

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6016091	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/16/2014
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NAME OF PROVIDER OR SUPPLIER HELIA HEALTHCARE OF BENTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1310 MARK FRANKLIN LOUIS STREET BENTON, IL 62812
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S9999	<p>Final Observations</p> <p>STATEMENT OF LICENSURE VIOLATIONS</p> <p>300.610a) 300.1210b) 300.1210d)6) 300.3240a)</p> <p>Section 300.610 Resident Care Policies</p> <p>a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures 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. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</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		
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Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE 10/31/14
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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>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 interview, and record review, the facility failed to prevent an injury from an improper transfer for one of three residents (R2) reviewed for improper technique during a transfer in the sample of three. These failures resulted in R2 being transferred to a local hospital for surgical repair of a right fractured femur.</p> <p>Findings include:</p> <p>1. On 10-15-14 at 5:35 PM E7 (Certified Nurse Aide) stated in September, 2014, she got between R2 and the car door to assist in transferring R2 from her wheelchair into the family car. E7 stated she did not use a gait belt during the transfer, nor did she get another staff person to assist her with the transfer. E7 stated she put her arms around R2's waist and held onto</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>her pants during the transfer. R2's foot got caught in the wheel chair wheel, and I heard a pop. R2 did not fall.</p> <p>R2's incident and accident report dated 09-05-14 at 6:00 PM indicates: Certified Nurse Aide transferring resident from wheelchair to family car. Resident right foot caught under left wheel of wheelchair during transfer and resident complained of pain to right leg. Investigation results: Noted fracture right femur sent to local hospital for admit, ortho consult, ongoing per ortho results and possible surgical outcome. R2 was readmitted to the facility on 09-11-14 according to the Nursing Evaluation, which indicates a diagnosis of Right Fracture Femur. R2's skin condition is documented as having surgical area to right thigh with six staples, right knee area posterior -two areas with staples each with four staples, one area to anterior with four staples, incision mid of knee with fourteen staples.</p> <p>R2's Minimum Data Set dated 09-01-14 indicates in Section G0110. B. Transfer-how resident moves between surfaces including to or from: bed, chair, wheelchair, standing position (excludes to/from toilet) to need extensive assistance of two plus persons physical assist.</p> <p>The facility's policy and procedure with a revision date of February, 2012 indicates: Gait Belt Use--Policy--It is the policy of Helia Healthcare that gait belts will be used when staff are transferring weight bearing residents or assisting them with walking for the safety of the resident or the employee.</p> <p>(B)</p>	S9999		

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