status) of 15 indicating R53 is cognitively intact.</p> <p>R53's order sheet documents an order with a start date of 09/26/2024 with an end date listed as open ended of regular consistency with thin liquids, ice cream at lunch, and double protein portion at all meals.</p> <p>On 11/19/24 at 12:43 PM, V21 (Certified Nurse Aide/CNA) picked up R53's plate from the serving counter and placed his container of ice cream on his plate between his vegetable and potatoes and placed a plate cover over the plate and placed on the tray in the insulated food cart.</p> <p>On 11/19/24 at 1:07 PM, V22 (CNA) delivered R53's plate to him and removed the plate cover.</p> <p>On 11/19/24 at 1:08 PM, R53 picked up his container of ice cream from off of his plate and put it on his tray table.</p> <p>On 11/19/24 at 1:09 PM, R53 stated his ice cream is completely melted, he is not going to eat it this way, he will just throw it away. R53 stated, it comes to him this way frequently.</p> <p>On 11/21/24 at 1:58 PM, V18 (Dietary Manager) stated, the CNA's should never put frozen food like ice cream or even cold food on the plate with the hot food and cover it with a plate cover. They should have put it on the tray with the drink and the dessert. V18 stated, no resident should have to eat melted ice cream, it should have been served cold.</p>

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  11/26/2024
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)		
<p>F 0808</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 41610</p> <p>Based on interview, observation, and record review the facility failed to follow dietary order ordered by the physician for 4 (R39, R43, R50 and R53) of 22 residents reviewed for dining in a sample of 39.</p> <p>Findings include:</p> <p>1. R50's face sheet documents an admitted [DATE] with diagnoses including: dementia, unspecified protein-calorie malnutrition, and history of non-pressure chronic ulcer of buttock with necrosis of muscle. R50's Minimum Data Sheet (MDS) dated [DATE] documents a BIMS (Brief Interview of Mental Status) of 06 indicating R50 is severely cognitively impaired.</p> <p>R50's physician order report documents an order with a start date of 10/17/2024 and an end date listed as open ended of: diet: regular diet with thin liquids, double portion meats, with extra butter/margarine for added calories, whole milk TID (three times a day) with meals and super cereal at breakfast, ice cream at lunch and supper, and health shakes with B/L/D (breakfast/lunch/dinner).</p> <p>On 11/18/24 at 12:45 PM, for the lunch meal R50 received one piece of pork loin (3 ounces/oz), a baked potato, 4 oz of carrots, one slice of bread, one slice of angel food cake, one packet of sour cream, and one margarine.</p> <p>The diet spreadsheet dated Monday 11/18/2024 documents lunch: roast pork 3 oz slice, gravy 2 oz, bkd (baked) potato 1 potato, carrots 4 oz spoodle, angel food cake 1 slice, SC/chives (sour creams/chives) 1 tbsp (tablespoon), and margarine 1 each.</p> <p>On 11/20/24 at 1:05 PM, for the lunch meal R50 received one piece of Salisbury steak, mashed potatoes #8 scoop, peas 4 oz spoodle, and banana pudding.</p> <p>The diet spreadsheet dated Wednesday 11/20/2024 documents lunch: Salisbury steak 1 each, gravy 2 oz, mashed potatoes #8 scoop, peas &amp; carrots 4 oz spoodle, banana split pke (poke cake), and brown gravy 2oz ladle.</p> <p>On 11/21/24 at 1:20 PM, R50 stated, she does not always get two portions of meat or protein.</p> <p>2. R39's face sheet documents an admitted [DATE] with diagnoses including: Parkinson's disease, vitamin B deficiency, type 2 diabetes mellitus with other diabetic neurological complication, non-pressure chronic ulcer of skin of other sites limited to breakdown of skin, and sepsis. R39's Minimum Data Sheet (MDS) dated [DATE] documents a BIMS (Brief Interview of Mental Status) of 15 indicating R39 is cognitively intact.</p> <p>R39's physician order report documents an order with a start date of 02/23/2023 with an end date listed as open ended of: regular diet CC/LCS/thin (consistent carbohydrates/low concentrated sweets/thin (liquids) with double protein for all meals.</p> <p>(continued on next page)</p>		

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  11/26/2024
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)		
<p>F 0808</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 11/18/24 at 1:15 PM, for the lunch meal R39 received one piece of pork loin (3oz), a baked potato, 4 oz of carrots, one slice of bread, one slice of angel food cake, one packet of sour cream, and one margarine.</p> <p>The diet spreadsheet dated Monday 11/18/2024 documents lunch: roast pork 3 oz slice, gravy 2 oz, bkd (baked) potato 1 potato, carrots 4 oz spoodle, angel food cake 1 slice, SC/chives (sour creams/chives) 1 tbsp (tablespoon), and margarine 1 each.</p> <p>On 11/19/24 at 1:05 PM, for the lunch meal R39 received one piece of Salisbury steak, mashed potatoes #8 scoop, peas 4 oz spoodle, and banana pudding.</p> <p>The diet spreadsheet dated Wednesday 11/20/2024 documents lunch: Salisbury steak 1 each, gravy 2 oz, mashed potatoes #8 scoop, peas &amp; carrots 4 oz spoodle, banana split pke (poke cake), and brown gravy 2oz ladle.</p> <p>On 11/21/24 at 1:30 PM, R39 stated he does not always get two portions of protein.</p> <p>3. R43's face sheet documents an admitted [DATE] with diagnoses including: chronic obstructive pulmonary disease, acute and chronic respiratory failure with hypoxia, peripheral vascular disease, and type 2 diabetes mellitus with hyperglycemia. R43's Minimum Data Sheet (MDS) dated [DATE] documents a BIMS (Brief Interview of Mental Status) of 12 indicating R43 is cognitively moderately impaired.</p> <p>R43's physician order report documents an order with a start date of 10/22/24 and an end date listed as open ended of: regular diet, carb (carbohydrate) control, NAS (no added salt) with thin liquids, double eggs at B (breakfast), double portion protein at L &amp; S (lunch and supper).</p> <p>On 11/18/24 at 1:15 PM, for the lunch meal R43 received one piece of pork loin (3oz), a baked potato, 4 oz of carrots, one slice of bread, one slice of angel food cake, one packet of sour cream, and one margarine.</p> <p>The diet spreadsheet dated Monday 11/18/2024 documents lunch: roast pork 3 oz slice, gravy 2 oz, bkd (baked) potato 1 potato, carrots 4 oz spoodle, angel food cake 1 slice, SC/chives (sour creams/chives) 1 tbsp (tablespoon), and margarine 1 each.</p> <p>On 11/20/24 at 1:05 PM, for the lunch meal R43 received one piece of Salisbury steak, mashed potatoes #8 scoop, peas 4 oz spoodle, and banana pudding.</p> <p>The diet spreadsheet dated Wednesday 11/20/2024 documents lunch: Salisbury steak 1 each, gravy 2 oz, mashed potatoes #8 scoop, peas &amp; carrots 4 oz spoodle, banana split pke (poke cake), and brown gravy 2oz ladle.</p> <p>On 11/21/24 at 1:18 PM, R43 stated, she does not always receive a double portion of protein.</p> <p>4. R53's face sheet documents an admitted [DATE] with diagnoses including: type 2 diabetes mellitus, type 2 diabetes mellitus with other skin ulcer, anemia, peripheral vascular disease, and non-pressure chronic ulcer of other part of left lower leg with fat layer exposed. R53's Minimum Data Sheet (MDS) dated [DATE] documents a BIMS (Brief Interview of Mental Status) of 15 indicating R53 is cognitively intact.</p> <p>(continued on next page)</p>		

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  11/26/2024
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)
<p>F 0808</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R53's order sheet documents an order with a start date of 09/26/2024 with an end date listed as open ended of regular consistency with thin liquids, LCS, ice cream at lunch, and double protein portion at all meals.</p> <p>On 11/19/24 at 1:12 PM, R53 stated some times he gets the double portion of protein and sometimes he doesn't, it's the same with the ice cream.</p> <p>On 11/20/24 at 12:45 PM, for the lunch meal R53 received one piece of Salisbury steak, mashed potatoes #8 scoop, peas 4 oz spoodle, and banana pudding.</p> <p>The diet spreadsheet dated Wednesday 11/20/2024 documents lunch: Salisbury steak 1 each, gravy 2 oz, mashed potatoes #8 scoop, peas &amp; carrots 4 oz spoodle, banana split pke (poke cake), and brown gravy 2oz ladle.</p> <p>On 11/21/24 at 1:58 PM, V18 (Dietary Manager) stated double portions of protein should be given to residents that have an order stating double portions of protein. Those residents that have an order for ice cream should also be given the ice cream.</p>

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  11/26/2024
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)
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>41610</p> <p>Based on observation, interview and record review the facility failed to provide a clean and sanitary environment to perform dietary services. This failure has the potential to affect all 76 residents in the facility.</p> <p>Findings include:</p> <p>On 11/18/24 at 9:30 AM the kitchen back wall was missing an area of dry wall where the wall meets the floor approximately 2 feet by approximately 6 to 8 inches depending on the location. This area was an uneven broken area of drywall with an end of cement block in one area of the broken dry wall.</p> <p>On 11/18/24 at 9:30 AM the kitchen wall between the dish machine and the food service area contains an area on the food service side, where the communication wires are extending out of the wall to the floor where the housing is sitting on the floor. The hole in the wall where the wire housing should be located, approximately 18 inches by 4 inches, contains a build up of dirt and mold and the area around the hole on the wall approximately six inches out from the hole contains an accumulation of dirt and mold. The wiring housing sitting on the floor has an accumulation of dirt on and around it.</p> <p>On 11/21/24 at 1:58 PM, V18 (Dietary Manager) stated the area of wall along the floor where the drywall is missing should be repaired and the area where the wires are hanging out of the wall should be cleaned and repaired.</p> <p>The Long-Term Care Facility Application for Medicare and Medicaid form CMS-671 dated 11/18/24 documents there are 76 residents living in the facility.</p> <p>The facility policy dated 01/2012 titled, Cleaning and Sanitation - General documents in part: policy: 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.</p>

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  11/26/2024
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)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39744</b></p> <p>Based on observation and interview, the facility failed to implement infection prevention strategies while performing wound care for 2 of 3 residents (R1, R66) reviewed for wound care in a sample of 39.</p> <p>Findings included:</p> <p>1. R1's face sheet documents an admitted [DATE] with diagnoses of Alzheimer's Disease, schizoaffective disorder, type II diabetes mellitus, cerebral infarction and pressure ulcer of sacral region stage 4. R1's MDS (Minimum Data Set) dated 8/6/2024, documented R1 has a BIMS (Brief Interview for Mental Status) score of 99 which indicated R1 has severe cognitive impairment and could not participate in the testing. This same MDS documents R1 is dependent on staff for care.</p> <p>On 11/19/2024 at 2:30pm, V4 (Licensed Practical Nurse) performed wound care for R1's stage 4 sacral pressure wound. V3 (Wound Care Registered Nurse) was also present and observed V4 perform R1's wound care. V4 began by gathering some of the supplies needed for R1's care and placed them on R1's bed side table without disinfecting the table or applying a protective clean barrier. V4 then proceeded to provided R1's care by cleaning her hands and applying clean gloves. With gloved hands, V4 removed R1's dirty soiled dressing and disposed of it. Without changing gloves or performing hand hygiene, V4 utilized a spray bottle of wound cleanser and gauze to cleanse R1's sacral wound. V4 walked to the treatment cart, obtained a topical cream from the drawer, removed the top of the cream and used a wooden applicator to apply the cream to R1's wound. V4 went back to the treatment cart to retrieve a clean dressing and applied it to R1's wound. V4 then reached into her uniform pocket to get bandage scissors and a pen, used both items and returned them to her pocket afterwards. V4 returned wound spray cleanser to the treatment cart and finished picking up the remaining wound care supplies all while wearing the same gloves that were used to remove R1's soiled dressing. V4 did not don or doff new, clean gloves throughout R1's dressing change.</p> <p>On 11/19/2024 at 3:15pm, V3 said she observed V4 cross contaminate between clean and dirty items, including contaminating the A wing treatment cart. V3 said V4 should have changed her gloves and sanitized her hands, but she did not. V3 said V4 is a new nurse at this facility and figures she was really nervous.</p> <p>49907</p> <p>2. R66's face sheet documents an admitted [DATE] with the following diagnosis in part; encounter for surgical aftercare following surgery on the skin and subcutaneous tissue, osteomyelitis of vertebra, sacral and sacrococcygeal region, and pressure ulcer of the right buttock.</p> <p>R66's Minimum Data Set (MDS) dated [DATE], documented a Brief Interview for Mental Status (BIMS) score of 15, indicating that R6 was cognitively intact.</p> <p>(continued on next page)</p>

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  11/26/2024
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)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R66's Physician's Order Sheet documents a current order, initiated on 10/03/24, for Dakin's Solution (sodium hypochlorite) solution; 0.5 %; Special Instructions: Cleanse wounds to right medial buttock with NS (Normal Saline)/wound cleanser, apply dakins soaked gauze, and cover with dry dressing twice a day.</p> <p>On 11/19/24 at 2:20pm, wound care was observed for R66, performed by V6 (Licensed Practical Nurse). R66 was eating but stated she would stop because she wanted her dressing changed at this time. V6 removed bowl of food from the resident's bed side table, pushed resident's cups to one side of the table and wiped it with a bleach wipe. V6 allowed the table to dry and then placed supplies on the table. A bottle of wound cleanser, that did not have a label on it documenting R66's name, along with a bottle of topical antiseptic rinse, with a pharmacy label with R66's name, was brought into the room in their original packaging. V6 assisted R66 onto her left side, removed the old bandage dated 11/18/24. V6 did not cleanse wound. V6 removed the contaminated gloves. V6 then removed his gown and washed his hands and left room to retrieve supplies from the treatment cart located in the hallway outside of R66's room. V6 returned to R66's room with supplies, donned a new gown, and washed hands and donned fresh gloves. V6 applied topical antiseptic rinse to gauze and started to apply the gauze to the wound bed. V6 had to continue repositioning R66 while packing the wound with gauze. V6 stopped to remove scissors from his pocket and did not cleanse or sanitize scissors or change gloves before using them to cut the gauze. V6 discarded the remaining gauze, removed gloves, cleansed his hands, applied new gloves and applied a dressing to R66's wound with the date of 11/19/24. V6 reinforced R66's dressing with tape. V6 removed his gloves and cleansed his hands. V6 removed the supplies from the bedside table, placed the bedside table in front of R66, and put the bowl of food back on R66's bedside table without cleansing the table.</p> <p>On 11/21/2024 at 1:00pm, V1 (Administrator) said the facility did not have a policy on wound care that he could find.</p> <p>The facility policy titled, Infection Prevention and Control Program Policies and Procedures: General Statement dated 08/2018 documents: The organization has made a commitment to prudent infection prevention and control measures by promoting the concept of compassionate, common sense resident and patient care, with an emphasis on cleanliness and infection prevention strategies. This organization has an established infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease ad infection. We strive to implement evidenced based approaches to infection prevention. The section titled, Hand Hygiene General Statement documents: Good hand hygiene is a requirement of standard precautions. Wash or sanitize hands before and after each care contact for which hand hygiene is indicated by acceptable professional practice, utilizing designated time frames and products. Hands should be washed with soap and water when they are visibly soiled, or if they have come in contact with blood or other body fluids, before or after eating or handling food, and times specified by other applicable regulations.</p>		