Illinois D	epartment of Public	Health			FORM	APPROVE
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE	SURVEY
	or contraction	IDENTITION THOM TO MIDEN.	A. BUILDING:			
		IL6009534	B. WING			C I 7/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
BRIA OF	WOODRIVER					
		WOOD R	IVER, IL 6209	95		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
S 000	Initial Comments		S 000			
	Complaint Investiga 2448387/IL179381	ation				
S9999	Final Observations		S9999			
	Statement Of Licen	sure Violations:				
	300.610a) 300.1210a) 300.1210d)2)5)					
	Section 300.610 R	esident Care Policies				
	procedures governi facility. The written be formulated by a Committee consisti administrator, the a medical advisory co of nursing and othe policies shall compl The written policies the facility and shall	dvisory physician or the ommittee, and representatives r services in the facility. The ly with the Act and this Part. shall be followed in operating l be reviewed at least annually documented by written, signed				
	Section 300.1210 (Nursing and Persor	General Requirements for nal Care				
	with the participatio resident's guardian applicable, must de comprehensive car includes measurabl meet the resident's	Resident Care Plan. A facility, n of the resident and the 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				
BORATORY	tment of Public Health ′ DIRECTOR'S OR PROVID cally Signed	ER/SUPPLIER REPRESENTATIVE'S SIG	GNATURE	TITLE		(X6) DATE 11/09/24

If continuation sheet 1 of 11

STATEMEN	epartment of Public IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:	CONSTRUCTION	СОМ	E SURVEY PLETED
		IL6009534	B. WING		10/	17/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
BRIA OF	WOODRIVER		ARDSVILLE R IVER, IL 6209			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF C	ORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENCY	YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	E APPROPRIATE	COMPLET
S9999	Continued From pa	ge 1	S9999			
	allow the resident to practicable level of provide for discharg restrictive setting ba needs. The assess the active participat resident's guardian applicable. (Section d) Pursuant to subs care shall include, a and shall be practic seven-day-a-week 2) All treatments an administered as orc 5) A regular progra pressure sores, hea breakdown shall be seven-day-a-week enters the facility w develop pressure s clinical condition de sores were unavoid pressure sores sha services to promote and prevent new pr These regulations a Based on observati review the facility fa development and fa centered intervention					
	ulcers for 2 of 3 res	I for residents with pressure idents (R1, R2) reviewed for nis failure resulted in R1				

STATEMEN	Pepartment of Public IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	COMF	E SURVEY PLETED
		IL6009534	B. WING		C 10/17/2024	
NAME OF I	PROVIDER OR SUPPLIER		DDRESS, CITY, ST			
BRIA OF	WOODRIVER		ARDSVILLE R IVER, IL 6209			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETI DATE
S9999	Continued From pa	ige 2	S9999			
	his/her left heel and right buttock; R2 re	geable pressure ulcer to d stage 3 pressure ulcer to quiring debridement of an e ulcer during a hosptial stay				
	Findings include:					
	documented R1 ha mellitus, sepsis, co contracture of left k	with a print date of 10/21/2024 s diagnoses of type 2 diabetes gnitive communication deficit, mee, dementia, osteoarthritis, paroxysmal atrial fibrillation.				
		m Data Set) dated 10/9/24 s moderately impaired				
	requires substantia)/15/24 documented R1 I to maximal assistance with dependent on staff for all				
	risk for pressure uld mobility and inconti documented R1's ir encourage resident frequently, docume break down, low air signs and symptom	lated, documented R1 is at cers related to impaired nence. This care plan nterventions include assist and t to turn and reposition ent signs and symptoms of skir r loss mattress, notify nurse of ns of skin breakdown noted , weekly and prn (as needed)	1			
nois Dena	V10 NP (Nurse Pra developed a new st heel. V10 documen x 0 cm, (centimeter	dated 8/30/24 at 10:40 AM by actitioner) documented R1 tage 2 pressure ulcer to left ated wound size 2.5 cm x 4 cm by wound base 100% epithelial, hed, and exposed tissues:				

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AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:		COMP	PLETED
		IL6009534 B. WING		B. WING		C 17/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
		393 EDW	ARDSVILLE F	ROAD		
BRIA OF	WOODRIVER	WOOD R	VER, IL 6209	95		
(X4) ID			ID	PROVIDER'S PLAN OF CO		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH		COMPLETE DATE
				DEFICIENCY)		
S9999	Continued From pa	ige 3	S9999			
	epithelium and derr	nis				
	R1's progress note	dated 9/5/24 at 9:17 am by				
		ed wound left heel, primary				
		stage/severity: stage 2, wound				
	status: worsening, s wound base: 100%	size 3 cm x 5 cm x 0 cm,				
	would base. 100%	eschar.				
	R1's progress note	dated 9/12/24 at 10:10 AM by				
		ed R1's stage 2 pressure ulcer				
		ening and new measurements				
		x 0 cm. This progress note				
		1 was experiencing pain in the				
		t V10 surgically debrided that				
		ng this visit. V10 documented neasurement of 4.6 cm x 4.5				
	cm x 0 cm.	neasurement of 4.0 cm x 4.0				
	-					
		d dated 9/20/24 at 9:40 am by				
		ed R1's stage 2 pressure ulcer				
	on left heel as unst	ageable.				
	On 10/17/24 at 8:3	5 am R1 was observed in bed				
		ss lying on his back.				
	-					
		35 am V8 LPN (Licensed				
	Practical Nurse)/W					
		Nurse were observed as they				
	•	are to R1's heel. V9 stated ut as what appeared as a				
		pressure ulcer worsened and				
		g in the wound. V9 stated she				
	would consider the	pressure ulcer on R1's heel to				
		it has the tunneling but she				
		at the Nurse Practitioner				
		as, so she documented a stage				
		cture dated 9/12/24 at 3:07				
		cture dated 9/12/24 at 3:07 R1 is supposed to be on a low				
		nd she doesn't know why he				
inois Depar	tment of Public Health	,	1			1

Iinois Department of Public TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
	IL6009534	B. WING		C 10/17/2024	
AME OF PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	TATE, ZIP CODE		
RIA OF WOODRIVER		ARDSVILLE R			
PREFIX (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'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
S9999 Continued From pa	age 4	S9999			
rooms about a wee pressure ulcer is of does not have any backside. Surveyou R1's buttock region onto his right side n dressing covering I covering R1's left b has a wound on his it." V8 replied "no of the dressing from F revealing a large at approximately 6 cm what appeared to h that had drained an open area to R1's of EMR does not dood these open areas t stated that R1 does for these wounds at expected the nurse new pressure ulcer treatment. V9 states turn and reposition On 10/17/24 at 11:: do not turn him ver back all morning un dressing. R1's progress note service at 12:14 pn stage 3 pressure ulcer 6 cr	-				

STATEMEN	epartment of Public IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	ČOMF	SURVEY PLETED C 17/2024
	PROVIDER OR SUPPLIER	I	DDRESS, CITY, SI			17/2024
BRIA OF	WOODRIVER		IVER, IL 6209			
(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 C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC\	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From pa	ige 5	S9999			
	buttock and coccyx discovered the wou	region until V8 and V9 Inds upon the surveyor's R1's skin on R1's buttock				
	documented a new wound cleanser, ap Silvadene, cover wi shift to promote wo	ent Administration Record) order to cleanse buttock with oply calcium alginate, collagen, ith bordered gauze everyday und healing dated 10/18/24. ot signed off as completed on d.				
	alginate, collagen, S R1's left heel daily o	ted an order to apply calcium Silvadene, and rolled gauze to dated 10/17/24. This treatment completed on 10/20/24.				
	Nursing) stated than nurse that placed the doctor and get a tree that were found but R1's coccyx and but	32 AM V2 DON (Director of t she would have expected the ne dressing on R1 to call R1's eatment for the pressure ulcers t were not documented on uttock. V2 stated that she ed R1 to be on a low air loss is care plan.				
	that she would expe as care planned an on a low air loss ma	5 pm V1 Administrator stated ect interventions to be in place d that R1 should have been attress. V1 stated that if a ned off on the TAR, then it as ordered.				
	documented R2 ha encephalopathy, ty unspecified diabetic edema, diabetic ne	with a print date of 10/21/24 s diagnoses of metabolic pe 2 diabetes mellitus with c retinopathy with macular uropathy, dysphagia following depression, schizoaffective				

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NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE, ZIP CODE		
BRIA OF	WOODRIVER		ARDSVILLE R IVER, IL 6209			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETI DATE
S9999	Continued From pa	ge 6	S9999			
	cerebrovascular dis with early onset, hy heart disease, and R2's MDS dated 8/ severely cognitively staff for bed mobilit R2's progress note documented R2 ha see skin condition of R2's skin condition PM documented let Kennedy ulcer in ap R2's skin and woun at 9:55 AM by NP V visit: new skin and v resident. It continue Wound 1, location:	dated 8/9/24 at 11:30 AM s a new skin condition. Please observation for details. report dated 8/9/24 at 12:06 ft buttocks open area,				
	at 8:16 AM by NP V location: coccyx, pr stage/severity: unst 2, location: right he stage/severity: DTI cm x 2 cm x 0 cm. heel pressure treats Cleanse with wound	nd progress note dated 9/5/24 (10 documented wound 1, imary etiology: pressure, tageable. It continues, wound el, primary etiology: pressure, (deep tissue injury), size 1.5 It continues, wound #2 right ment recommendations: 1. d cleanser. 2. Apply skin prep nd. 3. Leave open to air. 4.				
	at 2:41 PM by NP V	nd progress note dated 9/16/24 /10 documented wound 1, imary etiology: pressure,				

STATEMEN	Department of Public NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	COM	E SURVEY PLETED
		IL6009534	B. WING		C 10/17/2024	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
BRIA OF	WOODRIVER		ARDSVILLE R VER, IL 6209			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETI DATE
S9999	Continued From pa	ge 7	S9999			
	0.5 cm, wound state 2, location: right he	ageable, size: 1.5 cm x 3 cm x us: stable. It continues, wound el, primary etiology: pressure, (deep tissue injury, size 1.5				
	at 8:47 AM by NP V location: coccyx, siz Undermining from 7 continues, wound # recommendations: cleanser. 2. Apply D gauze to base of th	d progress note dated 10/3/24 (10 documented wound 1, ze 1.5 cm x 2.6 cm x 0.7 cm. 12 o'clock to 1 o'clock, 3 cm. It 1 coccyx pressure treatment 1. Cleanse with wound Dakins moistened fluffed e wound. 3. Secure the Change daily, and PRN (as				
	10/11/24 at 11:12 A wound 1, location: o pressure, stage/sev x 3.2 cm x 0.7 cm, to 3 o'clock. It conti heel, primary etiolog	Id progress note dated M by NP V10 documented coccyx, primary etiology: verity: unstageable, size 3 cm undermining from 10 o'clock nues, wound 2, location: right gy: pressure, stage/severity: tus: worsening, size: 0.5 cm x				
	treatment order for wound cleanser and fluffed gauze every care management. not document that t	tober 2024 documented a R2's coccyx to cleanse with d apply Dakins moistened day and night shift for wound R2's October 2024 TAR does his treatment was performed ollowing day shifts: 10/4/24, 4.				
	treatment order to F with wound cleanse	tober 2024 documented a R2's right heel to be cleansed er and to apply skin prep round care management. R2's				

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		IL6009534	B. WING		C 10/17/2024	
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
BRIA OF	WOODRIVER		ARDSVILLE R RIVER, IL 6209			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From pa	ige 8	S9999			
	treatment was com and on 10/5/24 as o	not document that this pleted on 10/2/24, 10/4/24, ordered by R2's physician and by V10 NP for wound y.				
	reviewed and none documented a diag R2's coccyx. R2's E	ss notes by NP V10 were of the progress notes by V10 posis of a Kennedy ulcer on EMR does not document a nedy ulcer by a Physician nor oner.				
		dated 10/12/24 at 1:20 PM 2 was transferred to a local				
	7:33 PM document decubitus ulcer. Th has debrided it. We	ess note dated 10/16/24 at ed Plan #3. Left buttock is is a deep ulcer. Doctor V15 et to dry dressing should be patient will need frequent				
		ds were reviewed, and these ument that R2's pressure ulce	r			
	pressure ulcer look Kennedy ulcer whe	06 PM V9 stated that R2's ed like it was the start of a n it started and that is what n R2's wound evaluation form.				
		32 AM V2 DON stated that she 2's diagnosis on a Kennedy	;			
	Wounds and Docur	Nanagement: Monitoring of mentation policy dated 1/2022 aportant that the facility have a				

epartment of Public	Health				
IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
	IL6009534	B. WING			C 17/2024
PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
WOODRIVER					
	WOOD R	VER, IL 6209			
(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
Continued From pa	ge 9	S9999			
daily monitoring and of measurements, it assessment, and d implemented consis Responsible Party: Guidelines: An eval ulcer/pressure injur an evaluation of the present (whether it drainage, if present status of the area s presence of possibl signs of increasing tissue infection; and	d for periodic documentation terminology, frequency of ocumentation are stently throughout the facility. All nursing staff. General luation of the PU/PI (pressure y), in no dressing is present; e status of the dressing, if is intact and whether t, is or is not leaking); the urround the PU/PI; the le complications, such as area of ulceration or soft d whether pain, if present, is				
Treatment/General dated 6/2015 docur treatment guideline serve as a general of treatment or dres an order is required Responsible Party: Guidelines: implem according to reside risk factor: watch for areas of the body th openings or rednes periods of wetness	Wound Treatment Policy mented General: The following s have been developed to protocol for selecting the type ssing to be used. It continues, I for all treatment orders. All nursing staff. General ent prevention protocol nt needs, sensory perception or nonverbal cues, assess nat do not feel pain for s, Moisture: avoid prolonged , apply moisture barrier with				
	PROVIDER OR SUPPLIER WOODRIVER SUMMARY STA (EACH DEFICIENCE REGULATORY OR L Continued From pa system in place to a daily monitoring and of measurements, f assessment, and d implemented consis Responsible Party: Guidelines: An eval ulcer/pressure injur an evaluation of the present (whether it drainage, if present status of the area s presence of possib signs of increasing tissue infection; and being adequately co The facility's Skin M Treatment/General dated 6/2015 docur treatment guideline serve as a general of treatment or dres an order is required Responsible Party: Guidelines: implem according to reside risk factor: watch fo areas of the body th openings or redness periods of wetness	OF CORRECTION IDENTIFICATION NUMBER: IL6009534 PROVIDER OR SUPPLIER STREET AD 393 EDW.	AT OF DEFICIENCIES OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE A. BUILDING: IL6009534 PROVIDER OR SUPPLIER STREET ADDRESS, CITY, ST 393 EDWARDSVILLE F WOODRIVER STREET ADDRESS, CITY, ST 393 EDWARDSVILLE F WOOD RIVER, IL 6209 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG Continued From page 9 S9999 system in place to assure that the protocols for daily monitoring and for periodic documentation of measurements, terminology, frequency of assessment, and documentation are implemented consistently throughout the facility. Responsible Party: All nursing staff. General Guidelines: An evaluation of the PU/PI (pressure ulcer/pressure injury), in no dressing is present; an evaluation of the status of the dressing, if present (whether it is intact and whether drainage, if present, is or is not leaking); the status of the area surround the PU/PI; the presence of possible complications, such as signs of increasing area of ulceration or soft tissue infection; and whether pain, if present, is being adequately controlled. The facility's Skin Management: Pressure Injury Treatment/General Wound Treatment Policy dated 6/2015 documented General: The following treatment guidelines have been developed to serve as a general protocol for selecting the type of treatment or dressing to be used. It continues, an order is required for all treatment orders. Responsible Party: All nursing staff. General Guidelines: implement prevention protocol according to resident needs, sensory perception risk factor: watch for nonverbal cues, assess areas of the body that do not feel pain for openings or redness, Moisture: avoid prolonged periods o	IT OF DEFICIENCIES OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING: ILG009534 B. WING PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE WOODRIVER 393 EDWARDSVILLE ROAD WOOD RIVER, IL 62095 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLAN OF C (EACH CORRECTIVE ACT (CACH CORRECTIVE ACT CROSS-REFERENCE) TO T DEFICIENC Continued From page 9 S9999 system in place to assure that the protocols for daily monitoring and for periodic documentation of measurements, terminology, frequency of assessment, and documentation are implemented consistently throughout the facility. Responsible Party: All nursing staff. General Guidelines: An evaluation of the PU/PI (pressure ulcer/pressure injury), in no dressing is present; an evaluation of the status of the dressing, if present (whether it is inct and whether drainage, if present, is or is not leaking); the status of the area surround the PU/PI (the presence of possible complications, such as signs of increasing area of ulceration or soft tissue infection; and whether pain, if present, is being adequately controlled. The facility's Skin Management: Pressure Injury Treatment/General Wound Treatment Policy dated 6/2015 documented General: The following treatment guidelines have been developed to serve as a general protocol for selecting the type of treatment or dressing to be used. It continues, an order is required for all treatment orders. Responsible Party: All nursing staff. General Guidelines: implement prevention protocol according	art of DEFICIENCIES OF CORRECTION (X1) PROVIDER/SUPPLIENCIAL IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A BUILDING: (X3) DATE COM arconder IL6009534 B. WING 10/ PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 10/ WOODRIVER 333 EDWARDSVILLE ROAD WOODRIVER, IL 62095 PROVIDER SPLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) IP Continued From page 9 S9999 S9999 system in place to assure that the protocols for daily monitoring and for periodic documentation of measurements, terminology, frequency of assessment, and documentation are implemented consistently throughout the facility. Responsible Party: All nursing staff. 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		IL6009534	B. WING		C 10/17/2024	
IAME OF F	PROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, ST	TATE, ZIP CODE		
BRIA OF	WOODRIVER		NARDSVILLE R RIVER, IL 6209			
(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 ACT) CROSS-REFERENCED TO T DEFICIENC'	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From pa	age 10	S9999			
	provider for treatme	ent orders.				
	(A)					