Illinois Department of Public Health

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		IL6007488	B. WING			C 0 8/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	-		
PLEASA	NT MEADOWS SENIC	OR I IVING	T WASHINGT AN, IL 61924	ON			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	IOULD BE	(X5) COMPLETE DATE	
S 000	Initial Comments		S 000				
	Complaint #246790	8/IL178675					
S9999	Final Observations		S9999				
	Statement of Licens	sure Violations:					
	300.610a) 300.1010h) 300.1210a) 300.1210b) 300.1210c) 300.1210d)5)						
	Section 300.610 R	esident Care Policies					
	procedures governifacility. The written be formulated by a Committee consisti administrator, the a medical advisory conformed and othe policies shall complicate the facility and shall	dvisory physician or the ommittee, and representatives r services in the facility. The y with the Act and this Part. shall be followed in operating I be reviewed at least annually documented by written, signed					
	Section 300.1010	Medical Care Policies					
Win ali - D	physician of any acchange in a resider health, safety or we but not limited to, the manifest decubitus of five percent or m	shall notify the resident's cident, injury, or significant at's condition that threatens the lfare of a resident, including, are presence of incipient or ulcers or a weight loss or gain ore within a period of 30 days.					
ıınoıs Depar ABORATOR`	tment of Public Health Y DIRECTOR'S OR PROVID	ER/SUPPLIER REPRESENTATIVE'S SIG	NATURE	TITLE		(X6) DATE	

Electronically Signed 10/22/24

Illinois Department of Public Health

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION (X3) DATE S			QLID\/EV
	OF CORRECTION	IDENTIFICATION NUMBER:		E CONSTRUCTION		LETED
			A. BUILDING.			
			B. WING		(
		IL6007488	B. WING		10/0	8/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
DIFACA	NT MEADOWE CENIC	400 WEST	WASHING1	TON		
PLEASA	NT MEADOWS SENIC	CHRISMA	N, IL 61924			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
PRÉFIX	\	/ MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE DATE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROF DEFICIENCY)	TIAIL	DAIL
S9999	Continued From pa	ge 1	S9999			
		tain and record the physician's				
		care or treatment of such				
		hange in condition at the time				
	of notification.					
	Section 300 1210 (General Requirements for				
	Nursing and Persor					
		sive Resident Care Plan. A				
		ticipation of the resident and				
		dian or representative, as				
		evelop and implement a e plan for each resident that				
		le objectives and timetables to				
		medical, nursing, and mental				
		eeds that are identified in the				
		ensive assessment, which				
		attain or maintain the highest				
		independent functioning, and				
		ge planning to the least				
		ased on the resident's care				
		sment shall be developed with				
		ion of the resident and the				
		or representative, as 3-202.2a of the Act)				
	арриоавіс. (Осопоі	10 202.24 01 110 7 (01)				
	b) The facility	shall provide the necessary				
	care and services to	o attain or maintain the highest				
		l, mental, and psychological				
		sident, in accordance with				
		nprehensive resident care				
		properly supervised nursing				
		care shall be provided to each e total nursing and personal				
	care needs of the re					
	Caro noods or the re	oordont.				
	c) Each direct	care-giving staff shall review				
	and be knowledgea	ble about his or her residents'				
	respective resident					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE : COMPI	
	IL6007488	B. WING		10/0	; 8/2024
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PLEASANT MEADOWS SENIO	OR LIVING	T WASHINGT N, IL 61924			
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
nursing care shall in following and shall is seven-day-a-week is seven-day-a-week is breakdown shall be seven-day-a-week is enters the facility widevelop pressure so clinical condition de sores were unavoid pressure sores shat services to promote and prevent new promote and prevent assessments (R5, R6), failed to comonitoring (R5, R6), failed to comonitoring (R5, R6). The residents (R1, R5, as for pressure ulcer some and prevent new promote and prevent new p	subsection (a), general neclude, at a minimum, the be practiced on a 24-hour, basis: ogram to prevent and treat at rashes or other skin practiced on a 24-hour, basis so that a resident who ithout pressure sores does not ores unless the individual's emonstrates that the pressure lable. A resident having Il receive treatment and e healing, prevent infection, ressure sores from developing. Is were not met as evidenced on, interview, and record ailed to conduct pressure ulcer R1, R5, R6), failed to obtain r identified pressure ulcers complete pressure ulcer (a), and failed to complete the the saccording to physician these failures affect three and R6) out of three reviewed thervices on the sample of six. Ited in R5 developing a	S9999			

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IL6007488 B. WING C NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE		OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	E CONSTRUCTION	COMPI	LETED
10/00/20			II 6007488	B. WING			
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE				l.		10/0	0/2024
400 WEST WASHINGTON	NAME OF PROV	ROVIDER OR SUPPLIER					
PLEASANT MEADOWS SENIOR LIVING CHRISMAN, IL 61924	PLEASANT	IT MEADOWS SENI	OR I IVING				
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE CONTINUED BE	PRÉFIX	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	LD BE	(X5) COMPLETE DATE
Sepsential Supplementary Suppl	with the The Sk sk me the state as the de an 1. this me ris Braton Or "I I over sw Appear at R5 ris into we R5 no R5	with any significant the Braden scale a The facility policy "I Skin Integrity" date skin alterations, wo measured weekly a the clinical record. stages of pressure a stage to the ulcer the ulcer, measure describe the depth any drainage or od 1. R5's Assessmenthis was the most remedical record for risk for developing Braden scale pressure a year ago, I consume the sweep of every resupport of o	change in condition, utilizing ssessment form. Measurement of Alterations in d January 2017, documents all bunds, and ulcers will be and the results documented in This policy describes the ulcers, instructs staff to assign r, document a description of the ulcer, measure or of the ulcer, and to describe ors. Ints dated 8/29/23 document ecent date located in R5's facility staff assessing R5's pressure ulcers utilizing the sure ulcer risk assessment PM, V1, Administrator, stated, more recent Bradens than completed a whole house ident for a Braden back in still puts us over a quarter istrator, provided a more essment dated 4/9/24 which current istrator, istrator, and to describe or a Braden back in still puts us over a quarter istrator, provided a more essment dated 4/9/24 which currents a focus area of R5's in integrity with a nursing is "Braden scale weekly x 4 dry," initiated 4/15/22.				

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	IT OF DEFICIENCIES OF CORRECTION		R/SUPPLIER/CLIA ATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
				71. BOILDING.			С	
		IL6007	488	B. WING			08/2024	
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
PLEASA	NT MEADOWS SENIO	OR LIVING		WASHINGT N, IL 61924				
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENC ^N REGULATORY OR L		EDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIOI CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE	
S9999	R5's Nurses Note of dressing change for be completed became R5's Nurses Note of dressing change for completed by the widocumentation of indescription of this cumulation of this cumulation of the dressing change for by the hospice nurse open ulcer located cm by 1.5 cm. Their buttock ulcer, and in R5's Nurses Note of completion of wour physician, the physician, the physician, the physician, the physician open wounds was no documented descriptions of the R5's Nurses Note of had open wounds of the R5's Nurses Note of had open wounds of the R5's Nurses Note of presence R5's left left.	lated 8/16/24 r the left buttouse R5 was stated 8/29/24 r the left buttouse R5 was stated 8/29/24 r the left buttound nurse, neasurement alcer. Idated 8/30/24 r R5's wound se and also don R5's coccure was no meno description dated 9/5/24 of rounds with ician ordered and that R5 Idated 9/14/24 with dressings d location, mopen wounds dated 9/22/24	ock was unable to sitting in a chair. documents R5's ock was There was no s nor a documents R5's is was completed ocumented an yx measuring 2 ention of the left of either ulcer. documents the wound to continue the had no open documents R5 is in place. There easurements, nor is.	S9999				
	documented meast this ulcer, nor any r ulcer.	urements nor mention of Rถึ	description of o's coccyx open					
	R5's Treatment Adi September 2024 do R5's coccyx ulcer v implemented until 9 documents R5's tre was not completed	ocuments a to vas not obtain 9/19/24. This eatment for th	reatment order for ned or record ne coccyx ulcer					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
				c	;
	IL6007488	B. WING		10/0	8/2024
NAME OF PROVIDER OR SUPPLI	R STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PLEASANT MEADOWS SE	IIOR I IVING	r washingt N, IL 61924			
PREFIX (EACH DEFICIE	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
same record dod was discontinued shift on 9/30/24. R5's left buttock continuously in F8/15/24 through disputing the dod had no open are record documen buttock was not orders on 9/1/24 9/12/24, 9/13/24 same record doc left buttock was and changed to recorder for R5's Treatment A October 2024 do open ulcer on R5 10/1/24. This recorder for R5's complemented to left buttock was and changed to recorder for R5's complemented to left buttock was and changed to recorder for R5's complemented to left buttock was and changed to recorder for R5's complemented to left buttock was and changed to recorder for R5's complemented to left buttock was and changed to recorder for R5's complemented to left buttock was and changed to recorder for R5's complemented to left buttock was and changed to recorder for R5's complemented to left buttock was and changed to recorder for R5's complemented to left buttock was and changed to recorder for R5's complemented to left buttock was and changed to recorder for R5's complemented to left buttock was and changed to recorder for R5's complemented to left buttock was and changed to recorder for R5's complemented to left buttock was and changed to recorder for R5's complemented to left buttock was and changed to recorder for R5's complemented to left buttock was and changed to recorder for R5's complemented to left buttock was and changed to recorder for R5's complemented to left buttock was and changed to recorder for R5's complemented to left buttock was and changed to recorder for R5's complemented to left buttock was and changed to recorder for R5's complemented to left buttock was and changed to recorder for R5's complemented to left buttock was and changed to recorder for R5's complemented to left buttock was and changed to recorder for R5's complemented to left buttock was and changed to recorder for R5's complemented to left buttock was and changed to recorder for R5's complemented to left buttock was and changed to recorder for R5's complemented to left buttock was and changed to reco	and 9/27/24 on day shift. This uments R5's coccyx treatment and changed to the evening This same record documents reatment order had been 5's treatment record from the current date (10/8/24), umentation on 9/5/24 that R5 as during the wound rounds. This is R5's treatment for the left completed according to physician 9/4/24, 9/10/24, 9/11/24, 9/26/24, and 9/27/24. This uments the treatment for R5's kewise discontinued 9/30/24 are evening shift. Idministration Record dated for cuments R5's treatment for the 1's coccyx was not completed on ord documents the treatment cryx was revised 10/1/24 and regin 10/2/24. In PM, V1. Administrator, stated, we some things to work on and renot been consistent in doing urements. Part of the issue is we spany who stopped serving our bruary (2024), then the new y providing us their service when re us into their schedule, and they ming onsite, they are doing their the (virtual visits over the continued, "We did designate one the wound nurse, but her training the because we had needs for her				

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On 10/8/24 at 1:15 PM, V2, Director of Nursing,

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	TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION		SURVEY PLETED
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		IL6007488	B. WING			08/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	STATE, ZIP CODE		
PLEASA	NT MEADOWS SENIC	OR LIVING	T WASHING AN, IL 61924			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC'	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
\$9999	which do not necess and are not diligent the record. We also some nurses might some work 8 hours confusion about whereatments when the evening shift." On 10/8/24 at 2:35 Licensed Practical Nursing, R5's coccumproximately (visually V10 and V2) 3.5 apparently stage 3 and subcutaneous open ulcer was surnon-blanchable reddamage already occonfirmed with V2 awide. On 10/8/24 at 2:35 ulcer first started it remained stable for worsened and has several weeks." On 10/8/24 at 3:25 "The treatment ordethan that (from 8/30 expect a nurse to addressing in place warea, then turn it ovobtain a more target 2. R6's Assessment."	ave had to use agency nurses sarily know the residents well about signing treatments in have cross over of shifts like twork 12 hours shifts and shifts, so there is some nich nurse is going to do the rey are set up as day shift or PM, facilitated by V10, Nurse, and V2, Director of yx ulcer was observed to be really estimated but confirmed form long by 0.5 cm wide and with full thickness skin loss (fat) tissue exposed. This rounded by an area of liness (stage 1 with tissue excurred) approximately (again and V10) 7 cm long by 6 cm PM, V10 stated, "When this was open stage 3 like this, it is a few weeks, then it been like that for the past PM, V1, Administrator, stated, ers have to be obtained faster 0/24 until 9/19/24). I would at least put a dry gauze then they first notice an open wer to inform the physician to reted treatment."	S9999			
	this was the most re	ecent date located in R6's facility staff assessing R6's				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
		IL6007488	B. WING			C 08/2024
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	STATE, ZIP CODE	•	
DIEAGA	NT MEADOWS SENIC	400 WFS	T WASHINGT			
PLEASA	NT MEADOWS SENIC	CHRISM	AN, IL 61924			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 7	S9999			
		pressure ulcers utilizing the ure ulcer risk assessment				
	provided a more red	pm, V1, Administrator, cent Braden assessment rated R6 as "very limited risk."				
	is at risk for altered pressure ulcers with	ruments a focus area that R6 skin integrity and potential for n nursing interventions cale quarterly," implemented				
	developed an open shoulder which mea was no depth meas this open area. This documents R6 also pressure ulcer on the 0.5 cm. There was	dated 9/9/24 document R6 pressure ulcer on the left asured 1 cm by 1 cm. There surement, nor a description of a same Nurses Note developed a second open he left hip measuring 1 cm by likewise no depth escription of this second open				
	second notation of note documented the shoulder measured this area had grown was no depth meas R6's open ulcer on documented the op measured 0.5 cm bedepth measuremented.	dated 9/18/24 document a R6's two open areas. This he open ulcer on R6's left 2 cm by 1.4 cm, indicating in in size since 9/9/24. There surement nor description for the shoulder. This note en ulcer on R6's left hip by 0.5 cm with no documented at nor description. There were urements nor descriptions if 9/18/24.				
		sician Order Sheet and tration Record for September				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/ IDENTIFICAT	SUPPLIER/CLIA TION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		SURVEY PLETED
		IL60074	88	B. WING			C 08/2024
	PROVIDER OR SUPPLIER	OR LIVING	400 WES	DRESS, CITY, S F WASHINGT N, IL 61924			
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L		DED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
S9999	Continued From pa 2024 document the obtained from R6's open ulcers until 9/for treatment indicathe right shoulder a On 10/8/24 at 2:35 stated, "The ulcers and right shoulder. looking at (R6) and ulcers were related residents left." R6's Nurses Notes the presence of R6 measurements or additional measure the note on 9/18/24 R6's Treatment Adr September 2024 do pressure ulcer on Rcompleted accordin 9/27/24 for the day order was documer 9/30/24 and change same treatment rectreatment for the right shoulde 2 (partial skin thickr scar tissue, and like ulcer on R6 was a shealing scar tissue.	re was not a trephysician to trephysician to trephysician to trephysician to treduced to their own less two open understand to their own less two open understand to their own less two open understand 10/4/24. The properties of the physician ted as discontained to the evenion of the evenion	tor of Nursing, (R6's) right hip ave been what side the eft not the documented cers but no ere were no criptions between the treatment for the der was not cian orders on the treatment tinued on the	S9999			

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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		IL6007488	D. WING		10/0	8/2024
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
PLEASA	NT MEADOWS SENIC	OR I IVING	WASHINGT N, IL 61924			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 9	S9999			
	definitely stage 2, p	PM, V10 stated, "Those are artial skin layers. They used to ave been healing. They have 2."				
	"The treatment order than that (from 9/9/expect a nurse to a dressing in place w	PM, V1, Administrator, stated, ers have to be obtained faster 24 until 9/19/24). I would t least put a dry gauze hen they first notice an open er to inform the physician to eted treatment."				
	3. R1's Minimum Data Set List and Census Details document R1 was discharged deceased from the facility 8/13/24.					
	was the most recer assessments utilizing	dated 9/29/23 documents this at pressure ulcer risk and the Braden scale pressure ent tool conducted by facility a medical record.				
	provided a more re-	PM, V1, Administrator, cent Braden assessment R1 as "high risk" for pressure				
	notation of a sore lo measurement of 7 with an area of redr subsequent nurses	lated 8/12/24 documents a ocated on R1's left ankle with a cm long by 6 cm wide, along ness on R1's right heel. A note on this same date esence of redness on R1's k) and coccyx.				
	direct care registere	AM, V1, Administrator (former ed nurse at the facility), stated, ser on the ankle. I did see that				

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PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMP		NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMI	E SURVEY PLETED
PLEASANT MEADOWS SENIOR LIVING (X4) ID PREFIX TAG (SUMMARY STATEMENT OF DEFICIENCIES PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) S9999 Continued From page 10 the nurse (V5, Registered Nurse) documented the area on (R1's) ankle was 7 cm by 6 cm, but I think he was measuring the entire area, but the hole in the skin was only about this big." V1 held up his fingers to indicate approximately 0.75 cm diameter. V1 further stated, "I would stage that ulcer at stage 2."			IL6007488	B. WING			
(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) S9999 Continued From page 10 the nurse (V5, Registered Nurse) documented the area on (R1's) ankle was 7 cm by 6 cm, but I think he was measuring the entire area, but the hole in the skin was only about this big." V1 held up his fingers to indicate approximately 0.75 cm diameter. V1 further stated, "I would stage that ulcer at stage 2."	NAME OF	PROVIDER OR SUPPLIER					
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) S9999 Continued From page 10 the nurse (V5, Registered Nurse) documented the area on (R1's) ankle was 7 cm by 6 cm, but I think he was measuring the entire area, but the hole in the skin was only about this big." V1 held up his fingers to indicate approximately 0.75 cm diameter. V1 further stated, "I would stage that ulcer at stage 2."	PLEASA	ANT MEADOWS SENIO	OR LIVING				
the nurse (V5, Registered Nurse) documented the area on (R1's) ankle was 7 cm by 6 cm, but I think he was measuring the entire area, but the hole in the skin was only about this big." V1 held up his fingers to indicate approximately 0.75 cm diameter. V1 further stated, "I would stage that ulcer at stage 2."	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	I SHOULD BE	(X5) COMPLETE DATE
	\$9999	the nurse (V5, Regithe area on (R1's) at think he was meast hole in the skin was up his fingers to incidiameter. V1 furthe ulcer at stage 2."	istered Nurse) documented ankle was 7 cm by 6 cm, but I uring the entire area, but the s only about this big." V1 held dicate approximately 0.75 cm	S9999	DETICIENCY)		

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