IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.dph.illinois.gov

January 30, 2019

MS Registered Agent Services, Registered Agent
Glencrest Healthcare and Rehabilitation Centre, Ltd
191 North Wacker Drive, Suite 1800
Chicacgo, Illinois 60606

RE: Complaint #: IL 107246, IL 107377
Survey Date: November 29, 2018
Docket #: 19-C0010
Violation Type: 2-B Violations with Fines.

Dear Registered Agent:

An investigation has been conducted by the Illinois Department of Public Health pursuant to a complaint concerning the long-term care facility known as Glencrest Healthcare & Rehab Centre.

Licensure

Pursuant to the provisions contained in the Nursing Home Care Act, or the ID/DD Community Care Act or the MC/DD Act, the Department must determine if each allegation in a complaint is valid, invalid or undetermined. The Department must also determine whether to cite a facility with one or more State violations or federal deficiencies (violations). The Department's determinations on the above referenced complaint are indicated on the attached "Complaint Determination Form." If your facility was cited with violations or deficiencies, then any rights you may have to a hearing will be described in the notices accompanying those violations or deficiencies.

If you have any questions, please contact the Division of Long-Term Care Quality Assurance at 217/782-5180 or, for the hearing impaired, the Department's TTY number at 1-800-547-0466.

Sincerely,

Sherry Barr

Sherry Barr
Division Chief of Quality Assurance
Office of Health Care Regulations

Enclosure
cc: Administrator
File
Glencrest Healthcare & Rehab Centre/November 29, 2018/19-C0010/RegAgent/kk

LTC07202 COMPLAINT DETERMINATION FORM

FAC. NAME: GLENCREST HLTHCR & REHAB CTRE COMPLAINT #: 0107246
LIC. ID #: 0028753
DATE COMPLAINT RECEIVED: 11/13/18 08:36:00

IDPH Code	Allegation Summary	Determination
105	IMPROPER NURSING CARE	1

The facility has committed violations as indicated in the attached*
No Violation

*Facilities participating in the Medicare and/or Medicaid programs will not receive a copy of the certification deficiencies as they have already received a copy through the certification program process.

Determination Codes

1 = VALID - A complaint allegation is considered "valid" if the Department determines that there is some credible evidence that there has been a deficiency (non-compliance with the Act or rules & regulations) relating to the complaint allegation.

2 = INVALID - A complaint allegation is considered "invalid" if the Department determines that there is no credible evidence that there has been a deficiency (non-compliance with the Act or rules & regulations) relating to the complaint allegation.

3 = UNDETERMINED - A complaint allegation is considered "undetermined" if the Department finds there is insufficient information reported to initiate or complete an investigation.

RESIDENT INJURY - Per the P&A v. Lumpkin consent decree, allegations of resident injury will always be "valid" if the resident who is the subject of the allegation was injured.

LTC07202

COMPLAINT DETERMINATION FORM

FAC. NAME: GLENCREST HLTHCR & REHAB CTRE COMPLAINT #: 0107377
LIC. ID #: 0028753
DATE COMPLAINT RECEIVED: 11/19/18 08:30:00

IDPH Code	Allegation Summary	Determination
105	IMPROPER NURSING CARE	1

✓ The facility has committed violations as indicated in the attached*
___ No Violation

*Facilities participating in the Medicare and/or Medicaid programs will not receive a copy of the certification deficiencies as they have already received a copy through the certification program process.

Determination Codes

1 = VALID - A complaint allegation is considered "valid" if the Department determines that there is some credible evidence that there has been a deficiency (non-compliance with the Act or rules & regulations) relating to the complaint allegation.

2 = INVALID - A complaint allegation is considered "invalid" if the Department determines that there is no credible evidence that there has been a deficiency (non-compliance with the Act or rules & regulations) relating to the complaint allegation.

3 = UNDETERMINED - A complaint allegation is considered "undetermined" if the Department finds there is insufficient information reported to initiate or complete an investigation.

RESIDENT INJURY - Per the P&A v. Lumpkin consent decree, allegations of resident injury will always be "valid" if the resident who is the subject of the allegation was injured.

DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH STATE OF ILLINOIS, Complainant, v. GLENCREST HEALTHCARE AND REHABILITATION CENTRE, LTD, D/B/A, GLENCREST HEALTHCARE & REHAB CENTRE, Respondent.	)	Docket No. NH19-C0010

NOTICE OF TYPE "B" VIOLATION(S); NOTICE OF PLAN OF CORRECTION REQUIRED; NOTICE OF FINE ASSESSMENT; NOTICE OF PLACEMENT ON QUARTERLY LIST OF VIOLATORS;
NOTICE OF OPPORTUNITY FOR HEARING

Pursuant to the authority granted by the Nursing Home Care Act (210 ILCS 45/1-101 et seq.) (hereinafter, the "Act"), NOTICE IS HEREBY GIVEN:

NOTICE OF TYPE "B" VIOLATION(S)

It is the determination of the Illinois Department of Public Health, State of Illinois, (hereinafter, the "Department") that there has been a failure by Respondent to comply with the Act. This determination is subsequent to a Complaint Investigation conducted by the Department on November 29, 2018, at Glencrest Healthcare & Rehab Centre, 2451 West Touhy Avenue, Chicago, Illinois 60645. On January 28, 2019, the Department determined that such violations constitute one or more Type "B" violations of the Act and the Skilled Nursing and Intermediate Care Facilities Code, 77 Ill. Adm. Code 300 (hereinafter, the "Code"). The nature of each such violation and sections of the Code that were violated are further described in the Summary of Licensure Violation which is attached hereto and incorporated herein as Attachment A and made a part hereof.

A Type "B" violation may affect your eligibility to receive or maintain a two-year license, as prescribed in Sec. 3-110 of the Act.

NOTICE OF PLAN OF CORRECTION REQUIRED

Pursuant to Section 3-303(b) of the Act and Section 300.278 of the Code, the facility shall have 10 days after receipt of notice of violation in which to prepare and submit a plan of correction. Any previous submissions are considered to be comments to the licensure findings and are not eligible as a plan of correction for this notice.

Each plan of correction shall be based on an assessment by the facility of the conditions or occurrences that are the basis of the violation and an evaluation of the practices, policies, and procedures that have caused or contributed to the conditions or occurrences. Evidence of such assessment and evaluation shall be maintained by the facility. Each plan of correction shall include:

1) A description of the specific corrective action the facility is taking, or plans to take, to abate, eliminate, or correct the violation cited in the notice.
2) A description of the steps that will be taken to avoid future occurrences of the same and similar violations.
3) A specific date by which the corrective action will be completed.

If a facility fails to submit a plan of correction within the prescribed time period, The Department will impose an approved plan of correction.

NOTICE OF FINE ASSESSMENT

Pursuant to Section 3-305 of the Act the Department hereby assesses against Respondent a monetary penalty of **$4,400.00**, as follows:

- **Type B violation** of an occurrence for violating one or more of the following sections of the Code: 300.1210b), 300.1210d)2) and 300.3240a). The fine was doubled in this instance in accordance with 300.282i) and j) of the Code due to the violation of the sections of the Code with a high risk designation: 300.1210b) and 300.3240a).

  Fine = $2,200

- **Type B violation** of an occurrence for violating one or more of the following sections of the Code: 300.610a), 300.1210b), 300.1210d)2), 300.1210d)5) and 300.3240a). The fine was doubled in this instance in accordance with 300.282i) and j) of the Code due to the violation of the sections of the Code with a high risk designation: 300.1210b), 300.1210d)6) and 300.3240a).

  Fine = $2,200

Section 3-310 of the Act provides that all penalties shall be paid to the Department within ten (10) days of receipt of notice of assessment by mailing a check (note Docket # on the check) made payable to the Illinois Department of Public Health to the following address:

Illinois Department of Public Health
P.O. Box 4263
Springfield, Illinois 62708

If the penalty is contested under Section 3-309, the penalty shall be paid within ten (10) days of receipt of the final decision, unless the decision is appealed and stayed by court order under Section 3-713 of the Act.

A penalty assessed under this Act shall be collected by the Department. If the person or facility against whom a penalty has been assessed does not comply with a written demand for payment within thirty (30) days, the Director shall issue an order to do any of the following:

(A) Direct the State Treasurer to deduct the amounts otherwise due from the State for the penalty and remit that amount to the Department.

(B) Add the amount of the penalty to the facility's licensing fee; if the licensee refuses to make the payment at the time of application for renewal of its license; the license shall not be renewed; or

(C) Bring an action in circuit court to recover the amount of the penalty.

NOTICE OF PLACEMENT ON QUARTERLY LIST OF VIOLATORS

In accordance with Section 3-304 of the Act, the Department shall place the Facility on the Quarterly List of Violators.

NOTICE OF OPPORTUNITY FOR A HEARING

Pursuant to Sections 3-301, 3-303(e), 3-309, 3-313, 3-315, and 3-703 of the Act, the licensee shall have a right to a hearing to contest this Notice of "B" Violation(s); Notice of Fine Assessment; and Notice of Placement on Quarterly List of Violators. In order to obtain a hearing, the licensee must send a written request for hearing no later than ten (10) days after receipt by the licensee of these Notices.

FAILURE TO REQUEST A HEARING WITHIN TEN DAYS OF RECEIPT OF THIS NOTICE WILL CONSTITUTE A WAIVER OF THE RIGHT TO SUCH HEARING.

FINE REDUCTION IF HEARING WAIVED

Pursuant to Sections 3-309 and 3-310 of the Act, a licensee may waive its right to a hearing in exchange for a 35% reduction in the fine. In order to obtain the 35% reduction in the fine, the licensee must send a written waiver of its right to a hearing along with payment totaling 65% of the original fine amount within 10 business days after receipt of the notice of violation. (Please refer to the Notice of Fine Assessment section on where to send your fine Payment).

Plan of Correction, Hearing Requests and Waivers can be emailed to the following email address: DPH.LTCQA.POCHearing@illinois.gov. If your facility does not have email capabilities then mail it to the attention of: Sammye Geer, Illinois Department of Public Health, Long Term Care – Quality Assurance, 525 West Jefferson, Springfield, IL 62761.

Sherry Barr

Sherry Barr
Division Chief of Quality Assurance
Office of Health Care Regulations

Dated this 30th day of January ,2019.

DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH STATE OF ILLINOIS Complainant, v. GLENCREST HEALTHCARE AND REHABILITATION CENTRE, LTD, D/B/A, GLENCREST HEALTHCARE & REHAB CENTRE , Respondent.	)	Docket No. NH 19-C0010

PROOF OF SERVICE

The undersigned certifies that a true and correct copy of the attached Notice of Type "B" Violation(s); Notice of Plan of Correction Required; Notice of Fine Assessment; Notice of Placement on Quarterly List of Violators; and Notice of Opportunity for Hearing were sent by certified mail in a sealed envelope, postage prepaid to:

Registered Agent:	MS Registered Agent Services
Licensee Info:	Glencrest Healthcare and Rehabilitation Centre, Ltd
Address:	191 North wacker Drive, Suite 1800 Chicacgo, Illinois 60606

That said documents were deposited in the United States Post Office at Springfield, Illinois, on the 30th day of January, 2019.

Sammye Geer

Sammye Geer
Administrative Assistant I
Long Term Care – Quality Assurance
Office of Health Care Regulations

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003594	A. BUILDING: _____ B. WING _____	C 11/29/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLENCREST HEALTHCR & REHAB CTR	2451 WEST TOUHY AVENUE CHICAGO, IL 60645

(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	Initial Comments Statement of Licensure Violations Complaint Investigations 1887492/IL107377 1887371/IL107246	S 000		
S9999	Final Observations Statement of Licensure Violations One of two Violations 300.1210b) 300.1210d)2) 300.3240a) Section 300.1210 General Requirements for Nursing and Personal Care 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.	S9999	**Attachment A** **Statement of Licensure Violations**	

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S9999	Continued From page 1 Section 300.1210 General Requirements for Nursing and Personal Care 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: 2) All treatments and procedures shall be administered as ordered by the physician. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. These Regulations were not met as evidenced by: Based on observations, interviews and record review, the facility failed to provide a custom foam pillow as ordered for one (R4) of four residents reviewed for specialized rehabilitation services. This failure resulted in the interruption of the healing process of R4's left hip after surgery. Finding include: R4 is a 57 year old, male, admitted into the facility on 3/17/2010 with diagnoses of Encounter for	S9999		

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S9999	Continued From page 2 Other Orthopedic Aftercare; Contracture, Left Hip; Contracture of Muscle, Multiple Sites; Anoxic Brain Damage; and Disruption of External Operation (Surgical) Wound, Subsequent Encounter. On 8/2/18, V26 (Physician - Surgeon) documented orders for R4, "Diagnosis: status post Release of Left Hip Contracture. Please position left hip at 90 degrees of hip flexion and neutral hip abduction at all times. Do not let hip/leg flop outwards on bed. Needs to be supported with multiple pillows/foam egg crate, etc." On 9/21/18, V26 (Physician - Surgeon) documented orders for R4, "Please continue to prop up left hip to neutral adduction, 90 degrees of hip flexion - PATIENT NEEDS CUSTOM FOAM PILLOW MADE." R4's Physician Order Sheet (POS) does not include any order for a custom foam pillow as ordered by V26. On 11/26/18 at 12:50 pm, R4 was observed lying supine in bed on a low air loss mattress. V24 (Certified Nursing Assistant, CNA) stated that R4 had recently returned from a doctor's appointment and that V24 had finished incontinence care for R4. No foam pillow was observed propping up or supporting R4's left hip in a neutral adduction. R4's hips were observed grossly abducted (outward) positioned on back. On 11/27/18 at 10:25 am, R4 was observed lying supine (on back) in bed on a low air loss mattress. No foam pillow was observed propping up or supporting R4's left hip in a neutral abduction. On 11/27/18 at 12:00 pm, V24 (CNA) and V27	S9999		

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S9999	Continued From page 3	S9999		

(CNA) were preparing to perform R4's incontinence care. A vinyl, dark blue wedge was observed under R4's left hip and left lateral leg. V24 stated that the wedge is used to keep R4's left leg in a more upright position. V24 and V27 log rolled R4 from left side to right side for cleansing and changing R4's diaper and then returned the wedge back under R4's left hip and left lateral leg.

On 11/27/18 at 3:04 pm, V23 (Restorative Aide) was observed performing PROM exercises with R4 in his bed. A vinyl, dark blue wedge remained under R4's left hip and left lateral leg. When asked if the vinyl, dark blue wedge, currently in use, was R4's custom pillow that was ordered after R4's recent left hip surgery, V23 said, "No." R4 stated, "It's in the closet." V23 opened R4's closet door and removed a dark gray, foam pillow. V23 placed the dark gray, foam pillow on R4's bed and pointed to the carved out area on the foam pillow where R4's left knee bend would rest. V23 then placed the dark gray, foam pillow back in the closet without use to R4.

On 11/28/18, V22 (Restorative Nurse, Licensed Practical Nurse) was interviewed and stated when V22 received V26's (Physician - Surgeon) order for R4's custom foam pillow, V22 conferred with V20 (Physical Therapy Director) about which specialty pillow was to be ordered for R4. V22 stated that V22 phoned V26's office and asked V37 (Physician's staff) for clarification on the custom pillow order for R4 and that no name or description of the special pillow was provided.

R4's Restorative Notes, dated on 10/15/18 at 3:33 pm, V22 (Restorative Nurse, LPN) documented, "(V22) made a call to (V26's) office and spoke to (V37) for clarification of the order

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S9999	Continued From page 4	S9999		

special pillow ... (V22) spoke to rehab director and found an alternative pillow to order. Called (V37) again and checked if the alternative pillow would be okay. Per (V37) it would be okay as long as it can support the leg. Will continue to monitor (R4)."

R4's Restorative Notes, dated 10/22/18 at 10:43 am, V22 (Restorative Nurse, LPN) documents, "Follow up note on the special pillow. (V22) was able to find an alternative pillow called ' Knee Positioning Pillow.' Was ordered and delivered in the facility. (V22) and nurse on duty of resident placed the pillow on the left knee of resident. Resident did not verbalize any pain or discomfort. Will continue to monitor resident."

On 11/28/18, V10 (Registered Nurse, RN) was interviewed and stated that V10 received V26's order for R4's custom foam pillow. V10 stated that V10 carried out R4's order for the special pillow by transferring the order to the medical record and informing both therapy and restorative departments.

Facility undated policy, titled "Physicians Orders," documents, in part: "A. Physician Orders. 2. The order is to be entered into the resident's medical record and noted by the staff nurse, either RN or LPN."

On 8/16/18, V26 (Physician - Surgeon) documented orders for R4, "Please continue to prop up left hip to neutral position, 90 degrees of hip flexion."

On 10/15/18, V26 (Physician - Surgeon) documented orders for R4, "Continue to attempt to keep left hip propped up to neutral abduction. 90 degrees of hip flexion, and neutral rotation."

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S9999	Continued From page 5 R4's POS documents this order as active on 10/15/18. R4's "Physical Therapy - Therapist Progress & Discharge Summary" on 9/25/18, V32 (Physical Therapy Assistant) documents, in part: "Short Term Goals History. Positioning: (R4) can tolerated neutral position of hips to facilitate proper and correct orientation of the joint. End of Goal Status as of 9/25/2018: GOAL NOT MET - on 9/25/2018, (R4) exhibits bilateral hips in flexed/abducted/external rotation. Long Term Goals: Positioning - General. GOAL NOT MET - on 9/25/2018, Nursing staff (Nurse/CNA) and Restorative Nurses/Aides will be able to facilitate maintaining the hips in neutral position at all times for proper and correct orientation of the joint." No documentation of a custom foam pillow order or implementation is noted in R4's "Physical Therapy - Therapist Progress & Discharge Summary" on 9/25/18. Facility Invoice titled, "Packing List," dated 10/11/18, documents " Knee Positioning Splint Left. 1 shipped." R4's Care Plan with last review completed on 11/5/18 documents, "Focus: (R4) readmitted on 7/23/18 after Left girdlestone procedure due to contracture and promote reduction in pain. Desired Outcome: Wound will heal and progress without complication through the review date. Interventions: Prop hip on pillows so Left hip is in neutral abduction position (with knee and hip bent and knee pointed straight)." V26 (Physician - Surgeon) was interviewed and stated that V26 had taken R4 to surgery for an extensor transfer and contracture release of the left hip, known as a girdlestone surgery. V26 stated that R4 has followed up with him recently	S9999		

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S9999	Continued From page 6 in the office on 9/21/18, 10/15/18 and 11/26/18. V26 stated that V26 has never seen R4 with the custom made pillow that V26 ordered. When asked if the facility had notified V26 of any delay in ordering the custom made pillow, V26 stated that the facility response was that they never got the custom made pillow. V26 said that V14 (Family member) would come to R4's appointments with R4. V26 stated that when V26 asked V14, to V14's knowledge, if the facility was using a special pillow for R4's left hip positioning, V14 stated that there was no special pillow being used with R4. V26 stated that in reviewing his notes during the interview, V26 ordered on 8/16/18 for R4's hip to be positioned in neutral adduction. V26 said that after R4's left hip girdlestone surgery, the purpose of the pillow is to allow the hip to heal in its neutral position. V26 stated that the facility caused harm to R4 by not ordering promptly and using the custom foam pillow to position R4's left hip in its neutral position because "it's no better than it was before the surgery." V26 concluded by saying that now R4's left hip is fixed, externally rotated." (B) 300.610a) 300.1210b) 300.1210d)2) 300.1210d)5) 300.3240a) Two of two Violations	S9999		

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S9999	Continued From page 7 Section 300.610 Resident Care Policies 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. Section 300.1210 General Requirements for Nursing and Personal Care 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. Section 300.1210 General Requirements for Nursing and Personal Care	S9999		

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S9999	Continued From page 8	S9999		

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:

2) All treatments and procedures shall be administered as ordered by the physician.

Section 300.1210 General Requirements for Nursing and Personal Care

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:

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.

Section 300.3240 Abuse and Neglect

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003594	A. BUILDING: _____ B. WING _____	C 11/29/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLENCREST HEALTHCR & REHAB CTR	2451 WEST TOUHY AVENUE CHICAGO, IL 60645

(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 a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. These Regulations were not met as evidenced by: Based on observation, interview and record review, the facility failed to follow its policy on prevention and management of pressure ulcer related to repositioning for one (R2) of three residents reviewed for pressure ulcers. These deficient practices resulted in worsening and non-healing of R2's Stage 4 pressure ulcer on the sacrum. Findings include: R2 is a 74 year - old, male, admitted into the facility on 03/23/16 with diagnoses of Chronic Respiratory Failure, Unspecified Whether with Hypoxia or Hypercapnia; Encounter for Attention to Tracheostomy; Encounter for Attention to Gastrostomy; End Stage Renal Disease; Anemia in Chronic Kidney Disease and Pressure Ulcer of Sacral Region, Stage 3. Per facility's census report, R2 was transferred to the local hospital on 07/13/18 and last readmission to the facility was on 09/12/18. R2's MDS (Minimum Data Set) dated 10/24/18 documented: Section (Sec.) C - has short and long-term memory problem; severely impaired cognition for	S9999		

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S9999	Continued From page 10 daily decision making Sec. G - total dependence from two persons physical assist during transfer; total dependence from one person physical assist during dressing, eating, toileting, hygiene and bathing. Sec. G0400 - has impairment on both upper and lower extremities Sec. H -has indwelling urinary catheter and frequently incontinent of bowel Sec. M - has one Stage 4 pressure ulcer Sec. M1200: Skin and Ulcer/Injury Treatments - pressure reducing device for chair; pressure reducing device for bed; nutrition or hydration intervention; pressure ulcer/injury care. R2's Wound Expert Notes documented the following measurements: Pressure Ulcer Stage 4 Sacral 09/13/18 - 2.5cm (centimeters) x 2.5cm x 1.2cm 09/20/18 - 2.7cm x 3cm x 0.5cm 09/27/18 - 3.0cm x 2.5cm x 0.5cm 10/02/18 - 2.0cm x 2.0cm x 0.5cm 10/09/18 - 3.0cm x 2.8cm x 0.4cm 10/16/18 - 3.0cm x 3.5cm x 0.4cm 10/23/18 - 2.0cm x 3.0cm x 0.5cm 10/30/18 - 2.0cm x 3.0cm x 0.5cm 11/06/18 - 2.5cm x 4.0cm x 1.0cm 11/13/18 - 3.0cm x 4.5cm x 1.0cm 11/21/18 - 3.0cm x 4.5cm x 1.0cm R2's POS (Physician Order Sheet) documented: 09/15/18: Sacrum - cleanse with NSS (normal saline solution), pat dry, skin prep periwound, apply medihoney, apply calcium alginate, and then cover with dry dressing daily and PRN (when necessary). 10/04/18: change position form side to side only avoiding supine position, wedge use may be helpful; daily skin inspection.	S9999		

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S9999	Continued From page 11	S9999		

R2's current Care Plan on skin breakdown documented:
Interventions: Avoid positioning on pressure areas whenever possible; Turn/reposition every 2 hours and PRN per facility protocol.

On 11/26/18 at 12:00 PM, R2 was observed in bed, asleep, has tracheostomy connected to oxygen at 10 LPM (liters per minute), has gastrostomy tube, has indwelling urinary catheter connected to urine bag. R2 was positioned lying on his back on bed, with a wedge pillow placed under right arm. R2's lower back was resting on a low air loss mattress. The following positions were observed on R2 while on bed:
12:00 PM - lying on his back; wedge pillow placed under right arm; lower back resting on the mattress
12:15 PM - lying on his back; wedge pillow placed under right arm; lower back resting on the mattress
12:30 PM - lying on his back; wedge pillow placed under right arm; lower back resting on the mattress
12:45 PM - lying on his back; wedge pillow placed under right arm; lower back resting on the mattress
1:00 PM - lying on his back; wedge pillow placed under right arm; lower back resting on the mattress
1:15 PM - lying on his back; wedge pillow placed under right arm; lower back resting on the mattress
1:30 PM - lying on his back; wedge pillow placed under right arm; lower back resting on the mattress
1:45 PM - lying on his back; wedge pillow placed under right arm; lower back resting on the mattress
2:00 PM - lying on his back; wedge pillow placed

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S9999	Continued From page 12 under right arm; lower back resting on the mattress On 11/27/18 at 10:35 AM, V3 (Wound Care Nurse), assisted by V30 (Certified Nurse Aide, CNA) were about to perform wound care treatment on R2. It was observed that R2 was lying on his back. V3 was asked regarding positioning on R2. V3 stated, "When repositioning R2, the lower back should not be resting on the mattress, it should be offloaded." V30 was asked on how to prevent and manage pressure ulcers. V30 stated, "we must turned and repositioned R2 every two hours; there should be no wrinkles on the bed, change the incontinent brief every two hours as needed and when we do repositioning on him, a wedge pillow should be placed on the upper back when we turned R2 to the side and make sure the wound is offloaded. Wound care treatment was observed with no issues noted. On 11/28/18 at 1:42 PM, V2 (Assistant Director of Nurses) was interviewed regarding prevention and management of pressure ulcers. V2 stated, "Staff needs to do proper incontinence care and correct way of positioning of residents with pressure ulcers. Residents with pressure ulcers should be repositioned every two hours. A wedge pillow can aid during repositioning. The use of air loss mattress also prevents pressure ulcers." On 11/28/18 at 11:30 AM, V8 (Wound Care Physician) was asked regarding pressure ulcer prevention and management. V8 stated, "It is easy to do prevention of pressure ulcers from healing. Staff needs to do repositioning every two hours. And when staff do the repositioning, it has to be from side to side, off-loading the affected	S9999		

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S9999	Continued From page 13 area, avoiding supine position. A wedge pillow is used and has to be placed above the pressure ulcer when on the side position. For R2, at one point the pressure ulcer on the sacral area is healing, so if staff are implementing the same prevention rule, it will be resolved and healed." Facility's policy titled, "Wound Prevention on Positioning" dated 10/17 documented in part, "General: The facility will position residents in a comfortable and appropriate way. The residents will be repositioned at least every two hours, if they are unable to reposition themselves. Guideline: 2. When residents are in bed, they will be repositioned from side to side and on their back if unable to do so themselves." (B)	S9999		