

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

PRINTED: 10/31/2006
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G022	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/15/2006
NAME OF PROVIDER OR SUPPLIER HELIA HEALTHCARE OF ENERGY-DD			STREET ADDRESS, CITY, STATE, ZIP CODE 210 EAST COLLEGE ENERGY, IL 62933		
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W 478	Continued From page 84 documentation identified that a 2000 calorie diet was to receive: 4 x 5 slice of soft style pizza, 3 pineapple rings rinsed, one cup of tossed vegetable salad with diet dressing, 5 vanilla wafers, one cup skim milk and a beverage with artificial sweetener. No substitute list was identified on the menu. R1 was observed on 01/24/06 at 5:12 P.M. in the dining room of the facility participating in family style dining. R1 was observed to receive one piece of pizza and five vanilla wafers in addition to his beverages. Per interview with R1 during the meal at 5:15 P.M., R1 stated that he did not want his salad. Confirmed per interview with E11 at this time that R1 had refused his salad. During this observation, no substitutes were provided to R1 to replace his salad that he refused. Additionally, R1 did not receive his pineapple fruit until brought to the attention of E7 that item had been omitted. An additional observation is available for R10 in regards to the facility's failure to provide substitutes for foods not eaten as observed on 01/24/06 during the 5:00 P.M. meal. R10 is to receive a high fiber mechanical soft diet with fortified milk at breakfast and dinner and a house health shake three times a day and who was not observed to eat her supper meal and no substitutes were offered during this observation.	W 478			
W9999	FINAL OBSERVATIONS LICENSURE VIOLATIONS 350.1210b) 350.1230a)	W9999			

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W9999	<p>Continued From page 85</p> <p>350.1230b)6) 350.1230b)7) 350.1230c) 350.1230d)2) 350.1230e) 350.3240a)</p> <p>Section 350.1210 Health Services</p> <p>The facility shall provide all services necessary to maintain each resident in good physical health. These services include, but are not limited to, the following:</p> <p>b) Nursing services to provide immediate supervision of the health needs of each resident by a registered professional nurse or a licensed practical nurse, or the equivalent.</p> <p>Section 350.1230 Nursing Services</p> <p>a) Each facility shall have a full-time director of nursing services (DON) who is a registered nurse (RN) and whose only responsibility is the immediate supervision of the facility's health services. This person shall be on duty a minimum of 36 hours, four days per week. At least 50 percent of this person's hours shall be regularly scheduled between 7 A.M. and 7 P.M.</p> <p>b) Residents shall be provided with nursing services, in accordance with their needs, which shall include, but are not limited to, the following: The DON shall participate in:</p> <p>6) Development of a written plan for each resident to provide for nursing services as part of the total habilitation program.</p> <p>7) Modification of the resident care plan, in terms of the resident's daily needs, as needed.</p> <p>c) A registered nurse shall participate, as</p>	W9999			

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W9999	<p>Continued From page 86</p> <p>appropriate, in planning and implementing the training of facility personnel.</p> <p>d) Direct care personnel shall be trained in, but are not limited to, the following:</p> <p>2) Basic skills required to meet the health needs and problems of the residents.</p> <p>e) Sufficient, appropriately qualified nursing staff shall be available, which may include licensed practical nurses and other supporting personnel, to carry out the various nursing service activities.</p> <p>Section 350.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>The Regulations are not met as evidenced by the following:</p> <p>Based on observation, interviews and record reviews, the facility failed to provide each individual with nursing services in accordance with their needs by their failure to: Develop, update and implement a nursing plan of care to address changes in the individual's condition for 2 of 2 individuals in the sample (R2 and R4) who have experienced a significant change in their health care status. In addition the facility failed to develop and implement a continuous decubitus ulcer management plan including the completion of accurate weekly skin assessments as physician ordered. The facility failed to offer alternatives for repositioning for 4 of 4 individuals who require staff assistance for repositioning (R1, R4, R8 and R14), with the potential to impact all non ambulatory individuals requiring staff assistance for mobility. (R2, R5, R6, R11 and R 12).</p>	W9999			

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W9999	<p>Continued From page 87</p> <p>1. Failed to develop, update and implement nursing care plans to address falls.</p> <p>Per review of the Physician Order's dated 01/01/06 through 01/31/06, R2 is a 58 year old male who functions at a moderate level of mental retardation.</p> <p>Per review of R2's Physician's Telephone Order sheet, dated 06/30/05, orders on this date state that R2 is to have a "restraint free chair alarm while sitting up at dining room table."</p> <p>During observations at the facility, R2 was observed on 01/24/06 in the dining room of the facility from 3:45 P.M. to 6:30 P.M. R2 was sitting in a regular chair. Attached to R2's chair was an alarm with a cord that was attached to the left leg of his pants. R2 was observed to stand up from the chair twice during this observation block. R2 stood up from his chair at 4:00 P.M. and the alarm was observed not to sound. E5 (Direct Care Staff) was present and verbally prompted R2 to sit down. E5 informed the surveyor at this time that he thought the cord on the alarm was too long. E5 also stated, "His (R2 's) alarm will only go off when he gets up and goes." R2 remained sitting in his chair and was observed again at 5:00 P.M. to stand up from his chair. R2's alarm was observed not to sound. Staff present in the area did not intervene until brought to the attention of staff by the surveyor.</p> <p>Per review of the Incident report dated 12/04/05, R2 sustained a 6 centimeter (cm) laceration to his head after falling off the toilet in the bathroom at the facility. R2 was sent to the emergency</p>	W9999			

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W9999	<p>Continued From page 88</p> <p>room and required three sutures. Following the incident, no documentation was noted that would identify what level of supervision R2 needed when toileting.</p> <p>On 01/26/05, the surveyor was presented with a Patient's At Risk committee minutes report (12/09/05) which identified that R2's fall of 12/04/05 had been reviewed. Documentation within the minutes identified that "Hand/grab bars applied to his toilet (BR (bathroom) in room). Staff will stay at his side until he is ready to get up off the toilet due to resident having involuntary movements at times causing LOB (lost of balance)..."</p> <p>No documentation was located within R2's record that would identify that these recommendations had been incorporated into R2's individual program plan (IPP) or that the day training site was informed of the increased level of supervision.</p> <p>Further review of the facility's Incident Reports identified that R2 fell off the toilet again on 01/06/06 while at Day Training.</p> <p>The Day Training site was observed on 01/24/06 from 11:30 to 12:30 P.M.. R2 was observed during this observation block and was not observed to use a chair alarm.</p> <p>Per telephone interview with Z2 (Day Training staff) on 02/02/06 at 12:35 P.M., Z2 confirmed that she works with R2 and had worked in the Senior's Program room with R2 for about four months. Z2 stated, "I have been in this room for about four months and I wasn't aware that R2 used an alarm when sitting in a chair." Z2</p>	W9999			

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W9999	<p>Continued From page 89</p> <p>confirmed that R2 does not use a chair alarm when at the Day Training site. During this telephone interview, Z2 also confirmed that R2 had fallen off the toilet on 01/06/06 while at Day Training. Z2 stated, "The facility did not tell us that R2 is to be supervised at all times when toileting." During this interview, Z2 confirmed that the facility had not informed Day Training of R2's need for constant supervision when toileting even after R2 fell off the toilet on 12/04/05.</p> <p>Per record review, R2's Individual Program Plan dated 02/25/04 identifies that R2 is independent in ambulation, bed mobility and transfers. No current documentation was noted that would identify R2's change in condition regarding increased falls, R2's level of supervision required while toileting, and R2's need for a chair alarm.</p> <p>An additional observation is available for R11 who was observed to use a restraint free alarm attached to a chair during the survey dates who was observed on 01/24/06 from 3:45 P.M. to 4:50 P.M. R11 attempted to get up from his chair twice at 4:05 P.M. without the chair alarm alerting staff that he had stood up. R9 was heard vocalizing and pointing towards R11 to alert staff that R11 had stood up from his chair. R11 was again observed to stand up from his chair at 4:07 P.M. without his alarm sounding. No modifications were made to R11's chair alarm until brought to the attention of staff by the surveyor on 01-24-06.</p> <p>2. The facility failed to develop, update and implement a continuous decubitus ulcer management plan including the completion of accurate weekly skin assessments as physician</p>	W9999			

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W9999	<p>Continued From page 90</p> <p>ordered.</p> <p>Per review of R4's Physician's Order Sheet, R4 is a 47 year old male that functions at a Profound level of mental retardation. Other diagnoses' include: Spastic Quadriplegia, Under weight, Bilateral Club feet and Blind left eye. R4 requires a wheelchair for all mobility. R4 also has a feeding tube for all nutritional needs.</p> <p>Per review of facility's weekly skin assessments and treatment records from 01-2005 through 12-2005, R4 has a history of decubitus ulcers on his scrotum, coccyx, buttocks and left foot.</p> <p>Per review of Physician's Order Sheet dated 01/01 through 01/31/06, R4 has orders for weekly skin assessments.</p> <p>Per review of facility's weekly skin assessments, R4's last documented skin assessment is 12-2005 and states, "12/19 Skin C/D (clear an dry) (symbol for no) new open areas noted." Documentation is signed by E9 (Registered Nurse).</p> <p>Per interview with E8 (Physical Rehabilitation Aide (who maintains a tracking log of all skin breakdowns in the facility)), on 01-26-06 at 1:20 P.M. E8 stated that R4 developed the decubitus on his left buttock on 09-25-05 and was healed on 01-09-06.</p> <p>Facility's treatment log dated 12-27-05 states that R4 has a Stage III decubitus ulcer on left buttock measuring .5 millimeters in length, .5 millimeters in width and .1 millimeter in depth.</p>	W9999			

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W9999	<p>Continued From page 91</p> <p>Further documentation on this date states that R4 also has a Stage II decubitus ulcer on his left outer foot. Measurements are documented as being .3 millimeters in length and .3 millimeters in width.</p> <p>Per review of R4's "Weekly Skin Assessment" log dated 12-19-05 documentation states, "Skin C/D (clean and dry) (symbol for no) new open areas noted," although facility's treatment log states that on 12-19-05 R4 has a Stage III decubitus ulcer on his left buttock measuring 1.0 millimeters in length, 1.0 millimeters in width and .5 millimeters in depth.</p> <p>No other weekly skin assessments are noted for the month of 12-05.</p> <p>Per review of R4's medical chart, surveyor was unable to find any nursing care plans to address R4's history of decubitus ulcers or precautions for R4's feeding tube.</p> <p>Per interview with E9 (Registered Nurse) on 01-26-06 at 3:15 P.M., E9 was unable to find any nursing care plan for R4 regarding his potential for skin breakdown.</p> <p>E9 continued to say, "I can't find them, I don't know if I know where they are. You would think that (R4) would be on a care plan, actually all of them that are incontinent should have one."</p> <p>E9 stated that R3 and R9 are the only residents in the facility that are continent and that the rest of the residents are either incontinent, immobile or both.</p>	W9999			

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W9999	<p>Continued From page 92</p> <p>3. Failed to provide continuous and consistent decubitus ulcer management:</p> <p>Per review of R4's Physician's Order Sheet, R4 has orders for weekly skin assessments.</p> <p>Facility's treatment log dated 12-27-05 states that R4 has a Stage III decubitus ulcer on left buttock measuring .5 millimeters in length, .5 millimeters in width and .1 millimeter in depth.</p> <p>Further documentation on this date states that R4 also has a Stage II decubitus ulcer on his left outer foot. Measurements are documented as being .3 millimeters in length and .3 millimeters in width.</p> <p>Per review of facility's treatment log, R4 is documented as having a Stage III decubitus ulcer on his left buttock on 12-12-05. Documentation states that the decubitus ulcer is .2 millimeters in length, .2 millimeters in width and .5 millimeters in depth.</p> <p>Per review of R4's "Weekly Skin Assessment" log dated 12-19-05, documentation states, "Skin C/D (clean and dry) (symbol for no) new open areas noted," although facility's treatment log states that on 12-19-05 R4 has a Stage III decubitus ulcer on his left buttock measuring 1.0 millimeters in length, 1.0 millimeters in width and .5 millimeters in depth. No other weekly skin assessments are noted for the month of 12-05. In 10-2005 the only documentation done is on 10-06-05, 10-07-05 and 10-17-05, although this documentation states that R4 has an open area to his left upper thigh, left buttock and the fifth digit on his left toe.</p>	W9999			

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W9999	<p>Continued From page 93</p> <p>In 11-2005 documentation was noted to be only for 11-07-05 and 11-21-05. Both documentations state no reddened or open areas, although R4's treatment log states that on 11-21-05 R4 was being treated for a Stage III decubitus ulcer on his coccyx and a Stage III decubitus ulcer on the left foot. Documentation continues to state that a Stage III ulcer to the left fifth toe was healed on 11-21-05.</p> <p>Per observation on 01-25-06 at 3:40 P.M. R4 was laying on his back. The surveyor noted that his coccyx was slightly red.</p> <p>Per interview with E3 (Residential Service Director/Qualified Mental Retardation Professional) on 01-26-06 at 3:20 P.M., E3 confirmed that data for persons with decubitus ulcers was not complete from 01-05 through 01-06.</p> <p>Per interview with E2 (Social Services Director) on 02-07-06 at 11:15 A.M., E2 stated that the nurses should be doing a complete weekly skin assessment and documenting it correctly.</p> <p>Per interview with E15 (R4's Physician) on 02-06-06 at 10:40 A.M., E15 stated that the phrase, "No open areas" was not adequate to give him the entire picture of the resident's skin condition. E15 continued to say that it would be a good idea for documentation to more in depth as to the color of the skin and whether or not a decubitus ulcer was beginning to develop.</p> <p>4. Failed to reposition residents who require wheelchairs for mobility:</p>	W9999			

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W9999	<p>Continued From page 94</p> <p>a. Per review of R4's Individual Program Plan dated 08-25-04 documentation states, "(R4) does not position/reposition himself in his wheelchair ..." "... (R4) needs positioned in his wheelchair and repositioned every 2 hours...." "... Staff will provide alternative positions at least every two hours for pressure relief, such as reposition in wheelchair, sitting in arm chair, bean bag, lying sides, supine etc."</p> <p>Per review of facility's "Pressure Ulcer Scale" documentation states, "(Score 10 or less = High Risk)." Documentation continues to show R4's scores to be:</p> <p>12-09-05 =4</p> <p>10-01-05 = 5</p> <p>08-16-05 = 7</p> <p>06-01-05 = 6</p> <p>03-23-05 = 7</p> <p>Per review of facility's "Pressure Ulcer Scale," R4 is at a high risk for developing pressure ulcers.</p> <p>Per review of facility's weekly skin assessments and treatment records R4 has a history of decubitus ulcers on his coccyx, buttocks and left foot.</p> <p>Per interview with E3 (Residential Service Director/Qualified Mental Retardation Professional) on 01-25-06 at 11:30 A.M., when asked if the residents who require wheel chairs</p>	W9999			

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W9999	<p>Continued From page 95</p> <p>are repositioned, E3 stated that they are repositioned when they are toileted and put to bed. E3 continued to say that none of the residents who require wheelchairs are on a schedule to turn or reposition them. E3 then asked the surveyor, "Should we be doing that?".</p> <p>Per interview with E7 (Licensed Practical Nurse) on 01-25-06 at 3:35 P.M., E7 stated that residents requiring wheelchairs are not turned and repositioned.</p> <p>Per interview with E15 (R4's Physician) on 02-06-06 at 10:40 A.M., when asked if residents requiring wheelchairs should be turned and repositioned throughout the day and night, E15 stated, "Yes - maybe with a pillow - that's a good idea."</p> <p>b. Additional examples regarding lack of repositioning are as follows:</p> <p>R1 who was observed sitting in his wheelchair on 01-24-06 from 3:45 P.M. until 6:30 P.M. and was not offered alternatives for repositioning. Interview with R1 on this date confirmed that he transfers himself only to bed independently and requires staff assistance to the toilet and does not sit in a chair or lay on any other repositioning devices.</p> <p>R2 who was observed sitting in a chair in the dining room of the facility on 01-24-06 from 3:45 P.M. until 6:30 P.M. R2 requires a chair alarm due to increased risk for falls. R2 requires staff assistance to ambulate and was not observed to be ambulated during this two hour and forty five minute observation.</p>	W9999			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G022	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/15/2006
NAME OF PROVIDER OR SUPPLIER HELIA HEALTHCARE OF ENERGY-DD			STREET ADDRESS, CITY, STATE, ZIP CODE 210 EAST COLLEGE ENERGY, IL 62933		
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W9999	<p>Continued From page 96</p> <p>R8 who was observed sitting in her wheelchair on 01-24-06 from 3:45 P.M. until 6:30 P.M. and was not offered alternatives for repositioning during this observation block.</p> <p>R5, R6, R11, R12 and R14 who require staff assistance for mobility for repositioning and as confirmed by staff interview are not repositioned every two hours and who are only offered alternative repositioning when being toileted or when going to bed in the evening.</p> <p>5. Failure to update and develop nursing assessments as residents condition changes:</p> <p>a. Review of R4's Individual Program Plan dated 08-25-04 identified that R4 receives a pureed, High Protein, High Calorie diet with one cup of Super Cereal and prune juice at breakfast, Great Shakes at lunch or supper, and may have double portions at mealtimes, House Supplement twice daily and ice cream at staff request.</p> <p>Additional documentation within R4's Individual Program Plan states that, "(R4) needs to be fed all meals by staff according to his swallowing evaluation guidelines. Staff will spoon feed only level teaspoons per bite, allowing food to clear mouth before presenting next bite...."</p> <p>Per review of R4's hospitalization records dated 11-04, R4 had a Gastrostomy tube inserted on 11-18-04. Further record review did not identify that R4's Individual Program Plan had been updated since 08-25-04 to reflect his current need for the gastrostomy tube.</p>	W9999			

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W9999	<p>Continued From page 97</p> <p>b. Per review of facility's QMRP (Qualified Mental Retardation Professional) notes for R4, surveyor noted that QMRP notes for 08-05 were all marked N/A (not applicable). QMRP notes for 09-05 had no data listed for any of the program goals. Documentation for the month 10-05 stated, "A Wing." (A wing is the nursing home side of the facility).</p> <p>Per interview with E3, (Residential Service Director/Qualified Mental Retardation Professional) on 01-25-05 at 10:30 A.M., E3 stated that R4 had been in the hospital and A wing of the facility several times during the past year. E3 was unable to tell surveyor when R4 had been admitted to the hospital and when he was discharged back to the facility's A wing.</p> <p>During review of R4's medical chart surveyor was unable to determine when R4 had been returned to the B wing of the facility. Surveyor requested information on when and why R4 had been admitted to the hospital, facility's A wing and subsequently back to facility's B wing. (ICF/MR side of the facility).</p> <p>When interviewed on 1/27/06 in the afternoon, E2 stated that she would get a list of R4's hospitalizations from the payment records since no other documentation was available.</p> <p>On 01-27-06 E4, (Registered Nurse) gave surveyor a list and stated that this was all they could come up with. The list was hand written on facility's, "Nurse's Notes." Documentation states:</p> <p>Admitted to hospital 5-26-05 lab pm ER (Emergency Room) visit early AM 5-27-05. No</p>	W9999			

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W9999	<p>Continued From page 98</p> <p>diagnosis available. No discharge date nor where R4 was discharged to.</p> <p>Admitted to hospital 7-29-05 UTI (Urinary Tract Infection) (symbol for with) sepsis. Discharge date is documented as being 08-01-05. Documentation does not specify where R4 was discharged to.</p> <p>Admitted to hospital 08-04-05 Seizures and Sepsis. Discharge date is documented as being 08-16-05. Documentation does not specify where R4 was discharged to.</p> <p>Direct Admission from physician's office on 09-01-05 Left knee swollen. Discharge date is documented as being 09-10-05. Documentation does not specify where R4 was discharged to.</p> <p>Admitted to hospital 09-25-05. Discharged from hospital 10-07-05. Documentation does not state an admitting diagnosis.</p> <p>Admitted to hospital 10-10-05. No discharge date available. Documentation does not state an admitting diagnosis.</p> <p>Admitted to hospital 10-13-05. Emergency room visit for seizures. No discharge date available.</p> <p>Admitted to hospital 11-06-05. Discharged to A wing on 11-06-05. No diagnosis available.</p> <p>Documentation states that on 11-01-05 R4 was readmitted to B wing of the facility.</p> <p>Admitted to hospital on 11-16-05. Emergency room visit. Discharge date is documented as</p>	W9999			

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W9999	<p>Continued From page 99</p> <p>being 11-16-05. Documentation does not specify where R4 was discharged to.</p> <p>Admitted to hospital on 12-08-05. Seizures. Discharge date is documented as being 12-12-05 . Documentation does not specify where R4 was discharged to.</p> <p>Admitted to hospital on 12-22-05. Direct admission for urinary tract infection. Discharge date is 12-24-05. Documentation does not specify where R4 was discharged to.</p> <p>"Parenthesis indicate that R4 was on the A wing of the facility from 09-25-05 until 11-07-05."</p> <p>No hospital discharge records, updated plans of care or documentation of R4's condition was provided to the surveyor following a request for same.</p> <p>Per interview with E3 (Residential Service Director/Qualified Mental Retardation Professional) on 01-26-06 at 3:20 P.M., E3 confirmed that R4's Individual Program Plan had not been revised when he returned from A wing to reflect changes in his condition. E3 continued to say that no nursing assessment was conducted upon R4's return to B wing although his condition had changed.</p> <p>(A)</p>	W9999			