

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003800	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/11/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HELIA HEALTHCARE OF CHAMPAIGN	STREET ADDRESS, CITY, STATE, ZIP CODE 1915 SOUTH MATTIS STREET CHAMPAIGN, IL 61821
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Final Observations</p> <p>STATEMENT OF LICENSURE VIOLATIONS:</p> <p>300.610a) 300.1210b) 300.1210d)2) 300.1210d)3) 300.1210d)5) 300.1220b)2) 300.3240a)</p> <p>Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.</p>	S9999		

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003800	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/11/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HELIA HEALTHCARE OF CHAMPAIGN	STREET ADDRESS, CITY, STATE, ZIP CODE 1915 SOUTH MATTIS STREET CHAMPAIGN, IL 61821
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 1</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>2) All treatments and procedures shall be administered as ordered by the physician.</p> <p>3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.</p> <p>5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing.</p> <p>Section 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>2) Overseeing the comprehensive assessment of the residents' needs, which include medically defined conditions and medical functional status, sensory and physical impairments, nutritional status and requirements, psychosocial status, discharge potential, dental condition, activities potential, rehabilitation potential, cognitive status, and drug therapy.</p> <p>Section 300.3240 Abuse and Neglect</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003800	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/11/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HELIA HEALTHCARE OF CHAMPAIGN	STREET ADDRESS, CITY, STATE, ZIP CODE 1915 SOUTH MATTIS STREET CHAMPAIGN, IL 61821
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 2</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on interview and record review the facility failed to assess and identify the presence of pressure ulcers, monitor and implement a treatment program to promote healing for one of four residents (R1) with pressure ulcers on the sample of 42. The facility knowingly failed to follow established policies on pressure ulcer assessment and management. The facility failed to implement interventions for nutrition, pressure relief and ensure treatments were done as ordered by the Physician for R1. The facility failed to evaluate the impact of interventions, identify the deterioration of R1's coccyx pressure ulcer and schedule timely Wound Clinic visits. These failures resulted in the avoidable deterioration of R1's coccyx pressure ulcer placing R1 at imminent risk of Sepsis.</p> <p>Findings include:</p> <p>The facility policy on Wound Care and Management Program dated 2/2012 documents the following:</p> <p>"It is the policy [of the facility] to manage resident skin integrity through prevention, assessment and implementation and evaluation of interventions..... The facility will use the Braden Scale.....on each resident at admission, weekly for four weeks post admission and quarterly thereafter to assess skin breakdown risk...Residents identified at risk on</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003800	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/11/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HELIA HEALTHCARE OF CHAMPAIGN	STREET ADDRESS, CITY, STATE, ZIP CODE 1915 SOUTH MATTIS STREET CHAMPAIGN, IL 61821
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 3</p> <p>the Braden...will have interventions put in place for preventative measure.....pressure reducing mattress and/or cushion, be reviewed by dietician.....The facility will assess weekly for current skin conditions...If any new areas are identified....nurse will measure the area; call physician to obtain...treatment order...document area on TAR[Treatment Administration Record] and initiate the treatment....The nurse responsible for treatments will.....review any new areas...All wounds will be reported weekly on the...Skin Integrity-Pressure Ulcer Report...It is the responsibility of the Administrator to review the Pressure Wound Report ...weekly.....PAR[Patient at Risk] Committee Meetings will be held weekly.....the committee should include at a minimum the nurse responsible for treatments, representative from therapy, director of nursing and representative from dietary....The interventions used will be documented on the PAR Committee Meeting Minutes...Physician....are called after the weekly Wound Committee meeting with an update of the current wound condition. These calls are documented in the nursing notes....."</p> <p>The undated facility Policy on Notification of Change in Condition states, "...staff will immediately.....consult with the resident's physician....when there is: A significant change in the resident's physicalstatus(..deterioration in health...status in either life-threatening conditions or clinical complications)...."</p> <p>E14, Assistant Administrator, stated on 1/30/14 at 12:25pm that the PAR Committee Meeting met on 10/31/13 and 11/7/13, but did not meet again until 1/16/14.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003800	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/11/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HELIA HEALTHCARE OF CHAMPAIGN	STREET ADDRESS, CITY, STATE, ZIP CODE 1915 SOUTH MATTIS STREET CHAMPAIGN, IL 61821
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 4</p> <p>The hospital Consult Notes by Z14, Nurse Practitioner dated 10/17/13 state R1 has diagnoses of "Anemia. [R1's] hemoglobin level is 9.5[normal 12-18gram]..... Malnutrition. [R1's] albumin level is 1.6[normal 3.4-5.0gram]...Total protein 5[normal 6.4-8.2].....I will order [R1] some protein supplementation.....to get his albumin level up." The Hospitalist Progress Note by Z13, MD(Medidcal Doctor) dated 10/18/13 states, "Pressure ulcers they are presentCoccyx stage 3 with red tissue, [less than] 15% slough, no eschar or odor noted. Maceration to periwound. Small drainage....." The note documents that R1 had been hospitalized for 4 days.</p> <p>The facility Admission Assessment dated 10/18/13 at 7:00pm documents R1 was admitted to the facility. The Assessment documents there is a Stage 3 "decubitus" on the coccyx, but there are no measurements of the area. The area on the assessment titled "Braden/Norton Score" is blank. The area on the assessment titled "At Risk-No Risk" is blank. There is no Skin Assessment identifying the R1's risks for the development of new pressure ulcers or risks that would prevent the healing of current pressure ulcers. A blank Braden Skin Assessment was found in R1's record.</p> <p>E8, Registered Nurse(RN), confirmed on 1/18/14 at 3:30pm there were no measurements documented on admission(10/18/13) for R1's coccyx pressure ulcer. E8 stated on 1/22/14 at 1:30pm that on admission R1 was on a regular mattress. E13, Interim Director of Nurse's confirmed on 1/29/14 at 2:40pm there is no Skin Assessment completed for R1.</p> <p>The Physician's Order dated 10/18/13 states Zinc</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003800	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/11/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HELIA HEALTHCARE OF CHAMPAIGN	STREET ADDRESS, CITY, STATE, ZIP CODE 1915 SOUTH MATTIS STREET CHAMPAIGN, IL 61821
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 5</p> <p>Oxide Topical Cream to "coccyx Stage 3" every shift.</p> <p>The RD[Registered Dietician] Nutrition Assessment dated 10/30/13 states R1 has wounds with increased needs. The assessment does not address R1's low albumin(1.6) and low total protein level(5) or diagnosis of Malnutrition. The assessment states "Diet now regular with MVI[Multivitamin] should provide adequate nutrition for healing" E4, Dietary Manager stated on 1/22/14 at 11:05pm that protein supplements were not started for R1 until 11/19/13.</p> <p>The Skin Integrity Report-Pressure Sores dated 10/25/13 does not document an entry for the coccyx pressure ulcer for R1. E7, LPN(Licensed Practical Nurse) stated on 1/18/14 at 3:05pm she is in charge of measuring and documenting weekly on the wounds and pressure ulcers. E7 confirmed there is no documentation of R1's coccyx pressure ulcer on 10/25/13.</p> <p>There is no other documentation of R1's coccyx pressure ulcer until the Daily Skilled Nurse's Note dated 10/31/13 at 10:40pm. The Note states, "Contacted [Z6,Medical Doctor(MD)] about the new-unstageable ulcer on right buttock crossing coccyx to L[left] buttock, 7cm[centimeter] x[by] 5cm in size and also the [urinary] catheter always leaking, suspected to make his pressure ulcer getting worse.....scrotum is sort of swelling and retaining urine.....Got an order to have [R1] seen in wound care clinic and urologist. Copy to [E6, Scheduler]..."</p> <p>The Physician's Order dated 10/31/13 at 9:40pm states, "Schedule wound care [clinic] for further evaluation/treatment of pressure sore on buttocks/coccyx. Schedule urology consult(1st</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003800	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/11/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HELIA HEALTHCARE OF CHAMPAIGN	STREET ADDRESS, CITY, STATE, ZIP CODE 1915 SOUTH MATTIS STREET CHAMPAIGN, IL 61821
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 6</p> <p>available Dr.[Doctor]). Dx[Diagnosis] hiatus hernia."</p> <p>The Physician's Order dated 11/1/13 states to "Clean necrotic tissue et[and] surrounding skin with skin prep. Apply hydrogel dressing to necrotic area et cover [with] non border foam until wound clinic appt[appointment]."</p> <p>The Daily Skilled Nurse's Notes dated 11/1/13 states, "...Communicated to both dayshift et noc [shift] to f/u[follow up] on appt [with] WC[Wound Clinic] and Uro[Urologist] consult....." The Note dated 11/5/13 states, ".....still awaiting WC appt...."</p> <p>E12, LPN stated on 1/23/14 at 3:30pm he called the Physician and got the order for the Wound Clinic and for the Urology Consult on 10/31/13. E12 stated he continued to document his attempts to follow up on the Wound Clinic appointment and Urology Consult. When asked why he put a diagnosis of Hiatus Hernia for the consults, E12 stated he just picked a diagnosis from the ones listed in R1's record.</p> <p>Z3, RN. Wound Healing Center stated on 1/21/14 at 12:18pm the computerized record documents the facility did not call for an appointment at the center until 11/6/13. Z3 stated the appointment was made for R1 to be seen by Z7, MD Wound Healing Center on 11/19/13.</p> <p>There is no documentation found in R1's record of R1 having a Urology consult done.</p> <p>When told staff(E6) did not call to schedule the Wound Healing Center appointment until 11/6/13, Z1, Resident MD for Z6, Attending MD stated on 1/21/14 at 12:30pm "she should have called</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003800	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/11/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HELIA HEALTHCARE OF CHAMPAIGN	STREET ADDRESS, CITY, STATE, ZIP CODE 1915 SOUTH MATTIS STREET CHAMPAIGN, IL 61821
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 7</p> <p>sooner." Z1 stated the facility should be "making scheduled appointments sooner. Once they get the order, they do not schedule soon enough." Z1 stated R1 did not have the Urology consult done.</p> <p>E6, Transportation/Scheduler stated on 1/22/14 at 11:20am when she called the Urology office to make the appointment as ordered for R1, she read off exactly what was written in the order(12/31/13), including the diagnosis of Hiatus Hernia. E6 stated she was told by the Urology office that "it's not us, it's gastroenterology." E6 stated she then went and told E11, LPN what the Urology office had told her. E6 stated, "I think [E11] told me to go ahead and make an appointment with Digestive Health." E6 stated she then made the appointment with Digestive Health for R1.</p> <p>E11, LPN stated on 1/22/14 at 1:00pm she did not remember E6 talking to her about problems getting R1's Urology appointment scheduled.</p> <p>There is no Physician's Order found in R1's record for a Gastroenterology Consultation to be done. The Gastroenterology Consult Note dated 12/19/13 documents that R1 went for a gastroenterology consultation on 12/19/13 and a Ambulatory Upper Endoscopy was ordered at that time. E8, RN, Marketing confirmed on 1/22/14 at 2:00pm there is no Physician's Order for R1 to have a Gastroenterology Consultation. E8 stated there was a mixup when E6 called the Urology office to make the appointment for the Urology Consult. E8 stated the nurse's should have called Z1, MD and clarified the diagnosis and reason why the Urology Consultation was ordered on 10/31/13.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003800	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/11/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HELIA HEALTHCARE OF CHAMPAIGN	STREET ADDRESS, CITY, STATE, ZIP CODE 1915 SOUTH MATTIS STREET CHAMPAIGN, IL 61821
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 8</p> <p>The Skin Integrity Report-Pressure Sores dated 11/1/13, 11/6/13 and 11/15/13 states R1 has a "Stage 3" on the coccyx measuring "8 x 13 cm, 25% eschar, 50% slough, scant serous drainage, no odor.."</p> <p>The Wound Healing Center Notes dated 11/19/13 which returned to the facility with R1, document under the section titled "Problem List" the following: "Pressure ulcer, Urinary Tract Infection, Chronic Kidney Disease, Stage 3, Hypoalbuminemia.... The Physician's Order dated 11/19/13 for treatment to the coccyx pressure ulcer is to "cleanse wound with mild soap and water...pack lightly with Dakins 1/2 strength moistened gauze Applyabd[abdominal] pad...change 2 times a day...Avoid pressure at wound site...Wheelchair cushion...turn and reposition every 1-2 hours in bed and wheelchair...Do Not Sit for Long Periods of Time. Off Loading Mattress-low air loss mattress...Nutrition recommendations for optimal wound healing-double protein at every meal. May offer protein supplements 2-3 times a day...Call Wound Healing Center ...if you have any questions about the care of your wounds....Wound Clinic Office Follow-Up...Lower Extremity Arterial Doppler on or after 11/19/13 and Lower Extremity Arterial Duplex on or after 11/19/13." The Wound Healing Center Notes did not specify when R1 was to return to the Wound Center for a followup appointment. E8, RN stated on 1/22/14 at 2:00pm the facility nurse's should have followed up with the Wound Center to find out when R1 was to be seen again.</p> <p>The Treatment Record dated 11/1-11/30/13 states 11/19/13- coccyx-Clean with mild soap and water, pack lightly with 1/2 strength Dakins solution with gauze dressing two times a day. The</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003800	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/11/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HELIA HEALTHCARE OF CHAMPAIGN	STREET ADDRESS, CITY, STATE, ZIP CODE 1915 SOUTH MATTIS STREET CHAMPAIGN, IL 61821
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 9</p> <p>record documents R1's treatment to the coccyx pressure ulcer is only being done once a day, instead of twice a day as ordered. The Treatment Record dated 12/1-12/31/13 documents the treatment being done twice daily as ordered seven times from 12/1-12/20/13. There is no documentation of any treatment being done to R1's coccyx from 12/21-12/31/13.</p> <p>The Wound Healing and Limb Preservation Center History and Physical dated 11/19/13 documented by Z7, MD states, ".....evaluation of multiple ulcer...to lower extremities....[R1] has a caregiver with him from the nursing home...Unfortunately we do not have any records from the nursing home accompany him....history..indicates.....he states.... these have been present for at least the past month and probably longer, especially the coccyx one... [R1] states he was told several years ago he had bad blood flow or arterial disease in his legs.....the coccyx decubitus ulcer. It is measuring 7.0 x 6.5[cm], straight down depth of 0.6.....A tremendous amount of fibrin slough her throughout with a lot of necrotic debris that...is getting a bit of odor....." The History and Physical documents the coccyx area was debrided. The History and Physical states, "...the plan will be to.....schedule [R1] for a Doppler duplex before he returns for a next visit in two weeks or it could be the same day....."</p> <p>On 1/18/13 at 11:30am E6, Transportation/Scheduler stated she took R1 to the Wound Healing Center to see Z7, MD on 11/19/13. E6 stated that Z7 ordered vascular studies for R1 and wanted to see him after the vascular studies. E6 stated she was unable to get R1 scheduled for the vascular studies until 12/31/13 and R1 was to go to the Wound Center</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003800	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/11/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HELIA HEALTHCARE OF CHAMPAIGN	STREET ADDRESS, CITY, STATE, ZIP CODE 1915 SOUTH MATTIS STREET CHAMPAIGN, IL 61821
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 10</p> <p>after the vascular studies were completed. When asked why it took so long to get an appointment with the Wound Healing Center E6 stated, "For 2 and 1/2 weeks our outside transport company was closed. Our facility was doing all the transportation. It's possible we were booked and [Z7's] availability. Nobody told me that [R1] was worse or urgent-to be seen by vascular, Z7's office or nursing at the facility."</p> <p>On 1/22/14 at 1:55pm Z5, Receptionist at Heart and Vascular Clinic stated the computerized record documents E6 called to make the appointment for R1's Doppler studies on 11/27/13. Z5 stated R1's appointment was scheduled for 12/31/13.</p> <p>The Skin Integrity Report-Pressure Sores dated 11/25/13 states R1 has a "Stage 3" on the coccyx measuring "8 x 13 cm, 25% eschar, 50% slough, scant serous drainage, no odor.."</p> <p>There is no documented measurements for R1's coccyx done again until 12/13/13. E8, RN stated on 1/18/14 at 3:30pm there were no wound or pressure ulcer measurements done on 11/30/13 and 12/6/13 because E7, Wound LPN was on vacation.</p> <p>The Skin Integrity Report-Pressure Sores dated 12/13/13 states R1's coccyx ulcer measured "7 x 8.3.2" with "50% eschar, 75% slough, mild odor. scant serous drainage, Stage III." E7, Wound LPN stated on 1/28/14 at 3:45pm the measurement of R1's coccyx on 12/13/13 is 7cm by 8cm by 3.2cm depth. E7 stated there was a typographical error on the form.</p> <p>There is no documentation in R1's record of the Wound Healing Center or the Physician being</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003800	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/11/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HELIA HEALTHCARE OF CHAMPAIGN	STREET ADDRESS, CITY, STATE, ZIP CODE 1915 SOUTH MATTIS STREET CHAMPAIGN, IL 61821
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 11</p> <p>notified of the deterioration and increase in eschar/slough of R1's coccyx pressure ulcer.</p> <p>Z3, Wound Healing Center Nurse, stated on 1/21/14 at 12:18pm there is no notation in R1's record of the Center being notified of any deterioration of R1's coccyx wound.</p> <p>E7, Wound LPN stated on 1/18/14 at 3:05pm she "did not call the Wound Center, usually the nurse's in charge on a daily basis, they make most of the Doctor calls."</p> <p>The handwritten Wound Report-Pressure dated 12/20/13 states R1's coccyx pressure ulcer measures "7 x 8-unstageable." There is no documentation of drainage, odor, depth, eschar or slough.</p> <p>The Communication Form and Progress Note dated 12/26/13 at 3:15pm states that R1 became non-responsive with a low blood pressure, Z1, MD was called and wanted R1 sent to the hospital for evaluation. The note states that R1 then "became responsive when put back to bed....{R1} told nurse and EMT's[Emergency Medical Technician's] that he didn't want to go to [hospital]..."</p> <p>E11, LPN stated on 1/22/14 at 1:00pm stated on 12/26/13 R1's blood pressure was low and he was non responsive, so she called Z1 then. E11 stated on 12/26/13 Z1 ordered for R1 to go to the hospital, but by the time the paramedics arrived, R1 was awake and refused to go. E11 stated she called Z1 back and told her R1 refused to go to the hospital. E11 stated Z1 then ordered some laboratory work to be done for R1.</p> <p>The Wound Report-Pressure dated 12/27/13</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003800	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/11/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HELIA HEALTHCARE OF CHAMPAIGN	STREET ADDRESS, CITY, STATE, ZIP CODE 1915 SOUTH MATTIS STREET CHAMPAIGN, IL 61821
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 12</p> <p>states R1's coccyx pressure ulcer measures "5.5 x 7-tunneling(worse), unstageable, 90% slough. Foul odor, heavy serous drainage. MD notified....."</p> <p>The Physician's Order dated 12/27/13 states, "...Protein Powder as directed p.o[by mouth] bid[twice daily] , Wound Clinic appt. ASAP[as soon as possible]on 1st[first] available Dr. [Doctor]....."</p> <p>E11, LPN stated on 1/22/14 at 1:00pm that she called Z1,MD on 12/27/13 about R1's coccyx wound being worse, but did not call any other time.</p> <p>The November Medication Record dated 11/1-11/30/13 documents Protein Powder 1 scoop being given 3 times a day as ordered on 11/19/13. The December Medication Record dated 12/1-12/31/13 does not document any Protein Powder supplement being given to R1 from 12/1-12/26/13. The Record documents the Protein Powder supplement being restarted twice daily on 12/27/13.</p> <p>PT(Physical Therapy) Daily Treatment Notes addressing Ultrasound to the coccyx pressure ulcer and Therapeutic Activities document the following information for R1: 12/23/13-"Wound not bandaged, upon opening disposable [brief], wound was wet, red....." ; 12/24/13-"...bandage removed to access site. Bandage wet and very smelly....." ; 12/27/13-"Dialogue with nursing as to the WET and SMELLY wound, requesting a doctor call as to concerns and requesting an appointment for possible infection.....will withhold US[ultrasound]...until decision about infection is answered..."</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003800	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/11/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HELIA HEALTHCARE OF CHAMPAIGN	STREET ADDRESS, CITY, STATE, ZIP CODE 1915 SOUTH MATTIS STREET CHAMPAIGN, IL 61821
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 13</p> <p>The Physician's order dated 12/30/13 states, "Per consult with PT. Place [R1's] PT on hold until status of wound is determined."</p> <p>The Nurse's Note dated 12/30/13 at 9:30am states, "...wound to coccyx noted to be very foul smelling, diameter, width appears not to be changed, area around wound macerated. Large amount of sloughing noted, black necrotic area at top of wound.....[R1] to Wound Clinic tomorrow...."</p> <p>E6,Transport/Scheduler stated on 1/18/14 at 11:30am R1 had vascular studies and a Wound Center appointment scheduled for 12/31/13. E6 stated the vascular studies took longer than expected and Z7 was unable to wait to see R1 because of scheduled meeting. E6 stated she was told to call the Wound Healing Center to reschedule the appointment for R1. E6 stated the first available appointment with Z7, Wound Physician was 1/20/14.</p> <p>The Wound Report-Pressure dated 1/3/14 states R1's coccyx pressure ulcer measured "5 x 9 x 5[depth] [greater than] 75% necrotic, foul odor-moderate serosanq[serosanquinous] drainage."</p> <p>The Nurse's Note dated 1/7/14 states, "Dressing on coccyx ulcer changed. Dimensions as follow: 4.0 x 6.5cm, 4.5cm depth. 4cm tunneling 12 o'clock, 5.5 tunneling at 6 o'clock....."</p> <p>The Nurse's Note dated 1/8/14 at 1:30pm states Z1, MD was notified regarding "no improvement in coccyx wound and foul odor..."</p> <p>The Physician's Order's dated as follows state: 1/8/14- "Alternating pressure mattress on bed,</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003800	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/11/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HELIA HEALTHCARE OF CHAMPAIGN	STREET ADDRESS, CITY, STATE, ZIP CODE 1915 SOUTH MATTIS STREET CHAMPAIGN, IL 61821
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 14</p> <p>Obtain a wound culture of coccyx wound, [Urine for Culture and Sensitivity] blood culture x[times] 2, Begin Bactrin DS.....after obtaining cultures.." ; 1/12/14-Discontinue Bactrin DS due to sensitivity; 1/13/14-"Change [urinary] catheter, Repeat urine culture..." ; 1/13/14-" "Start IV[Intravenous] Ertapenem 500mg[milligrams] daily x 7 days."</p> <p>The invoice from the Medical Supply Company dated 1/9/14 states the air mattress was delivered for R1. Z2, Company Representative stated on 1/21/14 at 1:26pm the mattress delivered on 1/9/14 for R1 was a pressure relieving low air loss product, which is used for the prevention and treatment of Stage 3 and 4 pressure ulcers. There is no documentation in R1's record of any prior low air loss off loading mattress being used for R1, even though it was initially ordered on 11/19/13 by Z7, Wound Healing Center Physician.</p> <p>The Wound Report-Pressure dated 1/10/14 states R1's coccyx pressure ulcer measured "8 x 8 x 3[depth]-unstageable [greater than] 75% necrotic tissue-tunneling-foul odor, Mod[moderate] serosanq dr[drainage]."</p> <p>The Laboratory Report dated 1/11/14 and 1/14/14 document Urine Culture of Escherichia Coli ESBL(Extended Spectrum Beta-Lactamases) . The Urine Sensitivity Report dated 1/11 and 1/14/14 document sensitivity to Ertapenem. The Laboratory Report dated 1/10/14 for the coccyx wound document "heavy growth.....No work up...These organisms resemble normal fecal flora.....Moderate growth Streptococcus Agalactiae-Group B...susceptibility testing....not routinely performed...susceptible to Penacillins.....Alternate drug choices are first generation Cephalosporins, Erythromycin,</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003800	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/11/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HELIA HEALTHCARE OF CHAMPAIGN	STREET ADDRESS, CITY, STATE, ZIP CODE 1915 SOUTH MATTIS STREET CHAMPAIGN, IL 61821
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 15</p> <p>Clindamycin or Vancomycin."</p> <p>Z1, Resident MD for Z6, Attending MD stated on 1/21/14 at 12:30pm she was unavailable from 11/20--12/20/13. Z1 stated when she returned to work on 12/20/13 she "was not told by her colleagues that they were called [about R1]." Z1 stated she remembered telling staff to do the protein powder and get a Wound Clinic appointment as soon as possible(12/27/13). Z1 stated she also ordered a culture and sensitivity of the wound and urine(1/8/14). Z1 stated, "The area[coccyx] kept getting worse-I asked them if [R1] had a special mattress on and they assured me he did." Z1 stated at one point she told staff to send R1 to the hospital but R1 refused to go(12/26/13).</p> <p>The Communication Form and Progress Note dated 1/15/14 states that R1 has a new appointment with another Wound Clinic on 1/15/14. The Note documents that Z1, MD was notified and stated it would be fine for R1 to be seen at the other Wound Clinic. The Note documents that R1 was admitted from the Wound Clinic to the hospital.</p> <p>E7, LPN stated on 1/18/14 at 1:35pm that R1 went to another Wound Clinic on 1/15/14 because he was able to be seen 5 days earlier, than the appointment(1/20/14) which was scheduled at the Wound Healing Center. E7 stated that R1 was seen at the Wound Healing Center on 11/19/13.</p> <p>The Wound Care Consultation Report dictated by Z8, Wound MD dated 1/15/14 states, "...seen today for evaluation of a sacral decubitus ulcer.....It has been there for the last several months...[R1] was here in the hospital.....At that</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003800	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/11/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HELIA HEALTHCARE OF CHAMPAIGN	STREET ADDRESS, CITY, STATE, ZIP CODE 1915 SOUTH MATTIS STREET CHAMPAIGN, IL 61821
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 16</p> <p>time in September of last year[2013], [R1] had a stage II decubitus ulcer in the sacrum and lumbar area...Sacral decubitus is 8cm in length, 6cm in width, 5.4 in depth. [R1] has undermining 10 o'clock to 7cm; 5 o'clock, 3.5cm; 8 o'clock, 4.5cm; 12 o'clock, 2.9cm. The cavity is 6 x 4cm. There is granulation tissue present. The bone is exposed present. There is slough present and drainage that is serosanguineous and has odor. Drainage amount is large. The skin condition is very necrotic. Impression and Plan: Severe sacral decubitus ulcer, Stage IV. Will admit....consult with General Surgery, do surgical debridement..."</p> <p>Z8, Wound MD, stated on 1/23/14 at 10:50am that in his opinion the facility neglected to provide care to R1's coccyx/sacral pressure ulcer. Z8 stated R1's coccyx/sacral pressure ulcer was an "avoidable ulcer, because its responding now that he's getting care." Z8 stated "There was a hole in [R1's] back and could see his spine up and down. [R1] was in life threatening danger of death and Sepsis."</p> <p>(A)</p>	S9999		
-------	--	-------	--	--