

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: 145278	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 07/13/2009
NAME OF PROVIDER OR SUPPLIER STERLING PAVILION			STREET ADDRESS, CITY, STATE, ZIP CODE 105 EAST 23RD STREET STERLING, IL 61081		
(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 490	Continued From page 38 information given to me by the DON quarterly. They are trying to address and focus on wounds. I'm sure you've seen it before when staff are lacking in training and resources. It's a big job for a nurse in training (to manage the program). I see what you're saying regarding your concern when the outcome does not show improvement." On 6/29/09 E1 (Administrator) was requested to provide all information regarding pressure ulcer documentation since 6/18/09. Resident daily monitoring sheets (for pressure ulcers) and PUSH tools (Pressure ulcer healing scores) were not submitted. On 7/2/09 at 11:30 AM, E1 was again requested to provide daily monitoring sheets and PUSH tools for residents identified with pressure ulcers. E4 (wound nurse) confirmed daily monitoring sheets were not being used. E1 submitted a binder with PUSH tool forms. 7 of 13 residents with pressure ulcers did not have PUSH tools initiated. Resident observations and resident record reviews made on 6/29/09 and 7/2/09 identified existing pressure ulcers had deteriorated and low risk residents had developed new pressure ulcers within the time frame of 6/18/09 through 6/29/09 (total of 14 residents within an 11 day time frame).	F 490			
F9999	FINAL OBSERVATIONS LICENSURE VIOLATIONS Repeat Type A Violation 300.1210a) 300.1210b)5) 300.3240a)	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: 145278	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 07/13/2009
NAME OF PROVIDER OR SUPPLIER STERLING PAVILION			STREET ADDRESS, CITY, STATE, ZIP CODE 105 EAST 23RD STREET STERLING, IL 61081		
(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 39</p> <p>300.1210 General Requirements for Nursing and Personal Care</p> <p>a) The facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental and psychosocial 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.</p> <p>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.</p> <p>300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act).</p> <p>These requirements are not met as evidenced by:</p> <p>Based on observation, interview and record</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: 145278	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 07/13/2009
NAME OF PROVIDER OR SUPPLIER STERLING PAVILION			STREET ADDRESS, CITY, STATE, ZIP CODE 105 EAST 23RD STREET STERLING, IL 61081		
(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 40</p> <p>review the facility failed to comply with its Plan of Correction from the 12/23/08 survey by failing to reasonably assure that residents having pressure sores receive the necessary treatments and services to promote healing and prevent infection and prevent new sores from developing unless the resident's condition demonstrates that they are unavoidable. The facility failed to have an effective pressure ulcer prevention system in place to:</p> <ul style="list-style-type: none"> Prevent new pressure ulcers from developing and existing pressure ulcers from deteriorating, Determine the root cause analysis for pressure ulcer development for low risk residents, Conduct accurate skin and pressure ulcer assessments, Develop individualized pressure ulcer treatment plans, Monitor and evaluate the effectiveness of the treatment plans, Review and modify interventions when lack of healing progress is identified, Have staff trained and knowledgeable in skin care and pressure ulcer prevention, Have nursing staff knowledgeable in pressure ulcer identification, assessment and documentation. <p>The facility had 19 of 94 residents with pressure ulcers (20%). Ten of the 19 residents have multiple pressure ulcers. Nine of the ten residents who developed pressure ulcers were assessed to be at low risk. According to the facility Quality Indicator Report of 6/30/09 the facility rate for low risk residents with pressure sores is 6.1%. The state average for low risk residents with pressure ulcers is 2.6%.</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: 145278	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 07/13/2009
NAME OF PROVIDER OR SUPPLIER STERLING PAVILION			STREET ADDRESS, CITY, STATE, ZIP CODE 105 EAST 23RD STREET STERLING, IL 61081		
(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 41</p> <p>This applies to 14 residents that had pressure ulcers that worsened or developed newly acquired pressure ulcers between 6/18/09 and 7/2/09. (R1, R5, R6, R7, R9, R10, R21, R33, R35, R37, R38, R39, R40, R41)</p> <p>Findings include:</p> <p>1. The Treatment Record for June 2009 for R38 shows on 6/10/09 the hydrocolloid dressing was discontinued, and the pressure area on the coccyx was "healed." On 6/18/09 at 3:25 PM, R38's admission assessment (return from the hospital) documents, "Coccyx pink, scar tissue 0.1 cm x 2 cm." The weekly skin check assessment was recorded with the staff nurse's initials. No documentation of the findings was recorded.</p> <p>On 6/22/09 the Weekly Pressure Ulcer treatment report documents R38 had 2 open areas on the upper and lower coccyx. The report documents, "Upper coccyx area (measured) 1.2 x 0.4 x 0.5 cm, beefy red wound bed, lower coccyx area (measured) 2.4 x 0.5 x 0.3 cm, slough in the wound bed, hydrocolloid dressing applied." No wound staging is identified.</p> <p>On 6/29/09, the weekly pressure ulcer treatment record documents 2 open areas on the right buttock. The first right buttock ulcer assessment is recorded as, "Unstageable, 2.0 x 0.3 x 0.3 cm with slough in the wound bed." The second right buttock ulcer assessments is recorded as, "Unstageable, 1.3 x 4.0 x 0.3 cm with slough in the wound bed."</p> <p>The nurses' notes on 6/25/09 documents,</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: 145278	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 07/13/2009
NAME OF PROVIDER OR SUPPLIER STERLING PAVILION			STREET ADDRESS, CITY, STATE, ZIP CODE 105 EAST 23RD STREET STERLING, IL 61081		
(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 42</p> <p>"Discussed with CNA (certified nursing assistant) plan to enhance healing, pressure relief every 2 hours and reposition when in bed. Lay resident down after meals to promote healing."</p> <p>The treatment record for R38 dated 7/6/09 documents, "Left buttock 0.8 x 0.6 cm wound bed with 100% slough, unstageable, peri wound pink. Good peri care after incontinent episode."</p> <p>On 7/2/09 at 10:20 AM, R38 was observed lying in bed. E13 CNA (Certified Nursing Assistant) assisted R38 to turn. A large hydrocolloid dressing was observed over the coccyx. When the resident was turned an odor of urine was noted. E13 stated, "I just changed her, I'll do it again." The incontinence pad under R38 was dry.</p> <p>The Physician order sheet dated 6/23/09 for R38 documents to discontinue the urinary catheter and to toilet every 2 hours. Wound treatment order, "Cleanse coccyx with (skin cleanser) and apply hydrocolloid dressing." No treatment orders were noted for the buttocks.</p> <p>The Braden Scale (Pressure Ulcer Risk Assessment) for R38 dated 6/25/09 documents R38's score at 14 (moderate risk to develop skin breakdown).</p> <p>The Minimum Data Set (MDS) of 3/27/09 documents R38 had no current or previous history of pressure ulcers. The MDS shows R38 has occasional incontinence and requires extensive assistance with hygiene and toileting. The care plan dated 1/15/09 states R38 is at risk for alteration in skin breakdown related to decreased mobility, being chairfast, and poor position changes.</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: 145278	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 07/13/2009
NAME OF PROVIDER OR SUPPLIER STERLING PAVILION			STREET ADDRESS, CITY, STATE, ZIP CODE 105 EAST 23RD STREET STERLING, IL 61081		
(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 43</p> <p>On 6/29/09 at 2:05 PM, E4 (Wound Nurse - Licensed Practical Nurse LPN) confirmed, "R38 returned from the hospital on 6/18/09 and only scar tissue was on the coccyx." E4 stated, "The next skin assessment was done on 6/29/09 and we found 2 open areas with slough across the wound bed." E4 explained, "Slough is the white stuff in the middle of the wound, sometimes it can be tan or green color."</p> <p>Review of R38's of medical record showed the skin on R38's coccyx progressed from healed scar tissue on 6/18/09 to 2 Unstageable wounds on the coccyx, right buttocks or left buttocks. Documentation of the true location of the pressure ulcers is inconsistent and unclear.</p> <p>Bryant, Management of Acute and Chronic Wounds, Mosby 2007, defines slough as soft, moist, avascular (necrotic/devitalized) tissue. On page 135, Pressure Ulcer staging is defined as: Stage I - Intact skin with non-blanchable redness of a localized area usually over a bony prominence. Stage II - Partial thickness loss of dermis presenting as a shallow open ulcer with a red pink wound bed without slough. Stage III - Full thickness tissue loss. Slough may be present but does not obscure the depth of tissue loss. Stage IV - Full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present on some parts of the wound bed. Unstageable - Full thickness tissue loss in which the base of the ulcer is covered by slough and or eschar in the wound bed. Until enough slough and or eschar is removed to expose the base of the wound, the true depth, and therefore stage</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: 145278	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 07/13/2009
NAME OF PROVIDER OR SUPPLIER STERLING PAVILION			STREET ADDRESS, CITY, STATE, ZIP CODE 105 EAST 23RD STREET STERLING, IL 61081		
(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 44 cannot be determined.</p> <p>2. On 7/2/09 at 9:45 AM, R35 was seated in a wheelchair leaning to the right side. E11 (CNA) transferred her from the wheelchair to her bed. No pressure reduction cushion was being used in R35's chair. R35's buttocks were extremely tender when touched. The skin on both sides of the inner buttocks (near the anus) were bright red, moist and weepy. No treatment was observed on the irritated skin. R35 yelled out when E11 lifted the skin for examination of the area. R35 stated she leaned to the side in her wheelchair, "Because my bottom is sore." E11 (CNA) stated they use a skin barrier cream on the open areas and R35 can tell them when she needs to go to the bathroom."</p> <p>The weekly pressure ulcer treatment record dated 6/29/09 for R35 documents, "Left buttocks healing, stage II, superficial depth, epithelial tissue throughout buttock. Hydrocolloid dressing, change every 5 days." The last nursing note entry in R35's record is dated 5/21/09. The entry states, "2 Open areas, Stage II on left buttocks, 0.4 x 0.5 and 0.3 x 0.2 cm."</p> <p>The Physician order sheet dated 6/1/09 documents R35 has Dementia and Neuralgia. The Braden Score dated 4/15/09 for R35 is 19 (mild risk for development of pressure ulcers). The MDS of 4/17/09 documents R35 did not have any current or history of pressure ulcers and requires assistance for toileting and personal hygiene. No PUSH tool (pressure ulcer scale for healing) was completed for R35.</p> <p>During transfer from the wheelchair to the bed, R35 complained her feet hurt when the CNA</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: 145278	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 07/13/2009
NAME OF PROVIDER OR SUPPLIER STERLING PAVILION			STREET ADDRESS, CITY, STATE, ZIP CODE 105 EAST 23RD STREET STERLING, IL 61081		
(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 45</p> <p>bumped them. R35's support stockings and shoes were removed. R35 complained of her feet hurting when her shoes and socks were removed. R35 repeatedly stated, "I have a corn." E11 (CNA) stated it is hard to get R35's shoes on and her shoes are very worn but they cannot get R35 to change them. Observation of R35's right foot showed a scabbed, dry callous on the heel of the foot. Along the heel and outer edge of the foot were 3 deep red, circular shaped (Stage I) areas. On the top of R35's right foot was a dark red indent (Stage I). The skin on both feet and legs were dry and scaly. The left foot had a large, dry callous spot under the great toe (approximately 2.5 - 3 cm). The area was very tender to touch. E10 (Assistant Director of Nurses - ADON) examined the area. The area was very tender to touch. E11 (CNA) stated no protective measures are used in R35's shoes to relieve the discomfort in her feet.</p> <p>R35's medical record lacked documentation regarding care of the callous "corn" on R35's left foot, pressure relief measures of the feet and any attempts at replacing R35's shoes. The Physician progress notes dated, 2/20/09 document, "Patient has pain in left foot for about a week, 'a corn.' Left foot, great MP joint, medial aspect 1 cm tender callous."</p> <p>During observation on 7/2/09 at 9:45 AM, R35's abdominal fold on the right lower quadrant was red and irritated. In the right groin, dry, dark brown crusty matter was observed. E11 stated, "I didn't get R35 up this morning, I usually wash them before I get the resident up in the morning." The crusty matter was removed when E11 washed the skin with soap and water. The Physician Order Sheet documents on</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: 145278	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 07/13/2009
NAME OF PROVIDER OR SUPPLIER STERLING PAVILION			STREET ADDRESS, CITY, STATE, ZIP CODE 105 EAST 23RD STREET STERLING, IL 61081		
(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 46</p> <p>3/21/09 a prescription to apply (Antifungal cream) 2 times a day to the excoriated abdominal folds and as needed until healed. The treatment record for June 2009 showed that no applications of the antifungal cream was administered for R35.</p> <p>According to Bryant, Management of Acute and Chronic Wounds, Mosby 2007, page 319, "Callus formation is a natural protective response to repetitive stress. It is characterized by thickened hyperkeratotic skin. The problem with this buildup is that accumulation of callus can also increase pressure 25% to 30%, resulting in an ulcer below the callused area that is not visible to the examiner or palpable. Callus buildup is a result of a biomechanical problem. Unless the underlying cause is eliminated, callus will continue to occur. Based on the duration and the amount of pressure applied, the skin may eventually break down and an ulcer will develop." Page 136, "Evaluation of the patient's shoes is as important as taking a good history and/or examining the patient's feet. Many ulcers on the dorsum are at sites of high pressure, where the patient's footwear creates a lesion that implies a biomechanical etiology."</p> <p>3. On 6/30/09 at 1:20 PM, R10 was observed sitting in her room in a standard wheelchair. R10 was alert and responsive to interview questions. R10 stated, "I have sores on my bottom that seem to come and go for the past 4 years." On 7/2/09 at 10:30 AM, R10 was outside and did not want to come back to her room for assessment of her wounds.</p> <p>The Physician Order sheet dated 6/1/09 documents R10 has Diabetes, and Congestive</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: 145278	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 07/13/2009
NAME OF PROVIDER OR SUPPLIER STERLING PAVILION			STREET ADDRESS, CITY, STATE, ZIP CODE 105 EAST 23RD STREET STERLING, IL 61081		
(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 47</p> <p>Heart Failure. The Braden Scale score for R10 on 2/3/09 was 18 (mild risk for development of pressure ulcer). The Minimum Data Set (MDS) of 4/17/09 documents R10 has no short or long term memory impairments, and is continent of bowel and bladder. The MDS shows R10 requires assistance with bed mobility, transfer, toilet use and personal hygiene. The MDS documents R10 does not have any current or history of pressure ulcers. The Resident Assessment Protocol (RAP) on 10/27/08 states not to proceed with care planning as the resident is able to make adjustments in position for comfort. The care plan dated 2/3/09 documents R10 has Stage II pressure ulcers on the Right and Left Ischial Tuberosities (Bony prominence of the buttocks) related to refusing to sleep in bed and making position changes. Nursing approaches on the care plan for pressure management do not include use of a preventative cushion in the chair, or turning and repositioning. R10's care plan was last updated on 4/13/09. The resident goal is to decrease the size of the pressure ulcer by next review on 5/3/09. A PUSH (Pressure Ulcer healing chart) tool for a pressure ulcer on the coccyx for R10 was started on 5/4/09 and documents a total score of 4. The PUSH score on 6/29/09 is recorded as 3.</p> <p>According to Bryant, Management of Acute and Chronic Wounds, Mosby 2007, page 227, "Patients who sit in a chair must also change position. A person who is dependent in care should have his or her position changed in a chair at least every hour. A pressure-reducing chair cushion should be used. Geyer and colleagues (2001) reported that pressure-reducing cushions were more effective in preventing ischial pressure ulcers." Page 133,</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: 145278	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 07/13/2009
NAME OF PROVIDER OR SUPPLIER STERLING PAVILION			STREET ADDRESS, CITY, STATE, ZIP CODE 105 EAST 23RD STREET STERLING, IL 61081		
(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 48</p> <p>"A 4 week old pressure ulcer that has not improved despite optimal care is suggestive of the presence of cofactors that have not been adequately addressed such as unresolved pressure, malnutrition or infection."</p> <p>The Treatment Record, June 2009 for R10 shows the following wound assessments: 6/19/09 - 0.3 x 0.2 cm open area to left buttocks, pink center . No staging. (1 opening) 6/22/09 - Stage II 0.5 x 0.5 x 0.3 opening on the Coccyx. (different opening) 6/25/09 - Stage II 0.3 x 0.2 cm opening on the Sacrum, Stage II 0.4 x 0.5 cm on Right buttocks, Stage II 0.5 x 0.3 Right buttocks (3 openings) 6/29/09 - Stage II 0.7 x 0.3 x 0.4 cm on Coccyx, Stage II 0.2 x 0.5 cm Right buttocks, Stage II 0.3 x 0.3 cm Right buttocks, and Stage II 0.6 x 0.5 cm on distal Right buttocks. (4 openings)</p> <p>According to Bryant, Management of Acute and Chronic Wounds, Mosby 2007, page 133, "Assessment and documentation of proper anatomic location of the wound is important to provide an accurate description of the wound to colleagues as well as clue about the etiology. Anatomic locations such as the sacrum and the coccyx must be clearly delineated."</p> <p>4. On 6/29/09 at 10:35 AM, R9 was transferred from the toilet to a wheelchair using a mechanical stand to lift by E15 CNA (Certified Nursing Assistant). Hydrocolloid dressings were intact to the fleshy part of the right and left buttocks. R9's skin on her back and buttocks was dry. E15 stated, "R9's wounds are self inflicted she likes to scratch herself." E15 was asked what approaches were used to address the resident scratching and she stated, "If we catch her, we</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: 145278	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 07/13/2009
NAME OF PROVIDER OR SUPPLIER STERLING PAVILION			STREET ADDRESS, CITY, STATE, ZIP CODE 105 EAST 23RD STREET STERLING, IL 61081		
(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 49</p> <p>remind her not to do that. If you tell her she will quit."</p> <p>The care plan for R9 states she is at risk for break down due to immobility, dependent on assistance with activities of daily living and is incontinent of bowel and bladder. The care plan does not address resident itching or interventions used to decrease itching. The Resident Assessment Protocol (RAP) states, "See rap assessment." No other documentation was provided. The Minimum data set of 4/8/09 documents R9 does not have any behavior patterns or symptoms. R9's Braden Score on 4/8/09 was 14 (moderate risk).</p> <p>According to Bryant, Management of Acute and Chronic Wounds, Mosby 2007, page 131, "Xerosis (pruritic, erythremic, dry, scaly, cracked, or fissured skin) is a problem for 59% to 85% of people older than 64 years yet is often ignored as a threat to the integrity of the skin. Xerosis is a result of the loss of natural moisturizing factors, barrier abilities and epidermal water loss. It is uncomfortable and linked to pruritus, infections, skin tears, and pressure ulcers."</p> <p>The weekly pressure ulcer treatment record on 6/22/09 shows R9's opening on the left buttock is healed and she has 2 openings on the right buttocks measuring 1.0 x 1.0 cm Stage II (medial location) and 0.8 x 1.5 cm Stage II (lateral location). On 6/29/09 the right buttocks measured 3.5 x 1.0 Stage II (medial location) and 2.5 x 1.0 Stage II (superior location).</p> <p>Measurement comparisons show an increase in size in the right buttock openings. Location of the openings is not consistently documented.</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: 145278	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 07/13/2009
NAME OF PROVIDER OR SUPPLIER STERLING PAVILION			STREET ADDRESS, CITY, STATE, ZIP CODE 105 EAST 23RD STREET STERLING, IL 61081		
(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 50</p> <p>According to Bryant, Management of Acute and Chronic Wounds, Mosby 2007, page 133, "Assessment and documentation of proper anatomic location of the wound is important to provide an accurate description of the wound to colleagues as well as clues about the etiology. Anatomic locations such as the sacrum and the coccyx must be clearly delineated."</p> <p>5. On 6/29/09 at 12:40 PM, R1 was observed being transferred from the toilet to the wheelchair via a mechanical stand to lift device. R1's buttocks were observed to have several open areas on the right buttocks near the rectum. No dressings or treatments were observed. E16 CNA stated (about the type of treatment for the open areas), "I don't know, the nurse does the treatments. I just apply (skin barrier cream)."</p> <p>The weekly pressure ulcer treatment record dated 6/22/09 shows R1 on the Left buttock has 2 openings measuring 0.4 x 0.4 Stage II and 0.2 x 0.2 Stage II. Both wounds are described to have a beefy red wound bed. R1's treatment record documents the openings on the left buttock are healing. No openings were assessed on the right buttock. There was no assessment recorded for R1 on 6/29/09.</p> <p>On 6/30/09 E4 (LPN wound nurse) submitted the following written statement, "Regarding R1 on 6/22/09, patient had 2 Stage II's on the left buttock. Both areas were healing stage II's when I assessed patient on 6/29/09 at 6:00 AM, R1 did not have any open areas that morning. I didn't write her on the weekly report due to having "healed" from the Stage II's. I was informed that 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: 145278	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 07/13/2009
NAME OF PROVIDER OR SUPPLIER STERLING PAVILION			STREET ADDRESS, CITY, STATE, ZIP CODE 105 EAST 23RD STREET STERLING, IL 61081		
(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 51</p> <p>can write her name and any other patient that's healed on the treatment report and write "healed" if they had a previous pressure ulcer. The skin checks are going to continue for R1."</p> <p>R1's treatment record on 6/30/09 documents 6 openings on the right buttocks and 2 openings on the left buttock.</p> <p>The Physician order sheet dated 6/25/09 for R1 documents the prescribed wound treatment, "Cleanse upper posterior left inner thigh with soap and water, apply petroleum dressing, cover with hydrocolloid dressing and change every 3 days."</p> <p>R1's care plan dated 5/15/09 stated resident has "Stage II on the sacrum 1.0 x 0.3 cm, and on 5/18/09 left upper thigh 0.5 x 0.2 cm". No updates are recorded on the care plan. R1's skin integrity care plan dated 5/20/09 documents "R1 wearing depends causes patient to develop blisters, cloth and plastic depends should be avoided."</p> <p>R1's Braden Score dated 5/20/09 shows R1 has a score of 15 (mild risk for developing pressure ulcers).</p> <p>Physician Progress Notes for R1 dated 6/2/09 document, "Subjective assessment (S) Three month history blisters bilateral posterior thighs, previously resolved but now present more than 3 weeks. Worse since catheter removed due to urinary incontinence. Objective assessment (O) Multiple bulla (blisters) posterior thighs, many eroded and unroofed, remainder of body unaffected, no mucosal lesions. Assessment (A) Limited Bullous Pemphigoid vs friction dermatitis.</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: 145278	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 07/13/2009
NAME OF PROVIDER OR SUPPLIER STERLING PAVILION			STREET ADDRESS, CITY, STATE, ZIP CODE 105 EAST 23RD STREET STERLING, IL 61081		
(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 52</p> <p>According to: Merck Manual Professional Edition. Bullous Pemphigoid. Retrieved July 9, 2009, from http://www.merck.com/mmpe/sec10/ch112/ch112b.html: "Bullous Pemphigoid is an auto-immune disease that causes blisters. First symptoms may be small patches of itchy skin, with blister developing a week or more later. If untreated, the blisters and raw areas of skin can cause much discomfort. There is a danger of serious infection occurring on raw areas of skin. Treatments that can help include dressings and wound care for areas of raw skin."</p> <p>6. R7's Physician's Order Sheet dated July 2009 had diagnoses to include: Dementia, Hyperlipidemia, Hypertension, and Neurogenic Bladder.</p> <p>The Minimum Data Set (MDS) of 6/5/09 assessed R7 as having modified independence in decision-making with short term memory problems. R7 was assessed as being independent with ADL's (Activities of Daily Living- to include: transferring, toileting, ambulating, hygiene). Assessment showed R7 was continent of bowel and bladder (uses pads and briefs).</p> <p>R7's Braden Scale- for predicting pressure sore risk dated 3/19/09 and 6/8/09 documented a score of 22. The score indicated R7 was at low risk for pressure ulcer development. (Total score of 12 or less represents high risk).</p> <p>Treatment record of April 2009 showed R7 had a treatment dated 4/22/09 for an open area-Stage II, to the right ischial .5cm x .3cm , yellow, moist center. Treatment sheet also showed weekly</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: 145278	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 07/13/2009
NAME OF PROVIDER OR SUPPLIER STERLING PAVILION			STREET ADDRESS, CITY, STATE, ZIP CODE 105 EAST 23RD STREET STERLING, IL 61081		
(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 53 skin checks were to be done.</p> <p>Nurse's note dated 6/24/09, 1:00pm documented, "Noted open area on coccyx after shower 1.5 x .2 slit on coccyx area, open, red area."</p> <p>R7's care plan dated 6/24/09 documented, 'Resident has Stage II pressure ulcer present on coccyx related to: Pressure while in bed. Approaches included: Turn and reposition every 2 hours and PRN, and pericare after each episode of incontinence. Preventative mattress and preventative cushion in chair were not checked as approaches to use. The care plan did not show R7 had a history of skin breakdown as documented on the 4/09 treatment record. There was no cause or risk factors identified for R7.</p> <p>On all days of the survey, R7 was observed seated in a regular chair or a reclining chair by the B wing nurse's station before and after meals. R7's walker was nearby. E3 (RN) commented that R7 spends a majority of her day in this location.</p> <p>On 6/30/09 at 10:15am, E4 (Treatment nurse, LPN) was interviewed about what caused R7's skin breakdown? E7 stated, "I am wondering if at night she likes to lay on her back? I would have to find out by asking R7 or the CNAs. She does her own incontinence care, maybe that could be a contributing factor?"</p> <p>According to Bryant, Nix, Current Management of Acute and Chronic Wounds, Mosby, 2007:</p> <p>Page 225: " To reduce risk factors it is imperative to ascertain which risk factors are present for an</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: 145278	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 07/13/2009
NAME OF PROVIDER OR SUPPLIER STERLING PAVILION			STREET ADDRESS, CITY, STATE, ZIP CODE 105 EAST 23RD STREET STERLING, IL 61081		
(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 54</p> <p>individual patient, then risk reduction strategies can be better tailored to meet the individual's needs."</p> <p>7. R6's June, 2009 Physician's Order Sheet shows that R6's diagnoses includes Benign Prostatic Hypertrophy, Dementia, and Right Shoulder Fracture.</p> <p>R6's June, 2009 Treatment Record shows that R6 has had a foam dressing applied to his Sacrum every three days during the month of June, 2009. The same treatment sheet documents the following: 6/1/09 a stage II pressure ulcer to the right Sacrum 0.2 x 0.2 cm (centimeters) and a stage II pressure ulcer on the left Sacrum 0.1 x 0.1 cm.</p> <p>6/8/09 Right buttock pressure ulcer 0.4 cm x 0.4 cm x 0.2 cm. (developed depth) Left buttock 0.1 cm x 0.1 cm.</p> <p>6/15/09 Right buttock 0.4 cm x 0.4 cm x 0.2 cm. (No change)</p> <p>Left buttock, granulation tissue, healed stage II. A Pressure Ulcer Scale for Healing tool (PUSH) dated 5/18/09 through 6/22/09 documents a consistent score of 3 (no change, either improvement or deterioration). On 6/22/09 the left buttock is documented as healed.</p> <p>6/22/09 Right buttock 0.5cm x 0.5 cm (increased in size)</p> <p>6/29/09 Right buttock 0.4 cm x 0.4 cm.</p> <p>A Push tool dated 5/18/09 through 6/29/09 shows an ongoing score of 3. The graphic depiction of</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: 145278	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 07/13/2009
NAME OF PROVIDER OR SUPPLIER STERLING PAVILION			STREET ADDRESS, CITY, STATE, ZIP CODE 105 EAST 23RD STREET STERLING, IL 61081		
(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 55</p> <p>this score shows no changes in R6's pressure ulcer.</p> <p>R6's treatment record for June, 2009 and for July 2, 2009 shows that R6 had no change in treatment modality during this time, and that R6's wound was not healing.</p> <p>According to Clinical Practice Guidelines for Treatment of Pressure Ulcers, Publication no. 95-0652, pgs. 24, "A clean pressure ulcer should show evidence of some healing within 2-4 weeks. If no progress can be demonstrated, reevaluate the adequacy of the overall treatment plan as well as adherence to this plan making modifications as necessary."</p> <p>On 7/2/09 at 10:10 AM E12 Licensed Practical Nurse, (LPN) assisted in observation of R6's sacral wound. R6's foam dressing was removed by E12. The dressing was observed to have brown stains on the foam. R6 had a strong smell of urine. The skin surrounding R6's open area was reddened, and peeling. Peeling skin was observed across the entire sacral area.(Alteration in skin integrity.)</p> <p>8. R33's June, 2009 Physician's Order Sheet documents that R33's diagnoses include Right Hip Fracture, Coronary Disease, Peripheral Vascular Disease, Kidney Disease, and Anemia. The same Physician's Order Sheet shows that R33 was admitted on 6/22/09 and orders were written for the following open areas: "Cover open areas on the Right Thigh, Right Wrist, Left Back with Xeroform. Hydrocolloid to the left buttocks, and abdominal pad to the right hip incision. "</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: 145278	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 07/13/2009
NAME OF PROVIDER OR SUPPLIER STERLING PAVILION			STREET ADDRESS, CITY, STATE, ZIP CODE 105 EAST 23RD STREET STERLING, IL 61081		
(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 56</p> <p>A Nursing Admission/Readmission Nursing Assessment dated 6/22/09 documents that R33 had open areas on the Sacrum, and on the back of the right and left thigh. No further wound description was documented. R33's scrotum was documented to be red and irritated. The same assessment shows that R33 had a bruise on the left heel and a scab on the right heel. The assessment did not include the presence of potential Deep Tissue Injury to R33's left heel.</p> <p>A document entitled Admission Skilled Care Nurses Note shows that on admission R33's heels were "hard and calloused, R33 has 4 open areas that are being assessed."</p> <p>R33's Admission MDS Assessment of 6/29/09 assessed R33 to require extensive assistance of one person for bed mobility, and total assistance of one person for transfer. R33 was assessed to be incontinent of bowel and bladder. The same assessment shows that R33 had 2 additional stage II pressure ulcers. (6 stage II)</p> <p>R33's Braden Scale for Predicting Pressure Sore Risk dated 6/25/09 shows a score of 15. (15-18 mild risk)</p> <p>A Nursing Note for 6/25/09, entry for 2-10PM, documents the following, "Noted to have left heel blister 4.5 cm x 2.4 cm intact, Left lateral foot area red, top of left foot 6.7 cm x 1.7 cm intact blister. Right heel 4 cm x 3.7 cm blister intact.</p> <p>R33's Physician Order Sheet for June, 2009 shows treatment orders were obtained for the foot wounds on 6/25/09. The orders included heel boots at all times.</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: 145278	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 07/13/2009
NAME OF PROVIDER OR SUPPLIER STERLING PAVILION			STREET ADDRESS, CITY, STATE, ZIP CODE 105 EAST 23RD STREET STERLING, IL 61081		
(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 57</p> <p>R33's care plan entitled Risk for Alteration in Skin Integrity dated 6/25/09 through 9/25/09 does not identify R33's Peripheral Vascular Disease as a contributing factor to skin breakdown. R33's care plan did identify incontinence but no specific interventions or orders related to R33's red, irritated scrotum were documented.</p> <p>Another care plan entitled Stage II Pressure Ulcer, documents that R33 had a stage II Pressure Ulcer on the left buttock on admission.</p> <p>Neither care plan had the approach of off loading pressure from R33's heels/feet.</p> <p>The facility Weekly Pressure Ulcer/ Treatment Report dated 6/29/09 does not document the open area to R33's Sacrum or right upper thigh that was documented as present on admission.</p> <p>R33 was observed on 6/30/09 at 12:35 PM sitting near the back hall nursing station. R33's feet were wrapped in gauze. Both feet had dark brown slipper socks covering just his toes. R33's left foot was resting on the floor, and the right foot was on the wheelchair foot rest. R33 was not wearing any type of heel lift boots. There was no off loading of pressure to the affected heels/feet.</p> <p>According to Bryant, Nix, Current Management of Acute and Chronic Wounds, Mosby, 2007:</p> <p>Page 135: "Suspected Deep Tissue Injury: purple or maroon localized area of discolored intact skin or blood-filled blister due to damage of underlying soft tissue from pressure and/or shear."</p> <p>Page 136: "Deep Tissue Injury may herald the subsequent development of a stage III - IV</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: 145278	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 07/13/2009
NAME OF PROVIDER OR SUPPLIER STERLING PAVILION			STREET ADDRESS, CITY, STATE, ZIP CODE 105 EAST 23RD STREET STERLING, IL 61081		
(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 58</p> <p>pressure ulcer even with optimal treatment. Described by clinicians as a purple pressure ulcer, a blister, or a bruise on a bony prominence, these lesions are expected to deteriorate."</p> <p>Page 225: "To reduce risk factors it is imperative to ascertain which risk factors are present for an individual patient, then risk reduction strategies can be better tailored to meet the individual's needs."</p> <p>Page 226: "Because heels have a small surface area and a large underlying bony surface, they are prime sites for pressure ulcer development. Pressure relief to the heels should be provided by a pillow elevation or pressure redistribution can be provided with commercial pressure redistribution surfaces. Because support surfaces vary in their ability to reduce interface pressure under the heel, heel protection may be indicated in combination with support surface."</p> <p>9. R5's June, 2009 Physician's Order Sheet documents that R5's diagnoses include, Dementia, Depression, and Parkinson's Disease.</p> <p>A Physician's Order Sheet for May, 2009 shows a treatment order for an open area on R5's right buttock.</p> <p>R5's MDS Assessment of 4/3/09 assessed R5 as requiring extensive assistance of two or more persons for bed mobility. The same assessment showed that R5 was frequently incontinent of bowel and bladder. R5 was assessed to have no skin conditions.</p> <p>R5's Braden Scale for Predicting Pressure Sore Risk dated 4/2/09 documents a score of 14.</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: 145278	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 07/13/2009
NAME OF PROVIDER OR SUPPLIER STERLING PAVILION			STREET ADDRESS, CITY, STATE, ZIP CODE 105 EAST 23RD STREET STERLING, IL 61081		
(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 59 (13-14 = Moderate Risk).</p> <p>A Nursing Note dated 6/29/09 at 2:00 PM, documents, "Notified MD, of open areas on buttocks. Patient has three stage II's a new open stage II on the left buttock 0.2 cm x 0.2 cm, beefy red, waiting on MD for orders."</p> <p>A Treatment Administration Record for June, 2009 shows that R5 had an open area on his left buttock, and an open area on his right buttock.</p> <p>The facility Weekly Pressure Ulcer/Treatment Report for 6/22/09 shows the following: Right buttock healing stage II/ scar tissue throughout sacrum. (No measurements or further description of the wounds were documented.) Left buttock healing stage II.</p> <p>The Weekly Pressure Ulcer/Treatment Report for 6/29/09 shows: Right buttock, stage II, 1.0cm x 1.0 cm Left buttock, stage II, 0.3 cm x 0.2 cm Left buttock, stage II. 0.2 cm x 0.2 cm. (new)</p> <p>R5's Care Plan entitled Potential for Alteration in Skin Integrity dated through 8/13/09 shows on 5/13/09 R5 "has skin breakdown." The goal is documented that R5 will "have no further skin breakdown by 8/13/09."</p> <p>R5's Treatment Administration Record for June, 2009 documents skin checks every shift. No assessment information is documented other than staff initials.</p> <p>PUSH tools for R5's left sacral wound, dated 6/1/09 shows that it was healed.</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: 145278	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 07/13/2009
NAME OF PROVIDER OR SUPPLIER STERLING PAVILION			STREET ADDRESS, CITY, STATE, ZIP CODE 105 EAST 23RD STREET STERLING, IL 61081		
(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 60</p> <p>R5 was observed in his bed on 7/2/09 at 10:30 AM. R5 was laying on his left side. No turning schedule was posted in R5's room. No positioning pillows were observed. E12 LPN was asked about the use of turning schedules and said that turning schedules are not used. E12 said the CNA's know who they need to turn.</p> <p>According to Bryant, Nix, Current Management of Acute and Chronic Wounds, Mosby, 2007, page 227, "A posted turning schedule is a reminder to a nurse or caregiver of the time to turn a patient and position to use."</p> <p>10. R21's June, 2009 Physicians's Order Sheet documents that R21's diagnoses include a Right Hip Fracture, Right Elbow Fracture, and End Stage Dementia.</p> <p>R21's MDS Assessment dated 3/18/09 assessed R21 to have a short and long term memory problem with moderately impaired cognitive skills. R21 was assessed to be dependent on two or more persons for transfer. R21 required extensive assistance of one person for bed mobility. R21 was assessed to be incontinent of bladder. The same assessment showed that R21 had one stage IV pressure ulcer.</p> <p>R21's Hospital Transfer Sheet dated 3/11/09 shows that R21 had a 5cm x 5cm blister (stage II) pressure ulcer to her right heel. The same report showed that R21's left heel was slightly red, without open areas.</p> <p>R21's Care Plan entitled Pressure Ulcer Care Plan documents that R21 entered the facility with a stage IV to her right heel (Conflicts with hospital</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: 145278	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 07/13/2009
NAME OF PROVIDER OR SUPPLIER STERLING PAVILION			STREET ADDRESS, CITY, STATE, ZIP CODE 105 EAST 23RD STREET STERLING, IL 61081		
(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 61 discharge/transfer sheet.) R21's Care plan does not show any specific interventions to off load pressure from R21's affected heel, or reddened left heel.</p> <p>R21's Braden Scale for Predicting Pressure Sore Risk dated 6/2/09 shows a score of 15. (15 - 18 = mild risk)</p> <p>R21's June, 2009 Physician Order Sheet shows an order on 6/4/09 for a "heel protector brace while in bed to protect wound on the right heel." An order written on 6/22/09 documents to discontinue treatment to R21's right heel, wound is healed.</p> <p>On 6/29/09 at 2:55 PM R21 was observed in her bed. A strong ammonia odor was noted in R21's room. E8 CNA was asked to assist in observing R21's feet. R21 was found to be wet with urine. R21 was observed to have a black, hard plastic brace device to her right lower leg. The brace had 3 Velcro straps, R21's foot and lower leg were moving freely about inside the brace. R21 was observed moving her lower extremities up and down along the mattress. E8 removed light blue, colored slipper socks from R21's feet. A partial thickness wound approximately 0.5 cm x 0.5cm was observed on the right inner heel. No pillow supports were observed to off load the pressure from R21's heels.</p> <p>On 6/30/09 at 10:30 AM, E4, Licensed Practical Nurse (LPN) assisted in observing R21's heels. R21's right heel was entirely red/pink encompassing the open area that was observed on 6/29/09. R21's heel boot was navy blue, with padding inside the boot. E4 was asked to assess R21's left heel. E4 pushed in on the skin of</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: 145278	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 07/13/2009
NAME OF PROVIDER OR SUPPLIER STERLING PAVILION			STREET ADDRESS, CITY, STATE, ZIP CODE 105 EAST 23RD STREET STERLING, IL 61081		
(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 62</p> <p>R21's heel and E4's thumb indentations were left on R21's heels.</p> <p>According to Bryant, Nix, Current Management of Acute and Chronic Wounds, Mosby, 2007, Page 105, " Skin injury by superficial shearing forces results from two surfaces rubbing together, it appears as an abrasion. This type of injury is frequently seen on elbows and heels because the person abrades these surfaces against sheets. Injury is characteristically very shallow and limited to the epidermis. These involve the use of protective sheep skin over elbows or heels and moisturizers applied to vulnerable areas to maintain proper hydration of the epidermis. Both maneuvers decrease friction and thereby reduce shear."</p> <p>"Braces, splints, prosthetic devices, and shoes should be assessed frequently for evidence of shear, and modifications should be implemented as needed."</p> <p>R21's care plan entitled Pressure Ulcer Care Plan documents a stage IV pressure ulcer to the right heel. The approaches do not include off loading of pressure to R21's affected right heel, or prevention measures for R21's left heel.</p> <p>E3 Registered Nurse (RN) was interviewed on 6/30/09 at 1:00 PM. E3 said that R21 rubs her feet on the bed. E3 said that R21's right heel always appears red. E3 said she was not sure when R21's right heel ulcer deteriorated to a stage IV. "We were using a chemical debrider at one time. We changed the heel boot yesterday, the one she had was too big, her foot used to be edematous."</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: 145278	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 07/13/2009
NAME OF PROVIDER OR SUPPLIER STERLING PAVILION			STREET ADDRESS, CITY, STATE, ZIP CODE 105 EAST 23RD STREET STERLING, IL 61081		
(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 63</p> <p>On 7/2/09 E4 LPN was interviewed at 11:35 PM. E4 said that when she checked R21's left heel, this was normal skin turgor for her.</p> <p>11. R37's July, 2009 Physician's Order Sheet documents that R37's diagnoses includes Coronary Artery Disease, Degenerative Joint Disease, Renal Insufficiency, Anemia, Congestive Heart Failure, and Organic Mental Syndrome.</p> <p>R37's MDS Assessment of 5/12/09 shows that R37 has a short term memory problem and modified independence in cognitive skills. R37 required limited assistance of two or more persons for bed mobility. R37 required extensive assistance of one person for transfer and is lifted with a mechanical lift. The same assessment showed that R37 is continent of bowel and has an indwelling urinary catheter. R37 had no skin conditions.</p> <p>R37's Braden Scale for Predicting Pressure Sore Risk showed a score of 19. (15-18 mild risk)</p> <p>R37's current Care Plans were reviewed and no care plan related to risk for skin breakdown or actual skin breakdown was documented.</p> <p>Nursing Notes for 6/28/09, entry for 2:00 - 8:00 PM, documents that small red area with pin point opening was found. The documentation did not show the location or other descriptors of R37's skin condition.</p> <p>R37's July, 2009 Physician's Order Sheet shows a treatment order for a hydrocolloid dressing to the left buttock on 6/30/09.</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: 145278	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 07/13/2009
NAME OF PROVIDER OR SUPPLIER STERLING PAVILION			STREET ADDRESS, CITY, STATE, ZIP CODE 105 EAST 23RD STREET STERLING, IL 61081		
(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 64</p> <p>R37's June, 2009 Treatment Administration Record shows that on 6/1/09 R37 had a Stage II pressure ulcer that measured 0.3 cm x 0.3 cm on her left thigh. The same document shows that R37 had a reddened area on the right thigh.</p> <p>On 7/2/09 at 10:15 AM, R37 was observed with E12, LPN. R37 had a stage II pressure area on the left buttock.</p> <p>12. On 7/2/09 at 11:05 AM, surveyor observed R41 to have a stage II pressure area on the right buttock.</p> <p>R41 was admitted on 6/12/09 with diagnoses including Muscle Disuse Dystrophy, Coronary Artery Disease, and Benign Prostatic Hypertrophy.</p> <p>The Minimum Data Set (MDS) dated 6/16/09 shows R41 did not have any pressure areas during the assessment period and had not had a pressure area within the previous ninety days.</p> <p>The Braden Scale (For Predicting Pressure Sore Risk) dated 6/26/09 shows R41's total score of 22, where a score of 15 or greater indicates a MILD RISK for developing a pressure sore.</p> <p>The June 2009 Treatment Administration Record (TAR) shows a facility acquired pressure sore which was first identified as a stage II pressure sore on 6/28/09. The same record documents on 6/29/09, "Rt buttock 2.0 x 0.9 Stage II peri wound red; wound bed pink..." The facility identified R41's pressure sore after progressing to a stage II; there is no documentation of R41's pressure sore at a stage 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: 145278	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 07/13/2009
NAME OF PROVIDER OR SUPPLIER STERLING PAVILION			STREET ADDRESS, CITY, STATE, ZIP CODE 105 EAST 23RD STREET STERLING, IL 61081		
(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 65</p> <p>R41's Pressure Ulcer Care Plan identified R41's concern as a Stage II pressure area present on Rt. Ischial Tuberosity on 6/28/09 with the goal, "pressure ulcer will decrease in size by 9/28/09," three months later.</p> <p>According to Clinical Practice Guidelines for Treatment of Pressure Ulcers, Publication no. 95-0652, p. 24, "A clean pressure ulcer should show evidence of some healing within 2-4 weeks. If no progress can be demonstrated, reevaluate the adequacy of the overall treatment plan as well as adherence to this plan making modifications as necessary."</p> <p>The Merck Manual of Geriatrics 3rd Edition (2000) states, "Prevention is the most important factor in managing pressure sores. Identifying risk factors and examining the patient's skin, especially over bony prominences, at least daily, are essential for preventing pressure sores." (p. 1264)</p> <p>13. On 7/2/09 at 10:05 AM, surveyor observed R39 to have two Stage II pressure areas, one on the left side of the buttock and one on the right side of the buttock.</p> <p>The MDS dated 6/24/09 shows R39 did not have any pressure areas during the assessment period and had not had a pressure area within the previous ninety days.</p> <p>The Braden Scale (For Predicting Pressure Sore Risk) dated 6/25/09 shows R39's total score of 16, where a score of 15 or greater indicates a MILD RISK for developing a pressure sore.</p> <p>The June 2009 TAR shows a facility acquired</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: 145278	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 07/13/2009
NAME OF PROVIDER OR SUPPLIER STERLING PAVILION			STREET ADDRESS, CITY, STATE, ZIP CODE 105 EAST 23RD STREET STERLING, IL 61081		
(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 66</p> <p>pressure sore which was first identified as a stage II pressure sore on 6/26/09. The same record documents on 6/26/09, "R[right] side sacrum 1.5 x 2 cm open area, Stage II," and on 6/29/09, "Lt. buttock 0.3 x 0.5 cm, Stage II, wound bed red." The facility identified R39's pressure sores after progressing to a stage II; there is no documentation of R39's pressure sores at a stage I.</p> <p>R39's Pressure Ulcer Care Plan identified R39's concern as a Stage II pressure ulcer present on Lt. buttock on 6/29/09 with the goal, "pressure ulcer will decrease in size by 9/29/09," three months later.</p> <p>According to Clinical Practice Guidelines for Treatment of Pressure Ulcers , Publication no. 95-0652, p. 24, "A clean pressure ulcer should show evidence of some healing within 2-4 weeks. If no progress can be demonstrated, reevaluate the adequacy of the overall treatment plan as well as adherence to this plan making modifications as necessary."</p> <p>14. On 7/2/09 at 10:20 AM, surveyor observed R40 to have two Stage II pressure areas, one on the left hip and one on the right side of the buttock.</p> <p>The MDS dated 4/29/09 shows R40 did not have any pressure areas during the assessment period and had a pressure ulcer that was resolved or cured in last ninety days.</p> <p>The Braden Scale (For Predicting Pressure Sore Risk) dated 5/27/09 shows R40's total score of 15, where a score of 15 or greater indicates a MILD RISK for developing a pressure sore.</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: 145278	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 07/13/2009
NAME OF PROVIDER OR SUPPLIER STERLING PAVILION			STREET ADDRESS, CITY, STATE, ZIP CODE 105 EAST 23RD STREET STERLING, IL 61081		
(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 67</p> <p>The June 2009 TAR shows a facility acquired pressure sore which was first identified as a stage II pressure sore on 6/28/09. The same record documents on 6/29/09, "Rt hip 0.4 x 0.5, Stage II, wound bed red," and "Rt. Ischial Tuberosity 0.5 x 0.8, Stage II, wound bed pink..." The facility identified R40's pressure sores after progressing to a stage II; there is no documentation of R40's pressure sores at a stage I.</p> <p>R40's Pressure Ulcer Care Plan identified R40's concern as Stage II pressure area on right hip and Stage II pressure area on right ischial on 6/29/09 with the goal, "pressure ulcer will decrease in size by 7/09/09 continue to 8/1/2009."</p> <p>The Pressure Sore Scale for Healing (PUSH) shows R40's right hip PUSH score on 6/29/09 was 4 and the wound worsened by 7/6/09 with a PUSH score of 6. (The higher the PUSH score the more severe the wound.)</p> <p>According to the facility's Pressure Ulcer Prevention/Skin Care Program Protocol: 5) Based on the results of the the Braden Scale,all residents at-risk (moderate, high, severe) for pressure ulcer development will receive a documented daily visual inspection their skin by the RN/LPN or CNA delivering care, documented on the Daily Skin Assessment record or the Treatment Administration Record. All other residents will have a documented weekly review of skin condition utilizing the CNA Skin Attention Form. 6) Individualized Plan of Care for resident when pressure ulcer is present.</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: 145278	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 07/13/2009
NAME OF PROVIDER OR SUPPLIER STERLING PAVILION			STREET ADDRESS, CITY, STATE, ZIP CODE 105 EAST 23RD STREET STERLING, IL 61081		
(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 68</p> <p>10) PUSH tool will be completed for all pressure ulcers on a weekly basis.</p> <p>11) Daily wound status monitoring form will be completed for all pressure ulcers, using one form for each pressure ulcer.</p> <p>Another facility document entitled Pressure Ulcer Prevention and Care shows: Rules for Skin Care:</p> <ol style="list-style-type: none"> 1) Keeping the resident clean and dry is of prime importance in skin care. 2) Cleanse and thoroughly dry where surfaces of skin come together to form creases, i.e., under breasts, between buttocks, folds of abdomen. 3) A lotion may be applied to lubricate dry skin. 4) Inspection of the resident's skin should be included in the daily routine. Places to check for signs of pressure ulcers include: bony areas, shoulder blades, elbows, knees, ankles, spine, hips and buttocks. Look for: <ol style="list-style-type: none"> a. Irritation and chafing due to bed linen, braces and clothing. b. Irritation due to shearing/friction. c. Redness especially pressure areas over bony parts of the body. d. Dryness of the skin, especially on the feet and elbows. <p>Signs of Impending Skin Breakdown:</p> <ol style="list-style-type: none"> 1. A discoloration of the skin. May be red, white, purple, gray, brown or bluish. 2. Area resembling a mottled bruise. 3. Open area surrounded by reddened area. 4. Resident complains of a burning sensation, pain or numbness/tingling sensation. 5. Elevated skin temperature to the area due to vasodilation. 6. Vesiculation (blistering) 	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: 145278	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 07/13/2009
NAME OF PROVIDER OR SUPPLIER STERLING PAVILION			STREET ADDRESS, CITY, STATE, ZIP CODE 105 EAST 23RD STREET STERLING, IL 61081		
(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 69 E4 LPN/Treatment nurse was interviewed on 6/29/09 at 10:45 AM. E4 said that she had been in the role of treatment nurse for approximately 2 months. E4 was asked about early identification of skin conditions, E4 said she was not sure why pressure ulcers were first reported at a stage II. E4 was interviewed on 7/2/09 at 11:35 PM and said that she did not use a daily monitoring form. (For daily skin inspection). E4 stated she does measurements one day a week. (A)	F9999			