

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6016166	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/31/2014
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NAME OF PROVIDER OR SUPPLIER HELIA HEALTHCARE OF CARBONDALE	STREET ADDRESS, CITY, STATE, ZIP CODE 500 SOUTH LEWIS LANE CARBONDALE, IL 62901
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Final Observations</p> <p>STATEMENT OF LICENSURE VIOLATIONS</p> <p>300.1210a) 300.1210b) 300.1210d)3) 300.1210d)6) 300.3240a)</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act)</p> <p>b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.</p>	S9999		

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	<p>Continued From page 1</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.</p> <p>6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.</p> <p>Section 300.3240 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>THESE REQUIREMENTS WERE NOT MET AS EVIDENCED BY:</p> <p>Based on record review, observation, and interview, the facility failed to follow resident smoking policy and failed to implement care plan interventions for 1 of 1 resident (R2) reviewed for oxygen use and smoking in the sample of 3. These failures resulted in burns under R2's nose and around his mouth.</p> <p>Findings include:</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>According to the Resident Admission Face Sheet, R2 was admitted to the facility on 07/08/14, date of birth is 12/22/50, and R2's diagnoses includes Chronic Obstructive Pulmonary Disease, Anemia, and Hypertension.</p> <p>R2's Care Plan dated 07/15/14 listed a problem area, "Resident wishes to smoke cigarettes and has been assessed as being unsafe to smoke independently." The approaches listed are: "Provide one on one supervision during smoking activity, nursing to keep cigarettes and lighter in safe area. Remove oxygen at nurses station prior to going to designated smoking area". R2's Skilled Nursing Summary Report dated 07/27/14 noted "Second or third degree burns on face, denies any pain". R2's Minimum Data Set dated 07/15/14 showed a Brief Interview for Mental Status score of 14, which indicated he has minimal deficits in cognitive functioning</p> <p>A letter to the Illinois Department of Public Health dated 07/25/14 from E1, Administrator, stated, "Alert and oriented resident (R2) was outside on the facility patio smoking on 07/24/14 at approximately 9:40 pm. The resident dropped his cigarette, reapplied his oxygen nasal cannula, then leaned over to pick up the dropped cigarette. The resident received minor burns under his nose and around mouth area due to oxygen and fire interaction. Nurse cleaned area, applied burn relief spray, and triple antibiotic ointment and provided Tylenol for pain relief. Director of Nurses assessed resident on 07/25/14, resident not in pain, will continue treatment to burns. Resident was educated about using oxygen when smoking. Resident agreed to leave oxygen at nurses station when outside smoking. Power of attorney and physician notified. Will continue to monitor".</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>On 07/30/14 at 12:00 pm, R2 was observed to have a pack of cigarettes and a lighter on his overbed table. Also at that time, R2 was wearing a nasal cannula delivering oxygen per concentrator at 2 liters per minute, and R2 was observed to have two small, approximately one inch diameter, scabbed, healing burn marks on his face.</p> <p>On 07/30/14 at 12:00 pm, R2 stated he has never been supervised by staff while smoking on the patio. R2 stated that on 07/24/14 at about 9:40 pm, he was smoking unsupervised on the patio with his portable oxygen turned off and not wearing the nasal cannula. He turned the oxygen back on, replaced the nasal cannula, then bent down to pick up his still lit cigarette, which ignited the oxygen and caused burns to his face. R2 stated "Of course I know not to smoke with my oxygen on. I know better than that. I'm kind of embarrassed about the whole incident. I'm perfectly capable of going out to smoke by myself". R2 stated he does not leave his oxygen at the nurses station prior to going out to smoke. R2 stated, "I am too short of breath to make it that far without my oxygen on". On 07/30/14 at 1:00 pm, E3, Certified Nursing Assistant, stated R2 is currently allowed to smoke outside unsupervised, has never required supervision for smoking, and does not leave his oxygen at the nurses station prior to going outside. On 07/30/124 at 2:20 pm, E4, Certified Nursing Assistant, stated R2 told her while living independently "he had a couple of close calls when he was smoking with oxygen on". E4 stated R2 has been seen on the patio with his oxygen on getting ready to light a cigarette and staff have intervened. On 07/30/14 at 1:30 pm, E2, Director of Nurses, stated R2 did not have a smoking assessment done when he was admitted to the</p>	S9999		

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S9999	<p>Continued From page 4 facility on 07/08/14.</p> <p>R2's smoking assessment dated 07/30/14 indicated he may safely smoke unsupervised.</p> <p>An undated Resident Smoking Policy stated "All new admits will be maintained on a supervised smoking schedule for the initial fourteen days following admit. A Safe Smoking assessment will be completed in conjunction with the residents fourteen day admit assessment. Oxygen is prohibited in smoking areas for the safety of the residents. Accessibility of matches and lighters will be limited to residents who need supervision when smoking. All residents are prohibited from keeping lighters in their room at any time."</p> <p>(A)</p>	S9999		

IMPOSED PLAN OF CORRECTION

Helia HC of Carbondale
IRI of 7/24/2014/IL71123
DATE OF SRVEY: JULY 31, 2014

- 300.1210a) The facility will ensure that necessary care and services are provided residents to
300.1210b) attain or maintain their highest practicable physical, mental, and psychological
300.1210d)3) well-being in accordance with each resident's comprehensive assessment and plan
300.1210d)6) of care. The facility shall provide adequate and properly supervised nursing and
300.3240a) personal care to each resident to meet the total nursing and personal care needs of
the resident.

A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs.

The facility will ensure that all necessary precautions are taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.

This will be accomplished by the following:

1. The DON will monitor the completion of Smoking Assessment with current residents
2. All staff will be in-serviced to educate on Smoking Policy and Oxygen Policy upon hire and annually thereafter.
3. Smoking schedule implemented for all smoking residents, with staff supervision.
4. The DON will assess if resident will require the use of a Smoking Apron during smoking.
5. Nursing Staff will be checking to ensure residents wearing oxygen are leaving O2 tanks in the facility prior to going outside to smoke.
6. The Administrator and Director of Nurses will monitor Items I through V to ensure compliance with this Imposed Plan of Correction.

COMPLETION DATE: Within ten (10) days of receipt of this plan of correction.