STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145876	A. BUILDING _____ B. WING _____	C 12/24/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELIA HEALTHCARE OF URBANA	907 NORTH LINCOLN URBANA, IL 61801

(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 501	Continued From page 92 choking episode in the dining room. The Speech Therapy recommendation was that R16 receive Video Fluoroscopy swallowing study to determine swallow status, and recommended that R16 be NPO for food, pending results. Nurses notes dated 12/6/08 at 600am and signed by E12 (nurse) states "(no) call back from {Z3} {regarding} need for swallowing test and holding food." Nurses notes dated 12/8/08 at 12:45pm and signed by E7 states "N.O. (new order) to have speech eval at hospital." Nurses notes dated 12/10/08 at 2:55pm and signed by E5 states "New order to continue pureed diet until video swallow completed..." E2 did not have an answer for this surveyor when she was asked about the policy of what they would do if they could not get ahold of the Medical Director. E2 and E1 could not provide a policy or procedure for contacting the physician. Only the contract for services was provided. 4. Attendance records for Quality Assurance(QA) and Safety meetings were provided, dated 7/9, 7/16, 7/27, 8/27 and 11/21 of 2008. Z3, Medical Director, is not listed as attending any of the meetings. On 12/18/08 at 10:15 a.m. E1, Administrator stated Z3 had not been in attendance at any of the QA meetings.	F 501		
F9999	FINAL OBSERVATIONS LICENSURE VIOLATIONS 300.610a) 300.1210a) 300.1210b)3) 300.1210b)5)	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145876	A. BUILDING _____ B. WING _____	C 12/24/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELIA HEALTHCARE OF URBANA	907 NORTH LINCOLN URBANA, IL 61801

(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
F9999	Continued From page 93 300.3240a) 300.610 Resident Care Policies a) The facility shall have written policies and procedures, governing all services provided by the facility which 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. These written policies shall be followed in operating the facility. 300.1210 General Requirements for Nursing and Personal Care a) The facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of the resident, in accordance with each resident's comprehensive assessment and plan of care. 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. b) General nursing care shall include at a minimum the following and shall be practiced on a 24-hour, seven day a week basis: 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. 5) A regular program to prevent and treat pressure sores, heat rashes or other skin	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145876	A. BUILDING _____ B. WING _____	C 12/24/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELIA HEALTHCARE OF URBANA	907 NORTH LINCOLN URBANA, IL 61801

(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
F9999	Continued From page 94 breakdown shall be practiced on a 24 hour, seven day a week basis sot 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 serivces to promote healing, prevent infection, and prevent new pressure sores from developing. 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) These Requirements are not met as evidenced by: A. Based on observation, record review and interview, the facility neglected to implement the facility Skin Care policy regarding identifying, assessing, treating, and preventing the development of pressure sores. The facility's Skin Care policy failed to address staging of pressure sores, pressure relieving measures and nutrition interventions related to the prevention and treatment of pressure sores. The facility neglected to accurately and consistently document R10's meal intake. R10's pressure sores deteriorated to unstageable necrotic pressure sores which required hospitalization and surgical interventions (debridement and a colostomy) to promote healing. R2's pressure ulcers deteriorated from stage II to stage III and stage IV. B. Based on observation, interview and record review, the facility failed to conduct ongoing,	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145876	A. BUILDING _____ B. WING _____	C 12/24/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELIA HEALTHCARE OF URBANA	907 NORTH LINCOLN URBANA, IL 61801

(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
F9999	Continued From page 95 accurate assessments of skin and pressure ulcers, obtain and implement treatment orders for pressure ulcers, document nutritional intake, implement nutritional interventions and provide pressure relieving measures for 5 of 7 residents sampled for pressure ulcers (R10, R2, R4, R5 and R11). R4's pressure ulcers declined from stage II to unstageable ulcers. Findings include: The facility PRESSURE ULCER PREVENTION, IDENTIFICATION, & TREATMENT policy given to surveyors by facility management, on 12-11-08, as the wound care protocol in effect in November 2008, states the following: RESPONSIBILITY: "It is the responsibility of the Charge Nurse to care for pressure areas and provide treatment as ordered. .....to measure and document on the pressure areas weekly. It is the responsibility of the (Director of Nursing)/ Designee to monitor for healing progress, and ensure appropriate treatments are in use.....make frequent rounds with the Charge Nurse. It is the responsibility of the Nursing Assistant to report any skin conditions to the Charge Nurse immediately. PROCEDURE: When a pressure sore is identified,.....the area will be assessed and initial treatment started per Physician's order. The Physician will be notified when a pressure sore develops, when there is a lack of improvement.... and/or upon signs of deterioration. All residents will have Pressure Sore Risk Assessment completed upon admission with the completion of the comprehensive assessment. It will be reviewed quarterly thereafter. Initiate a treatment sheet and complete the Pressure Sore Report form.	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145876	A. BUILDING _____ B. WING _____	C 12/24/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELIA HEALTHCARE OF URBANA	907 NORTH LINCOLN URBANA, IL 61801

(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
F9999	Continued From page 96 Document site, stage, size, depth, drainage, color, odor, prevention and treatment response. Documentation of the decubitus must occur upon identification and at least once a week. Assessment is to include size, shape, depth, color, drainage, presence of granulation tissue, necrotic tissue, treatment and response to treatment, prevention techniques (turning, positioning, skin care, protective devices). A weekly skin report will be completed and turned into the Director of Quality Assurance. All residents should be photographed and a skin assessment completed..... Photos are part of the medical record and should not be destroyed." The policy also includes a list of treatment protocols to (promote healing, keeping the wound clean and free of debris), a blank weekly skin record, a treatment observation form which states that it is to be used to audit professionals who administer treatments, and a policy entitled "SKIN CONDITION MONITORING". The policy does not address staging of pressure ulcers, pressure relieving measures, repositioning or nutritional interventions. 1. R10's November 2008 Physician's Order Sheet (POS) shows diagnoses that include Alzheimer's Dementia, Hypothyroidism, Hypertension, Congestive Heart Failure, Atrial Fibrillation, Diabetes, Parkinson's, History of Colon Polyp, History of Seizures. R10's Admission Assessment, dated 03-11-08, shows R10's overall general skin condition to be dry and warm. The body diagrams on the assessment form show a biopsy incision site indicated on the forehead. Further documentation shows weight 112 pounds, independent with transfers, ambulation, eating,	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145876	A. BUILDING _____ B. WING _____	C 12/24/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELIA HEALTHCARE OF URBANA	907 NORTH LINCOLN URBANA, IL 61801

(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
F9999	Continued From page 97 and continent in toileting. R10's Admission Nutritional Assessment, dated 03-14-08, shows R10's weight to be 115 pounds, current diet of Low Concentrated Sweets/No Added Salt, and the forehead biopsy incision site as the only skin issue. The Registered Dietician (RD) writes, "Placement while daughter, caregiver, has surgery. (At) risk (secondary to) Parkinson's. Continue with diet. Refer to RD if (oral intake) or other nutritional status concerns." Additional Dietary information, dated 03-13-08, written by the Food Service Supervisor (FSS) reads, "New admit, ambulated with walker, feeds self, appetite good, skin intact, will continue to monitor." R10's meal intake sheets from April 2008 through the middle of September 2008, though inconsistently completed, show R10 to be eating 50% to 100% of her meals. From the middle of September 2008 through November 03, 2008, when the intake sheets stop, they show R10 to be consuming 25% to 100% when the intake forms were completed. There were 56 meals between September 21 and November 03, 2008 that R10's meal consumption was not documented. R10's Resident Assessment Instruments (RAI), dated 06-08-08 and 08-24-08, show that R10 had problems with cognition, was independent with transfers and bed mobility, was ambulatory, could feed herself, was continent of bowel and bladder, had no skin issues, and had no ostomies. A hospital Emergency Department After Care Instructions sheet, dated 10-23-08, shows that	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145876	A. BUILDING _____ B. WING _____	C 12/24/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELIA HEALTHCARE OF URBANA	907 NORTH LINCOLN URBANA, IL 61801

(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
F9999	Continued From page 98 R10 visited the Emergency Room and was diagnosed with a Urinary Tract Infection. R10 received a prescription for Levaquin 750 milligrams (mgs) orally to be taken everyday for 5 days. R10's hospital records, show that R10 was admitted to the hospital on 11-03-08. R10's Wound Care note from a hospital record, dated 11-04-08, states, " Periarea extremely inflamed from incontinence. Extra protective cream is being used. Coccyx has 3 x 0.7 cm (centimeters) stage II pressure ulcer. Left great toe 2.1 x 1.7cm and left heel 3.8 x 2.2 cm blood filled blister. Right lateral ankle 1.1 x 0.7 cm and left lateral ankle 1 x 0.4 cm deep tissue injury, right heel 4.7 x 2 cm. Off load foot wounds, use heel care boots. Admitted with Urinary Tract Infection, history of Anemia, Atrial Fibrillation, hypo and hyperglycemia, seizure disorder. Albumin 3.6, Hemoglobin and Hematocrit 11.3/35.5. On air mattress and turn schedule." The above note was confirmed by Z2, R.N. (Registered Nurse), the Hospital Wound Nurse on 12-10-08, at 3:00p.m. Upon readmission to the facility on 11-07-08, the POS, dated 11-07-08, shows a treatment order which reads: "Wound care per facility protocol." There is no evidence/documentation that the facility's PRESSURE ULCER PREVENTION, IDENTIFICATION & TREATMENT policy and procedures were initiated and implemented for R10. R10's Readmit Nutritional Assessment, dated 11-10-08, states, "Readmit with stage two to coccyx. Sore on Left ankle.....Recommend to facilitate (oral intake) Regular diet	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145876	A. BUILDING _____ B. WING _____	C 12/24/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELIA HEALTHCARE OF URBANA	907 NORTH LINCOLN URBANA, IL 61801

(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
F9999	Continued From page 99	F9999		

condiments/beverage. No added salt, 1/2 sandwich snack (hour of sleep) to help maintain blood sugar status." No meal intake sheets or weekly skin documentation sheets were found to be available between 11-05 and 11-20-08.

During interview with E2, Licensed Practical Nurse (LPN), Acting Director of Nursing, and E3, Corporate Registered Nurse (RN), on 12-10-08, at 1:30p.m., they stated, "We did skin checks on 11-19-08 and found areas on skin log. If there is no documentation in the Nurse's Notes, this is the first time they were noted. Those Nurses and Certified Nurse Aides (CNA) that failed to notify someone of skin condition are no longer here. We are aware that skin checks fell through the cracks."

On 12/18/08 at 10:25 a.m. E19, CNA stated R10 had only reddened areas before going to the hospital. E19 stated the nurses,"told the CNAs when she (R10) returned from the hospital in November that the resident had a couple of pressure sores on her bottom." E19 recalled seeing the pressure sores. On 12/18/08 at 11:00 a.m. E9, CNA stated she did a body assessment on R10 along with either E2, Corporate LPN or E22 (former DON) sometime in the middle of November when R10 returned from the hospital. E9 stated R10's "butt was covered with a Stage IV."

Emergency Department After Care Instructions sheet, dated 11-13-08, shows that R10 visited the Emergency Room and was diagnosed with Perineal Candidiasis. R10 received a prescription for "Diflucan 150 mgs. tomorrow, Nycostatin ointment to area (twice a day) (until healed). Good pericare. Keep area dry."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145876	A. BUILDING _____ B. WING _____	C 12/24/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELIA HEALTHCARE OF URBANA	907 NORTH LINCOLN URBANA, IL 61801

(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
F9999	Continued From page 100 A Physician's Progress note, dated 11-14-08, states, "Large amount excoriation on Vulva externally.....Yeast Vulvitis. Recommend Nystatin/steroid cream to area. (prescription) written and given to caregiver." R10's RAI, dated, 11-12-08, shows that R10 had problems with cognition, was dependent on staff for bed mobility, transfer and ambulation, was incontinent of bowel and bladder, had weight loss in the last 30 to 180 days, had 2 stage two pressure ulcers and 9 stage four pressure ulcers, had open lesions on the feet, and had a Urinary Tract Infection in the last 30 days. The Incontinent Resident Assessment Protocol (RAP), dated 11-13-08, stated that R10 had "recurrent urinary tract infections, her mobility had decreased, she was incontinent of bowel and bladder and had a rash on the periarea." The Pressure ulcer RAP, dated 11-13-08, stated that R10 had "numerous newly acquired pressure areas and pressure area breakdown." The Activities of Daily Living RAP, dated 11-13-08, stated, "decline in physical condition, unable to perform as well requiring more assistance. Increase in behaviors. Unable to ambulate. Resident transferred with mechanical lift, now, resident was able to transfer self." The Mood state RAP dated 11-13-08, states, "Resident has had a change in mood as evidenced by increased anxiety. Resident to emergency room times 2 and seen by gynecologist so that issue related to rash on periarea can be addressed." The Behavior RAP, dated 11-13-08, states, "Resident on Risperdal and (when ever necessary) Ativan." The Dehydration/fluid maintenance RAP, dated 11-13-08, states, "Skin turgor good. oral intake of fluids good."	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145876	A. BUILDING _____ B. WING _____	C 12/24/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELIA HEALTHCARE OF URBANA	**907 NORTH LINCOLN URBANA, IL 61801**

(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
F9999	Continued From page 101 Upon readmission to the facility on 11-07-08, the POS, dated 11-07-08, shows a treatment order which reads: "Wound care per facility protocol." "Left foot: 1. Left heel medial aspect dry eschar 5.4 x 5.5 cm. unable to stage with necrotic tissue obscuring stage of this pressure ulcer which is either stage III or IV. 2. Left lateral heel dry eschar 3.5 x 3 cm. unable to stage due to necrotic tissue but either stage III or IV. 3. First lateral metatarsal head 2.2 x 2 cm. deep tissue injury pressure ulcer with blood filled blister transitioning to eschar. This is either a stage III or IV pressure ulcer which is in evolution. 4. Medial ankle deep tissue injury pressure ulcer 2 x 1.2 cm. 5. Medial mid foot deep tissue injury pressure ulcer 3.2 x 2.2 cm. On left leg are multi(ple) bruises approx(imately) 16 and appear old. 4 bruises on left arm. Right lower lateral leg 2 x 2 cm. stage II pressure ulcer. 1. Right foot ankle with pronation, lateral ankle 5.7 x 2.4 cm. unstageable pressure ulcer due to eschar in mid wound: 50% eschar, 40% pink, 10% yellow. Either stage III-IV. 2. Lateral mid foot 1.5 x 0.7 cm. and deep tissue injury pressure ulcer, and 2 more deep tissue injury pressure ulcer proximal to this 1 x 0.6 cm. and 0.9 x 0.5 cm. deep tissue injury pressure ulcers, again unstageable as wounds are in evolution unstageable at this time but either stage III or IV. 3. Right heel blister with purple base 9 x 9 cm. unstageable pressure ulcer at this point but either stage III or IV. 80% blister remains but is loose, 20% open area and 50% of open area is deep purple transitioning to black moist base with serous drainage. Medial 1st metatarsal head 1.5 x 1 cm. deep	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145876	A. BUILDING _____ B. WING _____	C 12/24/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELIA HEALTHCARE OF URBANA	907 NORTH LINCOLN URBANA, IL 61801

(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
F9999	Continued From page 102 tissue 50% firm eschar, unstageable pressure ulcer." A Physician's Progress note, written by Z1, R10's attending Physician, dated 11-20-08, states, "Decub(itus) sacral oozy, macerated. Will admit to hospital." R10's hospital records show that R10 was admitted to the hospital on 11-20-08. The hospital Wound Care note, dated 11-21-08, and written by Z2, Hospital Wound Care Nurse, states, "Buttocks stage III-IV pressure ulcer, unable to determine full depth due to extensive necrotic tissue obscuring depth. Left buttocks and right buttocks pressure ulcers are really one large ulcer including coccyx, sacrum, buttocks to the right perianal area directly adjacent to anus. Left length 15 cm. 60% soft black eschar, 40% pink and partial thickness. Right length 15 cm. 85% necrotic black, purple, and brown at the perianal area. At the mid buttock including coccyx there is white slough. Total width is 13.5 cm. All this is foul smelling and drains serous brown drainage. Left foot: 1. Left heel medial aspect dry eschar 5.4 x 5.5 cm. unable to stage with necrotic tissue obscuring stage of this pressure ulcer which is either stage III or IV. 2. Left lateral heel dry eschar 3.5 x 3 cm. unable to stage due to necrotic tissue but either stage III or IV. 3. First lateral metatarsal head 2.2 x 2 cm. deep tissue injury pressure ulcer with blood filled blister transitioning to eschar. This is either a stage III or IV pressure ulcer which is in evolution. 4. Medial ankle deep tissue injury pressure ulcer 2 x 1.2 cm. 5. Medial mid foot deep tissue injury pressure ulcer 3.2 x 2.2 cm. On left leg are	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145876	A. BUILDING _____ B. WING _____	C 12/24/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELIA HEALTHCARE OF URBANA	907 NORTH LINCOLN URBANA, IL 61801

(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
F9999	Continued From page 103 multi(ple) bruises approx(imately) 16 and appear old. 4 bruises on left arm. Right lower lateral leg 2 x 2 cm. stage II pressure ulcer. 1. Right foot ankle with pronation, lateral ankle 5.7 x 2.4 cm. unstageable pressure ulcer due to eschar in mid wound: 50% eschar, 40% pink, 10% yellow. Either stage III-IV. 2. Lateral mid foot 1.5 x 0.7 cm. and deep tissue injury pressure ulcer, and 2 more deep tissue injury pressure ulcer proximal to this 1 x 0.6 cm. and 0.9 x 0.5 cm. deep tissue injury pressure ulcers, again unstageable as wounds are in evolution unstageable at this time but either stage III or IV. 3. Right heel blister with purple base 9 x 9 cm. unstageable pressure ulcer at this point but either stage III or IV. 80% blister remains but is loose, 20% open area and 50% of open area is deep purple transitioning to black moist base with serous drainage. Medial 1st metatarsal head 1.5 x 1 cm. deep tissue 50% firm eschar, unstageable pressure ulcer." During interview on 12-10-08, at 3:15p.m., with Z2, Hospital Wound Nurse, she stated, "(R10) had an Arterial Doppler and it was normal which indicated that she was not at risk for ischemia. The blood flow was fine, normal. She had good arterial flow which indicates the areas were caused from pressure. The right foot was x-rayed and the bone was ok. (R10's) Prealbumin blood test results were 13.5, which indicates her ability to heal (range is 13 mg/dl to 38 mg/dl). These indicators show that she had healing abilities, but, she still had massive destruction. She was on the low end of the range for Prealbumin, but still her skin broke down. I suspect she was not turned and repositioned. On admission, (R10's) Protein stores were	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145876	A. BUILDING _____ B. WING _____	C 12/24/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELIA HEALTHCARE OF URBANA	907 NORTH LINCOLN URBANA, IL 61801

(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
F9999	Continued From page 104	F9999		

normal and the blood flow to the feet was normal. But, she had devastating wounds. During her hospital stay, her Protein stores dropped due to the surgery and debridement but, the areas improved the whole time due to turning, special bed, etc. It was easy to treat her. Skin breakdown can happen fast. She is at risk due to age and mobility. This happened within a week's time. If she was not repositioned during the night, damage continues and skin breaks down, and continues to do so if not positioned on subsequent nights even though she is positioned during the day."

R10's Lower Extremity Arterial Doppler Ultrasound Exam, dated 11-21-08, results: "The ankle brachial indices measure 1.11 on the right and 0.91 on the left which are normal. The pressures show no evidence of elevation in the lower extremities. Summary: Normal ankle brachial indices and normal wave forms demonstrating no evidence of increased risk for ischemia and no evidence of significant lower extremity arteriovascular disease."

R10's right foot x-ray, dated 11-26-08, RIGHT CALCANEUS: There is no obvious bony destruction identified.

R10's hospital surgical consultation report, dated 11-23-08, and dictated by Z4, Surgeon, states, "External examination of the rectum reveals that in the medial aspect of both buttocks there are necrotic eschars which are black in appearance. There are also some extending up into the natal cleft over the upper sacrum area. There is some component of the necrosis extending all the way to the anus. Assessment: Significant sacral pressure ulcers extending into the anus. It was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145876	A. BUILDING _____ B. WING _____	C 12/24/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELIA HEALTHCARE OF URBANA	907 NORTH LINCOLN URBANA, IL 61801

(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
F9999	Continued From page 105 unknown what stage it is at this current time because of the black eschar. It appears to be rather extensive. It appears that she is incontinent of stool. Given the extensive nature of her pressure ulcers and the location and given the fact she is incontinent, she will probably need both debridement and colostomy to divert stool to allow this to heal." Report of Operation, dated 11-26-08, confirms that R10 under went a Sigmoid colectomy, End-colostomy, and a sharp excisional debridement of sacral and buttock pressure ulcers. "Operative findings: Pressure ulcers measuring greater than 10 centimeters on each buttocks and also going up into the sacral area. The pressure ulcer of the right buttock extended down into the anus externally. The necrosis continued down into the subcutaneous tissues. There were numerous smaller pressure ulcers along the right buttock that were removed sharply. The area of the anus that was involved was sharply excised, as well." The facility treatment sheets, dated 03-11-08, 04-08, 05-08, 06-08, 07-08, 08-08, 09-08, 10-08, and 11-08, read: "Weekly skin check..... Tuesday (2-10)." July and November 2008 treatment sheets show no indication that R10's skin check was completed. The months of April, May, June, August, September, and October show inconsistent documentation of weekly skin checks which consist of staff initials. No other form of documentation is shown to indicate the condition of R10's skin. The SKIN/WOUND LOG dated 11-19-08, shows: "14 stage IV/unstageable wounds on R10's feet, legs, coccyx and 2 stage II/unstageable wounds	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145876	A. BUILDING _____ B. WING _____	C 12/24/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELIA HEALTHCARE OF URBANA	**907 NORTH LINCOLN URBANA, IL 61801**

(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
F9999	Continued From page 106 on her buttocks." This was confirmed during an interview on 12-10-08, at 1:30p.m. with E2 and E3, both Corporate Nurses. R10's Care Plan, dated 11-12-08, shows the following problems: "Potential for falls, socialization in activities, ADL issues, and potential for dehydration." The same Care Plan shows updates for 11-19-08 to address Stage IV pressure areas on R10's feet, toe, ankle, coccyx, and stage II pressure areas on the buttock. During interview with E4, Care Plan Coordinator (CPC), on 12-11-08, at 11:40a.m., E4 stated, "(R10's) Care Plan was updated on 11-19-08 due to the skin sheets dated 11-19-08. Previously, the stage IV and stage II pressure ulcers were not on there. Weekly pressure ulcer reports are given to me. (R10) was not on any of my weekly sheets prior to 11-19-08. If the skin issues are not on the weekly sheets, they do not get onto the Care Plan. I was shocked to see so many areas on (R10)." Weekly skin sheets, received from E4, dated 10-05-08, 10-12, 10-24, 10-26and 11-02 fail to show any documentation regarding R10's skin condition. Undated weekly pressure ulcer records for R10 show multiple bruising on legs, arm, abdomen, and deep red yeasty raw areas on the buttocks and periarea. No other information/explanation is noted. During interview, on 12-11-08, at 2:05p.m., with Z1, R10's attending Physician, he stated, "The Cancer is gone and has no bearing to current condition. I am not aware of any active syphilis.	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145876	A. BUILDING _____ B. WING _____	C 12/24/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELIA HEALTHCARE OF URBANA	**907 NORTH LINCOLN URBANA, IL 61801**

(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
F9999	Continued From page 107	F9999		

Syphilis cannot cause this kind of decubitus. I suspect present condition is due to not turning enough and poop all around. The first time I saw her, it was really bad and I sent her to the hospital 11-20-08. The facility kept me aware of issues, somewhat, but not on top of things. I would have liked more intensive notification and more accurate information (regarding her medical condition)."

Z1's progress note, dated 11-20-08, states, "This is a direct admit from the office to the hospital. She was sent to my office to evaluate her rash in the sacrum area. The rash now looked terrible with a large area of necrotic black skin, excoriative and oozing with poor hygiene with contamination from urine and stool. She is able to say that she is miserable. She has pain all over. I will admit the patient to the hospital for caring for the decubitus rash and needs to be removed from (the nursing home) and I will find her another nursing home."

During visit in the hospital with R10, 12-10-08, at 2:20p.m., R10 was saying, "I hurt. I don't feel good." With Z5, RN, Hospital Unit Manager and Z6, Director of Medical-Surgical Unit in Hospital in attendance, R10 was observed to have a wound vacuum covering R10's entire area across the coccyx and rectal area. R10 also had a nickle size necrotic area on the left foot, irregular dime size area on the outer aspect of the left heel, inner aspect of the ball of the left foot was necrotic, 3/4 of the inner aspect of the left heel was necrotic, dark brown dime size area on the bottom of the left great toe, stage IV pressure sore on the bottom of the right heel sloughing and necrotic, small healing area on the inner aspect of the ball of the right foot and a

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145876	A. BUILDING _____ B. WING _____	C 12/24/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELIA HEALTHCARE OF URBANA	907 NORTH LINCOLN URBANA, IL 61801

(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
F9999	Continued From page 108 colostomy. 2. R2's Minimum Data Set (MDS) assessment dated 10/20/08 lists R2 as 57 years old, with severe cognitive impairment, requiring extensive assistance of two plus staff for bed mobility and transfers, and the presence of three stage II pressure ulcers. A hospital Physician's Order Sheet dated 11/4/08 documents a telephone order from Z3 (Attending Physician) as follows: "Stage III pressure ulcer to coccyx healing, one healed, 2 healing. Air Mattress..turn (every) 2 hours...HOB (Head of Bed) low as tolerated... Allevyn foam dsg (dressing)." A facility Admission/Readmission Body Audit dated 11/4/08 lists a 1 centimeter (cm) x 0.4 cm. red pressure area of the right (R) ear and three pressure ulcers of the coccyx (no stage indicated). R2's Pressure Ulcer Resident Assessment Protocol Module (RAP) dated 7/26/08 documents R2 returned from the hospital with an area of "shearing or pressure to buttocks." R2's Pressure Ulcer RAP dated 8/27/08 documents a current pressure ulcer on the coccyx, with an intervention of repositioning every 2 hours and as needed. R2's Minimum Data Set (MDS) assessment dated 10/20/08 lists R2 as 57 years old, with severe cognitive impairment, requiring extensive assistance of two plus staff for bed mobility and transfers, and the presence of three stage II pressure ulcers. A hospital Physician's Order Sheet dated 11/4/08 documents a telephone order from Z3 (Attending Physician) as follows: "Stage III pressure ulcer to coccyx healing, one healed, 2 healing. Air Mattress..turn (every) 2 hours...HOB (Head of Bed) low as tolerated... Allevyn foam dsg (dressing)" A	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145876	A. BUILDING _____ B. WING _____	C 12/24/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELIA HEALTHCARE OF URBANA	907 NORTH LINCOLN URBANA, IL 61801

(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
F9999	Continued From page 109 facility Admission/Readmission Body Audit dated 11/4/08 lists a 1 centimeter (cm) x 0.4 cm. red pressure area of the right (R) ear and three pressure ulcers of the coccyx (no stage indicated). On 12/16/08 at 10:45 a.m. E2, Acting Director of Nursing (ADON)/Corporate LPN stated an air mattress had to be ordered before one was available for use with R2. E2 stated the delivery invoice on the air mattress would confirm the date of implementation. The delivery invoice listed a delivery date of 11/19/08. Nurse's Notes dated 11/14/08 document a stage II wound of the coccyx with "scattered open areas. Nurse's Notes of 11/17/08 list R2 was "noted to have pressure area to (L) (left) ear measuring 1.4 cm x 1 cm (R) (right) ear pressure area measures 2 cm. x 0.3cm orders received et (and) noted." Nurse's Notes dated 12/5/08 and signed by Z10 Hospice RN documents, "Discussed digression of coccyx wound with (E2) RN, New open area, beefy red stg (stage) IV @ coccyx approx. 2.5 cm Moderate serous drng (drainage) on bed pad. Temp 100.7 (Axillary)...." An untitled facility wound documentation log dated 12/09/08 lists R2 with a stage II pressure ulcer of the (R) ear, an unstageable pressure ulcer of the (L) ear and ten stage II pressure ulcers of the "coccyx." Nurse's Notes dated 12/7/08 in the evening document R2 was "crying ..moaning of pain" and Tylenol and Morphine given without relief, so sent to the Emergency Room. Emergency Department After Care Instructions dated 12/7/08 list, "Wet to dry dressing change to sacral decubitus...Turn every 2 hr. (hours)" Nurse's Notes of 12/9, 12/10 and 12/12/08 document the use of Allevyn dressings	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145876	A. BUILDING _____ B. WING _____	C 12/24/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELIA HEALTHCARE OF URBANA	907 NORTH LINCOLN URBANA, IL 61801

(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
F9999	Continued From page 110	F9999		

to the coccyx/buttock ulcers. The October 2008 Treatment Record lists a treatment of Allevyn to "all areas on sacrum" to be initiated 10/29/08, yet this treatment is not initialed as given on the 10/08 or 11/08 Treatment Records. There is no entry on the 12/08 Treatment Record to indicate the wet to dry dressing order of 12/7/08 was initiated. On 12/16/08 at 3:10 p.m. E2, Corporate LPN and E21 Registered Nurse (Director of Nurses as of 12/15/08) were unable to find documentation that these treatments were administered as ordered.

Nurse's Notes dated 12/15/08 at 6:45 a.m. list R2's pressure ulcers as: two open areas on the (L) ear measuring 1cm x 0.4cm and 1.4cm x 0.5cm.; one open area on the (R) ear measuring 2.5cm x 0.8cm.; (L) lower buttock 2.3cm x 1.0cm; (L) upper buttock 2.0cm x 1.8cm; "Open area on coccyx 3.8cm x 4.3cm, at least 1.5cm deep in the middle - ulcer on coccyx connected to open areas down (R) buttock 11.5cm long - 1.2cm wide in the middle and lower area 2.7cm x 4.4cm."

R2 was laying in bed with the head of the bed elevated 30 degrees on 12/15/08 at 10:20 a.m. R2 remained in this position at 10:40 a.m., 11:10 a.m., 11:30 a.m., 11:40 a.m., and from 12:10 p.m. to 1:40 p.m. (with at least 15 minute interval observations) without benefit of repositioning. At 1:30 p.m. Z9 explained she was the Hospice Certified Nurse Assistant (CNA) responsible for R2's direct care. Z9 explained she had to leave the facility at 10:30 a.m. on 12/15/08 for personal reasons and had just returned and was waiting on another CNA to assist with repositioning of R2. Z9 stated she had reported her need to leave the facility earlier and thought E19, CNA had

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145876	A. BUILDING _____ B. WING _____	C 12/24/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELIA HEALTHCARE OF URBANA	907 NORTH LINCOLN URBANA, IL 61801

(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
F9999	Continued From page 111	F9999		

assumed responsibility for R2 during Z9's absence. At 1:40 p.m. E4, Licensed Practical Nurse, and Z9 repositioned R2 onto her right side. Deep skin creases were present on R2's mid back. This was confirmed by Z9. A foul odor permeated the area as R2 was turned. A 7 inch by 7 inch dressing saturated with brown drainage was covering R2's buttock and coccyx area. On 12/15/08 at 1:50 p.m. E19 stated she was the facility CNA for R2's hall, but had not repositioned R2 at all on 12/15/08, and was not aware Z9 had left the building.

On 12/15/08 at 3:00 p.m. E7, LPN, acknowledged she was the nurse for R2 for the day shift and she had not changed the dressing to R2's pressure ulcers for her shift. At 3:20 p.m. E7 stated she was ready to do R2's pressure ulcer treatments. The 7 inch x 7 inch dressing, saturated with foul smelling serous brown drainage was removed from the buttocks/coccyx area, exposing six stage II pressure sores and one stage IV pressure sore. At this time E21, Registered Nurse (Director of Nurses as of 12/15/08) was summoned, acknowledged she had not yet seen R2's pressure ulcers and was asked to assess the stage of R2's pressures sores. After E7 stated she could feel "bone" at the coccyx pressure ulcer, E21 assessed the site as stage IV. E7 them removed dressings from R2's ears. Each ear had two pressure ulcers. Cartilage was exposed on one of the sites on each ear. The left ear dressing had a moderate amount of serosanguinous drainage present. E21 assessed each of the two ulcers with cartilage exposure as stage III and the other two sites as stage II.

During the treatment observation E7 explained

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145876	A. BUILDING _____ B. WING _____	C 12/24/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELIA HEALTHCARE OF URBANA	**907 NORTH LINCOLN URBANA, IL 61801**

(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
F9999	Continued From page 112 she was initiating new treatment orders for R2 based on an inservice which had just been held. Physician Orders dated 12/15/08 directed staff to use Tenderwet cover with dressing to the coccyx/buttock ulcers and Calazime to the ear ulcers, leaving the ear ulcers open to air. On 12/15/08 at 3:45 p.m. E4, LPN, confirmed Z3, Attending Physician/Medical Director, had given the new treatment orders based on recommendations E4 had provided Z3 from the "wound nurse" who presented the skin care inservice. E4 stated she had also requested Z3 come to see R2 yet that day (12/15/08). The product label for Calazime Protectant Paste lists, "moisturizes, nourishes and provides protective moisture barrier" with uses to "treat and prevent diaper rash....minor skin irritation ...caused from wetness, urine and/or stool." Product literature lists the active ingredients as zinc-oxide and menthol. On 12/17/08 at 11:00 a.m. Z13, stated he and Z12 (Account Manager) had provided the skin care inservice on 12/15/08. Z13 identified himself as a skin product specialist and stated neither he or Z12 were nurses. Z13 explained that any recommendations for treatment of III or IV pressure ulcers would be referred to the company's Certified Wound Care Nurse. On 12/17/08 at 11:00 Z13, RN/Certified Wound Care Nurse for the company, stated she had not been to the facility, and would not make ulcer treatment recommendations without viewing the ulcers. Z13 stated Calazime is not recommended for anything more than partial skin damage, therefore nothing more than a stage II pressure ulcer. On 12/16/08 at 8:35 a.m., 8:55 a.m. and 9:15 a.m., R2 was laying on her right side in bed with no dressing covering the buttock/coccyx pressure	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145876	A. BUILDING _____ B. WING _____	C 12/24/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELIA HEALTHCARE OF URBANA	907 NORTH LINCOLN URBANA, IL 61801

(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
F9999	Continued From page 113	F9999		

ulcers. At 8:35 a.m. E7, LPN, stated R2's dressing had come off during a.m. care and E7 was giving R2 pain medication. At 9:30 a.m. Z9, Hospice CNA, stated she had just turned R2 onto her left side by herself, using the incontinent pad to assist with the turning. R2's buttock/coccyx pressure ulcers remained without a dressing. E7 and E4, LPNs, then entered the room to apply a fresh dressing. At this time Z9 and E4 repositioned R2 further to the left side, by first rolling R2 to her back and then to the left side, using the incontinent pad. A moderate amount of serous brown tinged drainage was on the incontinent pad.

The most recent Physician Progress Note available in R2's medical record is dated 11/10/08 and signed by Z3, Attending Physician. This entry does not mention R2's pressure ulcers. On 12/16/08 at 2:45p.m. E2, Corporate LPN stated she had no knowledge that Z3 had visually assessed R2's pressure ulcers. On 12/16/08 E21, DON stated she was unable to find documentation that Z3 had seen R2's pressure ulcers. On 12/18/08 at 10:15 a.m. Z3 confirmed staff had called him on 12/15/08 requesting he come to the facility to assess R2's pressure ulcers. Z3 stated he had not yet been to the facility to assess R2.

3. R4's November 2008 POS indicates R4 has a diagnosis of Insulin Dependent Diabetes and requires sliding scale insulin. R4's MDS dated 10/6/08 shows R4 to be totally dependent on staff for transfers and unable to walk. R4's hospital Patient Transfer Form dated 11/07/08 documents the presents of a pressure ulcer with orders for "Tegaderm absorbent applied to coccyx. Heels floated." Wound Nurse Notes from acute care

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145876	A. BUILDING _____ B. WING _____	C 12/24/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELIA HEALTHCARE OF URBANA	907 NORTH LINCOLN URBANA, IL 61801

(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
F9999	Continued From page 114 dated 11/7/08 note a stage II fluid filled blister of the (L) heel with instructions to off load heels and use an air mattress. The transfer form lists R4 is "flaccid" on the (L) side due to a history of a stroke and now weak on the (R) side due to a Cerebral Vascular Accident. The Admission/Readmission Body Audit dated 11/7/08 documents a pressure ulcer, with the body diagram showing a site at the "coccyx" and a "dk (dark) spot on the left outer heel. No measurements or staging are documented. Nurse's Notes dated 11/14/08 list two "small pea-sized areas" stage II on the coccyx and blisters of the (L) heel. The facility's Skin Wound QI(Quality Indicator) Log dated 11/19/08 lists R4 with the following pressure ulcers: two 1cm stage II of the (L) buttock, one 1cm x 0.5cm stage II of the (L) buttock, a stage IV 4cm of the (L) anterior heel and a stage IV 2cm x 1 cm of the (L) outer heel. The Weekly Wound Report dated 11/25/08 lists R4 with unstageable pressure ulcers of the (L) outer and anterior heel. R4's Treatment Record dated 11/9/08 - 11/30/08 lacks documentation of a treatment to the coccyx or buttock pressure ulcers. The record indicates R4 was hospitalized on 11/25/08. A Nutritional Assessment by the RD dated 11/10/08 documents the presence of stage II pressure ulcers of the coccyx and left heel. The entry lists recommendations of Sugar Free Healthshakes three times daily, whole milk three times daily and 2 Cal Med Pass to assist with oral intake due to a decrease in oral intake and to maintain nutritional status. The recommendations were signed as approved by Z3, Attending Physician. R4's Medication	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145876	A. BUILDING _____ B. WING _____	C 12/24/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELIA HEALTHCARE OF URBANA	**907 NORTH LINCOLN URBANA, IL 61801**

(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
F9999	Continued From page 115 Administration Record (MAR) dated 11/7 - 11/30/08 does not list either the healthshakes or the 2 Cal Med Pass. On 12/15/08 at 11:40 a.m. E2, Corporate LPN confirmed the lack of documentation of the nutritional supplements for 11/08, stating these are to be documented on the MAR when administered. E2 confirm the lack of documentation of treatment administration to R4's pressure ulcers. E2 was unable to provide evidence that the nutritional supplements or pressure ulcer treatments were administered. E2 provided a delivery invoice dated 11/19/08, stating the pressure relieving air mattress for R4 was not implemented until 11/19/08. E2 stated R4 had a regular mattress from 11/7/08 until 11/19/08. 4. R5's MDS dated 10/19/08 shows R5 is dependent upon staff for bed mobility and transfers, and has no current pressure ulcers. Nursing Skin Assessment dated 11/18.08 documents R5's buttock to be slightly red with no open areas. RD note dated 11/20/08 shows R5 was referred to Dietary regarding two stage I areas, one on each buttocks. The RD note lists recommendations for Arginaid twice daily and 2Cal 60cc three times daily secondary to open areas and a weight loss of 6.3 pounds. The note lists R5's albumin below normal at 2.7 on 7/2/08 and states the nutritional supplements should provide extra calories, nutrients and protein for weight support and healing. No documentation was available in the medical record to indicate Z3, Physician had been consulted regarding these recommendations. The medical record lacked any Physician Order regarding the supplements.	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145876	A. BUILDING _____ B. WING _____	C 12/24/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELIA HEALTHCARE OF URBANA	907 NORTH LINCOLN URBANA, IL 61801

(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
F9999	Continued From page 116 R5's 11/08 MAR does not list either the Arginaid or the 2 Cal supplements. R5's 12/1 - 12/30/08 MAR lists the Arginaid but is marked through and listed as discontinued, with none recorded as ever given. The December MAR lists 2Cal 60cc to be given three times daily. The MAR lacks initials to indicate the supplement was given on 7 out of 16 days, with percent consumption of the supplement incomplete on 11 out of 16 days. On 12/15/08 at 10:50 a.m. E2, Corporate LPN, was unable to find a Physician's Order or documentation that the RD recommendation was brought to Z3, Attending Physician/Medical Director. 5. According to the last POS of 11/08, R11 had been at the facility since 12/06 with multiple diagnoses including Polymyalgia Rheumatica, Dementia, Gout, Peripheral Vascular Disease, Atrial Fibrillation, Chronic Renal Failure and Anemia. R11's last MDS dated 11/14/08 assessed R11 as severely cognitively impaired, totally dependent on staff for ADLs, and with history and high risk for pressure sores. Most recent physician's orders include various ointments, including Ketoconazole, Desitin, Lotrimin, and Nystatin for skin rashes on his trunk, back, underarms and groin. The 9/08 POS includes orders for Critic-aid ointment to the buttocks three times a day as needed, and for Aquaphor every day to bilateral lower extremities. The 10/08 and 11/08 POSs do not include this order. An order dated 9/4/08 is for "RLE (right lower extremity) - Duoderm drsg (dressing), {change every} 5 days and PRN (as needed). Telephone order dated 11/4/08 orders to	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145876	A. BUILDING _____ B. WING _____	C 12/24/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELIA HEALTHCARE OF URBANA	**907 NORTH LINCOLN URBANA, IL 61801**

(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
F9999	Continued From page 117	F9999		

"Cleanse RLE near ankle region with NSS (normal saline solution. Apply TAO (triple antibiotic ointment). Apply gauze." All POSs include the order for skin checks weekly on Wednesdays.

Nurses notes were reviewed from 4/24/08 to discharge on 11/24/08. No notes refer to any open area or any area that would require the 9/4/08 order for Duoderm. On 9/22/08 notes state "barrier cream to reddened buttocks." Nurses notes frequently refer to R11 being noncompliant with repositioning or lying on his sides. On 11/4/08 nurses notes state, "Observed an open area to R' lower extremity approx. size quarter. Area is pink. Cleansed area with NSS and covered with clean gauze." No further nurses notes refer to this or any other open areas.

The Skin/Wound Logs for pressure sores and miscellaneous skin issues were reviewed for 10/4/08 through 11/25/08. Nothing was noted for R11 other than the rashes.

Treatment Administration Records (TAR) were reviewed from 5/08 through 11/08, except for 8/08 which could not be found in the medical record. The 7/08 TAR included the 12/06 Critic-aid order; this was mostly completed twice a day (ordered three times daily), and occasionally three times daily. The Aquaphor order, also from 12/06, was marked "H" on 7/1-6/08, then the remainder of the month was blank. Written in was "Hold until Triamcinolone complete." The Triamcinolone was only ordered for 5 days, 7/2 - 7/6/08. Skin checks were done weekly as ordered except for 7/9/08 when he refused. The 9/08 TAR shows the Duoderm

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145876	A. BUILDING _____ B. WING _____	C 12/24/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELIA HEALTHCARE OF URBANA	907 NORTH LINCOLN URBANA, IL 61801

(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
F9999	Continued From page 118 ordered, which was done as ordered except for one time when the dressing was not changed for 7 days - 9/7 - 9/14/08. The Critic-aid is not marked as given at all the month of 9/08. The Aquaphor order continued as given most nights. The weekly skin check was not marked as completed on 9/17/08. Also, the weekly skin checks are only marked as done - there is no key, code, or narrative describing what is observed, if skin is clear, open areas, rashes, etc. An undated, handwritten TAR includes the Duoderm order, with the order initialed as completed every 3 days, rather than the ordered 5 days. Another undated, handwritten TAR also includes the Duoderm order, but only the 2nd of this entry is initialed, with the rest of the month blank. There is no discontinue order, or indication that the area is healed, or any other information. The 10/08 TAR has the Aquaphor treatment completed daily, and the skin checks are marked as completed daily. However, the skin checks do not describe what was observed. A handwritten TAR dated 11/4/08 to 11/30/08 has only the 11/4/08 order for the treatment to the RLE. The only entry initialed as completed is 11/4/08. Also, this treatment is marked PRN, which is not as the telephone order is written. The 11/08 TAR included the Aquaphor treatment, but only 4 days were marked as completed. The skin checks were marked as completed only on 11/5/08. The Duoderm, Critic-aid, and RLE treatment were not on the TAR, but no discontinue orders were found. E21 (DON) was asked on 12/17/08 approximately 2:00pm if there was any additional information or documentation to determine why each treatment was ordered, when and if these treatments were completed, or any monitoring of	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145876	A. BUILDING _____ B. WING _____	C 12/24/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELIA HEALTHCARE OF URBANA	**907 NORTH LINCOLN URBANA, IL 61801**

(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
F9999	Continued From page 119 the areas. No additional information was provided (A)	F9999		