

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146088	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/17/2026
NAME OF PROVIDER OR SUPPLIER Helia Healthcare of Benton		STREET ADDRESS, CITY, STATE, ZIP CODE 1310 Mark Franklin Louis Street Benton, IL 62812	
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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. Based on observation, interview, and record review the facility failed to provide a safe, clean, sanitary environment and shower room for 27 (R1, R2, R3, R4, R5, R6, R8, R9, R10, R11, R12, R13, R14, R15, R16, R17, R18, R19, R20, R21, R22, R23, R24, R25, R26, R27, and R28) of 28 residents reviewed for a clean environment. Findings include: On 06/15/26 at 10:30 AM, R4 stated they have been short housekeepers so things have not been as clean. The housekeepers barely have time to take out the trash and sweep the floor. R4 stated the floors have not been as clean and the shower room is gross. R4 was alert and oriented at the time of the interview. On 06/15/26 at 11:15 AM, R2 stated they have not been keeping the facility very clean, especially the shower room. R2 stated they have told the staff about the shower room, but it still has that black stuff in it. R2 stated one time she went into the shower room and there was fecal matter on the shower wand. The sink in her room wasn't cleaned for a week, so she cleaned it, and the toilet is not always clean. R2 was alert and oriented at the time of the interview. On 06/15/26 at 10:25 AM, R3 stated her room is clean enough but the shower room could be cleaner. R3 was alert and oriented at the time of the interview. On 06/15/26 at 10:39 AM, R6's room had crumpled tissues, pieces of string, and food crumbs on the floor. On 06/16/26 at 4:10 PM, R1 stated the facility could be cleaner and the shower room is dirty. R1 was alert and oriented at the time of the interview. On 06/15/25 at 10:42 AM, R5's room had a strong odor and the floor was sticky. On 06/15/26 at 11:43 AM, the shower room on the north hall had a black substance where the floor and wall meet on all three sides of the shower stall. On 06/17/26 at 10:01 AM, V6 (Admissions/Social Services) stated the resident rooms should be clean including the floors and they should not be sticky. V6 stated the shower rooms should be cleaned after every resident and there should not be any black substances growing in the shower rooms. V6 stated she believes the residents on the north hall shower in the shower room on the north hall. The daily Census Report, dated 06/17/26, documents R1, R2, R3, R4, R5, R6, R8, R9, R10, R11, R12, R13, R14, R15, R16, R17, R18, R19, R20, R21, R22, R23, R24, R25, R26, R27, and R28 reside on the north hall. The resident council minutes, dated 05/26/26, document: Residents stated shower rooms are still dirty. The resident council meeting minutes, dated 04/28/26, document: Shower room being very dirty. The undated facility policy titled, Cleaning Guidelines Environmental Services, documents: It is the policy of this facility that the workplace will be maintained in a clean and sanitary condition with a written schedule of cleaning and decontamination based on the area of the facility, type of surface to be cleaned, type of soil present and tasks being performed in the area.		

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

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