STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145029	A. BUILDING _____ B. WING _____	09/02/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PROVENA VILLA FRANCISCAN	**210 NORTH SPRINGFIELD AVENUE JOLIET, IL 60435**

(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 000	INITIAL COMMENTS Annual Licensure and Certification Survey VALIDATION SURVEY FOR SUBPART U: ALZHEIMER UNIT The facility is in compliance with Subpart U, 77 Illinois Administrative Code, Section 300.7000	F 000		
F 309 SS=G	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on record review, interview and observation facility failed to : - assess and monitor an allergic adverse reaction to a medication and notify the physician in a timely manner for 1 of 24 sampled residents (R16). This failure resulted in the resident experiencing a localized reaction for an extended period of time (7/05 - 8/31/11), without medical intervention. - follow facility policy and procedures for assessment, care and maintenance of Peripherally Inserted Central Catheters (PICC lines), for two of three residents in facility with PICC lines (R2 and R17). - clarify PICC line flush orders with the physician for amount and frequency as included in PICC	F 309		9/23/11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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F 309	Continued From page 1 line policy and procedure Findings include; 1) R16 is an 87 year old totally dependent, non-verbal resident that was admitted to facility on 3/14/11. R16 has been on Transderm-Scopolamine patches to reduce oral secretions since prior to 4/06/11. On 8/31/11 at 12PM R16 was observed with a red rash to area around and under both ears. There was a Scopolamine patch dated 8/31/11 under the left ear and one patch dated 8/31/11 behind the right ear. R16's husband and E10 (nurse), both told surveyor the red rash is from the Scopolamine patches. E10 said she was not aware if the physician is aware of the rash. On 8/31/11 E10 notified R16's physician of these rashes from the Scopolamine patches. R16's physician initially ordered to change the application site but the pharmacy told E10 this patch can only be applied behind the ears. On 8/31/11 E10 told the surveyor the pharmacy recommended the Scopolamine patch be discontinued and replaced with Atropine ophthalmic solution sub-lingually to reduce oral secretions. R16's 8/31/11 physician order sheet (POS) included orders to discontinue the Scopolamine patches and start Atropine sulfate ophthalmic solution 1% sub-lingually every 4 hours as needed (PRN) and Benadryl cream to redness /	F 309		

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F 309	Continued From page 2 rash twice a day for one week. The facility took pictures of the rashes on 9/02/11 (the 3rd day after patches discontinued and Benadryl cream initiated) and the area was still discolored with slight redness. R16's 7/05/11 nurses note included "area behind ears with redness from Scop. patches; MD informed". No other nurses note about the rash between 7/06 - 8/30/11. 2) Facility has 3 current residents with PICC lines including R2 and R17. Facility"s PICC line policy and procedure includes: "When a patient/resident is transferred with a PICC/Midline catheter, the following information shall be obtained, if possible and kept in the clinical record. - Type of catheter -tip placement - the total length placed inside the resident and how much is outside. - placement verified with X-Ray. - date, time and person who inserted the catheter." " Residents transferring to the ministry with an existing PICC line must have a recent X-Ray to confirm correct placement prior to use. If there is no recent X-Ray confirming placement, the ministry shall contact the transferring facility for a copy of the X-Ray and if not available, an X-Ray for placement will be completed prior to using. Dwell times for a PICC line : 1 year and for Midline: 4 weeks.	F 309		

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F 309	Continued From page 3	F 309		

Under procedure section of protocol :
"D. Measure and record upper arm circumference every 7 days.
1. Measure 4 inches above catheter insertion site.
2. Notify the physician if arm measurement has increased by greater than 2cm.
E. No blood pressures or venipunctures in the PICC/Midline arm.
G. Assess for redness, swelling, drainage, tenderness at the insertion site; redness, swelling, warmth, tenderness along the catheter direction or catheter migration.
H. Document the condition of the site, condition of the catheter, external length, any special measures taken and tolerance of any procedure."

The protocol also includes port flushing directions which differ based on the type of catheter (open ended or closed ended). The directions also include that only a registered nurse (RN), may flush a open ended where as a Intravenous (IV), certified licensed practical nurse (LPN), may flush a close ended catheter.
The protocol is directive on when, how and what to use to flush and the amount and type of solution to use for flushing.

R2's physician (MD), orders for PICC line flush : "Flush PICC with 10cc saline every shift."
R17's 8/18 - 8/31/11 MD orders for PICC line flush: "Flush PICC every shift and with every antibiotic infusion."

On 8/31/11 E11 (medicare unit manager/ nurse), stated she was unaware of how much saline to use to flush PICC line or exactly when. E11 said

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F 309	Continued From page 4 she believed PICC line dressing changes are done every three days and as needed and PICC lines are to be flushed with 5cc saline after each antibiotic infusion. On 8/31/11 E11 and E12 (nurse), the told surveyor they were unsure if arm circumferences and external PICC line catheter lengths were assessed or not. Facility"s PICC line protocol also includes : III. Dressing change: B. First dressing change is completed 24 hours post insertion, then every 7 days and as needed (PRN), if dressing becomes compromised or if dressing becomes no longer occlusive. "G. Document condition of insertion site, amount of external catheter (from insertion site to tubing) and tolerance to the dressing change. **If the amount of external catheter is greater than is charted at insertion, notify the physician." R2 was re-admitted to facility 7/30/11 with a PICC line. R2's 7/31/11 Admission Assessment section h. includes "right PICC line intact." R17 was admitted 8/18/11 with a PICC line. R17's Admission Assessment section h. includes "right arm PICC line single lumin." The admission assessment directs nurses to describe location / length of catheter in text if PICC line is present. R2 and R17's admission nursing assessment, nurses notes and medication administration records (MAR's) did not include PICC line	F 309		

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F 309	Continued From page 5 assessments as per facility PICC line policy and procedure. There are no assessments of arm circumferences, external catheter length measurements, insertion date and insertion information as per facility protocol. R2 and R17's medical records and care plans did not include the type of catheter, placement verification prior to the use of them, initial or periodic catheter length and site assessments as per above protocol direction. Care plans are not descriptive of care and maintenance of site and arm as per protocol. R17's care plan documents "N/A" under IV therapy section. Based on observation, record review and interview the facility failed to assess and identify an abscess on 1 of 24 sampled resident (R15) left ischial site until the abscess was opened, infected, and with slough tissue. As a result of this failure R15 remains with a deep left ischial wound with draining and undermining to the site. The finding includes: Review of the facility's wound report addressing wounds other than pressure wounds showed R15 had developed a wound at the facility to the left ischial tuberosity. Interview with E4 (RN-Wound Nurse) noted E4 to say, "The site was identified as an abscess on 6/28/11." It was opened, infected, and with slough tissue when it was first identified. Review of the Wound Assessment Details Report for R15 dated 6/28/11 showed a photo of R15's wound/abscess. The	F 309		

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F 309	Continued From page 6	F 309		

wound was opened, reddened, infected,draining, and with yellowish slough tissue. The peri wound site directly beneath the wound was reddened with maceration and induration.

E4's documentation of the wound/abscess on 6/28/11 showed the site to be open,with 100% slough tissue, serosanguinous drainage with suspected infection. The site measured 1.30 cm x 1.50 cm x 0.30 cm. with no undermining and/or tunneling. The peri wound was documented with erythema, maceration and induration. There was no measurement of the peri wound. Review of physician's orders dated 6/28/11 showed an order for antibiotic therapy.

On 9/1/11 at 2:05 p.m. E4 was observed performing treatment on E4's left ischial wound/abscess site with E9 (RN -wound nurse) present for standby assistance. When E4 removed the old dressing from E4's ischial site a large amount of sero-purulent drainage was noted. E4's ischial site was also packed with an Iodine packing. E4 cleaned and measured R15's ischial site. The site measured 1.0 cm x 1.2 cm x 3.2 cm. In comparison with the initial measurements on 6/28/11 the depth of the wound has increased from .30 cm to 3.2 cm. Tunneling was also noted to the wound/abscess site. E4 measured the tunneling of the wound. At the 12:00 site the tunneling measured 5.8 cm, at 3:00 the tunneling measured 2.0 cm, at 6:00 the tunneling measured 1.3 cm, and at 9:00 the tunneling measured 1.4 cm.

After E4 measured the site, E4 packed the site with the Iodine gauze. During the packing of the site, R15 complained of pain and was observed

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F 309	Continued From page 7 jerking, twitching, and pulling away as E4 packed the site with the Iodine gauze. On 9/1/11 E4 and E2 (Director of Nurses) was questioned as to why R15's wound/abscess was not identified until it was opened, infected, and with slough. The responses from E4 and E2 was. "I don't know." A policy on skin checks for residents was also requested from E2 on 9/1/11. E2 stated, "We don't have a policy on skin checks but the CNA's are supposed to do skin checks daily."	F 309		
F 314 SS=D	483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing. This REQUIREMENT is not met as evidenced by: Based on observation, interview & record review, the facility failed to: Prevent the development of two avoidable bilateral heel pressure ulcers to R 3 and an avoidable pressure sore to R5 ' s buttock. Comprehensively assess R 3 & R 5's risk factors Develop and implement individualized interventions based on the identified needs and habits of R 3 and R5. Evaluate and develop alternative repositioning	F 314		9/23/11

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F 314	Continued From page 8 plans and pressure relieving devices for R 3 and R5. This is for 2 of 5 residents who developed facility acquired pressure sores. Findings include: Review of clinical record shows R3 is 90 years old and admitted to facility on 3/19/11 following a hip fracture with surgical repair. Review of nurse's note/pressure sore assessment dated 7/20/11 states the wound nurse (E4) was asked to see R3 due to serous filled blisters to bilateral heels. R3 " has been kicking heels-off out from under his legs. Also uses his heels to propel his wheelchair ....Preventative measures have been in place that are consistent with R3 ' s needs. These interventions were monitored and evaluated for their impact and revised as appropriate. Even with these interventions in place, R3 developed pressure ulcers which are unavoidable. " This is an inaccurate assessment of the development of R3 ' s pressure sores. The only intervention to off-load pressure to R3's heels prior to the pressure ulcer development was the attempted use of a " heels-off " cushion intended to be used in bed, per care plan. E4 stated on 9/1/11 at 3:10pm, the direct care staff had not informed her (E4) R3 was refusing to use this device on a regular basis prior to the development of the wounds. Review of R3 ' s admission care plan for skin integrity dated 3/19/11 only to states to " Maintain heels floated off bed. " It does not address what measures to implement when R3 is out of bed which according to E5 (nurse ' s aide) on 9/1/11 at 11:25am, was and still is most of the day. E5 also stated R3 use to wear gym shoes all day when up and propelled himself with his heels. Review of Wound Summary Report dated	F 314		

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F 314	Continued From page 9 7/20/11 shows R3 was found with a stage two wound to the right heel measuring 7.5 cm x 8.0 cm. E4 stated this was a fluid filled blister at this time as was the left heel wound measuring 4.3 x 5.0 cm. Surveyor observed both wounds, no longer blisters, along with E4 on 9/1/11 at 3:30pm. The right wound contained slough along with a small amount of granulation tissue and measured 1.2 x 1.3 cm. The left presented with moderate amount of macerated skin with an open area and measured .7 x.9 cm. R3 was observed on 8/31/11 at 10:45am and 9/1/11 at 10:50am to be sitting in his wheelchair next to his bed. When asked how he developed the heel sores, R3 stated they were from his shoes being too tight and rubbing against his heels. R3 identified the shoes as his gym shoes sitting in his closet. Footrests were in place and R3's feet were at times resting fully on the foot rests or sitting on the floor. There was no pressure relieving devices in place. E5 stated on 9/1/11 R3 refuses to wear the pressure reliving boots most of the time. This is documented in the nurse ' s notes. However, neither E 4 nor E5 knows why R3 is refusing the boots at times. This modality has not been evaluated for its effectiveness nor has it been revised. -On 9/01/2011 at 11:30 AM, a surveyor accompanied E4 and another nurse to R5's room to observe her wound care. Before E4 changed R5's dressing, the surveyor observed R5 was lying on his back. After changing R5's dressing, the surveyor observed staff position R5 on his back, and required staff help with turning and positioning. E4 told the surveyor R5 developed	F 314		

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F 314	Continued From page 10 the Stage III pressure sore on the buttocks, while a resident at the facility. But, E4 could not explain why staff did not identified and treat R5's pressure sore before it had developed to a stage III. Review of R5's Admission Sheet documented that R5 is a 97 year old male with a diagnosis General Weakness, Mobility Dysfunction and Status Post Left Hip Fracture. Review of R5's Nursing Skin Note dated, 6/07/2011 at 10:13 AM, documented the following: "Was asked to see resident (R5's) due to open area to coccyx. Noted protruding bony area to coccyx with Stage III pressure ulcer with granulation tissue spotted throughout thin pale slough to wound bed." Scant clear drainage noted..." Review of R5's Nursing Skin Note had no documentation of staff treating R5's opened area until it had developed to a stage III.	F 314		
F 371 SS=F	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced	F 371		9/23/11

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F 371	Continued From page 11 by: Based on observation and interview the facility failed to maintain cold milk at 41 degrees F. or less on the trey line in the first and second floor dining rooms. Findings include; On 8/30/11 at 11:00 a.m. milk cartons on the trey line ranged from 44 to 46 degrees F. E14 said, "The refrigerated trey line temperature control needed to be turned down further."	F 371		
F9999	FINAL OBSERVATIONS LICENSURE FINDINGS 300.1210a)b)c)d)1)2)3)4)A)5) 300.1630e) 300.3240a)b)c)d) Section 300.1210 General Requirements for Nursing and Personal Care a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least	F9999		

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F9999	Continued From page 12	F9999		

restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act)

b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.

c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.

d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:

1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered.

2) All treatments and procedures shall be administered as ordered by the physician.

3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the

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F9999	Continued From page 13 resident's medical record. 4) Personal care shall be provided on a 24-hour, seven-day-a-week basis. This shall include, but not be limited to, the following: A) Each resident shall have proper daily personal attention, including skin, nails, hair, and oral hygiene, in addition to treatment ordered by the physician. 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. Section 300.1630 Administration of Medication e) Medication errors and drug reactions shall be immediately reported to the resident's physician, licensed prescriber if other than a physician, the consulting pharmacist and the dispensing pharmacist (if the consulting pharmacist and dispensing pharmacist are not associated with the same pharmacy). An entry shall be made in the resident's clinical record, and the error or reaction shall also be described in an incident report.	F9999		

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	145029	A. BUILDING _____ B. WING _____	09/02/2011

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F9999	Continued From page 14 Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) b) A facility employee or agent who becomes aware of abuse or neglect of a resident shall immediately report the matter to the facility administrator. (Section 3-610 of the Act) c) A facility administrator who becomes aware of abuse or neglect of a resident shall immediately report the matter by telephone and in writing to the resident's representative. (Section 3-610 of the Act) d) A facility administrator, employee, or agent who becomes aware of abuse or neglect of a resident shall also report the matter to the Department. (Section 3-610 of the Act) This requirement is not met as evidenced by: Based on record review, interview and observation facility failed to : - assess and monitor an allergic adverse reaction to a medication and notify the physician in a timely manner for 1 of 24 sampled residents (R16). This failure resulted in the resident experiencing a localized reaction for an extended period of time (7/05 - 8/31/11), without medical intervention. - follow facility policy and procedures for assessment, care and maintenance of Peripherally Inserted Central Catheters (PICC lines), for two of three residents in facility with PICC lines (R2 and R17). - clarify PICC line flush orders with the physician for amount and frequency as included in PICC line policy and procedure	F9999		

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F9999	Continued From page 15 Findings include; 1) R16 is an 87 year old totally dependent, non-verbal resident that was admitted to facility on 3/14/11. R16 has been on Transderm-Scopolamine patches to reduce oral secretions since prior to 4/06/11. On 8/31/11 at 12PM R16 was observed with a red rash to area around and under both ears. There was a Scopolamine patch dated 8/31/11 under the left ear and one patch dated 8/31/11 behind the right ear. R16's husband and E10 (nurse), both told surveyor the red rash is from the Scopolamine patches. E10 said she was not aware if the physician is aware of the rash. On 8/31/11 E10 notified R16's physician of these rashes from the Scopolamine patches. R16's physician initially ordered to change the application site but the pharmacy told E10 this patch can only be applied behind the ears. On 8/31/11 E10 told the surveyor the pharmacy recommended the Scopolamine patch be discontinued and replaced with Atropine ophthalmic solution sub-lingually to reduce oral secretions. R16's 8/31/11 physician order sheet (POS) included orders to discontinue the Scopolamine patches and start Atropine sulfate ophthalmic solution 1% sub-lingually every 4 hours as needed (PRN) and Benadryl cream to redness / rash twice a day for one week.	F9999		

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F9999	Continued From page 16 The facility took pictures of the rashes on 9/02/11 (the 3rd day after patches discontinued and Benadryl cream initiated) and the area was still discolored with slight redness. R16's 7/05/11 nurses note included "area behind ears with redness from Scop. patches; MD informed". No other nurses note about the rash between 7/06 - 8/30/11. 2) Facility has 3 current residents with PICC lines including R2 and R17. Facility"s PICC line policy and procedure includes: "When a patient/resident is transferred with a PICC/Midline catheter, the following information shall be obtained, if possible and kept in the clinical record. - Type of catheter -tip placement - the total length placed inside the resident and how much is outside. - placement verified with X-Ray. - date, time and person who inserted the catheter." " Residents transferring to the ministry with an existing PICC line must have a recent X-Ray to confirm correct placement prior to use. If there is no recent X-Ray confirming placement, the ministry shall contact the transferring facility for a copy of the X-Ray and if not available, an X-Ray for placement will be completed prior to using. Dwell times for a PICC line : 1 year and for Midline: 4 weeks. Under procedure section of protocol :	F9999		

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"D. Measure and record upper arm circumference every 7 days.
1. Measure 4 inches above catheter insertion site.
2. Notify the physician if arm measurement has increased by greater than 2cm.
E. No blood pressures or venipunctures in the PICC/Midline arm.
G. Assess for redness, swelling, drainage, tenderness at the insertion site; redness, swelling, warmth, tenderness along the catheter direction or catheter migration.
H. Document the condition of the site, condition of the catheter, external length, any special measures taken and tolerance of any procedure."

The protocol also includes port flushing directions which differ based on the type of catheter (open ended or closed ended). The directions also include that only a registered nurse (RN), may flush a open ended where as a Intravenous (IV), certified licensed practical nurse (LPN), may flush a close ended catheter.
The protocol is directive on when, how and what to use to flush and the amount and type of solution to use for flushing.

R2's physician (MD), orders for PICC line flush : "Flush PICC with 10cc saline every shift."
R17's 8/18 - 8/31/11 MD orders for PICC line flush: "Flush PICC every shift and with every antibiotic infusion."

On 8/31/11 E11 (medicare unit manager/ nurse), stated she was unaware of how much saline to use to flush PICC line or exactly when. E11 said she believed PICC line dressing changes are done every three days and as needed and PICC

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F9999	Continued From page 18 lines are to be flushed with 5cc saline after each antibiotic infusion. On 8/31/11 E11 and E12 (nurse), the told surveyor they were unsure if arm circumferences and external PICC line catheter lengths were assessed or not. Facility"s PICC line protocol also includes : III. Dressing change: B. First dressing change is completed 24 hours post insertion, then every 7 days and as needed (PRN), if dressing becomes compromised or if dressing becomes no longer occlusive. "G. Document condition of insertion site, amount of external catheter (from insertion site to tubing) and tolerance to the dressing change. **If the amount of external catheter is greater than is charted at insertion, notify the physician." R2 was re-admitted to facility 7/30/11 with a PICC line. R2's 7/31/11 Admission Assessment section h. includes "right PICC line intact." R17 was admitted 8/18/11 with a PICC line. R17's Admission Assessment section h. includes "right arm PICC line single lumin." The admission assessment directs nurses to describe location / length of catheter in text if PICC line is present. R2 and R17's admission nursing assessment, nurses notes and medication administration records (MAR's) did not include PICC line assessments as per facility PICC line policy and procedure.	F9999		

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F9999	Continued From page 19 There are no assessments of arm circumferences, external catheter length measurements, insertion date and insertion information as per facility protocol. R2 and R17's medical records and care plans did not include the type of catheter, placement verification prior to the use of them, initial or periodic catheter length and site assessments as per above protocol direction. Care plans are not descriptive of care and maintenance of site and arm as per protocol. R17's care plan documents "N/A" under IV therapy section. Based on observation, record review and interview the facility failed to assess and identify an abscess on 1 of 24 sampled resident (R15) left ischial site until the abscess was opened, infected, and with slough tissue. As a result of this failure R15 remains with a deep left ischial wound with draining and undermining to the site. The finding includes: Review of the facility's wound report addressing wounds other than pressure wounds showed R15 had developed a wound at the facility to the left ischial tuberosity. Interview with E4 (RN-Wound Nurse) noted E4 to say, "The site was identified as an abscess on 6/28/11." It was opened, infected, and with slough tissue when it	F9999		

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was first identified. Review of the Wound Assessment Details Report for R15 dated 6/28/11 showed a photo of R15's wound/abscess. The wound was opened, reddened, infected,draining, and with yellowish slough tissue. The peri wound site directly beneath the wound was reddened with maceration and induration.

E4's documentation of the wound/abscess on 6/28/11 showed the site to be open,with 100% slough tissue, serosanguinous drainage with suspected infection. The site measured 1.30 cm x 1.50 cm x 0.30 cm. with no undermining and/or tunneling. The peri wound was documented with erythema, maceration and induration. There was no measurement of the peri wound. Review of physician's orders dated 6/28/11 showed an order for antibiotic therapy.

On 9/1/11 at 2:05 p.m. E4 was observed performing treatment on E4's left ischial wound/abscess site with E9 (RN -wound nurse) present for standby assistance. When E4 removed the old dressing from E4's ischial site a large amount of sero-purulent drainage was noted. E4's ischial site was also packed with an Iodine packing. E4 cleaned and measured R15's ischial site. The site measured 1.0 cm x 1.2 cm x 3.2 cm. In comparison with the initial measurements on 6/28/11 the depth of the wound has increased from .30 cm to 3.2 cm. Tunneling was also noted to the wound/abscess site. E4 measured the tunneling of the wound. At the 12:00 site the tunneling measured 5.8 cm, at 3:00 the tunneling measured 2.0 cm, at 6:00 the tunneling measured 1.3 cm, and at 9:00 the tunneling measured 1.4 cm.

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F9999	Continued From page 21 After E4 measured the site, E4 packed the site with the Iodine gauze. During the packing of the site, R15 complained of pain and was observed jerking, twitching, and pulling away as E4 packed the site with the Iodine gauze. On 9/1/11 E4 and E2 (Director of Nurses) was questioned as to why R15's wound/abscess was not identified until it was opened, infected, and with slough. The responses from E4 and E2 was. "I don't know." A policy on skin checks for residents was also requested from E2 on 9/1/11. E2 stated, "We don't have a policy on skin checks but the CNA's are supposed to do skin checks daily B	F9999		