

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004287	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/07/2025
NAME OF PROVIDER OR SUPPLIER MOUNT STERLING HEALTH AND REHAB CEN		STREET ADDRESS, CITY, STATE, ZIP CODE 435 CAMDEN RD MOUNT STERLING, IL 62353		
(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 Annual Licensure and Certification	S 000		
S9999	Final Observations Statement of Licensure Violations 300.610a) 300.615e) 300.661 300.1010h) 300.1210a) 300.1210b) 300.1210d)2 300.1210d)3 300.1620a) 1 of 3 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 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) This requirement is not met as evidenced by:	S9999		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

TITLE

(X6) DATE

05/25/25

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S9999	<p>Continued From page 1</p> <p>Based on record review and interview the facility failed to complete Criminal History Background Checks within 24-hours of admission for four of 10 residents (R53, R54, R108, R110) reviewed for Admission Background Checks in the sample of 50.</p> <p>Findings Include:</p> <p>The facility's Abuse Policy dated 01-09-2024 documents, "Purpose: To provide guidance and procedures to the facility and staff to assure the residents remain to be free from abuse, neglect, exploitation, misappropriation of property, deprivation of goods and services by staff or mistreatment. Procedure: Conducting pre-admission screening of residents: This facility shall check the criminal history background on any resident seeking admission to the facility in order to identify previous criminal convictions. This facility will: Request a Criminal History Background Check within 24 hours after admission of a new resident."</p> <p>1. R53's facility's Census Report documents R53 was admitted to the facility on 4-5-25.</p> <p>R53's Criminal History Background Check documents being completed on 4-11-25 (six days after R53's admission).</p> <p>2. R54's facility's Census Report documents R54 was admitted to the facility on 4-5-25.</p> <p>R54's Criminal History Background Check documents being completed on 4-11-25 (six days after R54's admission).</p> <p>3. The facility's Census Report documents R108</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>was admitted to the facility on 4-22-25.</p> <p>R108's Criminal History Background Check documents being completed on 4-25-25 (three days after R108's admission).</p> <p>4. The facility's Census Report documents R110 was admitted to the facility on 3-31-25.</p> <p>R110's Criminal History Background Check documents being completed on 4-3-25 (three days after R110's admission).</p> <p>On 5-6-25 at 12:40 PM V1 (Administrator-In-Training) stated, "The facility's Abuse Policy states pre-admission checks will be completed before all residents are admitted to the facility. That means all residents will have identified offender background checks, including a Criminal History Background Check prior to admission to the facility." V1 verified R53's, R54's, R108's, and R110's Criminal History Background Checks were not completed prior to admission or within 24 hours of admission.</p> <p>C</p> <p>2 of 3 Section 300.661 Health Care Worker Background Check</p> <p>A facility shall comply with the Health Care Worker Background Check Act and the Health Care Worker Background Check Code.</p> <p>(225 ILCS 46/15)</p> <p>Sec. 15. Definitions. In this Act: "Initiate" means obtaining from a student, applicant, or employee his or her social security number, demographics, a disclosure statement,</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>and an authorization for the Department of Public Health or its designee to request a fingerprint-based criminal history records check; transmitting this information electronically to the Department of Public Health; conducting Internet searches on certain web sites, including without limitation the Illinois Sex Offender Registry, the Department of Corrections' Sex Offender Search Engine, the Department of Corrections' Inmate Search Engine, the Department of Corrections Wanted Fugitives Search Engine, the National Sex Offender Public Registry, and the List of Excluded Individuals and Entities database on the website of the Health and Human Services Office of Inspector General to determine if the applicant has been adjudicated a sex offender, has been a prison inmate, or has committed Medicare or Medicaid fraud, or conducting similar searches as defined by rule; and having the student, applicant, or employee's fingerprints collected and transmitted electronically to the Illinois State Police.</p> <p>(225 ILCS 46/33) Sec. 33. Fingerprint-based criminal history records check.</p> <p>(e) When initiating a background check requested by the Department of Public Health, an educational entity, health care employer, workforce intermediary, or organization that provides pro bono legal services shall electronically submit to the Department of Public Health the student's, applicant's, or employee's social security number, demographics, disclosure, and authorization information in a format prescribed by the Department of Public Health within 2 working days after the authorization is secured. The student, applicant, or employee shall have his or her fingerprints collected electronically and transmitted to the</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>Illinois State Police within 10 working days. The educational entity, health care employer, workforce intermediary, or organization that provides pro bono legal services shall transmit all necessary information and fees to the livescan vendor and Illinois State Police within 10 working days after receipt of the authorization. This information and the results of the criminal history record checks shall be maintained by the Department of Public Health's Health Care Worker Registry.</p> <p>This requirement is not met as evidenced by:</p> <p>Based on interview and record review the facility failed to complete the required health care work registry background website checks prior to a new employee starting a work schedule for two employees (V16/Business Office Manager and V17/Certified Nursing Assistant) reviewed for employee background checks. This has the potential to affect all 59 residents in the building.</p> <p>Findings include:</p> <p>The facility's Abuse Policy, dated 1/9/24, documents "Purpose: To provide guidance and Procedures to the facility and staff to assure the residents remain to be free from abuse, neglect, exploitation, misappropriation of property, deprivation of goods and services by staff or mistreatment. Procedure: Conducting pre-employment screening of employees and pre-admission screening of residents."</p> <p>The facility's Background Check Policy and Procedure, undated, documents, "All offers of employment at (the facility) are contingent upon clear results of a thorough background check. Background checks will be conducted on all final</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>candidates and on all employees who are promoted as deemed necessary. Background checks will include Health Care Worker Background Check: includes review of criminal convictions and probation. Certify compliance with all requirements and regulations issues pursuant to the Illinois Health Care Worker Background Check Act.</p> <p>The facility's CMS (Centers for Medicare and Medicaid Services) Long Term Care Facility Application for Medicare and Medicaid Form 671 dated 5-5-25 and signed by V1/Administrator-In-Training documents 59 residents currently reside within the facility. The facility's Employee Roster documents V16/Business Office Manager was hired on 2/17/2025.</p> <p>V16's Employee File does not contain evidence of an Illinois Department of Public Health Care Worker Registry Check. V16's employee file also does not contain evidence of the following required background website checks: Illinois sex offender, DOC (Department of Corrections) sex offender, DOC inmate search, DOC wanted fugitives, and National sex offender.</p> <p>The facility's Employee Roster documents V17/Certified Nursing Assistant was hired on 4/22/2025.</p> <p>V17's Employee File does not contain evidence of an Illinois Department of Public Health Care Worker Registry Check. V17's employee file also does not contain evidence of the following required background website checks: Illinois sex offender, DOC (Department of Corrections) sex offender, DOC inmate search, DOC wanted fugitives, and National sex offender.</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>On 5-6-25 at 12:40 PM V1/Administrator-in-Training verified as of 5/5/25 V16/Business Office Manager and V17/Certified Nursing Assistant did not have an Illinois Department of Public Health Care Worker Registry Check or any of the required background website checks. V1 stated, "The facility's Abuse Policy states pre-employment checks will be completed before all employees are hired. That means all employees will have all their healthcare worker background checks checked prior to employment."</p> <p>C</p> <p>3 of 3</p> <p>Section 300.610 Resident Care Policies</p> <p>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 300.1010 Medical Care Policies</p> <p>h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health,</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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. (Section 3-202.2a of the Act)</p> <p>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>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>2) All treatments and procedures shall be administered as ordered by the physician.</p> <p>3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.</p> <p>Section 300.1620 Compliance with Licensed Prescriber's Orders</p> <p>a) All medications shall be given only upon the written, facsimile, or electronic order of a licensed prescriber. The facsimile or electronic order of a licensed prescriber shall be authenticated by the licensed prescriber within 10 calendar days, in accordance with Section 300.1810. All orders shall have the handwritten signature (or unique identifier) of the licensed prescriber. (Rubber stamp signatures are not acceptable.) These medications shall be administered as ordered-by the licensed prescriber and at the designated time.</p> <p>These requirements were not met as evidence by:</p> <p>Based on observation, interview, and record</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>review the facility failed to update the care plan with pressure relieving interventions, implement pressure relieving interventions to prevent facility acquired pressure ulcers, apply a wound treatment as ordered by a physician, notify a physician when treatment supplies were not available, and immediately assess and obtain a treatment for three of three residents (R30, R48, and R207) reviewed for pressure ulcers in the sample of 50. These failures resulted in R48 developing two deteriorating stage two pressure ulcers to the coccyx and R207 developing a painful unstageable facility acquired pressure ulcer to the left heel.</p> <p>Findings include:</p> <p>The Pressure Ulcer Prevention, Identification and Treatment policy dated 10/16/23 documents "Purpose: To provide guidelines that will assist nursing staff in prevention, identification, and appropriate treatment of pressure ulcers. Policy: Prevention program including turning and positioning, will be utilized for all residents who have been identified of being at risk for developing pressure ulcers. The facility will initiate an aggressive treatment program for those residents who have pressure ulcers.</p> <p>Responsibility: A pressure ulcer is defined as any lesion caused by unrelieved pressure those results in damage to underlying tissue. Pressure ulcers usually occur over bony prominence and are graded or staged to classify the degree of tissue damage observed. The staging method is one method of describing the extent of the tissue damage in the pressure sore. Stage II: Partial thickness of dermis presenting as a shallow open ulcer with a red, pink wound bed, without slough.</p> <p>Unstageable: Full thickness tissue loss in which the base of ulcer is covered in slough (dead cells</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>or debris) of yellow, tan, gray, or brown and/or eschar (dead tissue) of tan, brown, or black in the wound bed. Responsibility: It is the responsibility of the charge nurse/designee to care for pressure areas, and provide treatments as ordered. It is the responsibility of the charge nurse/designee to monitor for healing progress, and ensure appropriate treatments are in use. It is the responsibility of the CNA (Certified Nursing Assistant) to report any skin conditions to the charge nurse immediately upon identification.</p> <p>Procedure: 3. When a pressure ulcer is identified whether in-house, or upon or resident's admission, the area will be assessed using the Skin & (and) Wound assessment and initial treatment started per physician's orders. 4. The physician is to be notified when A) pressure ulcer develops, B) when there is a noted lack of improvement after a reasonable amount of time, C) and/or upon signs of deterioration. 5. If Pressure Ulcer is found initiate a treatment sheet and complete the skin inspection assessment in (computer). Nurse will complete the Skin & Wound Assessment in (computer). Update MD (Medical Doctor) and resident's POA (Power of Attorney) of any regression of wound."</p> <p>1. R207's Admission MDS (Minimum Data Set) dated 3/3/25 documents R207 was admitted to the facility on 2/26/25 with no pressure ulcers. This same MDS documents R207 is moderately cognitively impaired, requires substantial/maximum assistance with turning from right to left, is at risk for developing pressure ulcers, and is not on a turning and repositioning program.</p> <p>R207's Care Plan dated, 2/27/25, documents "Bed Mobility-Assist to turn and reposition every two hours in bed and wheelchair. Bed</p>	S9999		

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S9999	<p>Continued From page 11</p> <p>Mobility-One-person physical assist." This same care plan does not document pressure relieving interventions for R207's heels.</p> <p>R207's Care Plan, dated 4/24/25, documents "Actual pressure ulcer site: Left heel. Requires assist with turning and repositioning."</p> <p>"Interventions: Provide off-loading of ulcer site."</p> <p>This same care plan does not document to ensure (pressure relieving boots) are always on R207 besides during transfers/ambulation or to have R207's (pressure reliving cushion) to offload pressure to heels while in bed.</p> <p>R207's Braden Scales for Predicting Pressure Ulcer Risk, dated 3/19/25, documents "Moisture: Occasionally moist. Activity: Chairfast. Friction and Shear: Potential problem. At risk for development of pressure ulcers.</p> <p>R207's Progress Note, dated 4/21/25, documents, "Area to left heel appears dark in color. Writer to fax primary care physician about change in area to left heel."</p> <p>R207's Wound and Skin Evaluation, dated 4/23/25 documents, "Type: Pressure. Stage: Unstageable due to slough. Location: Left heel. Acquired: In-house. Date acquired: 4/21/25. Wound Measurements: 2.4 cm (centimeters) length by 1.6 cm width by undetermined depth. Wound Bed: 10 percent slough and 90 percent eschar."</p> <p>R207's Wound and Skin Evaluation, dated 4/30/25, documents "Type: Pressure. Stage: Unstageable due to slough. Location: Left heel. Acquired: In-house. Date acquired: 4/21/25. Wound Measurements: 2.3 cm (centimeters) length by 2.0 cm width by undetermined depth.</p>	S9999		

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S9999	<p>Continued From page 12</p> <p>Wound Bed: 10 percent slough, 60 percent eschar and 30 percent granulation tissue. Moderate serous exudate with faint smell."</p> <p>R207's (pressure relieving boots) Instructions, dated 2023, documents "The (pressure relieving boots) helps eliminate pressure and friction to the skin and floats the heels over an air cavity providing air circulation to aid the healing of existing ulcers. Recommended use: Individuals unable to avoid long periods of uninterrupted pressure over bony prominences are at increased risk for the development of necrosis and ulceration. Zero Pressure: Extended cushioned design floats the heel over an air cavity for zero pressure and provides air circulation to aid the healing of existing ulcers."</p> <p>R207's Order Summary, dated 5/5/25, documents the following orders: 4/24/25 Boot to bilateral feet at all times. 4/23/25 Heels up cushion to offload pressure to heels while in bed as needed for when resident is in bed. 4/20/25 Wound care to Left heel: Cleanse with wound cleanser, apply calcium alginate with silver, cover with bordered gauze daily and as needed for soiled or missing dressing.</p> <p>On 5/5/25 at 10:50 AM through 10:55 AM R207's (Cushion to offload pressure) was observed lying on the floor on the right side of R207's bed. R207 was lying in bed with (pressure relieving boots) applied to R207's bilateral feet and were directly lying on R207's mattress. R207's heels were observed not properly placed in the (pressure relieving boots) and R207's heels were directly sitting on the inside of the boot and not in the air cavity of the boot. R207 stated the facility did not offload her heels prior to the development of her left heel wound. R207 stated, "My wound is very</p>	S9999		

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NAME OF PROVIDER OR SUPPLIER MOUNT STERLING HEALTH AND REHAB CEN		STREET ADDRESS, CITY, STATE, ZIP CODE 435 CAMDEN RD MOUNT STERLING, IL 62353		
(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	<p>Continued From page 13</p> <p>painful. I wish it would just get healed."</p> <p>On 5/5/25 at 1:10 PM to 1:20 PM R207's (Cushion to offload pressure) was observed lying on the floor on the right side of R207's bed. R207 was lying in bed with (pressure relieving boots) applied to R207's bilateral feet and were directly lying on R207's mattress. R207's heels were observed not properly placed in the (pressure relieving boots) and R207's heels were directly sitting on the inside of the boot and not in the air cavity of the boot.</p> <p>On 5/5/25 at 1:25 PM V13/Certified Nursing Assistant verified R207's (Cushion to offload pressure) was lying on the right side of R207's bed and R207's (pressure relieving boots) was not properly placed. V13 stated, "I am not sure why the (cushion to offload pressure) is not on (R207's) bed to offload pressure to (R207's) heels but it should be. (R207's) heels should be placed where the open heel area is on the boot, not placed up in the boot. I am not sure who put them on."</p> <p>On 5/6/25 at 10:13 AM V2/Director of Nursing and V20/Registered Nurse were preparing to perform R207's left heel wound treatment. R207's left heel wound was approximately a quarter in size with a moderate amount of yellowish/pink drainage. V2 cleansed R207's left heel wound and then applied calcium alginate and covered with a bordered gauze. V2 stated, "We (the facility) have been out of calcium alginate with silver since last Saturday. I placed an order on Saturday for calcium alginate with silver and it still has not arrived. I did not notify the physician before applying a different treatment to (R207's) left heel wound and should have."</p>	S9999		

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S9999	<p>Continued From page 14</p> <p>On 5/7/25 at 10:30 AM V21/Nurse Practitioner stated, "(R207) is alert and needs help with positioning in bed. (R207's) heels should have been off-loaded while (R207) was in bed to prevent (R207) from developing a pressure ulcer to the left heel. (R207's) pressure ulcer would have been prevented if pressure relief was provided. (R207's) left heel should always be placed in the hole of the protective boot to prevent pressure. I should have been notified immediately if the facility did not have the supplies to apply the treatment I ordered, so I could have ensured the facility was using something appropriate to treat (R207's) pressure ulcer."</p> <p>On 5/7/25 at 10:35 AM V3/Wound Nurse stated, "(R207's) left heel wound was facility acquired and caused by pressure. (R207) should have had pressure relieving interventions for her heels prior to (R207) developing the wound to her left heel due to (R207) be at risk for developing pressure sores and requiring staff assistance with bed mobility. I don't see on (R207's) current care plan to ensure (R207's) (pressure relieving boots) are always on besides during ambulation/transfers or a (pressure relieving cushion) to be used while in bed to offload heels. Both of those interventions should be on the care plan. (R207) should have her boots properly placed and (R207's) heels should be placed where the heel opening is of the boot and (R207) should have her (pressure relieving cushion) while in bed to float heels to promote wound healing." V3 also stated if the facility is out of a physician ordered treatment, the facility should notify the physician to let them know prior to administering a different treatment to a wound.</p>	S9999		

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S9999	<p>Continued From page 15</p> <p>2. On 05/05/25 at 1:13 PM, R30 stated R30's pressure ulcer on his right medial calf is not improving and R30 feels it is infected. R30 further stated sometimes his dressing is not changed like it should be and his wound is very painful.</p> <p>On 05/06/25 at 10:50 AM, V11(Certified Nursing Assistant) CNA and V20 (Registered Nurse) removed R30's dressing to R30's right medial calf. R30's dressing was saturated with yellow/green drainage that had a foul odor. V20 stated there is a lot more drainage than when V20 saw the pressure ulcer last week. V20 further stated that the facility normally updates the wound doctor weekly with concerns or changes to wounds.</p> <p>R30's Nurse Progress Note dated 5/5/25 at 6:18 AM, documents, R30's right lower extremity appears to be more swollen, R30 stated he has been up all day. When doing R30's dressing change the back and medial side of R30's calf the wound appears to be getting more macerated, states it is more painful, dressings that were taken off were saturated and colored bright yellow, non-adherent pads that were directly on the wound were brown and have slight odor. Faxing V21 (Nurse Practitioner) to look at the wound today.</p> <p>On 05/06/25 at 11:20 AM, V2 (Director of Nursing) stated "We are out of Calcium Alginate, so I am applying non-adherent pads the back of R30's right medial calf instead." V2 stated the facility has been out of calcium alginate since 5/3/25. V2 stated that V21 has not been made aware that the facility was out of Calcium Alginate. V2 stated V3(Inflection Preventionist/Wound Nurse) told V2 to use non-adherent pads on the back of R30's leg until</p>	S9999		

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S9999	<p>Continued From page 16</p> <p>the calcium alginate comes in.</p> <p>R30's Physician Orders do not contain documentation to use a non-adherent pad to right medial calf in place of Calcium Alginate.</p> <p>On 05/06/25 at 11:45 AM, V3(Inflection Preventionist/Wound Nurse) stated V3 did not give direction to V2 to apply non-adherent pads to the back of R30's right medial calf, just to keep the wound covered. V3 stated that V21 should have been notified that the facility was out of Calcium Alginate, in case V21 wanted to order a new treatment because non-adherent pads are not going to help with wound healing. V3 further stated V21 should have been made aware of R30's increased yellow/green drainage from the right medial calf pressure ulcer. V3 stated R30's pressure ulcer was found in the facility on 3/24/25 and is unstageable.</p> <p>R30's skin and wound evaluation dated 3/24/25 documents an in house acquired pressure wound to the back of right medial calf measuring 9.1 centimeters (cm) in length x (by) 4.5 cm in width.</p> <p>R30's Skin and wound evaluation dated 4/30/24 documents measurements to the back right medial calf are 6.6 cm in length x 2.9 cm in width.</p> <p>On 5/7/25 at 1:20 PM, V3 removed R30's dressing to right medial calf which was saturated in yellow/green foul-smelling drainage. V3 stated R30's pressure ulcer looks much worse than last week. R30's measurements to right medial calf was 11.2 cm in length x 4.9 cm in width. R30's wound bed was 100% (percent) covered in yellow dead tissue. V3 stated R30's pressure ulcer has worsened because the physician's treatment order was not followed.</p>	S9999		

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S9999	<p>Continued From page 17</p> <p>On 5/7/25 at 10:30 AM, V21 (Nurse Practitioner) stated, "I should have been notified immediately if the facility did not have the supplies to apply the treatment I ordered, so I could have ensured the facility was using something appropriate to treat (R30's) pressure ulcers."</p> <p>On 05/06/25 at 12:12 PM, V1 Administrator stated if we are out of wound supplies then the Physician should be notified.</p> <p>3. On 05/07/25 at 10:27 AM, V22 (Certified Nursing Assistant) CNA stated R48 has a large red area on her bottom, and when R48 has a bowel movement the redness worsens. V22 stated the staff have been applying powder to R48's coccyx.</p> <p>On 5/7/25 at 10:30 AM, R48 was lying supine in bed asleep. V20 Registered Nurse and V22 CNA assessed R48's coccyx, which was bright red with two separate areas visually equivalent to a pencil eraser in size on top of R48's coccyx. R48's perineal area was covered with powder. V20 stated V20 was not aware that R48's bottom was red or that the staff had been applying powder.</p> <p>R48's electronic medical record does not contain documentation of redness to R48's coccyx or notification to the physician of the redness. R48's current physician orders do not contain an order for a treatment to R48's coccyx.</p> <p>On 5/7/25 at 11:05 AM, V3 (Infection Preventionist/ Wound Nurse) stated that V3 was not aware of the redness on R48's coccyx. V3 and V22 rolled R48 over in R48's bed and assessed R48's coccyx. V3 stated the two open area on top of R48's coccyx are stage two facility</p>	S9999		

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S9999	<p>Continued From page 18</p> <p>acquired pressure ulcers and V3 was not aware of it. R48 flinched and grimaced when V3 touched the area. V22 stated the redness on R48's coccyx has been there a couple of weeks but has worsened over the last week. V22 stated she made an unknown nurse aware a couple of weeks ago.</p> <p>R48's Braden assessment dated 2/14/25 documents R48 is at moderate risk for skin impairment.</p> <p>R48's Minimum Data Set (MDS) assessment dated 2/19/25 documents R48 is cognitively impaired.</p> <p>B</p>	S9999		