

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/16/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145924	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/11/2015
NAME OF PROVIDER OR SUPPLIER HELIA HEALTHCARE OF CHAMPAIGN			STREET ADDRESS, CITY, STATE, ZIP CODE 1915 SOUTH MATTIS STREET CHAMPAIGN, IL 61821		
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F 000	INITIAL COMMENTS	F 000			
F 157 SS=D	<p>Complaint Investigation #1564231/IL79179</p> <p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)</p> <p>A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>This REQUIREMENT is not met as evidenced</p>	F 157		9/2/15	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

08/24/2015

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.

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F 157	<p>Continued From page 1</p> <p>by: Based on interview and record review the facility failed to notify the physician of reoccurring open/bleeding sores on a resident's perineum for a period of eighteen months for one of five residents (R1) reviewed for perineal care in the sample of eight.</p> <p>Findings include:</p> <p>The Minimum Data Set dated 5/5/15 documents that R1 is severely cognitively impaired and requires extensive assistance with daily care and toileting. The Physician's Progress Note dated 7/28/15 documents "Daughter brought (R1) into the {clinic} from a nursing home. Has advanced dementia. Wheel chair dependent and non ambulatory. Apparently her daughter removed her from the nursing home against medical advice last PM (night) (7/28/15 at 12:05 am) due to multiple sores in her groin, perianal and perineum." The Physician's Progress Note also documents "Physical Exam Genitourinary: There is a lesion on the right labia. There is a lesion on the left labia. Multiple superficial erosions on the labial; perineum and the peri-anal region." Z1's (Nurse Practitioner) Progress Note dated 7/29/15 documents that R1 was admitted to a different long term care facility on that date and that R1's perineal rash strongly resembles Genital Herpes. The Progress Note documents that Acyclovir 500 milligrams (antiviral) three times daily for ten days was ordered for R1. The laboratory report dated 7/31/15 documents a positive result of Genital Herpes for R1.</p> <p>On 8/10/15 at 10:00 am E7 Certified Nurses Aide (CNA) stated that R1 has had open blisters that would bleed around R1's rectum since E7 has</p>	F 157			

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F 157	<p>Continued From page 2</p> <p>been employed by the facility for the last year and a half. E7 stated that the blistered areas would bleed during incontinence care and even when she (E7) tried to wipe R1's perineal area in a very gentle manner R1 would "about jump out the window in pain." E7 stated that at times the sores would improve and then get worse again, but the sores never went away completely. E7 stated that she (E7) noticed the sores every time she (E7) provided incontinence care for R1. E7 stated that she (E7) reported the sores to E8 Licensed Practical Nurse (LPN), E12 Registered Nurse (RN) and E13 RN. The undated CNA Roster documents that E7 was hired as a CNA at the facility on 2/3/14.</p> <p>On 8/6/15 at 3:45 PM E9 CNA stated that she began taking care of R1 in early July 2015. E9 stated that R1 has had sores around the rectal and vaginal areas since E9 has been caring for her (R1). E9 stated that the sores were painful and that R1 would jump when the sores were touched during incontinence care. E9 stated she (E9) reported R1's sores to E8.</p> <p>On 8/6/15 3:20 PM E8 stated that R1 had white patchy areas around her rectum that would bleed during incontinence care and that incontinence care was uncomfortable for R1 due to the sore areas. E8 stated that R1 was being treated for hemorrhoids but that the sore areas did not look like hemorrhoids. E8 stated she did not notify R1's physician of the sore areas on R1's perineum.</p> <p>On 8/10/15 at 12:30 PM Z6 Physician stated that no one at the facility notified him of the sores on R1's perineal area. At that time Z6 stated facility staff should have reported R1's sores to him (Z6).</p>	F 157			

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F 157	Continued From page 3 On 8/10/15 at 2:00 PM E2 Director of Nurses stated that facility staff should have notified Z6 of the sores on R1's perineum. The Change in Condition policy dated February 2012 states "The residents primary physician.....will be notified immediately of any change in resident's physical or medical condition, this includes:.....deterioration in health.....need to alter treatment....."	F 157			
F 387 SS=D	483.40(c)(1)-(2) FREQUENCY & TIMELINESS OF PHYSICIAN VISIT The resident must be seen by a physician at least once every 30 days for the first 90 days after admission, and at least once every 60 days thereafter. A physician visit is considered timely if it occurs not later than 10 days after the date the visit was required. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to ensure residents were seen by a physician every 60 days for two of five residents (R1 and R3) reviewed for physician visits in the sample of eight. Findings include: 1. The undated Face Sheet documents that R1 was admitted to the facility on 9/4/13. The Nurses Notes dated 7/27/15 and 7/28/15 document that R1 was discharged from the	F 387		9/2/15	

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F 387	<p>Continued From page 4</p> <p>facility on 7/28/15 after her family took her from the facility against medical advice. The Physician's Order Sheet dated 7/1/15 through 7/31/15 documents that R1 is totally fed via a gastrostomy tube and has diagnoses of Dysphagia, Diabetes Mellitus, Hypertension, Dementia, Cerebral Vascular Accident and Depression.</p> <p>Z6's Physician's Progress Note dated 1/8/15 documents that Z6 saw R1 at the facility on that date. On 8/10/15 at 2:00 PM E2 Director of Nurses could not provide documentation that R1 had been seen by a physician since 1/8/15. On 8/10/15 at 3:00 PM E2 stated "we were having a problem tracking physician visits."</p> <p>On 8/10/15 at 12:30 PM Z6 confirmed that he had not seen R1 since 1/8/15. At that time Z6 stated that he rounds at the facility two times each month and that the facility is suppose to provide him with a list of residents that need to be seen.</p> <p>2. R3's Physician Orders Sheet (POS) dated July 2015 documents R3 is diagnosed with Diabetes, Osteoarthritis, Advanced Dementia, Hypertension, Anemia, Anxiety and Depression. R3's undated Admission Record documents that R3 was admitted to the facility on 2/17/11. R3's Admission Record also documents that Z7 was R3's attending physician.</p> <p>R3's Medical Record documents physician visits on 2/4/13, 4/8/13, 5/28/13, 7/9/15 and 7/12/15. There were no documented physician visits for R3 found in R3's Medical Record between 5/24/13 and 7/9/15.</p> <p>On 8/10/15 at 3:00 PM and 8/11/15 at 11:30 PM E2, Director of Nurses stated that a resident must be seen by a physician at least once every 30 days for the first 90 days after admission, and at</p>	F 387			

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F 387	Continued From page 5 least once every 60 days thereafter. E2 confirmed that R3 did not have physician's visits as "she should have." E2 stated that the only documented physician visits that E2 could find for R3 were dated 2/4/13, 4/8/13, 5/28/13, 7/9/15 and 7/12/15.	F 387			