

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

PRINTED: 06/29/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>146088</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/23/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>HELIA HEALTHCARE OF BENTON</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1310 MARK FRANKLIN LOUIS STREET BENTON, IL 62812</b>		
(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) COMPLETION DATE	
F 000	INITIAL COMMENTS	F 000			
F 279 SS=E	<p>Annual Licensure and Certification Survey</p> <p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS</p> <p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to develop the Care Plans of residents to reflect their current care needs for 4 of 15 residents, (R2, R4, R10, &amp; R13), reviewed for care planning in the sample of 15.</p> <p>Findings include:</p>	F 279			

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

TITLE

(X6) DATE

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 279	<p>Continued From page 1</p> <p>1. R4 was last admitted to the facility on 8/15/15. According to R4's chart record progress note, dated 4/20/16, R4 is a bilateral amputee AKA, (Above Knee Amputee), with the right leg amputated for traumatic injury and the left leg amputated for arterial insufficiency and infection. R4's current care plan reads; Problem Start Date: 06/02/2016 - Resident experiences wandering. Approach Start Date: 06/02/2016 - Assure resident has proper fitting and appropriate foot attire. On 6/20/16 at 12:00 PM R4 is sitting in his wheelchair, talking with a visitor, awaiting meal and R4 has no legs below the knee bilaterally. E3, (Registered Nurse), stated on 6/23/16 at 11:00 AM that R3 has been a double amputee for a long time, at least since 2013, when R4 was previously admitted to the facility. E1, (Administrator), stated on 6/23/16 at 11:10 AM, that the care plan needed to be corrected and was not individualized.</p> <p>2. R2's admission sheet dated 5/31/16, documents that R2 was admitted with diagnoses of Chronic pain, Colon Cancer, Cervical Cancer, Stomach Cancer and R2 has a Peripherally Inserted Central Catheter (PICC) and a new colostomy. R2's Physician's Orders document that R2 is on Vancomycin 1 gram every 12 hours per PICC line and is on Oxycontin 20 mg three times daily, Fentanyl Patch 50 milligrams every 12 hours, Hydromorphone 2 milligrams every 4 hours as needed for pain, and a daily treatment to a surgical wound on her abdomen. R2's undated "Initial Care Plan" does not document that R2 has</p>	F 279			

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F 279	Continued From page 2 PICC line, a new colostomy, a surgical wound that requires a treatment and dressing change daily, or that R2 has pain. On 6/22/16 at 10:25 AM, E12 (Minimum Data Set/Care Plan Coordinator) stated that the nurses fill out the "Initial Care Plan" and R2's PICC line, Colostomy, Wound Care and Pain should have been included on the R2's Care Plan.  3. The June, 2016 Physician's Orders state R10 is to use a Bilevel Positive Airway Pressure (BiPAP) machine at night. The May, 2016 Initial Care Plan does not mention that R10 is to wear a BiPAP at bedtime.  4. The June, 2016 Physician's Orders state R13 was admitted to the facility with a PICC line line on 05/12/16. The May, 2016 Initial Care Plan does not mention R13 has a PICC line.  The June, 2016 Physician's Orders state R10 is to use a Bilevel Positive Airway Pressure (BiPAP) machine at night. The May, 2016 Initial Care Plan does not mention that R10 is to wear a BiPAP at bedtime.  The June, 2016 Physician's Orders state R13 was admitted to the facility with a PICC line line on 05/12/16. The May, 2016 Initial Care Plan does not mention R13 has a PICC line.	F 279			
F 328	483.25(k) TREATMENT/CARE FOR SPECIAL	F 328			

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F 328 SS=D	Continued From page 3 <b>NEEDS</b>  The facility must ensure that residents receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses.  This REQUIREMENT is not met as evidenced by: Based on observation and record review the facility failed to manage and care for a Peripherally Inserted Central Catheter (PICC) for 1 of 2 residents (R13) reviewed for intravenous therapy in the sample of 15.  Findings include:  The May, 2016 Physician's Orders state R13 was admitted to facility with a PICC line. The orders state the PICC line dressing and cap are to be changed weekly and as needed.  R13 was observed sitting in her room in a wheelchair on 06/22/16 at 3:00PM. A dressing was observed to the left upper extremity. The dressing was dated 06/12/16. The June, 2016 Routine Medications log states the dressing was changed on 06/07/16 and 06/11/16.	F 328			
F 387 SS=D	<b>483.40(c)(1)-(2) FREQUENCY &amp; TIMELINESS OF PHYSICIAN VISIT</b>	F 387			

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F 387	Continued From page 4  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 that residents received regular visits from the physician as required for 2 of 2 residents (R6, R7) reviewed for physician's visits in the sample of 15.  The findings include:  On 6/21/16 at 11:35 AM, E2 (Director of Nurses) stated that Z1 (Physician) missed seeing R6 and R7 in May and the last visit from Z1 was in November 2015. E2 stated that Z2 (Physician's Assistant) saw Z1's residents in March 2016, but did not see Z1's residents in May 2016.  R6 and R7's Physician's Progress Notes document that R6 and R7 were last seen on 3/3/16. There was no documentation in R6 or R7's Progress Notes or Nurses Notes that Z1 or Z2 made visits in May.	F 387			
F 431 SS=F	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS  The facility must employ or obtain the services of a licensed pharmacist who establishes a system	F 431			

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F 431	<p>Continued From page 5</p> <p>of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview the facility failed to keep medication carts and storage rooms clean and orderly, failed to storage medications and medical supplies properly and failed to dispose of medications</p>	F 431			

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F 431	<p>Continued From page 6 properly. This has the potential to affect all 75 residents living in the facility.</p> <p>Findings include:</p> <p>The Facility's Resident Census and Conditions of Residents dated 06/20/16 states there are 75 residents in the facility.</p> <p>On 06/21/16 at 4:30PM the following was observed in the North Hall Medication Room: -11+ boxes of Potassium Chloride (KCl) liquid packets belonging to R38. At this time, E17 (Licensed Practical Nurse) stated R38 has not used this particular KCl for quite sometime. -The North Hall Medication Cart was observed at this time to have multiple loose pills in the base of the drawers with a large amount of residue and loose powder. The inside of the drawers and the base of the drawers were also noted to be soiled with a thick dried brown substance and in need of cleaning. The drawers had oral medications, nasal medications, topical medications, inhalants and eye drops stored beside each other.</p> <p>On 06/22/16 at 9:55AM the following was observed in the South Hall Medication Room: -Facial mask, Saline Enemas, Miralax Powder, Mylanta and Tylenol tablets stored beside each other on a shelf -Cranberry Tablets, Ultra-Tuss Cough Syrup, Listerine Mouth Wash (95 milliliter) bottles, Magnesium Citrate (10 fluid ounces) and Lubricating Eye Drops stored bedside each other on a shelf. Also, on this shelf was a bottle of Milk of Magnesia (MOM) labeled with R16's name. The MOM had spilled out of the bottle and had dried medication running down the side of the</p>	F 431			

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F 431	<p>Continued From page 7</p> <p>bottle. At this time, E2 (Director of Nurses) states this is not to be stored here.</p> <ul style="list-style-type: none"> <li>-Sarna Anti-Itch Lotion on a shelf stored along side a enteral feeding tube pump, shower supplies labeled with R18's name and Uti-Stat liquid stock medication</li> <li>-A 3 quart bottle of bleach stored along side 6 bottles of soda labeled with R37's name and medication cups in a cabinet</li> <li>-A gallon container of Fast Freeze gel stored along side venipuncture supplies in a cabinet</li> <li>-Thick and Easy Thickener, medical syringes, a Medtronic Pacemaker Kit and 8 fluid ounces of Dry Mouth Spray stored along side each other on a shelf</li> <li>-Procrit injectable labeled with R39's name and Invanz intravenous solution labeled with R40's name and several Heparin Flush 5 milliliter and Normal Saline 10 milliliter syringes. At this time, E17 (Licensed Practical Nurse) stated several of the medications observed were either no longer in use or the resident has been discharged from the facility. Also, at this time the South Hall Medication Cart was observed to have a Glucagon Emergency Kit labeled with R41's name. E17 stated he has been discharged from the facility. The cart also had multiple loose pills, light brown residue, plastic caps and foil wrappers on the base of the drawers. The inside edges of the drawers and the base of the drawers was also noted to be soiled with a thick dried brown substance and in need of cleaning.</li> </ul> <p>The Facility's Medication Storage Policy dated February 2015 states the nursing staff shall be responsible for maintaining medication storage and preparation areas in a clean, safe and sanitary manner, drugs for external use, as well as poisons, shall be clearly marked as such, and</p>	F 431			



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F 431	Continued From page 8 shall be stored separately from other medications.	F 431			
F 441 SS=F	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS  The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.  (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.  (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.  (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of	F 441			

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F 441	<p>Continued From page 9 infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview the facility failed to prevent cross contamination during resident care and failed to properly disinfect blood glucose monitors. This has the potential to affect all 75 residents living in the facility.</p> <p>Findings include:</p> <p>The Facility's Resident Census and Conditions of Residents dated 06/20/16 states there are 75 residents in the facility.</p> <p>On 06/21/16 at 10:10AM, E16 (Certified Nurse Aide-CNA) was observed providing incontinent care on R5. E16 assisted R5 to the bathroom and proceeded to pull down her pants and incontinent brief with gloved hands. E16 was observed to place several wash cloths in the shared bathroom sink to moisten them. After moistening the clothes, E16 draped the wash clothes over the side of the sink. E16 proceeded to cleanse bowel from R5's peri-rectal area. After the care, E16 placed a new incontinent brief on R5 and pulled up her pants with the same contaminated gloved hands. While still wearing these gloves, E16 placed a gait belt around R5 and assisted her to a wheelchair. E16 was observed to touch R5's wheelchair several times with the same gloves on.</p> <p>On 06/21/16 at 11:45AM, E3 (Registered Nurse) was observed performing a blood glucose test on</p>	F 441			

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F 441	Continued From page 10 R20. E3 was observed to place a paper towel on R20's over the bedside table and then place the meter on top of it. After performing the test, E3 picked up the paper towel and carried it to the medication cart and placed in on it's top without using a barrier. At 11:50AM, E3 carried the blood glucose meter into R19's room and placed it on top of a paper towel. After the test, E3 picked up the paper towel and placed it on top of the medication cart. At 11:55AM and 12:05PM, E3 was observed utilizing the same technique to perform a blood glucose test on R8 and R21. On 06/22/16 at 4:00PM, E2 (Director of Nurses) stated the paper towel barrier should not be placed back on top of the medication cart after use. E2 stated on 06/23/16 at 2:15PM the CNA's should not place washcloths in the sink at anytime before or after providing resident care. E2 also stated E16 cares for residents throughout the facility.	F 441			
F 465 SS=C	483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRONMENT  The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.  This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, the facility failed to maintain all wall material, floor material, medication carts and resident care equipment for the residents, staff and visitors during the survey. This has the potential to affect all 75 residents in the facility.	F 465			

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F 465	<p>Continued From page 11</p> <p>The findings include:</p> <p>The facility's Resident Census and Conditions of Residents form, dated 6/20/16, documented the facility had a census of 75 residents.</p> <p>On 6/21/16 beginning at 9:50am the following items were not in good repair:</p> <ol style="list-style-type: none"> <li>1. The water fountain on the South hall was not working and the water fountain for the North hall was working but the water was running so low that no water could be used from the unit.</li> <li>2. At 9:55am the South hall soiled utility walls were missing numerous 4 inch by 4 inch tile. The West wall was missing 7 tile in one area and a 3 foot by 2 foot area and the rear wall of the room was missing a 3 foot by 8 foot area of tile.</li> <li>3. The South hall supply room had a raw rough wooden pallet on the floor with supplies stored on it. The pallet could not be cleaned and the floor under the pallet was soiled.</li> <li>4. On 6/20/16 at 1:30 PM, the sliding bathroom door in Room 33 was not fastened on one side of the bathroom door and when the door was pulled toward the latch, the sliding door opened from the side that was supposed to be fastened and would not remain closed.</li> <li>5. On 6/21/16 at 12:20 PM, while in the dining room, R9's wheelchair was soiled with a dried brownish substance on the wheels and a dried light brownish colored substance was noted on R9's clothing.</li> </ol>	F 465			

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

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>146088</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/23/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>HELIA HEALTHCARE OF BENTON</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1310 MARK FRANKLIN LOUIS STREET BENTON, IL 62812</b>		
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F 465	Continued From page 12  On 06/21/16 at 4:30PM the North Hall Medication Cart was observed to be soiled with light brown stains on the outside front and sides. The North Hall Medication Room was observed to have two refrigerators. The front of each refrigerator had white dried splatters with a brown build up noted. The metal cabinets fronts in the room were also noted to be soiled with scattered areas of dry brown stains.  On 06/22/16 at 9:45AM the South Hall Medication Cart was observed to be have a plastic bin on the side. Straws were noted to be stored in the bin. At the bottom of the bin was a thick light beige granular residue built up with a soiled rolled up tissue with light brown stains. A white towel was observed sitting under the water pitcher on top of the cart. The towel was soiled with light brown stains. The sides and front of the cart were observed to be soiled with light brown and white stains. On top of the cart a plastic container holding small medication cups was observed to have white dried residue in the base. At 9:55AM, the South Hall Medication Room floor was observed to in need of cleaning with loose pills and paper debris noted.	F 465			