

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/04/2009
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146020	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/18/2009
NAME OF PROVIDER OR SUPPLIER ROSEVILLE COUNTRY MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 145 S CHAMBERLAIN ST, BOX 770 ROSEVILLE, IL 61473		
(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) COMPLETION DATE	
F 314 F9999	Continued From page 10 Center. FINAL OBSERVATIONS LICENSURE VIOLATIONS 300.1210a) 300.1210b)5) Section 300.1210 General Requirements for Nursing and Personal Care a) The facility must 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 assessment and plan of care. 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. b) General nursing care shall include at a minimum the following and shall be practiced on a 24-hour, seven day a week basis: 5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24 hour, seven day a week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing. These Regulations were not met as evidenced by:	F 314 F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/04/2009
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146020	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/18/2009
NAME OF PROVIDER OR SUPPLIER ROSEVILLE COUNTRY MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 145 S CHAMBERLAIN ST, BOX 770 ROSEVILLE, IL 61473		
(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) COMPLETION DATE	
F9999	<p>Continued From page 11</p> <p>Based on record review, interview, and observation, the facility failed to ensure that licensed nursing staff were trained in the use of the wound vac when providing care to 1 of 1 residents (R3) with ordered wound vac treatments to a pressure sore. Resident R3 developed a serious infection in a pressure sore requiring sharp debridement to remove three two inch pieces of wound vac foam.</p> <p>Findings include:</p> <p>The facility admission face sheet dated 5/19/09 shows R3 was admitted on 2/3/09 with diagnoses including: Osteomyelitis, Right buttock decubitus with wound vacuum, Methicillin Resistant Staphylococcus Aureus of the wound and Paraplegia.</p> <p>The facility "Nursing Admission" sheet dated 2/3/09 shows R3 was admitted with orders for a wound vac over the decubitus ulcer on the right buttock.</p> <p>The manufacturer's wound vac clinicians guide dated 2007 states "The V.A.C. (vacuum assisted closure/vac) system is a wound management system intended to create an environment that promotes wound healing.</p> <p>This system requires the use of specialized foam to be inserted into the wound. The wound is then covered with a plastic drape creating an air tight seal. The vacuum creates suction which removes fluids and infectious debris from the wound bed.</p> <p>This guide "The V.A.C. (Vacuum Assisted</p>	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/04/2009
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146020	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/18/2009
NAME OF PROVIDER OR SUPPLIER ROSEVILLE COUNTRY MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 145 S CHAMBERLAIN ST, BOX 770 ROSEVILLE, IL 61473		
(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) COMPLETION DATE	
F9999	<p>Continued From page 12</p> <p>Closure) Therapy Clinical Guidelines - A reference source for clinicians" provided by the V.A.C. company dated 2007 states on page 3: "Accurately record the number of foam pieces used in the patient's chart and on a readily available visualized place on the drape. When dressing is removed, count the number of foam pieces removed, correlate the count with the number of pieces previously placed in the wound and verify the complete removal of all V.A.C. Foam dressing pieces.</p> <p>Page 7 of this manual notes in bold type "Foam Placement:Always count the total number of pieces of foam used in the wound and document that number on the drape and in the patient's chart."</p> <p>Page 7 of this manual also notes "Foam Removal: V.A.C. Foam Dressings are not bioabsorbable (not able to be reabsorbed by the body). Always count the total number of pieces of foam removed from the wound and ensure the same number of foam pieces was removed as placed. Foam left in the wound for greater than the recommended time period may foster ingrowth of tissue into the foam, create difficulty in removing foam from the wound or lead to infection or other adverse events."</p> <p>Page 17 of this manual states "Dressing Changes-Wounds being treated with V.A.C. Therapy System should be monitored on a regular basis. In a monitored, non-infected wound, V.A.C. Dressings should be changed every 48 hours to 72 hours; but no less than 3 times per week."</p> <p>R3's record from admission date of 2/3/09</p>	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/04/2009
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146020	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/18/2009
NAME OF PROVIDER OR SUPPLIER ROSEVILLE COUNTRY MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 145 S CHAMBERLAIN ST, BOX 770 ROSEVILLE, IL 61473		
(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) COMPLETION DATE	
F9999	<p>Continued From page 13</p> <p>through discharge date of 5/21/09 show no documentation of how many pieces of the wound vacuum foam were being placed in the wound. There was no documentation of how many pieces of the wound vacuum foam were removed when the dressing was changed. E7 (Licensed Practical Nurse/Wound Nurse) stated on 6/12/09 at 10:15 am E7 did not record the number of foam pieces in R3's medical record.</p> <p>On 6/12/09 at 10:15 am E7 stated, ".....The (manufacturer) rep said to be aware of how many pieces of foam I put in so I mentally remembered how many to take out." E7 stated at this time she was not the only nurse who was responsible for changing the wound vac dressing during R3's stay at the facility.</p> <p>On 6/9/09 at 2:55 pm E2 (Director of Nursing/DON) stated, "We don't have a policy or procedure for the use of the (brand name) wound vac. (E7/LPN/Wound Nurse) has the clinicians guide which E7 uses for reference. (July 2007 reference source for clinicians from manufacturer).</p> <p>E7 stated on 6/12/09 at 10:15 am she (E7) received the wound vac clinicians guide when she went to an inservice provided by the manufacturer on 4/2/09.</p> <p>On 6/9/09 at 2:01 pm E3 (Registered Nurse) stated, "(E7) is the main treatment nurse. (E7) measures all the wounds on Mondays. We have a treatment nurse assigned (on Tuesday through Sundays) so if I am the assigned treatment nurse I do them. I was trained by (manufacturer) not too long ago.....I remember (R3). I changed his (R3) wound vac on occasion.....We sign the</p>	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/04/2009
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146020	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/18/2009
NAME OF PROVIDER OR SUPPLIER ROSEVILLE COUNTRY MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 145 S CHAMBERLAIN ST, BOX 770 ROSEVILLE, IL 61473		
(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) COMPLETION DATE	
F9999	<p>Continued From page 14</p> <p>(treatment) book showing we changed it (dressing). That would be the only place. I didn't document the wound site appearance in the nurses notes. I would remove the two pieces - the white one and the black one. I didn't document the number. I would put 1-black and 1-white on the dressing. Then we had the black trac line to protect the skin from the tubing. I didn't document what was removed. Should we?"</p> <p>On 6/9/09 at 2:27 pm E6 (LPN/Licensed Practical Nurse) stated,"(E7) usually measured on Monday..... (R3's) doctor told how long to cut the foam towards the end of healing. It was just one piece of white foam then. The white foam was (cut into) about 4 pieces at first....The number of foam pieces was documented in the treatment book. We also signed off when we did the treatment in the book.....It was passed on in report how many pieces were in the wound. I don't believe it was written down - just verbal. It may have been written on (E7's) sheets kept in a special treatment book accessible on days. I imagine if they (other shifts) wanted to look at it they could."</p> <p>The treatment book, nursing notes and the wound sheets kept by E7 from 2/3/09 to 5/21/09 provide no documentation as to the number of foam pieces being placed in the wound for staff to reconcile the number of pieces of foam being removed.</p> <p>On 6/9/09 at 1:53 pm E4 (LPN) stated, "I do the treatments on my hall when I work. I am sort of familiar with wound vacs. I never had to change them since I have been here. I have never been inserviced on them. If it (wound vac) alarms I</p>	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/04/2009
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146020	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/18/2009
NAME OF PROVIDER OR SUPPLIER ROSEVILLE COUNTRY MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 145 S CHAMBERLAIN ST, BOX 770 ROSEVILLE, IL 61473		
(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) COMPLETION DATE	
F9999	<p>Continued From page 15</p> <p>have to go ask for help like another nurse or the on-call person. When I check the bandage/vac on my shift there is the date and name of the person on the dressing but nothing else."</p> <p>On 6/9/09 at 2:14 pm E5 (LPN) stated, "I was trained a little in the use of the wound vac. I have helped with them but have not had to do them myself. I have not really been trained (formally) in the use. I have done hands on. There was nothing documented on the bandage/dressing except for the name and date of the person who put it (dressing) on. We reinforce it if it leaks. The treatment book should tell us how many pieces of foam are in it."</p> <p>On 6/12/09 at 9:05 am E2 (Director of Nursing/DON) stated, "I confirm no inservice education was provided to nursing staff regarding wound vac therapy (except for E3/RN and E7/LPN on April 2, 2009). It has been a couple of years since (manufacturer) came in to inservice staff."</p> <p>On 6/9/09 a handwritten preliminary progress note written by Z1 (Infectious Disease Physician) and dated 4/3/09 documents "Addendum: I found three extra pieces of foam in the wound. Some were very difficult to remove. May be better to just place one large piece instead of several small ones, to decrease the risk of leaving foam in the area."</p> <p>On 6/11/09 at 10:00 am Z1 (physician) confirmed she wrote the above statement and added, "Yes, I remember (R3). I sent a message to the facility to pack the wound only with one big piece of foam. I found three pieces of foam in the wound when (R3) came to see me in April. It (foam</p>	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/04/2009
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146020	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/18/2009
NAME OF PROVIDER OR SUPPLIER ROSEVILLE COUNTRY MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 145 S CHAMBERLAIN ST, BOX 770 ROSEVILLE, IL 61473		
(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) COMPLETION DATE	
F9999	<p>Continued From page 16</p> <p>pieces) was hard to find and extract if you were not looking carefully. The skin would kind of grow up and around the foam when it was left in. If the foam is left in, it could become infected with a serious infection. It would depend on how long the foam was left in before it was found but, yes, it could cause death. When I have seen patients with wound vacs, there is only one piece of foam placed in the wound. I have not seen it where three or four little pieces are placed in a wound before. Usually there is just the one piece, otherwise pieces may be left in the wound."</p> <p>E2 (Director of Nursing) stated on 6/12/09 at 9:05 am E2 received this memo from (Z1) and (E3, E7) had been sent to an inservice by the manufacturer the day prior (4/2/09). E2 stated no changes were made by the facility after reading the memo.</p> <p>On 6/9/09 at 12:12 pm Z2 (family) stated, "In March or April, (R3) was seeing an infectious disease physician because (R3) had a PICC (peripherally inserted central catheter) for MRSA (Methicillin Resistant Staphylococcus Aureus). The Infectious Disease physician (Z1) took a look at the wound sometime in April and pulled out three pieces (of foam). (Z1) said not to pack the pieces and just use one piece. I went to the facility and spoke to (E2/Director of Nursing) and told (E2) what (Z1) had said about the packing and to put one piece in. It was rarely the same nurse who did the wound vac dressing changes except on Monday.....Pieces were found in the wound one week (5/28/09) after (R3) was discharged from the facility and then again when we went to the emergency room (6/1/09) another three pieces were found. (Z3/emergency room physician/wound physician) was able to extract</p>	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/04/2009
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146020	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/18/2009
NAME OF PROVIDER OR SUPPLIER ROSEVILLE COUNTRY MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 145 S CHAMBERLAIN ST, BOX 770 ROSEVILLE, IL 61473		
(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) COMPLETION DATE	
F9999	<p>Continued From page 17</p> <p>the foam packing out of the wound without hospitalization. He (Z3) said (R3) could have died if we had not taken him in to the emergency room." On 6/11/09 at 8:55 am Z2 (family) stated, "(R3) was discharged to his home. (R3) lives alone. Home Health was seeing (R3). The wound vac was discontinued at the nursing home and not restarted when (R3) went home."</p> <p>On 6/11/09 at 10:55 am R3 confirmed the wound vac was not continued when he was discharged from the facility. R3 stated, "The wound vac was discontinued the day before I left. It has not been put back on since then. The Home Health nurse packs the wound with a different type of dressing now. The Monday I went to the emergency room the Lord was on my shoulder. My daughter and the Home Health CNA (Z5/Certified Nursing Assistant) both went with me to the emergency room. The doctor had to take out three pieces of foam that tissue had grown over. When I was in the nursing home the same nurse did my treatment on Mondays. I never heard her count the number of pieces put in or taken out. The rest of the time I never knew who would be doing the treatment. The only time it was pretty much the same was on Mondays. When the doctor in the emergency room took the pieces out they smelled awful. Now the wound is easily twice as big. The emergency room doctor told me, my daughter and the Home Health CNA he didn't think I would have lived if I had waited for my appointment on Thursday with my regular wound doctor. It's too late for me now but I don't want this to happen to someone else."</p> <p>On 6/12/09 the Home Health Agency confirmed (R3) was not using a wound vac when he was discharged to home and under their care.</p>	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/04/2009
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146020	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/18/2009
NAME OF PROVIDER OR SUPPLIER ROSEVILLE COUNTRY MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 145 S CHAMBERLAIN ST, BOX 770 ROSEVILLE, IL 61473		
(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) COMPLETION DATE	
F9999	Continued From page 18 On 6/11/09 at 1:40 pm Z4 (wound specialist) stated, "He (R3) was using the wound vac at the nursing home. I don't go to the nursing home so when he started coming back to the clinic I gave specific directions to use one piece. Some nursing home staff were putting several small pieces of foam in the wound. Technically this is not the right way to do it. After he left the nursing home he no longer had the wound vac. Some sponge was left in the wound. When a piece is left in, it fills with drainage and swells. One piece came flying out on 5/28/09 in the office. A day or two later the emergency room doctor got a few more pieces out." On 6/16/09 at 9:23 am Z6 (wound clinic nurse) stated, "We would put the wound vac back on after we saw (R3) at the clinic. We put one piece of thin white foam which we also instructed the facility to do. We gave very specific orders to the facility because we didn't want small pieces in the wound. You really couldn't see the bottom of the wound - it was pencil thin. We documented the one piece we put in." On 6/11/09 at 1:20 pm Z5 (Home Health CNA) stated, "I went to the emergency room (ER) with (R3) on 6/1/09. (R3) just looked sick - clammy and his legs were jerking. The week before (Z4/wound specialist) got some foam out in the office. It shot out and hit the window. (Z4) said he thought he got it all but (R3) kept getting sicker and sicker. I asked the nurse if there could be more foam in the wound so we took (R3) to ER. In ER the doctor (Z3) took out three more pieces. The skin had grown over the pieces. (Z3) took out three foul smelling green colored pieces of foam. The doctor (Z3) said it (foam)	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/04/2009
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146020	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/18/2009
NAME OF PROVIDER OR SUPPLIER ROSEVILLE COUNTRY MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 145 S CHAMBERLAIN ST, BOX 770 ROSEVILLE, IL 61473		
(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) COMPLETION DATE	
F9999	<p>Continued From page 19</p> <p>had been in (R3's) wound a long time. It kind of looked like a sponge foam. He (Z3) really had to work to get the foam out. When (R3) gets sick his legs shake. The doctor (Z3) said if we had not taken (R3) in and waited till Thursday for his regular wound doctor appointment with (Z4) it could have killed him. The doctor (Z3) said he would have been dead by Thursday."</p> <p>On 6/12/09 at 8:50 am Z3 (Emergency room/wound physician) stated, "When he (R3) came to ER (emergency room) I got three pieces of foam. They were nasty - foul smelling and green. I have not seen foam cut up into pieces before. He could have gone septic which can lead to death if not treated immediately."</p> <p>(A)</p>	F9999			