DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUBBLIED/CLIA

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		IPLE CONSTRUCTION IG	COMPLETED	
		14G022	B. WIN	1G _		02/27	C 7/2008
NAME OF PROVIDER OR SUPPLIER HELIA HEALTHCARE OF ENERGY-DD				2	REET ADDRESS, CITY, STATE, ZIP CODE 110 EAST COLLEGE ENERGY, IL 62933	VZ/Z	172000
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W 474 W9999	was intubated, place admitted to the hose Documentation is son Nurse working the log-07-08. Upon review of R1's facility, documentate R1 was taken off lift and expired on 02-07-08. LICENSURE VIOLATE VIOLATE States of the second states of	pood pressure was 62/32. R1 red on a ventilator and pital's intensive care unit. igned by the Registered Emergency Department on S Nurse's Notes from the cion states that on 02-09-08, re support at the local hospital 09-08 at 1:18 p.m TONS ATION Fraining and Habilitation	W99				
	who is a Qualified M Professional. Section 350.1840 E a) Two or more cop shall be available a located in the kitched personnel. Other conurses' station for uprescribing diets.	Diet Orders Dies of a current diet manual Ind in use. One copy shall be Independent of the control of the control Independent of					
	b) Physicians shall	write a diet order, in the					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
		14G022	B. WII	NG			C 7/2008	
NAME OF PROVIDER OR SUPPLIER HELIA HEALTHCARE OF ENERGY-DD				21	EET ADDRESS, CITY, STATE, ZIP CODE 10 EAST COLLEGE NERGY, IL 62933			
(X4) ID PREFIX TAG				ID PROVIDER'S PLAN OF CORPREFIX (EACH CORRECTIVE ACTION TAG CROSS-REFERENCED TO THE DEFICIENCY)		OULD BE	(X5) COMPLETION DATE	
W9999	medical record, for whether the resident therapeutic diet. The ordered. e) A therapeutic diet physician as part of clinical condition, to substances in the concrease certain supports potassium), or to president is able to ediet). Section 350.3240 A a) An owner, licens or agent of a facility resident. Based on interview failed to ensure the consistent with their providing 1 of 1 clie pureed diet, thereb become unrespons subsequently expiring Findings Include: Upon review of R1' (IPP) dated 04-18-who functions at a retardation. Other cencephalopathy/Micoliosis/Bilateral hip contractures. According 1 CAP (Inventor 12.)	each resident indicating int is to have a general or a ne diet shall be served as set means a diet ordered by the f a treatment for a disease or deliminate or decrease certain diet (e.g., sodium) or to bstances in the diet (e.g., rovide food in a form that the eat (e.g., mechanically altered abuse and Neglect see, administrator, employee of shall not abuse or neglect a research client receive a diet in developmental level by not ent in the sample (R1) with a y causing R1 to choke, sive, stop breathing and	W9	999				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		14G022	B. WIN	IG _			C 7/2008	
NAME OF PROVIDER OR SUPPLIER HELIA HEALTHCARE OF ENERGY-DD			•	2	REET ADDRESS, CITY, STATE, ZIP CODE 210 EAST COLLEGE ENERGY, IL 62933			
(X4) ID PREFIX TAG				ID PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHOTT TAG CROSS-REFERENCED TO THE APPROPRIES OF THE APPROPR			(X5) COMPLETION DATE	
W9999	R1's IPP also state required staff assis living, required a wifor all mobility and all nutritional intake on a puree diet bed must be monitored. Upon review of R1' dated 04-10-07, do was 49 inches tall a Nutritional Assessm was on a puree die required pudding the Per interview with E 02-19-08 at 4:25 p. menu for 02-07-08 crackers, Turkey Sabeans with red pep milk and beverage interview, E9 stated substituted for the to Upon review of R1' 02-07-08 and signed Nurse), documental called this nurse to (resident) choking. res was gasping for (with) slight blue/gre (and) finger sweep Res repositioned as (no) object found. Find the properties of the propertie	O years and 4 months. Is that R1 was non-verbal, tance with all activities of daily neelchair and staff assistance required staff to feed him for a Documentation states, "R1 is ause he has no teeth." "R1 and supervised at all times." Is Nutritional Assessment cumentation states that R1 and weighed 83 pounds. R1's nent continues to say that R1 that to be fed by staff and ick liquids. If (Dietary Manager) on m., E9 stated that the dinner was: Minestrone Soup with andwich, Tater Tots, Wax pers, vanilla pudding, ketchup, of choice. During same I that bologna salad had been	W99	999				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IULTI ILDIN	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		14G022	B. WI	NG _		C 02/27/2008		
NAME OF PROVIDER OR SUPPLIER HELIA HEALTHCARE OF ENERGY-DD			1	2	REET ADDRESS, CITY, STATE, ZIP CODE 10 EAST COLLEGE ENERGY, IL 62933	•		
(X4) ID PREFIX TAG			ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRI DEFICIENCY)	JLD BE	(X5) COMPLETION DATE	
W9999	CPR (and) res was 5:25 p.m" Interview with E2 (l 02-19-08 at 3:10 p. at approximately 4 his dinner meal in the meal consisted some other foods. remember what the During same intervers R1 about 10 to 11 and that on the 12th head, like he does something. E2 said like he couldn't get getting red and he stated that at this phelp with (R1)." E3 E4 and E5 (Direct staining room. E2 continued to sa (wheelchair) and I couldn't do the Hei	Direct Support Person) on .m., E2 stated that on 02-07-08 '50 p.m., he was feeding R1 'he dining room. E2 said that of pureed bologna salad and E2 said that he could not	W99	999				
	Part No. 1 No. 2 N	E2 stated that by this time, ive and turning blue. terview on 02-19-08 at 3:10 when R1 became surse called 911 and ran to get stated that the nurse did eps into R1's mouth but did not E2 said that the nurse then ontinued CPR until the MT's (Emergency Medical						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		14G022	B. WIN	IG _			C 7/2008	
	PROVIDER OR SUPPLIER	RGY-DD	•	2	REET ADDRESS, CITY, STATE, ZIP CODE 210 EAST COLLEGE ENERGY, IL 62933	,		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE	
W9999	and retrieved what chunk - must have like it." "His mother and E1 (Administra hospital to see R1." During same interved "Chunk," "Must have see it - would have Per interview with E on 02-19-09 at 3:40 02-07-08 at approximate R1 was chokin dining room and that I got there." E3 state possible that R1 has higher in his wheeled on the back. E3 continued to say in R1's mouth but of stated that at that ti bedroom and laid he when E2 placed R1 R1 was unresponsishe yelled for E6 (F Director/Qualified N Professional) to cal crash cart and tried the air would not go continued trying to began chest comproducing the same in the same into the same i	that the EMT's suctioned R1 looked to be a, "Quarter sized been bologna salad - it looked showed us the chunk (me tor)) when we went to the lew, E2 stated that the, we been in pureed food, I didn't taken it out." E3 (Licensed Practical Nurse) op.m., E3 stated that on imately 4:50 p.m., staff yelled g. E3 said that she ran to the leat R1 was "Turning blue when led that she thought that it was in daspirated so they set him up chair and that she patted him led that she did 2 finger sweeps lid not get anything out. E3 me, E2 carried R1 to his lim on his bed. E3 said that lon the bed, E2 told her that lon the said Service lental Retardation lental Retardation lental said that she got the longive R1 some breaths but on. E3 stated that she force air into R1's lungs and	W99	999				

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) N A. BU		TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED		
		14G022	B. WI	۱G _			C 7/2008
NAME OF PROVIDER OR SUPPLIER HELIA HEALTHCARE OF ENERGY-DD				2	REET ADDRESS, CITY, STATE, ZIP CODE 210 EAST COLLEGE ENERGY, IL 62933	<u> </u>	172000
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W9999	scene. E3 also said they tried to bag (for they were unable to EMT's continued to unable to get a pulsat this time, the EM was hanging off the could intubate him. EMT's saw the meanit with the suction in were no respiration was removed from During interview wi 02-20-08 at 10:00 a assisting E3 with R 02-07-08. E7 described the size of E7 said that the food outside, like it had I stated that during swas also suctioned described this mater the, flakes were the but pinkish in color. When interviewed (Direct Support Perworking on 02-07-04 the facility shortly awhen she got to the R1's choking incide hospital. E8 stated and that R1's moth she, "saw the food described the food	I that when the EMT's arrived, broce air into lungs) R1 and that of get air in. E3 said that the try to resuscitate R1 but were see or breathing. E3 stated that T's turned R1 so that his head a side of the bed so that they E3 said that at this time, the at in R1's throat and removed hachine. E3 said that there is and no pulse after the meat R1's throat. The E7 (Registered Nurse) on a.m., E7 stated that she was 1's choking incident on ibbed the food lodged in R1's broking incident on it is conkish color, kind of soft then they pushed on it." E7 of the object as, "Nickel size." In dividing the size of the size in the size of mashed potato flakes, it is into lungs in the size of mashed potato flakes, it is a size of mashed potato flakes,	W9:	999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		IPLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED		
		14G022	B. WI	NG _			C 7/2008	
NAME OF PROVIDER OR SUPPLIER HELIA HEALTHCARE OF ENERGY-DD			•	2	REET ADDRESS, CITY, STATE, ZIP CODE 210 EAST COLLEGE ENERGY, IL 62933	•		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
W9999	how you could miss to make sure pures that." Per review of the fa Statement" dated 0 (Environmental Spethat E10 was at the incident on 02-07-0 object that was remmarble sized chunk During interview wi Technician), on 02-that the ambulance to a choking. Z1 stated the facility, it was noused to a choking. Z1 stated the was doing CPR. Z1 expand the lungs, kZ1 said that at that machine and began throat. Z1 stated the mucus and small for pea). Z1 said that he lungs again and stillungs. At this point, laryngoscope and sR1's trachea area. Suctioning catheter the object stuck to stated that the object at the that he reached the object with his for During the same in	continued to say, "I don't know as a chunk like that. It's our job and food is pureed, we all know acility's, "Incident and Accident 2-11-08 and signed by E10 acialist), documentation states a scene of R1's choking 18. E10 describes the foreign moved from R1's throat as, "a	W9:	999				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED		
		14G022	B. WIN	1G _			C 7/2008	
NAME OF PROVIDER OR SUPPLIER HELIA HEALTHCARE OF ENERGY-DD			•	2	REET ADDRESS, CITY, STATE, ZIP CODE 210 EAST COLLEGE ENERGY, IL 62933			
(X4) ID PREFIX TAG			ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
W9999	continued to say the the size of a quarte "definitely could have "garding R1's cholestates that R1 had pressure when place transportation to the continued to show the began showing a penroute to the hospital, R1 had a pof 24. Documentation During review of the Department records hospital via ambulate Documentation come was 155 and his blow was intubated, place admitted to the hospital via the bocumentation is some working the 102-07-08. Upon review of R1's facility, documentation the review of R1's facility of	off, yet rubbery, thick". Z1 at the object was, "every bit r". Z1 stated that you, we seen it when feeding." EMT's log, dated 02-07-08, king incident, documentation no pulse, respirations or blood ced in the ambulance for e hospital. Documentation that R1 was resuscitated and ulse and respirations while oital. Upon arrival to the pulse of 140 and respirations on is signed by Z1. The local hospital's Emergency s, R1 arrived at the local ince at 5:47 p.m. Intinued to say that R1's pulse cod pressure was 62/32. R1 and pital's intensive care unit. Ince in a ventilator and pital's intensive care unit. The local hospital on a ventilator and pital's intensive care unit. Ince do not be registered emergency Department on so Nurse's Notes from the cion states that on 02-09-08, e support at the local hospital	Pew	999				