

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005177	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/03/2024
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NAME OF PROVIDER OR SUPPLIER APERION CARE LAKESHORE	STREET ADDRESS, CITY, STATE, ZIP CODE 7200 NORTH SHERIDAN ROAD CHICAGO, IL 60626
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S 000	Initial Comments Annual Licensure Survey	S 000		
S9999	Final Observations Statement of Licensure Violations: 1 of 3 300.610 a) 300.615 e) 300.615 f) 300.615 g) 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 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information e) In addition to the screening required by Section 2-201.5(a) of the Act and this Section, a facility shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act for all persons 18 or older seeking admission to the facility, unless a background	S9999		

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

TITLE

(X6) DATE
05/22/24

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S9999	<p>Continued From page 1</p> <p>check was initiated by a hospital pursuant to the Hospital Licensing Act. Background checks shall be based on the resident's name, date of birth, and other identifiers as required by the Department of State Police. (Section 2-201.5(b) of the Act)</p> <p>f) The facility shall check for the individual's name on the Illinois Sex Offender Registration website at www.isp.state.il.us and the Illinois Department of Corrections sex registrant search page at www.idoc.state.il.us to determine if the individual is listed as a registered sex offender.</p> <p>g) If the results of the background check are inconclusive, the facility shall initiate a fingerprint-based check, unless the fingerprint check is waived by the Director of Public Health based on verification by the facility that the resident is completely immobile or that the resident meets other criteria related to the resident's health or lack of potential risk, such as the existence of a severe, debilitating physical, medical, or mental condition that nullifies any potential risk presented by the resident. (Section 2-201.5(b) of the Act) The facility shall arrange for a fingerprint-based background check or request a waiver from the Department within 5 days after receiving inconclusive results of a name-based background check. The fingerprint-based background check shall be conducted within 25 days after receiving the inconclusive results of the name-based check.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to obtain Criminal History Information Response Process (CHIRP) reports within 24 hours of admission for four residents (R50, R68, R79, R118) in the total sample of eleven residents; failed to complete assessment of the</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>Illinois Sex Offender Registry for three residents (R50, R118, R621) out of eleven residents in the sample; and failed to complete assessment of the National Sex Offender Registry for two residents (R50, R118) out of eleven residents in the sample. For one resident (R16) with history or criminal sexual assault, facility documentation and care plan had resident at "low risk" but was unable to provide criminal analysis or other documentation to support a risk level of low.</p> <p>Findings:</p> <p>R50's face sheet documents an admission date of 3/13/2018. V1 (Administrator) and V23 (Director Social Services) presented CHIRP was completed 7/22/2019 with "HIT" result. No documentation from the Illinois Sex Offender Registry. National Sex Offender Registry documentation is 6/27/2022.</p> <p>R68's face sheet documents an admission date of 3/4/2024. V1 (Administrator) and V23 (Director Social Services) presented documentation that CHIRP was completed with no date provided and "HIT" result.</p> <p>R79's face sheet documents and admission date of 2/2/2024. V1 (Administrator) and V23 (Director Social Services) presented documentation that CHIRP was completed 2/5/2024 with "HIT" result.</p> <p>R118's face sheet documents an admission date of 12/13/2017. V1 (Administrator) and V23 (Social Services Director) presented documentation that CHIRP was completed 8/13/2019. Illinois Sex Offender Registry documentation was 8/15/2019 and 1/17/2022. National Sex Offender Registry documentation was 1/17/2022.</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>R621's face sheet documents an admission date of 4/20/2024. V1 (Administrator) and V23 (Social Services Director) presented records that a CHIRP was in progress on 4/22/2024. No Illinois Sex Offender Registry documentation was presented.</p> <p>On 5/2/2024 at 9:24AM, V1 (Administrator) and V23 (Director of Social Services) stated The process for resident admission relative to identified offender assessment is as follows: The facility runs a background check, completes an Illinois and National sex offender check, checks with the Illinois Department of Corrections to determine if the resident has been incarcerated. Based on the background check, the "HITs" are reviewed. If the resident is an identified offender, the facility then submits for fingerprinting. If there is anything in the fingerprinting, Illinois state police are called to gather information and send for a Once the criminal analysis is returned, the facility determines the level of risk and care plans accordingly. Residents who are identified offenders are determined to be high, medium or low risk. This determination comes from the criminal analysis. The facility reports identified offenders through the IDPH portal. V1 (Administrator) stated that he has not looked at the IDPH list to know who is on it. Surveyor discussed that documentation does not support that every resident has had fingerprinting ordered within 72 hours of CHIRP receipt, not all residents have been checked against the Illinois or National Sex Offender Registry and residents have not been submitted to IDPH IO program. V23 (Director of Social Services) stated "I am pissed off. Excuse me. This should have been done." V1 (Administrator) stated that V23 (Director Social Services) is new and expert in this area. V1 (Administrator) stated "We will get this fixed."</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>On 5/2/2024 at 1:30 PM, reviewed additional IOP documentation provided by V23 (Director of Social Services) for R16. R16 documentation includes State of Illinois crime information: criminal sexual assault/force victim was 25 years of age. Date of birth matches R16. Facilities Identified Offender level of risk is "low" for R16. V1 (Administrator) was asked how R16 was determined to be at a risk level of "low". V1 (Administrator) stated it would have been based on criminal analysis. V1 (Administrator) did not produce criminal analysis results after two requests. Care plan for R16 stated: "Focus: Identified Offender: I have a history of criminal behavior. I have demonstrated stability during the admission screening process and does not appear to present at risk, fits criteria for an "identified offender". "Interventions: Low risk: observe for behavior changes."</p> <p>Review of policy titled Admission of Identified Offender- Illinois, dated 11/28/2012 and revised 1/24/2018, stated: Guidelines: 1. Screened on Sex Offender websites. 2. Criminal history record information requested. 4. Facility must review screenings and all supporting documentation to determine if the placement is appropriate. 6. Information compiled must be disseminated to law enforcement, the parole officer, the division of Long-Term Care Filed Operations in the Department's Office of Health Care Regulation and other facilities licensed or regulated by the Department and the Illinois Department of Healthcare and family Services or the Illinois Department of Human Services. 8. No person who is an identified offender shall be admitted to or kept in a facility unless the</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>requirements listed above are met.</p> <p>16. (e) Facilities must maintain written documentation of compliance with these rules.</p> <p>(C)</p> <p>2 of 3</p> <p>300.610 a) 300.625 c)2) 300.625 g)</p> <p>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.</p> <p>Section 300.625 Identified Offenders c) If the results of a resident's criminal history background check reveal that the resident is an identified offender as defined in Section 1-114.01 of the Act, the facility shall do the following: 2) Within 72 hours, arrange for a fingerprint-based criminal history record inquiry to be requested on the identified offender resident. The inquiry shall be based on the subject's name, sex, race, date of birth, fingerprint images, and other identifiers required by the Department of</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>State Police. The inquiry shall be processed through the files of the Department of State Police and the Federal Bureau of Investigation to locate any criminal history record information that may exist regarding the subject. The Federal Bureau of Investigation shall furnish to the Department of State Police, pursuant to an inquiry under this subsection (c)(2), any criminal history record information contained in its files.</p> <p>g) Facilities shall maintain written documentation of compliance with Section 300.615 of this Part.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to arrange fingerprinting within 72 hours of the positive Criminal History Information Response Process (CHIRP) for nine residents (R16, R21, R41, R50, R68, R79, R143, R189, R212) out of a total of ten residents in the sample with a positive CHIRP. The facility failed to report to the Illinois Department of Public Health (IDPH) Identified Offender (IO) Program ten residents (R16, R21, R41, R50, R68, R79, R118, R143, R189, R212) out of a total of ten residents with a positive CHIRP.</p> <p>Findings include:</p> <p>R16's face sheet documents an admission date of 10/18/2023. V1 (Administrator) and V23 (Social Services Director) presented records of a CHIRP completed 10/3/2023. Fingerprinting was requested 10/23/2023. R16 has not been submitted to the Illinois Department of Public Health (IDPH) Identified Offender (IO) program.</p> <p>R21's face sheet documents an admission date of 7/6/2023. V1 (Administrator) and V23 (Social</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>Services Director) presented records of a CHIRP in process on 7/7/2023 and completed 9/5/2023. Fingerprinting was requested 10/23/2023. R21 has not been submitted to the IDPH IO program.</p> <p>R41's face sheet documents an admission date of 5/5/2023. V1 (Administrator) and V23 (Social Services Director) presented records of a CHIRP in process on 5/6/2023 and completed 5/24/2023. Fingerprinting was requested 6/5/2023. R41 has not been submitted to the IDPH IO program.</p> <p>R50's face sheet documents an admission date of 3/13/2018. V1 (Administrator) and V23 (Social Services Director) presented records of a CHIRP completed 7/22/2019. Fingerprinting was requested 5/25/2022. R50 has not been submitted to the IDPH IO program.</p> <p>R68's face sheet documents an admission date of 3/4/2024. V1 (Administrator) and V23 (Social Services Director) presented records of a CHIRP completed with no date. No fingerprinting documentation was provided by the facility. R68 has not been submitted to the IDPH IO program.</p> <p>R79's face sheet documents an admission date of 2/2/2024. V1 (Administrator) and V23 (Social Services Director) presented records of a CHIRP completed 2/5/2024. Fingerprinting was requested 3/13/2024. R79 has not been submitted to the IDPH IO program.</p> <p>R118's face sheet documents an admission date of 12/13/2017. V1 (Administrator) and V23 (Social Services Director) presented records of a CHIRP completed 8/13/2019. R118 has not been submitted to the IDPH IO program.</p> <p>R143's face sheet documents and admission</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>date of 8/22/2023. V1 (Administrator) and V23 (Social Services Director) presented records of a CHIRP completed 8/24/2023. Fingerprinting was requested 10/23/2023. R143 has not been submitted to the IDPH IO program.</p> <p>R189's face sheet documents an admission date of 5/3/2023. V1 (Administrator) and V23 (Social Services Director) presented records of a CHIRP completed 5/5/2023. Fingerprinting was requested 5/10/2023. R189 has not been submitted to the IDPH IO program.</p> <p>R212's face sheet documents an admission date of 1/18/2024. V1 (Administrator) and V23 (Social Services Director) presented records of a CHIRP completed 1/19/2024. Fingerprinting was requested 3/13/2024. R212 has not been submitted to the IDPH IO program.</p> <p>On 5/2/2024 at 9:24 AM, V1 (Administrator) and V23 (Director of Social Services) stated the process for resident admission relative to identified offender assessment is as follows: The facility runs a background check, completes an Illinois check with the Illinois Department of Corrections to determine if the resident has been incarcerated. Based on the background check, the "HITs" are reviewed. If the resident is an identified offender, the facility then submits for fingerprinting. If there is anything in the fingerprinting, Illinois state police are called to gather information and send for a Once the criminal analysis is returned, the facility determines the level of risk and care plans accordingly. Residents who are identified offenders are determined to be high, medium or low risk. This determination comes from the criminal analysis. The facility reports identified offenders through the IDPH portal. V1</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>(Administrator) stated that he has not looked at the IDPH list to know who is on it. Surveyor discussed that documentation does not support that every resident has had fingerprinting ordered within 72 hours of CHIRP receipt, not all residents have been checked against the Illinois Sex Offender Registry and residents have not been submitted to IDPH IO program. V23 (Director of Social Services) stated, "I am pi\$\$ed off. Excuse me. This should have been done." V1 (Administrator) stated V23 (Director Social Services) is new and expert in this area. V1 (Administrator) stated, "We will get this fixed."</p> <p>Review of policy titled Admission of Identified Offender- Illinois, dated 11/28/2012 and revised 1/24/2018, stated: Guidelines: 2. Facility must review screenings and all supporting documentation to determine if the placement is appropriate. 7. The facility shall inform the division of long-term care field operations in the department's Office of Health Care Regulation within 48 hours after receiving verification from that Illinois state police that a prospective or newly admitted resident is an identified offender.</p> <p>(C)</p> <p>3 of 3</p> <p>300.610 a) 300.1210 b) 300.1220 b)7)</p> <p>Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>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 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>Section 300.1220 Supervision of Nursing Services b) The DON shall supervise and oversee the nursing services of the facility, including: 7) Coordinating the care and services provided to residents in the nursing facility.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to provide appropriate and sufficient services to ensure comprehensive bladder function assessment was completed and comprehensive care plan was developed for 2 (R39 and R145) residents reviewed for indwelling</p>	S9999		

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S9999	<p>Continued From page 11</p> <p>urinary catheter, and failed to address R52's urinalysis results in a sample of 35. This resulted in R52 experiencing burning with urination, which was left untreated.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. R52's Progress note, dated 4/19/2024 at 12 PM, by V40 (Nurse Practitioner) was reviewed. The progress note stated R52 complained of dysuria. R52 reported burning upon urination. Repeat urinalysis was ordered. R52 completed oral antibiotics recently. <p>On 4/30/2024 at 9:31 AM, review of the electronic medical record included an order for Nitrofurantoin Macrocrystal Oral Capsule 100 MG, which was ordered on 4/9/2024 and discontinued 4/16/2024.</p> <p>On 4/30/2024 at 1 PM, review of the urinalysis collected 4/20/2024 at 7:40 PM and resulted on 4/22/2024 at 11:39 AM, was positive for a small amount of blood, cloudy clarity, the presence of calcium oxalate crystals, moderate leukocytes, nitrate was present, WBC clumps were present, there was trace protein, many bacteria and white blood cells greater than 100.</p> <p>On 05/01/24 at 10:03 AM, V15 (Licensed Practical Nurse/LPN) was interviewed. Laboratory result reporting expectations to provider were discussed. V15 (LPN) stated the nurse receives laboratory results and notifies the provider "in the moment." V15 (LPN) entered the electronic health record and V15 (LPN) reviewed the urinalysis collected on 4/20/2024 and results on 4/22/2024. V15 (LPN) stated the expectation is the nurse notify the Nurse Practitioner of the results. V15 (LPN) reviewed the electronic health</p>	S9999		

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S9999	<p>Continued From page 12</p> <p>record and could not locate provider notification of the urinalysis results. V15 (LPN) contacted V3 (Director of Nursing/DON). V3 (DON) stated the process when laboratory results are received, is the floor nurse contacts the provider, notifies the provider of the results, and enters that notification in the electronic health record. V25 (Wound Nurse) was brought into the discussion by V3 (DON), because V3 (DON) stated that she was new. V25 (Wound Nurse) reviewed the electronic health record and stated notification of urinalysis results to the provider was not documented if it occurred.</p> <p>R52's progress note, dated 5/1/2024 at 10:45 AM, entered by V25 (Wound Nurse). It stated: "Relayed labs to NP/PPHR new order for repeat UA and urine culture. Notified nurse on duty to collect urine."</p> <p>On 5/2/2023 at 10:00 AM, R52 stated she has burning when she urinates for the past few weeks. R52 stated she was on antibiotics, but the burning came back. R52 stated they took another urine sample today.</p> <p>On 5/02/24 at 10:05 AM, V38 (LPN) attempted to reach V39 (Nurse Practitioner) by phone. V38 (LPN) stated V39 (Nurse Practitioner) will be at the facility around 10:30 or 11 AM. V38 (LPN) stated she does not know if there is another way to reach the Nurse Practitioner. On 05/02/24 at 12:33 PM, surveyor attempted unsuccessfully to reach V39 (Nurse Practitioner) by phone. V1 (Administrator) stated V1 (Administrator) was trying to reach V39 (Nurse Practitioner), and has asked the facility's front desk to let surveyor know when V39 (Nurse Practitioner) arrives. On 05/02/24 at 2:08 PM, V1 (Administrator) stated V39 (Nurse Practitioner) is not coming to the</p>	S9999		

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S9999	<p>Continued From page 13</p> <p>facility today. V1 (Administrator) stated he is trying to get hold of V39 (Nurse Practitioner) by phone so that surveyor can speak to V39 (Nurse Practitioner). V1 (Administrator) stated there is no one that covers for V39 (Nurse Practitioner) when she is not available.</p> <p>On 5/3/2024 at 10:10 AM V1 (Administrator) provided a copy of a document titled: Laboratory: 4/22/2024 11:39 Urinalysis. It documented "Reviewed by V39 (Nurse Practitioner) on 4/22/2024 at 12:23".</p> <p>On 5/3/2024 at 11:49 AM, V39 (Nurse Practitioner) was interviewed with V1 (Administrator) present. V39 (Nurse Practitioner) stated she was waiting on the culture and sensitivity results after she reviewed the urinalysis on 4/22/2024 before any action was taken on the urinalysis results. V1 (Administrator) reviewed the medical orders. V39 (Nurse Practitioner) and V1 (Administrator) confirmed no urine culture and sensitive was ordered until 5/2/2023, when V25 (Wound Nurse) contacted the nurse practitioner. V39 (Nurse Practitioner) stated, "I see what you are seeing. It was not that I wasn't seeing her, but it was an oversight that the culture and sensitivity wasn't ordered." V39 (Nurse Practitioner) stated, "The quality of care fell through because there were two different providers involved."</p> <p>Review of policy titled Physician-Family Notification - Change in Condition, dated 10/1/2015 and updated 11/17/2017 and 11/13/2018, stated: Purpose: to ensure that medical care problems are communicated to the attending physician or authorized designee and family/responsible party in a timely, efficient and effective manner.</p>	S9999		

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S9999	<p>Continued From page 14</p> <p>2. R145's health record documented admission date on 11/13/2020, with diagnoses not limited to Chronic ischemic heart disease, Transient cerebral ischemic attack, Hyperlipidemia, Heart disease, Retention of urine, Unspecified open wound of right forearm, Major depressive disorder, Bipolar disorder, Unspecified atrial fibrillation, Elevated prostate specific antigen, Personal history of covid-19, Insomnia, and Acute ischemic heart disease.</p> <p>Minimum Data Set (MDS), dated 4/4/24, showed R145's cognition was intact. He needed supervision or touching assistance with oral, toileting and personal hygiene, upper and lower body dressing, chair/bed and toilet transfer; Partial/moderate assistance with shower/bathe self. MDS indicated R145 was continent of bowel and bladder.</p> <p>Bladder function assessment, dated 3/6/24, showed R145 had no catheter.</p> <p>On 4/30/24 at 11:01 AM, R145 was very agitated, screaming/yelling, showing his leg bag with yellow colored urine, and stating remove this (pointing to his urinary bag). "I don't need this, I can pee to the bathroom" in a very loud voice.</p> <p>On 5/1/24 at 1:28 PM, V3 (Director of Nursing / DON) said, "For a resident with indwelling urinary catheter, a bladder function assessment should be done upon admission/readmission, quarterly, and as needed. Assessment is done to know the appropriate care or needs of the resident, justification of indwelling urinary catheter use, as resident will be put at risk for infection. Care plan should be developed as well for urinary catheter use. Care plan is like a road map of needs of the resident to identify the concern and problem, put</p>	S9999		

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S9999	<p>Continued From page 15</p> <p>interventions appropriate for the resident, a plan of treatment based on the needs of the resident." Reviewed R145's electronic health record, no bladder function assessment completed, and no care plan found for urinary catheter use.</p> <p>Facility's policy for bowel and bladder assessment dated 1/16/18 documented in part:</p> <ul style="list-style-type: none"> - A bowel and bladder assessment will be completed by a licensed nurse: Admission, quarterly and with significant resident changes, and as needed. - The resident's plan of care will be developed to address the issue(s), goals and appropriate interventions for elimination program, using an interdisciplinary team approach. <p>3. On 4/30/24 at 11:33 AM, R39 was resting in bed alert and able to verbalize needs. R39 was noted with an indwelling urinary catheter.</p> <p>On 5/01/24 at 9:52 AM, R39 was noted still with an indwelling urinary catheter. R39 stated it was inserted to help with R39's wound healing.</p> <p>R39's Minimum Data Set (MDS), dated 3/14/24, shows R39 is cognitively intact. R39's physician orders with active orders as of 4/30/24 shows an order of: "Foley Catheter: 18 French 30 ML Balloon to Gravity Drainage. To promote wound healing." R39's electronic health records do not show a comprehensive bladder function assessment was completed related to the use of indwelling urinary catheter. R39's comprehensive care plan does not address the use of the indwelling urinary catheter.</p> <p>On 5/01/24 at 2:58 PM, V32 (MDS/Care Plan Coordinator) stated all services provided to the residents should be addressed in the care plan</p>	S9999		

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S9999	<p>Continued From page 16</p> <p>for the staff to know what to do for the residents based on the care plan interventions. V32 stated the use of indwelling urinary catheter should be addressed in the resident's care plan.</p> <p>The facility's policy titled; "Comprehensive Care Plan", dated 11/17/17, documents: The facility will develop and implement a comprehensive person-centered care plan for each resident and must describe the services that are to be furnished to attain or maintain resident's highest practicable physical, mental, and psychosocial well-being.</p> <p>(B)</p>	S9999		