

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6010342	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 08/01/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  APERION CARE CAIRO	STREET ADDRESS, CITY, STATE, ZIP CODE 2001 CEDAR STREET CAIRO, IL 62914
--	---

(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
--------------------	--	---------------	---	--------------------

S 000	<p>Initial Comments</p> <p>Complaint # 1955310/IL114136</p>	S 000		
S9999	<p>Final Observations</p> <p>Statement of Licensure Violations:</p> <p>300.610a) 300.1210b) 300.1210d)3) 300.1210d)5) 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</p>	S9999	<p style="text-align: center;"><b>Attachment A</b> <b>Statement of Licensure Violations</b></p>	

Illinois Department of Public Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
Electronically Signed

TITLE

(X6) DATE

08/23/19

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6010342</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/01/2019</b>
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  <b>APERION CARE CAIRO</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2001 CEDAR STREET CAIRO, IL 62914</b>
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 1</p> <p>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> <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>5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so 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 services to promote healing, prevent infection, and prevent new pressure sores from developing.</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 evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to identify, assess, implement interventions, monitor, and treat</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6010342</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/01/2019</b>
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  <b>APERION CARE CAIRO</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2001 CEDAR STREET CAIRO, IL 62914</b>
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 2</p> <p>pressure ulcers according to physician orders for 1 of 3 (R4) residents reviewed for pressure ulcers in the sample of 6. This failure resulted in R4 acquiring a Stage 4 pressure ulcer on her right lower extremity.</p> <p>Findings Include:</p> <p>R4's admission record dated 7/30/19 documents R4 was admitted to the facility on 12/5/2008. R4's diagnoses includes; fracture of right femur, heart failure, hypertension, end stage renal disease, dependence on renal dialysis, Type 2 diabetes mellitus, and dementia.</p> <p>R4's Braden Observation assessment dated 3/26/19 documents a score of 16, which indicates R4 is at risk for skin breakdown.</p> <p>R4's MDS (Minimum Data Set) dated 7/16/19 documents R4 has modified independence in cognitive skills for daily decision making and Section M documents a Stage 2 pressure ulcer.</p> <p>R4's patient transfer form on return from regional hospital dated 6/21/19 documents a diagnosis of right distal femur fracture with orders for a right knee immobilizer at all times. R4 was to follow up with V25 (orthopedic specialist) on 7/12/19.</p> <p>R4's Physician Progress (V25-orthopedic specialist) note dated 7/12/19 documents R4 is a status post fall from a wheelchair with a right femur fracture and R4's skin is without pressure wounds. V25's progress note included physician orders for a knee immobilizer, and daily skin checks to be completed by the facility.</p> <p>R4's care plan documents a focus area of pressure ulcers with an initiation date of 9/12/16</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6010342</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/01/2019</b>
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  <b>APERION CARE CAIRO</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2001 CEDAR STREET CAIRO, IL 62914</b>
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 3</p> <p>with the following interventions; assess/record/monitor wound healing, report improvements and declines to the MD, follow facility protocols for prevention, and treatment of skin breakdown, inform resident/family/caregivers of any new skin breakdown, maintain wound care appointments, follow orders from wound care, treat pain as per orders, treat as ordered by MD, weekly skin checks.</p> <p>R4's care plan does not include interventions related to potential skin breakdown on R4's lower right extremity due to knee immobilizer.</p> <p>R4's medical record does not include daily skin checks as ordered by V25 on 7/12/19.</p> <p>R4's progress notes document on 7/16/19 R4 was admitted to a regional hospital for lethargy of unknown etiology.</p> <p>R4's regional hospital record consult note dated 7/17/19 documents R4 was "admitted to the hospital for lethargy and multiple comorbidities. At that time, wound care removed her knee immobilizer, and she was found to have pressure ulceration over the anterior aspect of her proximal tibia. Orthopedics has been consulted for recommendations regarding management of the lower right extremity...Review of systems...Extremities: right lower extremity: Hinged knee brace in place. There is a large pressure wound on the anterior aspect of the proximal tibia. There are clean dressings in place...Plan: Non-weight bearing right lower extremity. We will convert to a hinged knee brace locked in extension to allow easier access to the skin and remove the proximal strap. No pressure over this area... Unfortunately, this will be a difficult problem for her given that she cannot</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6010342</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/01/2019</b>
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  <b>APERION CARE CAIRO</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2001 CEDAR STREET CAIRO, IL 62914</b>
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 4</p> <p>ambulate and has difficulty communicating. There are still no surgical treatment options regarding the fracture that would be beneficial to her especially given this wound."</p> <p>R4's regional hospital physician progress notes dated 7/17/19 documents in part under multiple pressure sores; "Present on admission and in various stages.... ankle from brace placed after femur fracture. Wound care, pressure relief/turn Q (every) 2 hours..." Under fracture right femur, "...Has brace to right leg with noted distal leg swelling and large ulceration to lateral ankle from where brace was rubbing. Wound care following and now wrapped. Will consult ortho for any advice as worry will worsen once returns to NH (nursing home)."</p> <p>R4's regional hospital patient transfer form dated 7/18/19 documents the following physician orders; Dr. Graham butt balm for wounds on buttocks, polymem to right ankle and then wrap with kerlix every 3 days, soft roll wrap right calf ulcer daily, and right and left heel lift boots.</p> <p>On 7/18/19 R4 was readmitted to the facility from the regional hospital with the following assessment documented in R4's facility progress notes; "Resident is A/O (alert and oriented) X 4, Skin w/d (warm/dry) ...splint to right leg r/t (related to) femur fracture...Has two stage 2 open areas to right buttocks. #1 superior measures 2.3 cm L x 0.5 cm W, # 2 inferior measures 0.8 cm L x 0.4 cm W. One Stage 2 open area to left buttock measuring 0.5 cm L x 0.2 cm W..." R4's record does not document assessment or treatment of pressure ulcers to R4's right ankle or right calf until 7/24/19.</p> <p>R4's Braden Observation dated 7/20/19</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6010342</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/01/2019</b>
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  <b>APERION CARE CAIRO</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2001 CEDAR STREET CAIRO, IL 62914</b>
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 5</p> <p>documents a score of 13, which indicates R4 is now at moderate risk of skin breakdown.</p> <p>On 7/24/19 at 3:00 PM R4 was observed lying in bed with gauze wrapped around the right lower extremity and a knee immobilizer in place. A stage 2 pressure ulcer was noted to R4's right buttock and two stage 2 ulcers were noted on R4's left buttocks. R4 had a dressing in place on the left lateral heel. V24 (Licensed Practical Nurse/LPN) removed the dressing on R4's left heel and noted a reddened area. V24 (LPN) stated he was not aware of a wound on R4's left heel or of any wounds on R4's lower right extremity. When asked if the knee immobilizer was removed by staff V24 (LPN) stated he did not know. V4 (Certified Nursing Assistant/CNA) stated she did not normally provide care to R4 and was unaware of any wounds or if the immobilizer was removed by staff.</p> <p>On 7/25/19 at 9:59 AM V13 (Certified Nursing Assistant/CNA) stated the CNA's do not remove R4's immobilizer, the nurses assess R4's leg. V13 stated she found an open area on R4's buttocks upon R4's return to the facility from the hospital stay ending on 6/21/19. V13 stated she reported the area to an unknown nurse and at the same time reported a foul odor on R4's right lower extremity which was in the immobilizer.</p> <p>R4's skin observation check sheet, documented by certified nursing assistants, shows open areas were noted on 7/10/19, 7/13/19, 7/14/19, 7/18/19, 7/19/19, 7/21/19, 7/22/19, and 7/24/19. This form does not document a description of the area, age of the area, who found it and/or if it was reported to a nurse.</p> <p>On 7/30/19 at 1:25 PM V2 (Director of Nurses)</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6010342</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/01/2019</b>
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  <b>APERION CARE CAIRO</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2001 CEDAR STREET CAIRO, IL 62914</b>
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 6</p> <p>stated R4's skin observation check sheet filled out by certified nursing assistants does not document any information related to the open areas. There is only a check mark. It does not document who filled it out, where the open areas are located, when they were first identified, and/or who it was reported to.</p> <p>R4's facility record does not document assessment of the skin on R4's lower extremities from 7/12/19 until 7/25/19. R4's progress note dated 7/25/19 documents, "Resident assess, (sic) pressure area to RLE (right lower extremity), 5.0 X 3.0 MD (medical doctor) notified: Received order for duoderm X 3 weekly."</p> <p>R4's active, discontinued order summary report dated 7/25/19 documents a physician order for duoderm three times weekly with a start date of 7/26/19. There is no site documented for the duoderm order. R4's orders do not document orders to assess or treat R4's right lower extremity prior to 7/26/19.</p> <p>On 7/25/19 at 11:00 AM, V2 (Director of Nurses/DON) stated she assessed R4's lower extremity prior to R4's admission to the hospital on 7/16/19 and there were no pressure ulcers observed. V2 stated she assessed R4 again on the evening of 7/24/19 and there was an open area. V2 stated she had documented the assessments in her personal notes but had not put it in R4's electronic record. V2 stated her personal notes document she assessed R4's lower extremity on 7/12/19 and told the nurses to remove R4's immobilizer at night and assess the leg every day. V2 stated she reassessed R4 on 7/24/19 and found an abrasion on R4's right lower extremity measuring 5.0 cm x 3.0 cm. V2 called R4's physician and duoderm was ordered three</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6010342</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/01/2019</b>
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  <b>APERION CARE CAIRO</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2001 CEDAR STREET CAIRO, IL 62914</b>
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 7</p> <p>times weekly. When asked where the daily skin assessments were documented on R4's right extremity after 7/12/19 and after return from hospital on 7/18/19, V2 stated, "I don't know."</p> <p>On 7/25/19 at 3:00 PM V2 (DON) stated she was unable to locate documentation where R4's skin was assessed and monitored daily prior to 7/24/19.</p> <p>R4 was observed in bed on 7/25/19 at 2:30 PM with V2 (DON) and V8 (LPN) present. A large unstageable pressure ulcer was observed on R4's right lower extremity, outer aspect above the ankle, the center of the pressure ulcer was covered with black eschar and the edges ranged from white to pink to red in color. The pressure ulcer extended down to the ankle with the distal point covered with thin light-colored eschar, appearing more superficial.</p> <p>On 7/26/19 at 12:30 PM, V23 (Orthopedic RN), stated V25 (Orthopedic Physician) treated R4 after she fractured her right lower extremity. R4 was seen by V25 in the office on 7/12/19 and again in the hospital on 7/17/19. V23 stated the first date the pressure ulcer to R4's right lower extremity is documented in her record is 7/17/19. V23 stated it looks like R4 was admitted for cardiac reasons and when they removed the immobilizer they found the wound. When asked if the pressure ulcer was avoidable V23 stated, "Yes, that is why we have them do twice daily skin checks. They should have notified the physician if they noticed any skin changes, so it could be treated. We have had no communication with the facility on this resident."</p> <p>On 7/31/19 at 8:25 AM V26 (Hospitalist- Internal Medicine) stated he had provided care to R4</p>	S9999		
-------	---	-------	--	--



Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6010342	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 08/01/2019
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  APERION CARE CAIRO	STREET ADDRESS, CITY, STATE, ZIP CODE 2001 CEDAR STREET CAIRO, IL 62914
--	---

(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>Continued From page 8</p> <p>during her hospital stay on 7/16/19. V26 stated he could not recall if the wound was a stage 3 or stage 4 but stated it was not a stage 1 or stage 2 on admission to the hospital. V26 stated he suspected no one had removed the brace prior to the hospitalization. When asked if the pressure ulcer had been avoidable if the skin had been assessed and treatment provided sooner, V26 stated, "I think it still may have occurred, but the staging may not have been as bad."</p> <p>On 7/31/19 at 4:08 PM V29 (wound specialist) stated he treated R4 in the wound clinic today (7/31/19) for the first time. V29 stated R4 had a 6 x 3-centimeter stage 4 pressure ulcer on her right lower extremity. V29 stated he was not aware of the cause of R4's pressure ulcer but if R4 was wearing a brace on the lower extremity and the skin was checked frequently then the pressure ulcer would have been avoidable. V29 indicated this would apply to any patient wearing a brace.</p> <p>The facility Pressure Ulcer Prevention policy dated 1/15/18 documents the purpose of the policy is to prevent pressure sores/injuries. Under guidelines the policy documents, "...2. Inspect the skin several times daily during bathing, hygiene, and repositioning measures...5. Turn dependent resident approximately every two hours or as needed and position resident with pillow or pads...8. If redness does not disappear within 30 minutes the turning schedule may be shortened to 1 hours..."</p> <p>The facility skin condition assessment and monitoring -pressure and non-pressure policy dated 6/8/18 documents under guidelines, "Pressure and other ulcers (diabetic, arterial, venous) will be assessed and measured at least weekly by licensed nurse and documented in the</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6010342</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/01/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>APERION CARE CAIRO</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2001 CEDAR STREET CAIRO, IL 62914</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 9  resident's clinical record...Residents identified will have a weekly skin assessment by a licensed nurse. A wound assessment will be initiated and documented in the resident chart when pressure and/or other non-pressure skin conditions are identified by licensed nurse. Each resident will be observed for skin breakdown daily during care and on the assigned bath day by the CNA (Certified Nursing Assistant). Changes shall be promptly reported to the charge nurse who will perform the detailed assessment...Caregivers are responsible for promptly notifying the charge nurse of skin breakdown...The initial observation of the ulcer or skin breakdown will also be described in the nursing progress notes." Under wound assessment/measurement the policy documents, "1. Measure length vertically in relation to head to toe position. Measure width horizontally in relation to hip to hip. Measure depth straight down into the deepest part of the wound. If the wound is necrotic and the base of the wound bed is not visible or tunneling, the stage cannot be measured and must be recorded as non-stage able with an undetermined depth. 2. When there are weekly changes which require physician and responsible party notification, documentation of findings will be made in the clinical record....6. The resident's care plan will be revised as appropriate...8. A licensed nurse shall observe condition of wound incision daily, or with dressing changes as ordered..."  ( B )	S9999		