STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6010128	A. BUILDING: _____ B. WING _____	C 05/12/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE HEALTH-MOUNT ZION	1225 WOODLAND DRIVE MOUNT ZION, IL 62549

(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 Complaint Investigation 2263533/IL146607	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.1210 a) 300.1210 b) 300.1210 c) 300.1210 d)2)5) 300.1220 b)3) 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 needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. 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	S9999	Attachment A Statement of Licensure Violations	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6010128	A. BUILDING: _____ B. WING _____	C 05/12/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE HEALTH-MOUNT ZION	1225 WOODLAND DRIVE MOUNT ZION, IL 62549

(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 1 resident to meet the total nursing and personal care needs of the resident. c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. 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. 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 300.1220 Supervision of Nursing Services b) The DON shall supervise and oversee the nursing services of the facility, including: 3) Developing an up-to-date resident care 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	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6010128	A. BUILDING: _____ B. WING _____	C 05/12/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE HEALTH-MOUNT ZION	1225 WOODLAND DRIVE MOUNT ZION, IL 62549

(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 2 months. These requirements were not met as evidenced by: Based on record review and interview, the facility failed to implement interventions to prevent the development of pressure wounds and to promote healing of facility acquired pressure wounds, failed to develop and implement a plan including pressure relieving interventions to prevent further skin injury, and failed to follow physician orders to implement nutritional supplements for wound healing for one (R2) resident of three residents reviewed for pressure wounds on the sample list of 10 residents. These failures resulted in R2 developing an unstageable deep tissue Injury to the left heel, a stage four pressure wound to the sacrum, and a stage three pressure wound to the right buttock. R2's sacral pressure wound was initially identified as an unstageable pressure wound and deteriorated to a stage four wound with osteomyelitis requiring Intravenous antibiotics and hospitalization. Findings include: R2's undated Face Sheet documents an admission date of 11/4/21, with medical diagnoses of: Right Heel Pressure Ulcer Deep Tissue Injury (DTI) and Recent History of Fracture of Left Femur, Muscle Weakness, Abnormalities of Gait and Mobility, Muscle Wasting and Atrophy and Parkinson's Disease and Anemia. R2's Pressure Risk Assessment, dated 11/5/21, documents a score of 13, indicating moderate risk for skin breakdown.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6010128	A. BUILDING: _____ B. WING _____	C 05/12/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE HEALTH-MOUNT ZION	1225 WOODLAND DRIVE MOUNT ZION, IL 62549

(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 3 R2's Wound Assessment, dated 11/5/21, documents a Suspected Deep Tissue Injury (SDTI) to Right Heel as being initially noted on 11/4/21. R2's Electronic Medical Record (EMR) does not document any other Pressure Ulcers on admission (11/4/21). R2's Initial Wound Evaluation and Management Summary Report, dated 11/8/21, documents "Site 1 Right Heel Deep Tissue Injury (DTI) partial thickness." This same Report also documents a Physician recommendation of "heel protectors while in bed." R2's November 2021 Physician Order Sheet (POS) does not document a Physician order for treatment of R2's Right Heel Pressure Ulcer from 11/4/21-11/10/21. R2's Minimum Data Set (MDS), dated 11/11/21, documents a Brief Interview for Mental Status score of 13 out of 15 possible points, which indicates R2 was cognitively intact. This same MDS documents R2 as requiring extensive assistance of two people for bed mobility, transfers, dressing, toileting and personal hygiene. R2's Care plan documents interventions, dated 11/16/21, for daily skin checks; 11/17/21 encourage to wear off loading heel protectors; and 11/17/21 encourage to turn side to side while in bed to relieve pressure. R2's Care Plan did not include interventions to relieve pressure upon admission. R2's Wound Evaluation and Management Reports document the following: *11/15/21 "Site 1 Unstageable Right Heel had	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6010128	A. BUILDING: _____ B. WING _____	C 05/12/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE HEALTH-MOUNT ZION	1225 WOODLAND DRIVE MOUNT ZION, IL 62549

(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 4 deteriorated. Site 2 Initial evaluation of Unstageable Deep Tissue Injury (DTI) of Left Heel Partial Thickness. Recommended heel protector in bed. Site 3 Initial evaluation of Unstageable Sacrum Full Thickness. Site 4 Initial evaluation of Right Buttock Full Thickness Pressure Ulcer. Recommended turn side to side and front to back every one to two hours if able; limit sitting to 60 minutes, wedge to bed for off-loading, low air loss mattress." *11/22/21 "Site 1 Unstageable Due to Necrosis Right Heel Full Thickness Pressure Ulcer as deteriorated. Site 2 Unstageable DTI of Left Heel Partial Thickness Pressure Ulcer documented as no change. Site 3 Stage 4 Sacrum Pressure Ulcer Full Thickness documented as deteriorated. Site 4 Stage 3 Right Buttock Full Thickness documented as no change. Recommended heel protectors, turn side to side and front to back every one to two hours if able; limit sitting to 60 minutes, wedge to bed for off-loading, low air loss mattress." *11/29/21 documents "Site 1 Stage 4 Right Heel Pressure Ulcer had no change. Site 2 Unstageable Left Heel DTI documented as no change. Site 3 Stage 4 Sacral Pressure Ulcer documented as deteriorated due to larger. Site 4 Stage 3 Right Buttock Full Thickness Pressure Ulcer documented as improved. Recommended heel protectors, turn side to side and front to back every one to two hours if able; limit sitting to 60 minutes, wedge to bed for off-loading, low air loss mattress." *12/6/21 documents "Site 1 Stage 4 Right Heel Pressure Ulcer as improved. Site 2 Unstageable Left Heel DTI as no change. Site 3 Stage 4 Sacral Pressure Ulcer Full Thickness deteriorated. Recommended heel protectors. Additional wound detail: palpable sacrum bone, clinically positive for Osteomyelitis, wound culture	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6010128	A. BUILDING: _____ B. WING _____	C 05/12/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE HEALTH-MOUNT ZION	1225 WOODLAND DRIVE MOUNT ZION, IL 62549

(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 5 obtained. Discussed with patient and wife that given stable condition can treat Osteomyelitis in-house, but if they prefer, it is reasonable to transfer to emergency room for further evaluation. Site 4 Stage 3 Right Buttock Pressure Ulcer documented as improved by decreased surface area." R2's Dietician Assessment, dated 11/15/21, documents "Plan: Current height 69 inches, weight 147.7 pounds, Basal Metabolic Index (BMI) 21.8 underweight for advanced age, but weight within Ideal Body Weight (IBW) range. Given wound and variable intakes, suggest 60 ml nutritional supplement twice per day. Also suggest Physician consider appetite stimulant." R2's Registered Dietician Progress Note, dated 11/26/21, documents, "New pressure wounds per wound report. Left Heel (DTI), Right Buttock and Sacrum (Stage 3). Continues with DTI to Right Heel. Mostly good intakes noted. Previous RD recommendation to start 60 ml (supplement)." R2's Physician Order Sheet (POS), dated November 2021, does not document a Physician order for 60 milliliters (ml) of nutritional supplement, nor protein liquid supplement. R2's EMR does not document any Registered Dietician (V18) recommendations or Physician (V13) ordered nutritional supplements or liquid protein. R2's Nurse Progress Note, dated 12/6/21 at 3:00 PM, documents, "(V15) Wound Physician here to see (R2). Wounds to sacrum, right buttock, left and right heel assessed. Sacral wound continues to worsen. Wound culture obtained. Wife (V5) present. Discussed with (V15) concern for osteomyelitis and need for Intravenous (IV)	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6010128	A. BUILDING: _____ B. WING _____	C 05/12/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE HEALTH-MOUNT ZION	1225 WOODLAND DRIVE MOUNT ZION, IL 62549

(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 6 antibiotic treatment. (V5) Wife requesting (R2) be admitted to hospital." R2's Hospital records document an admission date of 12/6/21, and "Hospital course: 85-year-old male who recently had a fracture and was sent to rehabilitation presented to Emergency Room with Sacral Decubitus with Erythema and pain in Right Heel wound. Admitted with infected Sacral Decubitus Unstageable and Right Heel wound. Status post incision and debridement of Sacral Decubitus by surgery on December 7, 2022." This same record documents "Skin findings: Erythema and lesion present. There is a large approximately 10.0 centimeters (cm) x 6.0 cm decubitus ulcer with erythema and edema. There is visible muscle tissue. Unstageable at this time." R2's Computerized Tomography (CT) of Pelvis with Intravenous Contrast results, dated 12/7/21, document "Impression: There are findings worrisome Prostate Myelitis involving the proximal Coccyx and potentially the distal aspect of the fifth Sacral body as described." R2's Sacral Tissue Culture with Gram Stain Final Result dated 12/7/21 documents "Culture Result growth of Escherichia Coli." On 5/8/22 at 10:15 AM, V5 (R2 wife) stated, "That facility was negligent in my husband's (R2) care. They (staff) did not stay on top of (R2) care. (R2) did not enter there with any wounds and they (facility) caused (R2) to get one that killed (R2). (R2) had Parkinson's Disease and a broken (R2) leg. (R2) was supposed to come back home after the therapy. Because they (facility) didn't care for (R2) and turn and position (R2) every two hours like they should have, (R2) got a horrible bed sore on (R2) bottom. It got so bad (R2) had	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6010128	A. BUILDING: _____ B. WING _____	C 05/12/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE HEALTH-MOUNT ZION	1225 WOODLAND DRIVE MOUNT ZION, IL 62549

(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 7	S9999		

to be hospitalized. The hospital put a wound vac on the bed sore because it was so big and awful. I was there from 10:00 AM to 8:00 PM every day. They (facility) let (R2) sit in the wheelchair for hours and hours without moving (R2) at all or even checking on (R2). The doctor (V15) told us (R2, V5) that the wound was worse and there was nothing more (V15) could do. But they (facility and V15) didn't send (R2) to the hospital for another week. (R2) had to have Intravenous antibiotics twice a day and the wound vacuum. It was just awful. After (R2) was released from the hospital, we went to another facility. (R2) was in the hospital for a month."

R2's Death Certificate, dated 2/9/22, documents Osteomyelitis of Sacral Decubitus Ulcer as a significant contributing condition of R2's death on 2/7/22.

On 5/8/22 at 3:05 PM, V11, Licensed Practical Nurse (LPN)/Wound Nurse, stated, "(R2) admitted to facility with the Deep Tissue Injury (DTI) to right heel. That wound became a Stage 4 Pressure Ulcer while (R2) lived at facility. The other wounds, Left Heel, Sacrum and Right Buttock Pressure Ulcers were all acquired and worsened at facility. (R2) didn't like to get out of bed, but didn't mind once (R2) was sitting up. It seemed to be the transfer process that (R2) didn't like. Once (R2) was settled, then (R2) would be ok for awhile. If the staff would encourage him, then he would do whatever you asked. I (V11) worked Wednesday 11/10/21. I (V11) was off work 11/11-11/14 and returned to work on Monday 11/15/21. That is when I was notified of these three new wounds. That is when the careplan was updated to include wound prevention interventions and heel protectors were applied. We (facility) did not put any interventions

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6010128	A. BUILDING: _____ B. WING _____	C 05/12/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE HEALTH-MOUNT ZION	1225 WOODLAND DRIVE MOUNT ZION, IL 62549

(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 8 in place to try to prevent that wound from getting worse or any new wounds from forming. We (facility) should have initiated a repositioning schedule, heel protectors, daily skin checks and a low air loss mattress from the beginning. The interventions should have been put into place from the admission date on because (R2) admitted with a significant size DTI on Right Heel. That wound nurse no longer works at this facility. (V15) Wound Physician obtained a wound culture of (R2) sacral wound on 12/6/21, but that was the same day (R2) went to the hospital for that wound. It was pretty bad. The staff couldn't have been repositioning him (R2) for it to have gotten to that point. Any resident with such significant Pressure Ulcers should be repositioned every one to two hours." On 5/8/22 at 3:10 PM, V1, Administrator, stated, "Any resident who admits with a Pressure Ulcer should have Care Plan interventions that address the particular wound. (R2) admitted with a significant Pressure Ulcer to Right Heel and there was no Care Plan in place to direct the care for the staff. There is no documentation of (R2) refusing cares or being non-compliant. (V1) was shocked to see how little was documented. (R2) was a nice gentleman that did like to have things done a certain way. Occasionally (R2) did refuse certain things but that is not documented anywhere. We (facility) really messed this one up. We (facility) should have done a much better job for (R2). (V1) know we (facility) didn't do what we were supposed to do. That is obvious." On 5/9/22 at 9:45 AM, V14, Nurse Practitioner, stated, "(R2) and wife (V5) were both very sweet. (R2) did admit with a Pressure Ulcer on Right Heel and obtained three new Pressure Ulcers during the stay. The staff should be turning and	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6010128	A. BUILDING: _____ B. WING _____	C 05/12/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE HEALTH-MOUNT ZION	1225 WOODLAND DRIVE MOUNT ZION, IL 62549

(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 repositioning any resident who is at risk or who is known to have Pressure Ulcers. That is a basic standard of care. (R2) required a great deal of assistance to turn and position. (R2) was set in his ways but would do what was asked most of the time. (V5) did share with (V14) that (R2) was being left to sit up in the wheelchair for 'hours on end'." V14 Nurse Practitioner stated, "(R2) was quite debilitated due to history of Tophus Gout, Parkinson's Disease and recent surgery after Femur fracture. (R2) had a lot of pain with movement due to the Gout. (R2) was able to move minimally independently but mostly required a lot of assistance from staff. (R2) was tall and thin 'skin and bones'. I did receive a fax from this facility on 11/15/21 relaying the Registered Dietician (V18) recommendations of 60 milliliters (ml) of nutritional supplement and appetite stimulant. I responded by writing 'agree' with (V18, RD) recommendations on 11/16/21, and faxed response back to facility on 11/16/21. (R2) told me on 11/18/21 that (R2) did not want the appetite stimulant. I wasn't aware that the facility was not giving the nutritional supplement as ordered. Nutritional supplements will help prevent or heal Pressure Ulcers due to the extra protein content. The lack of Physician ordered, and Registered Dietician recommended, nutritional supplements, definitely played a part in the deterioration of (R2) wounds." On 5/9/22 at 10:15 AM, V16, Corporate Registered Dietician (RD), stated "(V18, Registered Dietician) is not available for interview." V16, RD, confirmed V18 did review R2's medical chart on 11/15/21, and wrote recommendations for 60 milliliters (ml) nutritional supplement and appetite stimulant. V16, RD, stated, "The recommendations made by the RD (V18) should have been sent to the Physician.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6010128	A. BUILDING: _____ B. WING _____	C 05/12/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE HEALTH-MOUNT ZION	1225 WOODLAND DRIVE MOUNT ZION, IL 62549

(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 10 Once the Physician approves the recommendation, it is sent back to the facility and entered into the Physician orders. The facility should then carry out those Physician orders. The Registered Dietician is a nutrition specialist so I am sure if nutritional supplements are ordered, they are necessary and important for many facets including wound prevention and healing. Nutritional supplements provide a supportive role in nutrition and are extremely important in wound healing." On 5/9/22 at 11:45 AM, V20, Physical Therapy Assistant (PTA), stated, "(R2) was cooperative with the therapy department. He (R2) was set in his ways but would eventually cooperate with what we (staff) needed him to do. (R2) was completely independent in the community, so this was a big change for him. Having to go from walking on your own, to only using a wheelchair with others to help you, and then being admitted to a nursing home, then the nutritional problems, then the wounds, (R2) had to make a lot of adjustments. It was a big transition. That is why (V5, R2's wife) was so adamant about (R2) returning home. I (V20) am sure she (V5) never expected it to get that bad. (R2) was very anxious to go back home. (R2) was using a full mechanical lift and then graduated to a partial mechanical lift with maximum assistance of two staff for transfers. (R2) could move a small amount in the wheelchair, but not what I would call repositioning. That would require staff involvement." On 5/9/22 at 1:40 PM, V17, Orthopedic Surgeon, stated, "(R2) had previously fractured the Left Femur for which I performed that surgery in August of 2020. (R2) did very well with that procedure and returned home to the community.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6010128	A. BUILDING: _____ B. WING _____	C 05/12/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE HEALTH-MOUNT ZION	1225 WOODLAND DRIVE MOUNT ZION, IL 62549

(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 11 I again performed this surgery after (R2) fell and fractured the same Femur in the same area. This was a more complex surgery due to the fact that (R2) had previously had the device implanted but there would be no reason for further concern post-surgery. The surgery went well, and (R2) was supposed to receive therapy services and then return home again. (R2) was to be toe touch weight bearing on the Left side. There was no contraindications as to (R2) not being able to turn and position. (R2)'s medical history would offer no reason for (R2) to gain three Pressure Ulcers to Sacrum or lower extremities. There is no medical reason for (R2) to have Pressure Ulcers if the staff are turning and positioning (R2) as required. There would be no reason NOT to move the Left leg to off load pressure. (R2) could turn back to side and side to back in bed, move from a supine to sitting position, move from a sitting to standing position and back with no restrictions. (R2)'s only restriction was toe touch weight bearing on (R2) Left leg. " On 5/9/22 at 3:00 PM, V15, Wound Physician, stated, "(R2) liked to do things his own way. educated (R2) on wound healing and prevention. (R2) had just had surgery so his mobility was lessened. I recommended the heel protectors but they were never in place. (R2) was very stiff, and the staff did not provide the care they should have. Between the stiffness, the recent fracture, and the lack of care provided by the staff, the wounds were expedited. If (R2) were receiving the care as it was ordered, (R2) might have held off the wounds for six months or so, but (R2) wounds were definitely expedited by the lack of turning and positioning from staff. It only takes six to seven hours for a Pressure Ulcer to form, so it makes sense that the staff just left him (R2) lay in bed or sit in the wheelchair for long time	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6010128	A. BUILDING: _____ B. WING _____	C 05/12/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE HEALTH-MOUNT ZION	1225 WOODLAND DRIVE MOUNT ZION, IL 62549

(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 12 periods causing the wounds to be expedited. " On 5/9/22 at 3:35 PM, V2, Director of Nursing, stated, "(R2's) Registered Dietician (V18) recommendations were never entered into the Physician orders, and they were never scanned into Electronic Medical Record (EMR). They could have gotten lost or thrown away. All know is they are not in (R2's) EMR so (R2) never got them." (A)	S9999		