

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G048	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/26/2013
NAME OF PROVIDER OR SUPPLIER COLONIAL MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 300 CHURCH STREET ZEIGLER, IL 62999		
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W 331	Continued From page 11 E1 (Administrator/Registered Nurse-RN) was interviewed on 03/13/13 at 10:45 A.M. and confirmed that nursing staff had not developed and implemented a plan of care to monitor R17's weight daily, swelling of his legs, or how nursing will assess him for shortness of breath. upon his return to the facility. During this interview E1 stated, "I was not aware of these Discharge Instructions dated 03/02/13 for R17."	W 331			
W9999	FINAL OBSERVATIONS Licensure Violations: 350.110g) 350.1210 350.1880e) 350.3240a) 350.3330d) 350.3300e)1)2)3)4)5) 350.3300g) 350.3300j) 350.3300k) 350.3300y) Section 350.110 General Requirements g) The licensee shall give 90 days notice prior to voluntarily closing a facility or closing any part of a facility, or prior to closing any part of a facility if closing such part will require the transfer or discharge of more than ten percent of the residents. Such notice shall be given to the Department, to any residents who must be transferred or discharged, to the resident's representative, and to a member of the resident's family, where practicable. Notice shall state the	W9999			

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W9999	<p>Continued From page 12</p> <p>proposed date of closing and the reason for closing. The licensee shall offer to assist the resident in securing an alternative placement and shall advise the resident on available alternatives. Where the resident is unable to choose an alternate placement and is not under guardianship, the Department shall be notified of the need for relocation assistance. The facility shall comply with all applicable laws and regulations until the date of closing, including those related to transfer or discharge of residents. The Department may place a relocation team in the facility as provided under the Act. (Section 3-423 of the Act)</p> <p>Section 350.1210 Health Services</p> <p>The facility shall provide all services necessary to maintain each resident in good physical health.</p> <p>Section 350.1880 Menus and Food Records</p> <p>e) Supplies of staple food for a minimum of a one week period and of perishable foods for a minimum of a two day period shall be maintained on the premises. These supplies shall be appropriate to meet the requirements of the menu.</p> <p>Section 350.3240 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>	W9999			

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W9999	Continued From page 13 Section 350.3300 Transfer or Discharge d) Involuntary transfer or discharge of a resident from a facility shall be preceded by the discussion required under subsection (j) of this Section and by a minimum written notice of 21 days. e) The notice required by subsection (d) of this Section shall be on a form prescribed by the Department and shall contain all of the following: 1) The stated reason for the proposed transfer or discharge; (Section 3-403(a) of the Act) 2) The effective date of the proposed transfer or discharge; (Section 3-403(b) of the Act) 3) A statement in not less than 12-point type, which reads: "You have a right to appeal the facility's decision to transfer or discharge you. If you think you should not have to leave this facility, you may file a request for a hearing with the Department of Public Health within ten days after receiving this notice. If you request a hearing, it will be held not later than ten days after your request, and you generally will not be transferred or discharged during that time. If the decision following the hearing is not in your favor, you generally will not be transferred or discharged prior to the expiration of 30 days following receipt of the original notice of the transfer or discharge. A form to appeal the facility's decision and to request a hearing is attached. If you have any questions, call the Department of Public Health at the telephone number listed below," (Section 3-403(c) of the Act) 4) A hearing request form, together with a postage paid, preaddressed envelope to the Department; and (Section 3-403(d) of the Act)	W9999			

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W9999	Continued From page 14 5) The name, address, and telephone number of the person charged with the responsibility of supervising the transfer or discharge. (Section 3-403(e) of the Act) g) A copy of the notice required by subsection (d) of this Section shall be placed in the resident's clinical record and a copy shall be transmitted to the Department, the resident, the resident's representative, and, if the resident's care is paid for in whole or part through Title XIX, to the Department of Public Aid. (Section 3-405 of the Act) j) The planned involuntary transfer or discharge shall be discussed with the resident, the resident's representative and person or agency responsible for the resident's placement, maintenance, and care in the facility. The explanation and discussion of the reasons for involuntary transfer or discharge shall include the facility administrator or other appropriate facility representative as the administrator's designee. The content of the discussion and explanation shall be summarized in writing and shall include the names of the individuals involved in the discussions and made a part of the resident's clinical record. (Section 3-408 of the Act) k) The facility shall offer the resident counseling services before the transfer or discharge of the resident. (Section 3-409 of the Act) y) Any owner of a facility licensed under this Act shall give 90 days notice prior to voluntarily closing a facility or closing any part of a facility, or prior to closing any part of a facility if closing such part will require the transfer or discharge of more than ten percent of the residents. Such notice shall be given to the Department, to any resident who must be transferred or discharged, to the resident's representative, and to a member of the	W9999			

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W9999	<p>Continued From page 15</p> <p>resident's family, where practicable. Notice shall state the proposed date of closing and the reason for closing. The facility shall offer to assist the resident in securing an alternative placement and shall advise the resident on available alternatives. Where the resident is unable to choose an alternate placement and is not under guardianship, the Department shall be notified of the need for relocation assistance. The facility shall comply with all applicable laws and regulations until the date of closing, including those related to transfer or discharge of residents. The Department may place a relocation team in the facility as provided under subsection (u) of this Section. (Section 3-423 of the Act)</p> <p>These Regulations were not met as evidenced by:</p> <p>Based on observation, interview and record review, the facility's governing body failed to provide general operating and general direction which ensures that the health, safety and welfare of the 35 individuals of the facility (R1-R35) when they failed to ensure that:</p> <p>1) Notice of the facility's intent to close was given ninety day prior to the closing of the facility and that such notice was given to the Department (Illinois Department of Public Health/IDPH), the thirty-five residents who are to be transferred out of the facility and to the resident's representative(s) in accordance to State Law;</p> <p>2) Adequate arrangements are made for</p>	W9999			

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W9999	<p>Continued From page 16 relocation of the thirty five individuals of the facility prior to closure;</p> <p>3) The facility's food vendor(s) are paid in a timely manner to ensure that a week's supply of staple foods are maintained on site at the facility; and</p> <p>4) The facility's utility bills are paid in a timely manner to ensure continuity of services for gas and electricity, as well as water and sewer services.</p> <p>As a result of these failures, the Department determined on 03/12/13 that an emergency situation existed. Interview with E2 (Owner) on 03/12/13 at 10:30 A.M., confirmed his inability to remedy this emergency situation, resulting in an immediate threat to the health, safety and/or welfare of the thirty five individuals (R1-R35) of the facility.</p> <p>Findings include:</p> <p>On 03/12/13 at 10:30 A.M., E2 (Owner) informed the surveyor team that he was having financial problems and was unable to pay his bills at this time. E2 stated that he wanted the Department's assistance in closing the facility and asked the surveyors to put a sign on the door stating, "This facility is closed". E2 stated, "I want the name and number of who I need to call to help me move the residents as soon as possible". E2 went on to say that he owed the food vendor close to \$20,000 dollars and that he was unsure if they (the food vendor) would continue to deliver food to the facility. He also stated that the food vendor wanted him to give them a check for</p>	W9999			

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W9999	<p>Continued From page 17</p> <p>\$6,000 dollars a week until the bill was paid. During this conversation, E2 stated that he was behind in his utility payments and that his water could be disconnected any day. E2 stated that after paying staff payroll on Monday 03/18/13, he would not be able to make full payroll again. He stated, "I'm tapped out!" When E2 was asked if he had notified the individuals and/or their guardians of his intent to close, he stated, "I'm getting ready to call Z1 (Office of State Guardian Representative) and let him know now. We will be notifying the other guardians of the facility's intent to close."</p> <p>During this interview, E2 confirmed that he had not given ninety day notice to the Department, nor to any of the thirty five individuals (R1 - R35) and/or their guardians of his intent to close the facility in accordance with State Law. E2 also confirmed that the facility had not contacted Southern Illinois Case Coordination or made other arrangements to relocate the thirty five individuals living at the facility. When E2 was questioned regarding applying for emergency funding, he stated, "We've received payment from the State (of Illinois) and have been paid current to January (2013).</p> <p>On 03/13/13, E2 (Owner) sent the following written notice to the Department,</p> <p>"To: Whom it may concern,</p> <p>Please be advised that on March 12th 2013, the decision to close Colonial Manor, Inc. was made. Due to the Ligas Lawsuit (lawsuit filed on behalf of individuals with developmental disabilities</p>	W9999			

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W9999	<p>Continued From page 18</p> <p>residing in an ICF/DD (Intermediate Care Facility for the Developmentally Disabled) choosing to move to community based services/settings) and the inability to admit residents to replace those lost to CILAs (Community Integrated Living Arrangement) homes or those lost to death, has made doing business impossible. We are down 10 residents in the last year which calculates to roughly \$30k per month and we do not have the ability to cut expenses by anywhere close to that. We have borrowed from, "Peter to pay Paul" for as long as we can and debtors are now knocking on our doors daily and we don't have the funds to pay expenses associated with the running of a facility. I see Colonial Manor being able to cover expenses, with money from " Peter" for another week at best. Our next payroll is 3/18/13 and past that I ' m not sure we will have money to pay staff or the ability to pay for the additional expenses needed to take care of our residents. Immediate placement is very much needed. It is with great sorrow that this decision was made. This will cause a deep financial hardship on my staff who will be out of jobs and the owners of Colonial Manor who have invested all of our life savings and pledged a house as collateral against the to purchase this facility. Please help us facilitate this closing. Our residents need your help. Sincerely, E2"</p> <p>E1 (Administrator) was interviewed on 03/13/13 at 3:50 P.M. regarding individual, guardian and family notification and stated, "We (E1 and E5 Director of Nursing) called families and guardians yesterday (03/12/13). I am preparing the letters and will send them out either by certified or registered mail." During this interview, E1 confirmed that the individuals, nor their guardians</p>	W9999			

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W9999	<p>Continued From page 19</p> <p>had been given ninety days notice of the facility's intent to close as required by State Law.</p> <p>On 03/12/13 at 5:45 P.M., the evening meal was observed. All individuals were observed to receive the appropriate foods/diet when compared to the menu posting for 03/12/13.</p> <p>On 03/13/13 at 9:50 A.M. the surveyors observed the kitchen and pantry areas of the facility where foods are stored. Minimal supplies of canned goods were noted on the shelves with various dry goods. Milk, eggs and dairy products were noted in the front refrigerators. The freezers were observed and meat items were only noted in the second freezer which contained:</p> <ul style="list-style-type: none"> 1 bag of sausage 10 ounce bag of breaded outlets 1 bag containing 20 pieces of fish 1 bag of corn beef steaks 2 bags of roast beef 2 large pork tenderloins a partial box of pork patties 10 packs of bologna <p>E3 (Dietary staff) was present in the pantry during this observation and was asked her opinion as to how many days worth of food/meat is contained in the freezer. E3 stated, "Counting breakfast, lunch and dinner we only have about three to three and a half days worth of food."</p> <p>E4 (Food Service Supervisor) was interviewed on 03/14/13 at 9:00 A.M. and was asked how many days worth of food did the facility have on the premises. E4 stated, We have roughly about</p>	W9999			

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W9999	<p>Continued From page 20</p> <p>three days worth of food left. I have talked with E2 (Owner) and we're hoping that they'll (the food vendor) accept a payment so that we can get a truck in on Friday." During this interview, E4 confirmed that the facility does not have a week's supply of staple foods on sight at the facility as required by State law.</p> <p>During the interview with E2 (Owner) on 03/12/13 at 10:30 A.M., he informed the surveyors that the food vendor may not accept a check this week since he owed them so much money. E2 stated that he planned to order food and would give the food vendor a check for \$6000.00 when he (food vendor representative) comes on Thursday (03/14/13).</p> <p>On 03/14/13 at 10:30 A.M., Z5 (Food Vendor Representative) was present at the facility and informed the surveyors that the facility had given him a check for \$6,233.91. Z5 stated that due to the facility's past due amount (\$30,132.67), he was unsure if the company's credit department would authorize a delivery of food by Friday, 03/15/13.</p> <p>In review of the food vendor bill dated 02/21/13, it is noted that the facility owes the company \$30,132.67.</p> <p>On 03/14/13 at 8:30 A.M., a utility truck pulled up outside of the facility and a representative of the utility company (Z4) entered the building and requested to speak with management. E1 (Administrator) was present and took Z4 in her office. The surveyor was present during this conversation with E1 and Z4 and he (Z4)</p>	W9999			

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W9999	<p>Continued From page 21</p> <p>informed E1 that he needed a check for, "\$1500.00 and change today" or he would return to the facility and turn off the facility's gas services at 1:00 P.M.</p> <p>On 03/14/13 at 11:20 A.M. the facility was forced to pay the utility company \$1549.35 to maintain gas services at the facility.</p> <p>In review of the facility's utility bills (gas and electricity), the following statements were noted which were indicative that the facility has not been paying their bill(s) in a timely manner:</p> <p>A "FINAL NOTICE OF DISCONNECTION" stating that the facility's utility service would be disconnected on 02/11/13 if \$3,830.31 was not paid on or before 02/11/13; and</p> <p>A utility statement dated 02/08/13 showing that the facility has outstanding electrical charges due in the amount of \$5,430.80 if paid by 02/22/13.</p> <p>The facility provided the surveyor with the following statements with outstanding balances for the following services:</p> <p>The water, sewer, garbage bill dated 02/28/13 states that the facility has an unpaid balance of \$8,346.87 with additional charges of \$559.30 for water, \$293.10 for sewer and \$137.50 for refuse for a balance of \$9336.77 which was due by 03/15/13;</p> <p>The facility also provided the surveyor with the statements with outstanding balances for the following services:</p>	W9999			

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W9999	<p>Continued From page 22</p> <ul style="list-style-type: none"> - a pharmacy bill dated 03/01/13 identifying an amount due of \$18,862.55; - a handwritten statement from a local grocer dated 01/23/13 which shows a total amount due of \$1,188.70 for purchases made from 05/12 - 06/26/12; and - a statement dated 10/13/12 from a company which delivers bread to the facility which shows a total amount due of \$2,051.35. <p>(B)</p> <p>350.620a) 350.1210 350.1220j) 350.3220f) 350.3240a)</p> <p>Section 350.620 Resident Care Policies</p> <p>a) The facility shall have written policies and procedures governing all services provided by the facility which shall be formulated with the involvement of the administrator. The policies shall be available to the staff, residents and the public. These written policies shall be followed in operating the facility and shall be reviewed at</p>	W9999			

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W9999	Continued From page 23 least annually. Section 350.1210 Health Services The facility shall provide all services necessary to maintain each resident in good physical health. Section 350.1220 Physician Services j) The facility shall notify the resident's physician of any accident, injury, or change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. Section 350.3220 Medical Care f) All medical treatment and procedures shall be administered as ordered by a physician. All new physician orders shall be reviewed by the facility's director of nursing or charge nurse designee within 24 hours after such orders have been issued to assure facility compliance with such orders. (Section 2-104(b) of the Act)	W9999			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G048	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/26/2013
NAME OF PROVIDER OR SUPPLIER COLONIAL MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 300 CHURCH STREET ZEIGLER, IL 62999		
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W9999	<p>Continued From page 24 Section 350.3240 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 Regulations were not met as evidenced by:</p> <p>A) Based on interview and record review and review of the pictures received from a receiving facility, the facility has failed to ensure that all individuals (R1 -R35) receives nursing services in accordance with their needs as evidenced by nursing staff's failure to:</p> <p>1) Implement a comprehensive plan of care for prevention and healing for decubitus management and provide ongoing documentation of monitoring the status of these pressure ulcers for 1 of 1 individual outside the sample (R22) who was transferred from the facility on 03/15/13 and was assessed as having thirty one open areas involving his scrotum, left and right buttocks and his left knee by his receiving facility. Nursing staff failed to:</p> <p>a) Complete weekly pressure ulcer records during the month of March, 2013 identifying,</p> <ul style="list-style-type: none"> - location of the pressure ulcer; - staging of the ulcer; - size in centimeter of length, width and depth; - occurrence if any of undermining and/or tunneling; 	W9999			

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W9999	<p>Continued From page 25</p> <ul style="list-style-type: none"> - presence of drainage and/or odor; - description of the wound bed and; - description of the surrounding skin color; and/or the - description of the surrounding tissue/wound edges. <p>b) Ensure that the results of R22's wound culture of drainage from the pressure ulcer on his left knee performed on 02/05/13 were on file at the facility; and</p> <p>c) Provide ongoing nursing documentation on the status of R22's pressure ulcers on his buttocks, left knee and scrotum.</p> <p>B) Based on interview and record review, the facility failed to develop and implement a nursing plan of care as per the hospital Discharge Instructions sheet for 1 of 2 individuals in the sample (R17) hospitalized in the past two months.</p> <p>Findings include:</p> <p>On 03/19/20 at 11:00 A.M., Z3 (Representative from Department of Human Services - Division of Developmental Disabilities) informed the surveyors that he had visited R22 at his receiving facility and had been notified that he (R22) had thirty one or thirty two open areas upon his arrival to the facility on 03/15/13.</p> <p>The current Physician's Order on file at the facility states that R22 is a 66 year old male with</p>	W9999			

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W9999	<p>Continued From page 26</p> <p>diagnoses of profound intellectual functioning, Epilepsy, Down's Syndrome and blepharitis. R22's record is flagged as hospice due to a diagnosis of aspiration pneumonia 01/25/12.</p> <p>Review of R22's Individual Program Plan with a start date of 09/01/12 (contained within his permanent record) states that he has a short term goal to reduce pressure sore risk assessment number to 7 or below. Methods within this plan includes:</p> <p>"Impaired Circulation Prevention:</p> <p>1. Assessment (pressure sore risk assessment)</p> <p>2) Inspect skin daily</p> <p>document accurately (completely any area of redness or blanching that does not disappear within 30 minutes after pressure is relieved.</p> <p>change position q (every) 2 hrs (hours) to increase circulation, use lift sheet to prevent shearing</p> <p>gently massage potential pressure sites</p> <p>maintain normal body alignment (as much as possible)</p> <p>use pressure relieving devices to redistribute and reduce pressure (pressure relief mattresses, heel and elbow protectors</p> <p>R22 has a pressure relief mattress on his bed</p> <p>keep bed linens dry and free of wrinkles or ridges,</p>	W9999			

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W9999	<p>Continued From page 27</p> <p>avoid many layers of bed protectors/liners</p> <p>provide active and passive ROM (range of motion) exercises to assist blood flow</p> <p>maintain skin in warm and dry condition without flaking and cracking</p> <p>staff will report any potential problem to the charge nurse immediately."</p> <p>R22's Pressure Risk Assessment dated 12/06/12 identifies that he has a total score of 9 which places him at HIGH RISK for skin break down.</p> <p>Review of the weekly Pressure Ulcer Records from 01/18/13 - 03/01/13 documentation identifies that R22 has had open areas on his left knee and his right and left buttock area during this time frame. No documentation is noted regarding any open areas to R22's scrotal area during this time frame on this record.</p> <p>Measurements for 03/01/13 on R22's Pressure Ulcer Record states:</p> <p>Left buttock Stage II. No size in centimeter, depth, exudates, tunneling, undermining and/or odor is documented on this record. Nursing also failed to describe the wound bed, surrounding skin color and/or the surrounding tissue/wound edges on this record for the left buttock;</p> <p>Right buttock Stage II. No size in centimeter, depth, exudates, tunneling, undermining and/or odor is documented on this record. Nursing also failed to describe the wound bed, surrounding skin color and/or the surrounding tissue/wound</p>	W9999			

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W9999	<p>Continued From page 28</p> <p>edges on this record for the left buttock;</p> <p>Left knee Stage II. No size in centimeter is stated. This record states that this area has no depth, no exudates, no tunneling, no undermining and no odor. It is also noted that R22 receives a saline, wet to dry dressing to this area and that he is to be turned and repositioned every hour.</p> <p>No further entries have been made on R22's Pressure Ulcer Record for the month of March, 2013.</p> <p>R22's Nurse's Notes for 03/01/13 - 03/15/13 identifies that nursing staff only documented the status of his decubes on 03/02/13. This is the only entry for the first two weeks of the month of March which shows the size of R22's open areas.</p> <p>Nursing Notes documentation for 03/02/13 for R22 states that his dry dressing was changed to his, "... right buttock. Measures 3 cm (centimeter) x (by) 2 cm, left buttock measures 7 cm long 1 cm wide another small on 1 cm x 1 cm scrotum 2 area 1 cm x .5 cm each. Left knee measures 4 cm x 3.5 cm. Drsg (dressing) applied." This documentation does not contain information regarding exudates, tunneling, undermining and/or odor, nor is there a description of the wound bed(s), surrounding skin color and/or the surrounding tissue/wound edges of R22's pressure ulcers.</p> <p>Review of a Telephone Physician Orders dated 02/05/13 states that an adhesive, dry dressing is to be placed on both buttocks and are to be changed every three days. Orders for Granulex Spray is also noted and is to be used on his left</p>	W9999			

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W9999	<p>Continued From page 29</p> <p>knee on each shift. Additional orders are noted on this form for nursing staff to culture R22's left knee.</p> <p>In review of the laboratory report date 02/05/13, this report states that the wound culture for R22's left knee is, "Pending". Further record review does not identify that the facility ever received the laboratory results regarding the culture performed on R22's left knee on 02/05/13.</p> <p>The Wound Care Treatment Log from 02/03 -03/12/13 identifies that nursing completed documentation regarding the wounds on R22's scrotum/coronal ridge on this form. Documentation on this log states that R22 has a Stage II open area measuring 0.5 x 1 cm of the same size and depth at the time of each nursing entry on 02/03, 02/10, 02/16, 02/19, 02/22, 02/25, 03/02, 03/04, 03/08 and 03/12/13.</p> <p>Further review of R22's Nurse's Notes identifies that an entry was made on 03/05/13 regarding the dressing to his buttock being intact. No other nursing entries were documented in his Nurse's Notes regarding the status of R22's pressure ulcers on his buttocks, left knee and scrotum from 03/05/13 through the last dated entry of 03/15/13.</p> <p>On 03/15/13, R22 was transferred to another facility as a result of an emergency closure of the facility.</p> <p>A telephone interview was done with E1 (Administrator/RN) on 03/21/13 at 11:15 A.M., regarding R22's open areas and she stated, "No, R22 was not receiving wound care at the facility.</p>	W9999			

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W9999	<p>Continued From page 30</p> <p>His pressure areas were an ongoing problem. He had a pressure relief mattress and was turned every one hour. R22 had his knee debrided a couple months ago and this information is contained in his purged records." When E1 was asked if R22 could turn himself she stated, "No."</p> <p>In review of R22's purged records for the 2012 year, no wound care treatment report was located in the record for the past twelve months.</p> <p>Z3 (Assistant Director of Nursing of the facility receiving R22) was interviewed by phone on 03/20/13 at 4:40 P.M. and stated, "When we did our admission assessment, R22 had thirty one open areas with twenty four of those open areas being located on his scrotum. He has a Stage II - III on his left knee, a Stage II - III on his right buttock and a Stage III on his left buttock which runs deep and long towards his scrotum area." During this interview, Z3 confirmed that the receiving facility was not notified or provided documentation as to the current status of R22's pressure ulcers.</p> <p>On 03/20/13, R22's receiving facility sent pictures and the following Skin Condition Progress Reports regarding his open areas for his date of admission to the receiving facility (03/15/13):</p> <p>Left side of scrotum/left leg measures 3 cm x 1 cm with 0.1 cm depth. This area is noted as a Stage III and serosanguenous drainage is noted from this area;</p> <p>Right side of scrotum measures 1 cm x 3 cm with 0.1 cm depth. This area is also noted as a Stage III and serosanguenous drainage is noted from</p>	W9999			

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W9999	<p>Continued From page 31 this area;</p> <p>Scrotum - 24 areas total measuring 1 cm x 2 cm with 0.1 cm depth with white centers. These areas are also noted as a Stage III;</p> <p>Left knee measures 6 cm x 5 cm with 0.2 cm depth. This area is noted to be pink/white and serosanguenous drainage is noted form this area. This area is noted as a Stage III;</p> <p>Left buttock area A and B A - measures 3 cm x 4 cm with serosanguenous drainage. This area is noted as a Stage III. B - measures 2 cm x 1 cm with excoriation. This area is noted as a Stage I;</p> <p>Right buttock A- measures 3 cm x 2 cm, red in color with serosanguenous drainage. This area is noted as a Stage III. B - measures 2 cm x 2 cm, red in color with serosanguenous drainage. This area is noted as a Stage III; and</p> <p>Crack of bottom measuring 2 cm x 2 cm x 0.5 cm depth, pink in color with no drainage. This area is noted as a Stage II.</p> <p>B) The hospital Discharge Instruction sheet states that R17 was admitted to the hospital on 03/01/13 for BRADYCARDIA ELEVATED TROPONIN. Further review of this report identifies that R17 was discharged back to the facility on 03/02/13 with instructions to:</p> <ul style="list-style-type: none"> - Weigh yourself daily and keep track of the weight. Signs symptoms to Report: - Gain more than 2 pounds in 1-3 days. 	W9999			

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W9999	<p>Continued From page 32</p> <ul style="list-style-type: none"> - Gain more than 5 pounds in one week. - Increased swelling of your legs. - Unusual increase in shortness of breath. <p>Review of the current Physician's Order on file for R17 dated 02/01-02/28/13 does not reflect that any addition orders or instructions had been added to these orders. No Physician's Order sheet was noted for the month of March, 2013 for R17.</p> <p>R17's Nurse's Notes for 03/02/13 identifies that he was returned back to the facility on this date. Nursing documentation states, "New Order received to decrease Metroprolol to 12.5 mg (milligrams) Po (by mouth) BID (twice daily) and to continue all other previous orders. No nursing documentation was noted identifying that nursing staff noted the Discharge Instructions sent home with R17 in review of the Nurse's Notes from 03/01/13 - 03/13/13.</p> <p>In reviewing the facility's flow sheets for R17, a Diabetic Control Chart was noted for the month of March, 2013. No flow sheets or charts were noted for daily weights, leg measurements and circumference, nor how nursing staff will assess R17 for shortness of breath as directed by his Discharge Instructions dated 03/02/13. No nursing plan of care was located in R17's record identifying that a plan of care had been developed and implemented on 03/02/13 to address his Discharge Instructions upon his return to the facility.</p> <p>E6 (LPN/Licensed Practical Nurse) was interviewed on 03/13/13 at 10:45 A.M. regarding how the facility is monitoring R17 for weight gain,</p>	W9999			

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W9999	<p>Continued From page 33</p> <p>swelling of his legs and shortness of breath, E6 stated, "I didn't bring him in. I was not aware that he was to be weighed daily, nor that we were to be monitoring him for swelling of the legs or shortness of breath. I don't remember seeing the Discharge Instructions, that would have been E7 (LPN) who was on duty at the time he was readmitted back to the facility."</p> <p>E1 (Administrator/Registered Nurse-RN) was interviewed on 03/13/13 at 10:45 A.M. and confirmed that nursing staff had not developed and implemented a plan of care to monitor R17's weight daily, swelling of his legs, or how nursing will assess him for shortness of breath. upon his return to the facility. During this interview E1 stated, "I was not aware of these Discharge Instructions dated 03/02/13 for R17."</p> <p>(B)</p>	W9999			