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	IL6010094	A. BUILDING: _____ B. WING _____	C 05/15/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINNING WHEELS	**701 EAST 3RD STREET PROPHETSTOWN, IL 61277**

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S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210a) 300.1210b) 300.1210d)3) 300.1210d)5) 300.1220b)3) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. 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	S9999		

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and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act)

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.

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:

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

5) A regular program to prevent and treat pressure sores, heat rashes or other skin

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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 300.1220 Supervision of Nursing Services

b) The DON shall supervise and oversee the nursing services of the facility, including:

3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months.

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)

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These Requirements are not met as evidenced by:

Based on Observation, Interview and Record Review the facility failed to monitor residents assessed by the facility at high risk for pressure ulcers and identify pressure ulcers for these residents prior to becoming a stage II or higher. The facility failed to ensure pressure ulcer preventative measures are provided and evaluated for effectiveness for residents at risk for pressure. These failures contributed to R1 developing a pressure ulcer to his left outer ankle that was not identified until it was a stage III on 3/24/14. R2's pressure ulcer to his left achilles was not identified until it was a stage III on 2/2/14. R2's pressure ulcer to his left hip was not identified until it was a stage III on 2/26/14. R3's pressure ulcer to his right great toe was not identified until 5/1/14 when is was purple and a stage that was unable to be determined.

This applies to 3 of 3 (R1, R2 & R3) reviewed for pressure ulcers in the sample of 3.

The findings include:

1. The Weekly Pressure Ulcer Surveillance Report dated 10/31/13 for R1 showed he had a Stage III pressure ulcer to the left outer ankle that was present on admission to the facility on 10/15/13. The Weekly Pressure Ulcer Surveillance Report dated 1/30/14 for R1 showed the pressure ulcer to his left outer ankle was healed.

The Weekly Pressure Ulcer Surveillance Report dated 3/27/14 for R1 showed, "Onset date -

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3/24/14; Place acquired - House (in house at the facility); Site acquired - Left outer ankle; Stage III; Size - 1.5cm x 0.9cm x 0.2cm; Appearance - 100% granulation tissue; re-occurring area re-opened."

On 5/13/14 at 11:06am, E3 (Registered Nurse/Wound Care Nurse) stated, "R1 came in to the facility on 10/15/13 with a pressure ulcer to his ankle and one on his bottom. The pressure ulcer on R1's bottom has healed. The pressure ulcer to R1's ankle healed and re-opened. R1's left outer ankle pressure ulcer was a stage III when it was first identified again. I don't have any input on the care plan. The care plans are done by the Minimum Data Set (MDS)/Care Plan Coordinator."

On 5/13/14 at 2:10pm, R1 stated, "The pressure ulcer to my left ankle is because of how my leg lays to the outside." Pt stated he did not have any offloading device in place to his left foot until the the left outer ankle re-opened at the facility.

The High Risk Pressure Ulcer Care plan for R1, that was initiated on 10/25/13 and revised on 4/22/14, showed, "1/30/14 - discontinue treatment to left outer ankle. Apply skin prep and a dry dressing to the left outer ankle daily for one week." There was not any additional information or treatment orders documented on R1's care plan for his left outer ankle that re-opened on 3/24/14.

The facility's Pressure Ulcer Prevention Program policy (no date) showed, "Wound Care Coordinator: Role and Responsibilities: Updates the resident care plan whenever change occurs in the status of the wound or when treatment is altered."

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The Weekly Pressure Ulcer Surveillance Report dated 11/14/13 for R1 showed a new pressure ulcer identified on 11/11/13 to R1's posterior left great toe that was "black" and measured 0.4 x 0.5cm. The black area on R1's left great toe had a stage listed as "unable to be determined."

The Weekly Pressure Ulcer Surveillance Report dated 12/5/13 showed on 11/29/13 R1 acquired 2 new pressure ulcers that were first identified at a stage II to the right upper buttock.

The Weekly Pressure Ulcer Surveillance Report dated 12/12/13 for R1 showed he had a new pressure ulcer to his right hip that was first identified on 12/7/13 at a stage II.

The facility's Skin Care Protocol (8/2012) showed, "Certified nursing assistants are to notify the nurse of any changes of the skin while performing daily cares; The Wound Care Coordinator will stage pressure ulcers according to current staging guidelines."

The Weekly Pressure Ulcer Surveillance Report dated 5/6/14 for R1 showed he has a stage II pressure ulcer to his left buttock that was acquired at the facility on 11/29/13.

On 5/13/14 at 10:00am, R1's wheelchair had a pressure relief cushion in the chair that did not fit the width of the chair. The cushion was worn, flat and was 1.5 inches in depth.

The manufacturer's dimensions for R1's pressure relief cushion showed the depth of the cushion should be 3 inches.

On 5/13/14 at 11:06am, E3 stated, "R1's skin

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checks are done weekly. I don't check the pressure relief cushions for the wheelchairs. I don't know who checks them."

On 5/13/14 at 2:10pm, R1 stated, "The cushion in my wheelchair is flat when my weight is on it. They come in and help me. They don't always reposition or turn me every 2 hours. Sometimes they get busy so I try to do it."

The facility's Preventive Skin Care policy (no date) showed, "Resident's identified as being high risk for potential breakdowns shall be turned and repositioned every two hours or per plan of care; Pressure reduction cushions may be used in wheelchairs, if appropriate."

The Pressure Ulcer Scale for R1 dated 1/22/14 showed a score of 9; a score of 10 or less equals high risk.

The Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 10/25/13 and 4/24/14 for R1 showed a score of 15 for the Brief Interview for Mental Status (BIMS); no cognitive impairment.

R1's Physician Order Sheet (POS) dated 5/1/14 showed Diagnoses Spina Bifida, Paraplegia, Hydrocephalus, Scoliosis, Neurogenic Bladder and Bowel.

2. The Weekly Pressure Ulcer Surveillance Report dated 2/26/14 for R2 showed he had a pressure ulcer to his left achilles on 2/2/14 and was a stage III when it was first identified; R2 had a pressure ulcer to his left hip that was identified on 2/26/14 and was a stage III when it was first noticed.

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R2's Nurses Notes dated 2/26/14 showed, "CNA reported to this nurse an open area on R2's left hip. The area is a stage III. This is a re-occurring area that had last healed on 1/28/14."

On 5/13/14 at 11:30am, E3 (Registered Nurse/Wound Care Nurse) stated, "R2's achilles was rubbing on the back of his shoe and it caused a pressure ulcer. The Certified Nursing Assistants (CNA) are to notify the nurse if they see anything on the residents skin." E3 stated the pressure ulcer to R2's left achilles was not identified until it was a stage III.

On 5/13/14 at 10:10am, R2 was observed sitting in a wheelchair in his room. R2 had his left foot in a offloading boot that was resting on his foot pedal. R2 had a sock on his right foot. R2's right foot rested on the floor. R2 was able to cover his tracheostomy and state his name. R2 said he did not know if he had a sore on his left lower leg. R2 stated the CNA's do not turn him when he is in bed.

The Care Plan dated 1/28/14 for R2 showed, "R2 is at risk for skin breakdown due to left hemiparesis and decreased independence. R2 wears braces to bilateral knees and a splint to his left hand which increases the risk of breakdown; 2/6/14 - Discontinue liquid protein; 2/26/14 - Cleanse left hip with normal saline, apply treatment and dry dressing daily and as needed; Monitor skin during cares and report changes to the nurse; Skin checks by nurse, document and report changes to provider."

The POS dated 5/1/14 for R2 showed Diagnoses including Flaccid Left Side, Seizure Disorder, Chronic Suprapubic Catheter, Neurogenic Bladder and Decubitus Ulcers.

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3. The Nurses Notes dated 5/1/14 for R3 showed, "Purplish area noted on the tip of right great toe. R3's feet stick out farther than the foot cradle and sheets lay on top of his toes. Per R3's guardian, fold sheets off R3's toes to prevent sheets/blankets from laying on his toes."

The Weekly Pressure Ulcer Surveillance Report dated 5/1/14 for R1 showed he has a facility acquired pressure ulcer to his right great toe; "Unable to Determine" for the stage; measures 1.2 by 1.0cm; dark purple in appearance.

On 5/13/14 at 10:21am, R3 was observed sitting in a wheelchair, wearing tennis shoes.

On 5/13/14 at 12:00pm, a copy of R3's care plan was requested and never received while at the facility on 5/13/14.

The POS dated 5/1/14 for R3 showed Diagnoses including Fractured Cervical Spine, Quadriplegia, Neurogenic Bladder, Neurogenic Bowel, and history of Sacral Decubitus.

(B)