

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/27/2017
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NAME OF PROVIDER OR SUPPLIER APERION CARE BLOOMINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1509 NORTH CALHOUN STREET BLOOMINGTON, IL 61701
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S 000	Initial Comments Complaint # 1765308/IL96597 1765491/IL96802 1765532/IL96857 1765709/IL97042 1765807/IL97153	S 000		
S9999	Final Observations STATEMENT OF LICENSURE VIOLATIONS: 300.1210a) 300.1210b) 300.1210d)1)2)3) 300.1220b)2) 300.1620a) 300.3240a) Section 300.1210 General Requirements for Nursing and Personal Care 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	S9999		

Attachment A
Statement of Licensure Violations

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE 10/24/17
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S9999	<p>Continued From page 1</p> <p>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> <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>1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered.</p> <p>2) All treatments and procedures shall be administered as ordered by the physician.</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>Section 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>nursing services of the facility, including:</p> <p>2) Overseeing the comprehensive assessment of the residents' needs, which include medically defined conditions and medical functional status, sensory and physical impairments, nutritional status and requirements, psychosocial status, discharge potential, dental condition, activities potential, rehabilitation potential, cognitive status, and drug therapy.</p> <p>Section 300.1620 Compliance with Licensed Prescriber's Orders</p> <p>a) All medications shall be given only upon the written, facsimile or electronic order of a licensed prescriber. The facsimile or electronic order of a licensed prescriber shall be authenticated by the licensed prescriber within 10 calendar days, in accordance with Section 300.1810. All such orders shall have the handwritten signature (or unique identifier) of the licensed prescriber. (Rubber stamp signatures are not acceptable.) These medications shall be administered as ordered-by the licensed prescriber and at the designated time.</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 regulations are not met as evidenced by:</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>Failures at this level required more than one deficient practice statement:</p> <p>A. Based on observation, interview and record review the facility failed to ensure resident's anxiety and pain medication were available to be administered for pain management as ordered by the Physician. This failure of extended unavailability of pain and anxiety medication resulted in R11 experiencing excruciating pain which affected R11's activities of daily living and ability to ambulate. This failure resulted in R16 experiencing unnecessary pain during treatment and activities of daily living. This failure affected 3 residents (R11, R16, R5) of eleven residents reviewed for pain/anxiety management and treatments, in the sample of 39.</p> <p>B. Based on interview and record review the facility failed to do treatments for ulcers and surgical wounds as ordered by the Physician. This failure affected four residents (R9, R10, R16, R5,) of eleven residents reviewed for pain/anxiety management and treatments, in the sample of 39.</p> <p>Findings include:</p> <p>a.) 1.) R11's Physician Progress Note dated 7/12/17 documents a history of Bilateral Hip Fractures with Hip Pinnings. The note documents hip tenderness along the posterior joint line and gluteal area, with minimal tenderness along the low back. R11's note documents diagnoses of Osteoporosis, Scoliosis, Chronic Low Back and Bilateral Hip Pain.</p> <p>R11's Minimum Data Set (MDS) dated 7/21/17 documents no problems with cognition, no behaviors, and supervision of one for ambulation.</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>R11's MDS also documents pain; with the worst identified as a seven (on a scale of 1 to 10 with 10 being the worst pain) in the last 5 days.</p> <p>R11's Care Plan dated 8/2/17 documents chronic pain with interventions as follows: Anticipate need for pain relief and respond immediately to any complaint of pain. Administer analgesic per orders. Evaluate the effectiveness of pain interventions every shift and as needed. Review for alleviation of symptoms, dosing schedules and R11's satisfaction with results, impact on functional ability and cognition.</p> <p>R11's Physician Order dated 7/19/17 documents an order for Norco (narcotic pain medication) 10-325 mg (milligrams) four times a day for back and hip pain. 8/15/17- May give one extra Norco 10-325mg tablet between scheduled doses twice daily. 4/26/17-Ativan (anti-anxiety) 0.5mg one tablet three times a day.</p> <p>On 9/12/17 at 8:25am R11 was standing by the medication cart, leaning on the walker. R11's face was drawn as she asked for pain medication. At this time, R11 asked for her pain medication. On 9/12/17 at 8:25am E5, LPN (Licensed Practical Nurse) told R11 there is no Norco. E5 stated if the Norco has been ordered, then "I can't pull it from the E-box [emergency box]."</p> <p>On 9/12/17 at 8:35am R11 stated they were out of the Norco and Ativan all day yesterday (9/11/17) and she had to "stay in bed all day yesterday-in so much pain-I can't walk due to the pain." R11 stated she got a pain pill (Norco) at 12:00am (9/12) and was able to sleep through the night. R 11 stated her pain is all over her "back, pelvis and hips." When asked to rate her pain with 0 being no pain and 10 being the worst pain imaginable,</p>	S9999		
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S9999	<p>Continued From page 5</p> <p>R11 stated her pain at this time was a "9 and all over her back, pelvis and hips. I get real anxious and not having the Ativan when in pain-[I'm] a nervous wreck with pain. It [Norco] needs to build up, I take it every 4 hours and pain is a 5 then"</p> <p>R11's Electronic Medication Administration Record (E-Mar) dated 9/1-9/30/17 documents as follows: 9/11/17 at 8:00am-Norco 10-325mg one tablet as being given, with a pain level of 6 documented. 9/11/17 at 12:00pm- Norco 10-325mg one tablet, not being given, with no pain level documented. 9/11/17 at 12:00pm-Ativan 0.5mg one tablet, not being given. 9/11/17 at 4:00pm-Norco 10-325mg one tablet, not being given, with a pain level of 7 documented. 9/11/17 at 8:00pm-Norco 10-325mg one tablet as not being given, with no pain level documented. 9/11/17 at 8:00pm-Ativan 0.5mg one tablet as not being given. 9/12/17 at 12:28am-Norco 10-325mg as being given 9/12/17 at 12:28am from emergency box with a pain level of 8. 9/12/17 at 8:00am-Norco 10-325mg as not being given, with a pain level of 8. 9/12/17 at 8:00am-Ativan 0.5mg as not being given.</p> <p>R11's Electronic Progress Note dated 9/11/17 at 11:32am documents "script [prescription] sent." The note dated 9/11/17 at 3:59pm documents "awaiting delivery." The note dated 9/11/17 at 7:42pm documents "med [medication] on order." The note dated 9/11/17 at 9:13pm documents the Physician was notified of R11 being out of her Ativan, asking to have someone call the pharmacy for an authorization code and being told they were not able to call in for authorizations</p>	S9999		
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S9999	<p>Continued From page 6</p> <p>any longer, with E2, DON being notified.</p> <p>On 9/12/17 at 8:40am E2, DON (Director of Nursing) stated R11's Norco and Ativan came last night and should already be in the drawer. E2 stated, "I spoke with pharmacy-they don't seem to know where it's [Norco, Ativan] at-it was a stat [now] order and to be brought last night. They [pharmacy] dispensed the Norco last night and gave it to a delivery driver. The pharmacy doesn't know where it's at."</p> <p>a.) 2.) According to the electronic admission record and diagnosis list, R16 was admitted to the facility on 7/27/17 with multiple diagnoses including Fistula of Intestine, Gastrostomy Anxiety, Low Back Pain, Migraine, Major Depressive Disorder and Generalized Abdominal Pain. R16 was assessed on 8/5/17 as cognitively intact and requiring extensive to total assistance for ADLs (activities of daily living), and experiences frequent moderate pain.</p> <p>R16's Physician's Orders dated 9/8/17 documents Norco (narcotic analgesic) 7.5/325mg 1-2 tablets every 4-6 hours as needed for pain. The prior order dated 7/28/17 was for liquid Hydrocodone(narcotic analgesic) 7.5/325mg per ml (milliliters), give 10mls every 4 - 6 hours as needed.</p> <p>R16's care plan dated 8/4/17 includes the focus of Chronic Pain with the intervention to administer analgesia as per orders, and to "Anticipate resident's need for pain relief and respond immediately to complaint of pain."</p> <p>On 9/11/17 at 4:20pm, E3 (Registered Nurse) entered R16's room for medication pass. R16 was in bed crying and asking for pain medication.</p>	S9999		
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S9999	<p>Continued From page 7</p> <p>E3 looked in the drawer of the medication cart and found no Norco for R16. E3 stated they had not come in yet from pharmacy. E3 informed R16 but did not offer an alternative. R16 continued to cry/moan as E3 turned R16 from side to side to administer the Nystatin treatment as ordered. E3 stated the Norco should arrive with the evening medication delivery.</p> <p>On 9/13/17 at 10:00am, R16 was in bed and again crying, stating she needed something for pain. R16 said "sometimes they have it and sometimes they don't."</p> <p>R16's Medication Administration Record (MAR) for 9/2017 documents R16 received the liquid Hydrocodone documented on 9/3/17 for a pain level of 7 out of 10. The liquid Hydrocodone was also signed out on R16's Controlled Drug Receipt/Record form on 9/4, 9/5 and 9/6/17. R16's MAR further documents Norco tablets administered on 9/10 and 9/11/17 at 1:35am and 4:11am respectively, however these dates are not found on R16's Controlled Drug sheets. R16's Controlled Drug Receipt Record starts use of 1 or 2 tablets at a time as ordered with a quantity of 24 on 9/14/17 at 8:00am.</p> <p>On 9/14/17 at 10:00am, E4 (Licensed Practical Nurse) stated they had just received the Norco for R16.</p> <p>a.) 3.) According to the electronic admission record and the current POS for 9/2017, R5 was admitted to the facility 8/25/17 with multiple diagnoses including Peripheral Vascular Disease, Fibromyalgia, Systemic Inflammatory Response, Lymphedema, Morbid Obesity and Cellulitis with Sepsis. The MDS dated 9/8/17 assesses R5 as cognitively intact, requiring limited to extensive</p>	S9999		
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S9999	<p>Continued From page 8</p> <p>assistance for ADLs, and having frequent pain at a 7 out of 10 level.</p> <p>R5 has Physician's orders both dated 8/26/17 for Hydrocodone-Acetaminophen (Percocet) 10/325mg every four hours as needed for pain, and Morphine Sulfate 15mg twice daily scheduled.</p> <p>On 9/11/17 at 4:40pm, E2 approached the medication cart with R5, who was crying, and asked E3 if R5 had any pain medication - Percocet - in the cart. E3 checked the medication cart and locked drawer and stated R5 had no pain medication in the drawer. On 9/12/17 at 9:30am, E2 stated she got an order to give R5 an extra Morphine until the Percocet came in.</p> <p>Progress notes by Z4 (Nurse Practitioner) dated 9/5/17 state "{R5} is having some issues with getting her PRN pain meds in the evenings. She is requesting the PRN be made {every} 4 hours instead of every 6 hours so then if she has to wait an hour or so she is still in the 6 hour window."</p> <p>On 9/20/17 at 10:00am, R5 stated that the facility frequently was out of her Percocet, and said she has gone a day and half sometimes before they had the Percocet to give. R5 stated they tell her it was ordered from the pharmacy and didn't come in when expected.</p> <p>b.) 1.) R9's Wound Clinic Physician Order dated 9/15/17 documents that R9 has diagnoses of Non-pressure Chronic Ulcer of Left Lower Leg and Chronic Periperal Venous Insufficiency.</p> <p>R9's Medication Review Report dated 9/20/17 documents the following Physician Orders:</p>	S9999		
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S9999	<p>Continued From page 9</p> <p>2/24/17- "daily dressing change." ; 2/27/17-Check Juxtalight one time on evening shift for proper fit. Apply Juxtalight (compression device) in am shift, check for proper fit in evening and remove at bedtime.; 2/27/17-Follow treatment orders for wounds then apply Juxtalight to both legs in am shift sometime before noon, per resident request daily.; 4/24/17- Clean wound with normal saline-may also use Remedy with Olivamine wound cleanser and lotion. Antifungal cream around wound to both feet, also keep callus on both feet filed down twice a week once a day (am) Monday and Thursday. Alginate-cut to fit size of wound bed, cover with gauze, coban and conformant wound veil; leave veil in place.</p> <p>R9's August and September 2017 E-TAR (Electronic Treatment Administration Record) documents the following Treatments Orders: 4/27/17-Clean wound with normal saline-may also use Remedy with Olivamine wound cleanser and lotion. Antifungal cream around wound to both feet also keep callus on both feet filed down twice a week once a day (am) Monday and Thursday. Alginate-cut to fit size of wound bed, cover with gauze, coban and conformant wound veil; leave veil in place in the morning every Monday, Thursday for wound treatment. The August and September E-TAR documents a treatments not being done on Monday-8/7, 9/11/17 and Thursday-8/7, 8/17 and 8/24/17. 2/27/17 : Follow treatment orders for wounds then apply Juxtalight to both legs in am shift sometime before noon daily. The August and September 2017 E-TAR documents the treatment wasn't done on 8/2, 8/7, 8/16, 8/17, 8/19, 8/24, 8/30, 9/3, 9/8, 9/11, 9/13, 9/19 and 9/20/17. 2/27/17-Check Juxtalite one time on evening shift for proper fit every evening shift. Juxtalight applied in the am and checked for proper fit in the</p>	S9999		
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S9999	<p>Continued From page 10</p> <p>evening, removed at bedtime. The August and September 2017 E-TAR documents the treatment wasn't done on 8/3, 8/8, 8/9, 8/17, 8/22, 8/26, 8/29, 9/7,9/9, 9/18 and 9/20/17.</p> <p>The Wound Clinic Physician Orders Details dated 9/15/17 documents the following orders: Clean wound with Normal Saline-May also use Remedy with Olivamine wound cleanser and lotion "RIGHT LEG Daily; Antifungal cream around wound-anti-fungal cream to bottom of right foot. Also keep callus on both feet filed down twice a week once a day (am) Monday and Thursday; Left Lateral Lower Leg: Enluxtra-t apply over wound. Dressing to cover 1 inch perimeter of intact skin around ulcer. Do not place another dressing under enluxtra.-kerlix roll gauze and secure with paper tape; Edema Control: Coban 2 layer Standard to Left Lower Extremity; Juxtalight-right leg and re-adjust "EACH" shift. Please check at second shift. "PLEASE PUT ON BEFORE NOON AND REMOVE AT BEDTIME" on the right . Left has 2 Layer; Dressing frequency- Three times a week.</p> <p>On 9/21/17 at 9:25am Z6, Wound Clinic Program Coordinator stated that R9's right leg which has no wound is to be cleaned with remedy wound cleanser/lotion daily and the Juxtalight is to be applied (am) and removed at bedtime. Z6 stated the left wound dressing is being done at the Wound Clinic on Monday-Wednesday and Friday every week.</p> <p>On 9/20/17 at 3:45am E2, DON confirmed R9's treatments aren't being done as ordered. On 9/21/17 at 10:00am E2 verified R9's treatment orders are inaccurate on the E-TAR and should have been clarified earlier.</p>	S9999		
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S9999	<p>Continued From page 11</p> <p>b.) 2.) R10's Physician Order dated 9/3/17 documents an order to Cleanse right medial foot with normal saline and apply Aquacel and dry dressing daily.</p> <p>R10's Skin Venous Wound Report dated 9/14/17 documents a diabetic ulcer on the right medial foot measuring 2.2 cm (centimeters) by 2.4cm by 0,2cm depth. which is improving. The wound has undermining of 1.5cm at 6 o'clock with 95% granulation tissue, 5% necrosis and a moderate amount of serous drainage.</p> <p>R10's E-TAR dated September 2017 documents to Cleanse the right medial foot with normal saline and apply Aquacel and dry dressing daily. The treatment is not documented as being done on 9/4, 9/5, 9/9, 9/12, 9/13, 9/14, 9/15, 9/19 and 9/20/17.</p> <p>On 9/21/17 at 12:30pm E2, DON confirmed that R10's treatment to the right medial foot is not being done consistently.</p> <p>b.) 3.) R16 has a Physician's order dated 9/7/17 for treatment to the abdominal surgical wound to "Cleanse with normal saline and apply Collagen and dry dressing daily and PRN (as needed). E4 did the treatment and applied new dressing on 9/20/17. The old dressing that was removed was dated 9/19/17. However R16 stated at that time that it doesn't always get changed every day.</p> <p>R16's Treatment Administration Record (TAR) for 9/2017 for the treatment to be implemented 9/8/17 had only 9/10, 9/13, 9/17 and 9/20/17 marked as completed. These dates were carried over to the progress notes.</p> <p>R16's care plan dated 8/26/17 includes the focus</p>	S9999		
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S9999	<p>Continued From page 12</p> <p>of the surgical wound to the abdomen, with the intervention to cleanse and apply Collagen and dry dress daily per order, and to monitor site for infection.</p> <p>On 9/21/17 at 3:15pm, R16 stated that the abdominal treatment was not done every day, "maybe every other day or couple of days."</p> <p>On 9/26/17 at 10:00pm, treatment records were reviewed with E2 (Director of Nursing). E2 stated "I have no defense for that. Treatments should be completed every day as ordered."</p> <p>b.) 4.) R5 treatment order dated 9/3/17 for the left shin, left calf and left medial thigh to cleanse with normal saline and apply Xerofoam and dry dressing daily and PRN for infection/drainage. R5 also has an order dated 9/1/17 for "Strict adherence to dressing change to left foot."</p> <p>On 9/21/17 at 3:00pm, R5 stated treatments do not get done every day, but has "better last couple of days." R5 stated that over the weekend it went four days without getting changed. R5 stated when it finally got changed "it really stunk."</p> <p>On 9/26/17 at 10:45am, E27 (wound nurse) stated that dressings are often found to not be changed every day as ordered.</p> <p>The TAR for 9/2017 through 9/17/17 documents treatments completed to the left shin and calf only on 9/5, 9/6, 9/7, 9/10, 9/12, 9/13 and 9/17/17.</p> <p>R5's careplan dated 8/30/17 has focus areas of chronic pain and cellulitis, with interventions to administer medications and provide treatments per physician's orders.</p>	S9999		

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S9999	<p>Continued From page 13</p> <p>On 9/26/17 at 10:00pm, treatment records were reviewed with E2 (Director of Nursing). E2 stated "I have no defense for that. Treatments should be completed every day as ordered."</p> <p>(B)</p> <hr/> <p>300.610a) 300.1210)a 300.1210b) 300.1210d)2)5) 300.1220b)2) 300.1810b) 300.1810h) 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>	S9999		
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S9999	<p>Continued From page 14</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> <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>2) All treatments and procedures shall be administered as ordered by the physician.</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,</p>	S9999		
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S9999	<p>Continued From page 15</p> <p>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 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>2) Overseeing the comprehensive assessment of the residents' needs, which include medically defined conditions and medical functional status, sensory and physical impairments, nutritional status and requirements, psychosocial status, discharge potential, dental condition, activities potential, rehabilitation potential, cognitive status, and drug therapy.</p> <p>Section 300.1810 Resident Record Requirements</p> <p>b) The facility shall keep an active medical record for each resident. This resident record shall be kept current, complete, legible and available at all times to those personnel authorized by the facility's policies, and to the Department's representatives.</p> <p>h) Treatment sheets shall be maintained recording all resident care procedures ordered by each resident's attending physician. Physician ordered procedures that shall be recorded</p>	S9999		
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S9999	<p>Continued From page 16</p> <p>include, but are not limited to, the prevention and treatment of decubitus ulcers, weight monitoring to determine a resident's weight loss or gain, catheter/ostomy care, blood pressure monitoring, and fluid intake and output.</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 regulations are not met as evidenced by:</p> <p>Based on observation, record review and interview, the facility failed to provide treatment for pressure ulcers to prevent decline and infection for one of three residents (R17) reviewed for pressure ulcers in the sample of 39. This failure resulted in R17's hospitalization for treatment of worsening and infected pressure ulcers.</p> <p>Findings include:</p> <p>According to the electronic Physician's Order Sheet (POS) for 9/2017, R17 was admitted to the facility on 6/19/17 with multiple diagnoses including Peripheral Vascular Disease, Hemiplegia and Hemiparesis following Cerebrovascular Disease, Contractures of Right and Left Knee, Chronic Kidney Disease, Anemia, and Obstructive and Reflux Uropathy. According to the Minimum Data Set (MDS) dated 6/26/17 and Treatment Administration Record (TAR) for</p>	S9999		
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S9999	<p>Continued From page 17</p> <p>6/2017 documents R17 was admitted with multiple Stage 2, Stage 3, Stage 4 and unstageable pressure ulcers on the heel, right foot, ischium, thigh and buttocks, with treatments to be done daily and some twice daily. The MDS documents R17 as cognitively intact, requiring extensive and total assistance for all activities of daily living, and admitted with an indwelling urinary catheter.</p> <p>R17's 9/2017 POS lists the following orders for pressure ulcer treatments, which include cleansing with normal saline: Right ischium - Dakin's solution wet to moist BID (twice daily), day and evening shift and PRN (as needed) dated 7/20/17; Right lateral foot/ankle/heel - Gentamycin ointment and dry dressing daily and PRN dated 9/7/17; Right penis - cleanse with soap and water, Muprocin ointment BID and PRN dated 7/8 and 8/24/17 respectively; Right posterior hip apply foam three times weekly on Tuesday, Thursday Saturday and PRN dated 9/7/17; Right distal lateral foot - dry dressing daily and PRN. R17 also had an order dated 9/7/17 for Bactrim DS (antibiotic) 800-160mg BID for 14 days for wound infection. Review of discontinued orders from admission to the current POS showed treatment orders changed and adjusted over the length of R17's stay.</p> <p>R17's care plan for each open area initiated 6/20/17 and revised 9/10/17 instructs staff to do "treatments as ordered and monitor effectiveness."</p> <p>The Nurses Notes dated 9/21/17 state to send R17 to the Emergency Department (ED) "in regards to wound infection." The Skin/Wound Note of that date describes the right penis trauma wound 1.5cm (centimeters) x (by) 1.0cm x 0.1cm</p>	S9999		
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S9999	<p>Continued From page 18</p> <p>with 100% (percent) granulation and is improved with decreased surface area and decreased necrosis. This note also describes the first observation on the right anterior thigh open area - 1.0 x 1.0 x 0.1cm - as a newly reopened area.</p> <p>R17's Skin - Pressure Wound Report dated 9/21/17 by E27 (Wound Nurse) describes the following: Wound #1 - right ischium Stage 4 measuring 3.0cm x 3.0cm x 2.7cm, unchanged with tunneling, and 100% granulation; Wound #2 - right lateral ankle Stage 4 measuring 3.2cm x 2.8cm x 0.2cm, worsening with 20% devitalized necrotic tissue, 50% granulation tissue, 30% tendon; Wound #3 - right lateral heel Stage 4 measuring 2.9 x 2.8 x 0.3cm after debridement; worsening with 70% devitalized necrotic tissue and 30% granulation tissue; Wound #4 - right lateral foot measuring 3.0 x 2.8 x 0.4cm, worsening with 85% devitalized necrotic tissue and 15% granulation tissue; Wound #5 - right posterior hip Stage 2 measuring 2.0 x 2.0 x 0.1cm, improving with 100% pink moist wound bed; Wound #6 - right distal lateral foot unstageable measuring 1.5 x 1.2 x 0.1cm, unchanged with 100% eschar.</p> <p>The Wound Care Specialist Evaluation sheets completed by Z8 (Wound Physician) dated 9/21/17 confirms the above measurements and conditions of R17's wounds. All wounds were identified as "pressure" under etiology. Z8's notes document the right lateral ankle as "deteriorated," and the surgical excision of devitalized and necrotic periosteum and friable bone, taking a sample for pathologic examination. Z8's note states that the dressing on the area that was removed was dated 9/18/17. This note also recommends that R17 be sent to ED for "osteo [osteomyelitis-infection] evaluation." Z8's notes</p>	S9999		
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S9999	<p>Continued From page 19</p> <p>also document the right lateral heel and the right lateral foot as "deteriorated," and describes debridement procedures done at the facility. Z8 describes the right penis and right posterior hip as improved, the right distal lateral foot as unchanged, and notes the new areas are at the right anterior thigh. Under the Assessment and Plan of Care for this evaluation, Z8 notes the areas of deterioration "due to general decline of patient."</p> <p>R17's Wound Care Specialist Evaluations dated 8/10/17 documents all areas to be improved or no change. The condition/measurements of wounds on this date as compared to 9/21/17 are as follows: Right lateral ankle - surface area 2.40cm {squared} 100% granulation tissue; on 9/21/17 - surface area 8.96cm 50% granulation with tendon; Right lateral heel - surface area 3.27cm; on 9/21/17 surface area 8.12cm; Right lateral foot - surface area 0.70cm; on 9/21/17 surface area 8.40cm with increased drainage. The 9/21/17 report also lists areas not on the 8/10/17 report of Right posterior hip, Right distal lateral Foot, and Right anterior Thigh.</p> <p>The hospital History and Physical (H & P) dated 9/21/17 states R17 had a history of Osteomyelitis of the right foot, and presents to the hospital due to worsening wounds on his feet. The H & P also states that R17 and family were "concerned regarding proper care and dressing changes." R17 was admitted and started on IV (intravenous) antibiotics as well as wound and various consultations. Hospital laboratory results dated 9/21/17 show low RBC (red blood cell) count, and low hematocrit and hemoglobin. Wound cultures taken on 9/21/17 show varying amount of Proteus Mirabilis and states "this is a multi-drug resistant organism (MDRO). Place patient in isolation," and</p>	S9999		
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S9999	<p>Continued From page 20</p> <p>also Streptococcus(bacteria). The urine culture taken on 9/21/17 also shows greater than 100,000 colonies of Proteus Mirabilis(bacteria).</p> <p>On 9/26/17 at 8:45am, R17 was in the hospital in contact isolation for (MDRO) according to Z9 (hospital charge nurse). R17 was alert and oriented and stated he was admitted to the facility with several sores on this right side. R17 stated his sores "needed to be cleaned and have new bandages every day." R17 stated the treatments often were not done daily, that sometimes they went two to three days before being cleaned and changed.</p> <p>R17's TARs for 8/2017 and 9/2017 show incomplete documentation that pressure ulcer treatments were completed. The TAR for 8/2017 has no documentation for, some or all treatments as ordered, on 16 of the 31 days or 43 individual treatment opportunities. The TAR for 9/2017 has no documentation for, some or all treatments as ordered, for 13 out of 20 days reviewed or 37 individual treatment opportunities.</p> <p>On 9/26/17 at 10:30am, E2 (Director of Nursing) started that sometime in July, R17's family member had expressed concern that R17's treatments were not being done as ordered. After that, E2 stated she monitored R17's dressings according to the dates on the dressing. E2 stated that if she found that a treatment had not been done on days that the evening shift nurse was instructed to do it. When asked about the BID treatments, E2 stated she was not aware of or monitoring the BID treatments, that E2 was "concentrating on the foot." E2 stated she was aware that the TAR documentation was incomplete, but thought that nurses were doing the treatments, just not documenting.</p>	S9999		

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S9999	<p>Continued From page 21</p> <p>On 9/26/17 at 10:45am, E27 Wound Nurse confirmed documentation in the record and Skin Reports regarding the condition/measurements of R17's pressure ulcers. E27 confirmed the date on the dressings, at the 9/21/17 examination along with Z8, was 9/18/17. E27 stated that dressings were frequently not dated as done, that were to be completed daily or twice daily as ordered. E27 stated that R17 often did not have the correct off-loading (pressure relief) boots on when examined.</p> <p>On 9/26/17 at 3:35pm, Z8 confirmed information as documented in R17's Wound Care notes and stated that the wound dressings were often "dated inappropriately" as to the intervals the treatments were to be done. Z8 stated he always would note the date on the dressing because that explained "why we weren't making any progress." Z8 stated that the "inappropriate intervals" and not doing the treatments as ordered "certainly contributed to deterioration of the areas." Z8 stated he was concerned with possible recurrent Osteomyelitis, and that is why R17 was sent to the hospital. Z8 stated that at one point, R17's areas were "looking wonderful," but then started to decline.</p> <p>The facility's Pressure Ulcer and Skin Condition Assessment Policy dated 1/1/2015 states that dressings applied to pressure ulcers and shall include the date and initials of the licensed nurse who performed the procedure, and that the dressing will be checked daily for placement, cleanliness, and signs/symptoms of infection. The policy also states that the Physician-ordered treatments shall be initialed by the staff on the TAR after each administration.</p>	S9999		
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S9999	<p>Continued From page 22</p> <p>(B)</p> <hr/> <p>300.610a) 300.1210b) 300.1210d)2)5) 300.1220b)2)3) 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</p>	S9999		
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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
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S9999	<p>Continued From page 23</p> <p>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>2) All treatments and procedures shall be administered as ordered by the physician.</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 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>2) Overseeing the comprehensive assessment of the residents' needs, which include medically defined conditions and medical functional status, sensory and physical impairments, nutritional status and requirements, psychosocial status, discharge potential, dental condition, activities potential, rehabilitation potential, cognitive status, and drug therapy.</p> <p>3) Developing an up-to-date resident care</p>	S9999		
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S9999	<p>Continued From page 24</p> <p>plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months.</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 regulations are not met as evidenced by:</p> <p>Based on observation, record review and interview, the facility failed to provide care and management of indwelling urinary catheters to prevent trauma and infection for two of three residents (R17, R16) reviewed for catheters in the sample of 39. This failure resulted in R17's acquired penile wound, ulceration with necrosis.</p> <p>Findings include:</p> <p>1. According to the electronic admission record</p>	S9999		
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S9999	<p>Continued From page 25</p> <p>and the current Physician Order Sheet (POS) for 9/2017, R17 was admitted to the facility on 6/19/17 with multiple diagnoses including Chronic Kidney Disease, Obstructive and Reflux Uropathy and Benign Prostatic Hypertrophy. R17 was admitted with multiple pressure ulcers and an indwelling urinary catheter. R17 was assessed on 8/14/17 as cognitively intact and required extensive to total assistance for activities of daily living (ADLS).</p> <p>R17's Skin/Wound Note Weekly Status Report by E27 (Wound Nurse) dated 7/6/17 identifies the first observation of "right penis trauma wound 2.0cm (centimeters) x (by) 1.2mc x 0.1cm" with moderate amount of serous drainage. Prior daily Skilled Charting from admission and then following that date noted the catheter and that is was draining but nothing on the condition of the penis. The Wound Care Specialist Evaluation report dated 7/6/17 by Z8 (Wound Doctor) documents assessment of the penis as "trauma related to {urinary} catheter," and ordered House Barrier Cream to be applied every shift and as needed. The Wound evaluation dated 7/13/17 orders a Urology referral. The Wound evaluation dated 8/3/17 documents the wound on the right penis, "Deteriorated due to trauma from {urinary catheter}." Z8 recommended on this date to schedule follow-up with urology for catheter associated penile ulceration." On 8/10/17 Z8's states that the penis is improved due to decreased surface area, but recommended "Secure {urinary} catheter to thigh." On 8/17/17, Z8 again documents "Secure {urinary} catheter to thigh." On 8/24/17, Z8 documents the condition of the penis wound as unchanged, and changes the treatment to Mupirocin (antibacterial) ointment, twice daily and as needed. On 9/7/17, Z8 documents the condition of the penis wound</p>	S9999		
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S9999	<p>Continued From page 26</p> <p>as deteriorated with 50% necrotic tissue and states "Has urology appointment next week. At this point, ulceration unlikely to heal without {catheter} removal which would likely required sp (suprapubic) catheter."</p> <p>On 9/12/17, R17 went out to the Wound Clinic. Notes from that visit document measurements for the penis wound as 0.8 x 3 x 0.1cm.</p> <p>On 9/21/17, Z8 documents sending R17 to the hospital for evaluation of pressure ulcers. On that date measurements of the penis wound were 1.5 x 1 x 0.1cm. According to hospital laboratory report dated 9/21/17, R17 had a urinary tract infection (UTI) of greater than 100,000 Proteus Mirabilis.</p> <p>The only report in R17's record from the Urology consult is dated 7/18/17 by Z10 (Urology Nurse Practitioner). These notes document the "excoriated/reddened area on 12:00 position of foreskin when retracted." Z10 documented to "use {urinary catheter}leg strap" and to consider a cystoscopy.</p> <p>R17 has a Physician's order dated 7/18/17 was "Use {urinary catheter}leg strap with {indwelling} catheter and bag" was entered as a Physician's order on 7/18/17. Neither the TAR nor the Task list includes an entry for the use of the leg strap for the catheter. The careplan dated 7/13/17 and reviewed 9/10/17, does not address securing the catheter, either under the focus of the open area on the penis or the indwelling catheter.</p> <p>On 9/26/17 at 8:45am, R17 was in the hospital, alert and oriented. When asked about handling of the catheter at the facility, R17 stated, "They were pretty rough with it." R17 stated he had strap</p>	S9999		
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S9999	<p>Continued From page 27</p> <p>securing the catheter for a while, then "it disappeared."</p> <p>On 9/26/17 at 11:30pm E2 (Director of Nursing) stated that everyone should have a leg strap, and that the physician's order for the leg strap should have at least been on the task list. E2 stated she thought R17's catheter was secured at one time.</p> <p>On 9/26/17 at 1:49pm, E27 confirmed the Wound notes documented on 7/6/17. E27 also stated R17's catheter was not secured at the time of that observation. E27 stated that E2 got a catheter strap at that time and applied it. E27 stated on most weekly visits, R17 did not have the catheter secured.</p> <p>On 9/27/17 at 12:05, Z10 confirmed he saw R17 on 7/18/17 but had no caregiver or family with him and no records, and R17 did not know the why he was at the Urology office. Z10 confirmed the area of excoriation on the penis. Z10 stated he does not recall that R17's catheter was secured at the time of the visit and that the recommendation to use the leg strap was due to not being secured. Z10 also stated the excoriated area may have been due to tension on the catheter from not being secured, and that the leg strap is the preferred method of securing the catheter. Z10 stated that securing the catheter to the leg is necessary to prevent trauma and irritation to the meatus.</p> <p>The facility policy for Urinary Catheter Care dated 1/17/17 states that "Indwelling catheters may be secured to prevent trauma and tension."</p> <p>2. According to the current POS for 9/2017, R16 was admitted to the facility on 7/27/17 following hospitalization for a number of procedures. This</p>	S9999		
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S9999	<p>Continued From page 28</p> <p>POS, and the ones for 7/17 and 8/17, have no physician's orders for the catheter or care of the catheter.</p> <p>On 9/11/17 at 4:30pm, E3(Registered Nurse) administered medications and a treatment to R16. At that time, R16's entire catheter drainage bag, full of dark amber urine without a privacy bag, was resting on the floor. In providing the treatment of Nystatin powder, E3 assisted R16 to turn side to side. R16's catheter was not secured to her thigh, placing tension on the catheter. E3 stood to each side of the bed, having to step over the catheter bag that was resting on the floor. E3 did not pick up the catheter bag off the floor.</p> <p>On 9/12/17 at 8:30am, and 9/14/17 at 9:15am, R16's catheter bag was hanging on the bed frame, but was still resting on the floor.</p> <p>According to Nurses Notes and hospital records, R16 was treated with antibiotics for UTI on 8/12 - 8/20/17.</p> <p>On 9/20/17 at 11:20am, E4 (Licensed Practical Nurse) stated she was not aware that R16 had no physician's orders for the catheter. E4 stated she was going to get an order to get the catheter discontinued anyway.</p> <p>The facility policy for Urinary Catheter Care dated 1/17/17 states that "Indwelling catheters may be secured to prevent trauma and tension." The policy also states "Urinary drainage bags and tubing shall be positioned to prevent either from touching the floor."</p> <p>(A)</p>	S9999		

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S9999	<p>Continued From page 29</p> <p>300.1230 b), d) 1) 2), j) 5), k), l) 1-6)</p> <p>Section 300.1230 Direct Care Staffing</p> <p>b) The number of staff who provide direct care who are needed at any time in the facility shall be based on the needs of the residents, and shall be determined by figuring the number of hours of direct care each resident needs on each shift of the day.</p> <p>d) Each facility shall provide minimum direct care staff by:</p> <p>1) Determining the amount of direct care staffing needed to meet the needs of its residents; and</p> <p>2) Meeting the minimum direct care staffing ratios set forth in this Section.</p> <p>j) Skilled Nursing and Intermediate Care For the purpose of this subsection, "nursing care" and "personal care" mean direct care provided by staff listed in subsection (f).</p> <p>5) Effective January 1, 2014, the minimum staffing ratios shall be increased to 3.8 hours of nursing and personal care each day for a resident needing skilled care and 2.5 hours of nursing and personal care each day for a resident needing intermediate care. (Section 3-202.05(d) of the Act)</p> <p>k) Effective September 12, 2012, a minimum of 25% of nursing and personal care time shall be provided by licensed nurses, with at least 10% of nursing and personal care time provided by registered nurses. Registered nurses and licensed practical nurses employed by a facility in excess of these requirements may be used to satisfy the remaining 75% of the nursing and personal care time requirements. (Section 3-202.05(e) of the Act)</p> <p>l) To determine the numbers of direct care personnel needed to staff any facility, the</p>	S9999		
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S9999	<p>Continued From page 30</p> <p>following procedures shall be used:</p> <p>1) The facility shall determine the number of residents needing skilled or intermediate care.</p> <p>2) The number of residents in each category shall be multiplied by the overall hours of direct care needed each day for each category.</p> <p>3) Adding the hours of direct care needed for the residents in each category will give the total hours of direct care needed by all residents in the facility.</p> <p>4) Multiplying the total minimum hours of direct care needed by 25% will give the minimum amount of licensed nurse time that shall be provided during a 24-hour period. Multiplying the total minimum hours of direct care needed by 10% will give the minimum amount of registered nurse time that shall be provided during a 24-hour period.</p> <p>5) Additional Direct Care Hours Equal to at Least 75% of the Minimum Required The remaining 75% of the minimum required direct care hours may be fulfilled by other staff identified in subsection (f) as long as it can be documented that they provide direct care and as long as nursing care is provided in accordance with the Nurse Practice Act.</p> <p>6) The amount of time determined in subsections (1)(4) and (5) is expressed in hours. Dividing the total number of hours needed by the number of hours each person works per shift (usually 7.5 or 8 hours) will give the number of persons needed to staff each shift. Calculations shall not include time for scheduled breaks or scheduled in-service training. The number of residents used to calculate staff ratios shall be based on the facility's midnight census.</p> <p>These regulations were not met as evidenced by the following:</p>	S9999		
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S9999	<p>Continued From page 31</p> <p>Based on record review and interview, the facility failed to meet staffing requirements for nursing and personal care for 11 of 14 days reviewed. This failure has the potential to affect all 96 residents who reside in the facility.</p> <p>Findings include:</p> <p>The two-week staffing spreadsheet dated 8/30/17 through 9/12/17 provided by E11, Human Resource on 9/14/17 documents staffing for 14 consecutive days. This spreadsheet for the 14 day time period documents the average Skilled Resident Census of four and the average Intermediate Care Resident Census of 98. The total minimum hours for direct care staff is calculated at 250.7 hours in a 24 hour period in order to meet minimum staffing requirements. Included in the 250.7 hours are 62.68 licensed direct care staff hours. Included in the 62.68 hours of licensed direct care staff hours is 25.07 hours of Registered Nursing (RN) hours.</p> <p>RN staffing hours were short eight of the 14 days of the 25.07 Registered Nurse hours required for each 24 hour period for the following days:</p> <p>8/30/17 documents a total of 19.5 hours, short 5.5 hours</p> <p>8/31/17 documents a total of 23.25 hours, short 1.82 hours</p> <p>9/1/17 documents a total of 14.5 hours, short 10.57 hours</p> <p>9/3/17 documents a total of 14.25 hours, short 10.82 hours</p> <p>9/7/17 documents a total of 22 hours, short 3.07</p>	S9999		

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S9999	<p>Continued From page 32</p> <p>hours</p> <p>9/8/17 documents a total of 20.25 hours, short 4.82 hours</p> <p>9/10/17 documents a total of 8 hours, short 17.07 hours</p> <p>9/12/17 documents a total of 20.25, short 4.82 hours</p> <p>Licensed Nursing staffing hours were short one of the 14 days of the 62.68 Licensed Nurse hours required for each 24 hour period for the following days:</p> <p>9/1/17 documents a total of 27.5 hours, short 20.68 hours</p> <p>Additional Direct Care Staff hours were short seven of the 14 days of the 188.03 hours required for each 24 hour period for the following days:</p> <p>8/31/17 documents a total of 156.04 hours which is short 31.99 hours</p> <p>9/1/17 documents a total of 171 hours which is short 17.03 hours</p> <p>9/2/17 documents a total of 168.43 hours which is short 19.6 hours</p> <p>9/3/17 documents a total of 140.9 hours which is short 47.13 hours</p> <p>9/4/17 documents a total of 183.78 hours which is short 4.25 hours</p> <p>9/9/17 documents a total of 141.05 hours which is short 46.98 hours</p>	S9999		
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S9999	<p>Continued From page 33</p> <p>9/10/17 documents a total of 98.82 hours which is short 89.21 hours</p> <p>On 9/14/17 at 4:00pm E11 confirmed the staffing hours were correct.</p> <p>The Facility Data Sheet dated 9/11/17 documents 96 residents reside in the facility.</p> <p>(B)</p>	S9999		
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