	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				3) DATE SURVEY COMPLETED	
			7. BOLDING.		C		
		IL6000285	B. WING		1	08/2014	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE			
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S9999	Final Observations		S9999				
	STATEMENT OF LI	CENSURE VIOLATIONS:	TOTAL CARROLL AND A CARROLL AN				
	300.1210a) 300.1210b) 300.1210c) 300.1210d)6) 300.3240a)  Section 300.1210 G Nursing and Person a) Comprehensive F with the participation resident's guardian of applicable, must dev comprehensive care includes measurable meet the resident's in and psychosocial neresident's comprehe allow the resident to practicable level of in provide for discharge restrictive setting ba needs. The assessm the active participation resident's guardian of applicable. b) The facility shall p and services to attain practicable physical, well-being of the resident resident's comp plan. Adequate and p care and personal care resident to meet the care needs of the resident to meet of the resident to meet the care needs of the resident to meet the	eneral Requirements for al Care Resident Care Plan. A facility, of the resident and the or representative, as yelop and implement a eplan for each resident that eplan for each resident in the ensive assessment, which attain or maintain the highest and eplanning to the least sed on the resident's care nent shall be developed with on of the resident and the or representative, as enovide the necessary care or maintain the highest mental, and psychological ident, in accordance with orehensive resident care properly supervised nursing are shall be provided to each total nursing and personal					
	be knowledgeable at respective resident c	oout his or her residents'					

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

AND FEATURE CONTROL IDENTIFICATION NOWIDER.  A. BUILDING:	COMPLETED
IL6000285 B. WING	C <b>07/08/2014</b>
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
HEARTLAND OF DECATUR  444 WEST HARRISON STREET DECATUR, IL 62526	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG CROSS-REFERENCED TO THE APPROP DEFICIENCY)	DBE COMPLETE
S9999 Continued From page 1 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: 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.  These requirements are not met as evidenced by:  Based on interview and record review the facility failed to maintain a safe environment by leaving R3 unattended in the bathroom, and failing to supervise and implement effective fall interventions for one of three residents (R3) reviewed for falls in a sample of six. This failure for R3 resulted in fractured fibula requiring hospital treatment.  Findings include:  1. The hospital Discharge Summary, 1/24/14, documents R3's discharge to the facility was delayed due to a fall at the hospital on 1/23/14. R3 was transferred to the facility on 1/24/14. The facility Admission Record dated 1/24/14, documents R3's discharge to include dementia, abnormal gait, muscle weakness and convulsions. R3's Admission Screening, 1/24/14, documents R3's with diagnoses to include dementia, abnormal gait, muscle weakness and convulsions. R3's Admission Screening, 1/24/14, documents R3's with moderately impaired cognition and at risk for falls due to a history of falls, muscle weakness, incontinence, psychotropic medication use, and other	

Illinois Department of Public Health

NAME OF PROVIDER OR SUPPLIER  HEARTLAND OF DECATUR  (X4) ID  SUMMARY STATEMENT OF DEFICIENCIES  (X4) ID  SUMMARY STATEMENT OF DEFICIENCIES  (X5)  (EACH DEFICIENCY MUST BE PROPERTIES ID  PROVIDER'S PLAN OF CORRECTION  (X5)		STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION ::		SURVEY PLETED
AMME OF PROVIDER OR SUPPLIER  HEARTLAND OF DECATUR  SUMMARY STATEMENT OF DEFICIENCIES  (KA) ID PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL RESULATORY OR LSC IDENTIFYING INFORMATION)  S9999  Continued From page 2  underlying health conditions. The facility kardex and careplan dated 1/24/14, documents R3 as at risk for falls, with interventions including a low bed, meals in the dining room, have commonly used articles within reach, and tollet before bed.  The facility Incident Report dated 2/6/14 at 11:00pm, completed by E9 (Nurse) documents R3 as being found on the floor by E5 (Nursing Assistant). The Statement 2/6/14, by E5 documents "I went to answer the call light and I observed (R3) on the floor by the bed and commode." Another Statement by E5 on 2/12/14, documents "I went to enswer the commode and (R3) had her call light" E5 went to assist another resident and when E5 returned R3 was son the ground. The Progress Note, 2/6/14, completed by E9 documents R3 was sent to the emergency room. The hospital emergency room report, 2/6/14, documents R3 with a fracture to the left distal fibula and a splint was applied.  On 7/8/14 at 11:35am, E9 stated R3 was placed on a commode by E5 on 2/6/14. R3 was asked to wait for assistance. R3 attempted to transfer without assistance and was found on the floor by E5. R3 was confused and a fairly new admission to the facility. E9 stated residents with cognitive deficets should not be left unattended on the commode.							С
## HEARTLAND OF DECATUR  ## WEST HARRISON STREET DECATUR, IL 62526    CALL DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   PROVIDER'S PLAN OF CORRECTION   REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE   DEFICIENCY   CANADA   REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX   REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX   REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX   REGULATORY OR LSC IDENTIFYING INFORMATION)    S9999   Continued From page 2   S9999    Continued From page 2   S9999    Continued From page 2   S9999    S9999   Continued From page 2   S9999    Information of the Appropriate   DEFICIENCY   PREFIX   TAG   PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE   DEFIX   PROVIDER'S PLAN OF CROSS-REFERENCED TO THE APPROPRIATE   DEFIX   PROVIDER'S PROVIDER   DEFIX			IL6000285	B. WING		07/	08/2014
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underlying health conditions. The facility kardex and careplan dated 1/24/14, documents R3 as at risk for falls, with interventions including a low bed, meals in the dining room, have commonly used articles within reach, and toilet before bed.  The facility Incident Report dated 2/6/14 at 11:00pm, completed by E9 (Nurse) documents R3 as being found on the floor by E5 (Nursing Assistant). The Statement 2/6/14, by E5 documents "I went to answer the call light and I observed (R3) on the floor by the bed and commode." Another Statement by E5 on 2/12/14, documents "I put R3 on the commode and (R3) had her call light " E5 went to assist another resident and when E5 returned R3 was on the ground. The Progress Note, 2/6/14, completed by E9 documents R3 was sent to the emergency room. The hospital emergency room report, 2/6/14, documents R3 with a fracture to the left distal fibula and a splint was applied.  On 7/8/14 at 11:35am, E9 stated R3 was placed on a commode by E5 on 2/6/14. R3 was placed on a commode by E5 on 2/6/14. R3 was saked to wait for assistance. R3 attempted to transfer without assistance and was found on the floor by E5. R3 was confused and a fairly new admission to the facility. E9 stated residents with cognitive deficets should not be left unattended on the commode.	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF	HOULD BE	COMPLETE
the call light. E5 answered the light and assisted R3 to the bedside commode. E5 stated R3 was left on the commode alone to assist another resident who was a fall risk. While E5 was assisting the other resident R3 fell trying to transfer back to the bed without assistance. E5 stated residents at fall risk are not to be left alone		underlying health coand careplan dated risk for falls, with int bed, meals in the did used articles within and articles within the facility Incident 11:00pm, completed R3 as being found of Assistant). The State documents "I went to observed (R3) on the commode." Another documents "I put R3 had her call light "resident and when E ground. The Progre by E9 documents R3 room. The hospital 2/6/14, documents R3 distal fibula and a spoon a commode by E1 to wait for assistance at E5. R3 was confused to the facility. E9 state deficets should not be commode.  On 7/3/14 at 2:31pm the call light. E5 ans R3 to the bedside colleft on the commode resident who was a fassisting the other retransfer back to the facility.	onditions. The facility kardex 1/24/14, documents R3 as at erventions including a low ning room, have commonly reach, and toilet before bed.  Report dated 2/6/14 at the by E9 (Nurse) documents on the floor by E5 (Nursing ement, 2/6/14, by E5 or answer the call light and I de floor by the bed and restatement by E5 on 2/12/14, as on the commode and (R3) the E5 went to assist another ess Note, 2/6/14, completed as was sent to the emergency emergency room report, as with a fracture to the left colint was applied.  The stated R3 was placed to the end on the floor by defended and a fairly new admission and the floor by defended the light and assisted and the fairly in the floor by the fight and assisted and the fairly in the floor by the fight and assisted and the fight and assisted and the floor by the fight and the floor by the f	\$9999			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPL AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING:	<b>.</b>	(X3) DATE SURVEY COMPLETED
IL6000285 B. WING		C <b>07/08/2014</b>
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, S	STATE, ZIP CODE	
HEARTLAND OF DECATUR 444 WEST HARRISON DECATUR, IL 62526	N STREET	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
identify residents at risk for falls on the kardex. E5 stated she was unaware R3 was at risk for falls at the time of the fall on 2/6/14.  The facility Investigative Report of R3's fall on 2/6/14, completed on 2/13/14, documents a conclusion as R3 was found on the floor in room after trying to self transfer from a bedside commode. R3 has multiple risk factors. R3 will be assisted to and from the commode for safety.  On 7/8/14 at 1:20pm, E2 (Director of Nursing) stated after the fall on 2/6/14 the intervention placed was to assist R3 when using the commode. E2 stated the intervention placed to assist R3 on and off the commode was a practice which should have been followed by E5 at the time of R3's fall on 2/6/14. R3 should not have been left alone on the commode. E2 could not provide the reason E5 left R3 alone on the commode.  On 7/8/14 at 1:55pm, Z4 (Physician), stated R3 staff should try not to leave residents alone on the commode. Z4 also stated that in order to keep R3 safe she would need to remain one to one with staff and that was not possible.  2. The facility Incident Report, 3/20/14 at 5:30pm, documents R3 with an unwitnessed fall. The Investigative Report, 3/2014, documents R3 was last observed by staff eating dinner twenty minutes before the fall. The intervention placed was to assist R3 to the bed after the evening meal.  On 7/8/14 at 1:20pm, E2 (Director of Nursing) stated R3 was to be assisted back to bed after the evening meal. R3 was last observed 20		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` '	LE CONSTRUCTION 3:	(X3) DATE	SURVEY
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	IL6000285 B.		B. WING		1	08/2014
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
HEARTL	AND OF DECATUR		T HARRISO R, IL 62526	N STREET		
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	be effective since R was when R3 was ed.  3. The facility Incided 10:40pm, completed an unwitnessed fall; the bedroom. R3 rd to the bathroom and documented by E12 bed was placed in location Report, 3/24/14, docas an added interverse On 7/3/14 at 12:10p was taken to the batknown and not documented by E12 bed was placed in location Report, 3/24/14, docas an added interverse On 7/3/14 at 12:10p was taken to the batknown and not documented in low position of the fall on 3/2 information as to what the fall when the low place at the time of the facility policy, Fadocuments approach the patient's preference conditions, and willimplan of care. The approach the patient of the facility policy, Fadocuments approach the patient's preference conditions, and willimplan of care. The approach the patient of the patient o	Inot indicate how this would (3's last observation by staff eating dinner.  Int Report, 3/22/14 at d by E12 (Nurse), documents R3 was found on the floor in eported she was trying to go d slipped. The intervention at the time of the fall was the ow position. The Investigative cuments toilet R3 before bed nation.  Im, E2 stated the last time R3 throom prior to the fall is not unented. On 7/8/14 at ot indicate if R3's bed was on per the plan of care at the 22/14. E2 could not provide by E12 lowered the bed after or bed was an intervention in the fall.  Intelligible Practice Guidelines, 2011, hes are selected based on naces, risk factors, co-morbid agness to participate with the oproaches for fall ar specific and individualized	S9999			
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Illinois Department of Public Health

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ILEGOOZES  B. WIND  STREET ADDRESS, CITY, STATE, ZIP CODE  444 WEST HARRISON STREET  DECATUR, IL 62528  DECATUR, IL 62528  DECATUR, IL 62528  DECATUR, IL 62528  Septiment of Decatur Street ADDRESS, CITY, STATE, ZIP CODE  444 WEST HARRISON STREET  DECATUR, IL 62528  DECATUR, IL 62528  SEMENAPE STATEMENT OF DEPOLICIONS  (EACH DEPOLICIONS (EACH DEPOLICIONS)  (EACH DEPOLICIONS (EACH DEPOLICIONS)  SECONO, 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 governing all services provided by the facility and 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 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 300,696 Infection Control c) Each facility shall adhere to the following guidelines of the Center for Infectious Diseases, Centers for Disease Control and Prevention, United States Public Health Service, Department of Health and Human Services (see Section 300,340):  4) Guideline for Prevention of Surgical Site Infection  Section 300,1210 General Requirements for Nursing and Personal Care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident care and personal care and personal care are glain. Adequate and properly supervised nursing care and personal care seldent to meet the total nursing and personal care needs of the resident.  d) Pursuant to subsection (a), general nursing care and personal care and personal care at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:		STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIF A. BUILDING	LE CONSTRUCTION		E SURVEY PLETED
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PREFIX TAG  REQULATORY OR LOS DENTIFYING INFORMATION)  S9999  Continued From page 5  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 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 300.696 Infection Control c) Each facility shall adhere to the following guidelines of the Center for Infectious Diseases, Centers for Disease Control and Prevention, United States Public Health Service, Department of Health and Human Services (see Section 300.340): 4) Guideline for Prevention of Surgical Site Infection  Section 300.1210 General Requirements for Nursing and Personal Care 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 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,	HEARTL	AND OF DECATUR			N STREET		
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 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 300.696 Infection Control c) Each facility shall adhere to the following guidelines of the Center for Infectious Diseases, Centers for Disease Control and Prevention, United States Public Health Service, Department of Health and Human Services (see Section 300.340); 4) Guideline for Prevention of Surgical Site Infection  Section 300.1210 General Requirements for Nursing and Personal Care 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,	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	N SHOULD BE	COMPLETE
		Section 300.610 Rea) The facility shall I procedures governing facility. The written pure formulated by a I Committee consisting administrator, the administrator of nursing and set of the Centers for Disease United States Public of Health and Huma 300.340):  4) Guidelines for Previous Infection  Section 300.1210 Genution (Section 300.1210 Genution)  Section 300.1210 Genution (Section 300.1210 Genution (Section 300.1210 Genution (Section 300.1210 Genution (Section 300	esident Care Policies have written policies and hig all services provided by the policies and procedures shall Resident Care Policy hig of at least the dvisory physician or the mmittee, and representatives have services in the facility. The hy with the Act and this Part. hall be followed in operating be reviewed at least annually ocumented by written, signed of the meeting.  Pection Control hadhere to the following her for Infectious Diseases, Control and Prevention, health Service, Department his Services (see Section  rention of Surgical Site  Peneral Requirements for hall Care hall Care hard Care	\$9999			

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		IDENTIFICATION NUMBER:	A. BUILDING:	E CONSTRUCTION	(X3) DATE COM	E SURVEY PLETED
		IL6000285	B. WING			C <b>08/2014</b>
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
HEARTL	AND OF DECATUR		THARRISON	STREET		
	<del></del>		R, IL 62526			
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	administered as ord 3) Objective observation, resident's condition, emotional changes, determining care re- further medical eval made by nursing sta- resident's medical re- Section 300.3240 At a) An owner, license agent of a facility sharesident.					
	failed to provide treat promote healing and surgical wounds rest requiring additional h	and record review the facility atment and services to a prevent infection for post alting in infection and nospital treatment. This residents (R2) reviewed for a sample of six.				
	admitted to the facilit to include a fracture hospital History and (Physician), docume repair of the distal tith hospital Discharge Ir document to leave R week then change to needed.	d documents R2 was ty on 5/2/2014 with diagnoses of the tibia and fibula. The Physical dated 4/26/14 by Z1 nts R2 required surgical bia and fibula fracture. The instructions dated 5/2/14, 2's dressing in place for one of a dry dressing daily and as				
		ents to leave the dressing in				

Illinois Department of Public Health

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STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		1	E SURVEY IPLETED	
			A. BUILDING				
	IL6000285		B. WING		l l	C <b>08/2014</b>	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE			
HEARTL	AND OF DECATUR		THARRISON R, IL 62526	N STREET			
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	place for one week wound cleaner and and as needed. Th 5/9/14 through 5/18 dressing change on On 7/3/14 at 2:40 pr staples were remove lateral ankle was cle 5/12/14.  The Physician Visit documents R2 presides in the lateral documents R2 presides in the lateral documented as infe Z1 reported the confacility. Z1 document and antibiotics are in The facility Progress R2 was discharged. The hospital Report documents R2 with surgical infection. A and drainage and pl was performed. R2 hospital on 5/23/14.  On 7/1/14 at 1:53 pm (Director of Nursing) concern with R2's with 3/19/14. E1 completed in the documentation of the completed. The nurexcept for 5/12/14, till the completed. The nurexcept for 5/12/14, till the completed in the completed. The nurexcept for 5/12/14, till the completed in the completed. The nurexcept for 5/12/14, till the completed in the completed in the completed. The nurexcept for 5/12/14, till the completed in the complete in the c	then clean the area with put a dry dressing on daily e Administration Record dated /14, documents only one in 5/12/14.  In, E6 (Nurse), stated R2's red and the wound to the right reansed and dressed on  Report by Z1 dated 5/19/14, enting with "an extremely dirty asked with purulent drainage." sent with drainage from the all ankle and it was coted. The report documents dition of the wound to the ints an incision and drainage reeded to treat the wound.	\$9999				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING	PLE CONSTRUCTION G:		E SURVEY IPLETED
		IL6000285	B. WING			C <b>(08/2014</b>
NAME OF	NAME OF PROVIDER OR SUPPLIER STREET AI		DRESS, CITY,	STATE, ZIP CODE		00/2014
HEARTL	AND OF DECATUR		ΓHARRISO R, IL 62526	N STREET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
	the physician.  On 7/1/14 at 4:30pm discharged to the fa surgical areas. Who on 5/19/14 the wour was covered with tw discharge. The dresodorous. Z1 contact concerns. After discirequired an incision wound, antibiotics are an infection most like while residing at the dressing should have while R2 was at the prevented the infection fection sooner.  On 7/1/14 at 2:46pm documentation on the indicates either the treatment. All treatment and the treatment. All treatments or the facility policy administration. Nurse orders.	n, Z1 confirmed that R2 was cility with staples to the en R2 presented to the office of the to the right lateral ankle to dressings and a lot of saing was dirty and the wound ted the facility to report the harge from the facility, R2 and drainage to clean out the nd further wound care due to ely from lack of wound care facility. Z1 stated the e been changed more timely facility, and that may have on or at least identified the  E2 stated that lack of e Administration Record reatment wasn't completed or ocument the completion of eatments are to be provided for medication es are to follow physician  General Dose Preparation inistration dated 5/1/13, es are to document	S9999			

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