STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002984	A. BUILDING: _____ B. WING _____	10/10/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAIR OAKS REHAB & HEALTHCARE	1515 BLACKHAWK BOULEVARD SOUTH BELOIT, IL 61080

(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) COMPLETE DATE
S9999	Final Observations Licensure Violation: 300.610a) 300.1210b) 300.1210c) 300.1210d)5 300.3240a) 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 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,	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002984	A. BUILDING: _____ B. WING _____	10/10/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAIR OAKS REHAB & HEALTHCARE	1515 BLACKHAWK BOULEVARD SOUTH BELOIT, IL 61080

(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) COMPLETE DATE
S9999	Continued From page 1	S9999		

seven-day-a-week basis:
5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing.

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 observation, interview and record review the facility failed to identify and provide treatment to prevent pressure ulcer from developing and worsening, failed to routinely assess and monitor resident pressure wounds. These failures resulted in three residents (R2, R3, R11) developing pressure wounds which progressed to unstageable wounds. The facility failed to ensure a resident's (R1) dressing was in place to promote healing of a pressure wound. This applies to 4 of 9 (R1, R2, R3, R11) residents reviewed for pressure ulcers in the sample of 16. The findings include:
1. The (undated) facility face sheet for R2 shows an admission date of 1/18/14. The 7/16/14 quarterly Minimum Data Set (MDS) shows R2 required extensive assist with bed mobility and needs assist of one staff for repositioning. The MDS ambulation assessment showed R2 ambulated in her room and the corridor with limited assist of 1 staff. The 8/5/14 Braden Skin

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002984	A. BUILDING: _____ B. WING _____	10/10/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAIR OAKS REHAB & HEALTHCARE	1515 BLACKHAWK BOULEVARD SOUTH BELOIT, IL 61080

(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) COMPLETE DATE
S9999	Continued From page 2 assessment to predict pressure ulcer risk documents R2 at low risk for developing pressure ulcer. The 7/29/14 weekly skin check form show R2 had no new areas of concern. The 8/5/14 weekly skin check shows " slight redness noted under breasts and ulcer areas to the residents heels. " There are no measurements or description of the heels. The 8/5/14 Weekly Pressure Ulcer Assessment documents a facility acquired left outer heel wound identified on 8/5/14. The wound measured 2.5cmx4.5cm (length x width). The wound was classified as unstageable with slough/Eschar tissue over 100% the wound. The right outer heel had a wound identified on 8/5/14 at 2cmx3.5cm and is a suspected deep tissue injury. The wound is described as discolored and blue/purple. On 10/8/14 at 11:00 AM, E2 DON (Director of Nursing) stated she had looked at the prior skin assessments for R2 and could not find a previous nursing note; the measurements of 8/5/14 are the initial assessment of the wounds. On 10/8/14 at 12:15 PM, E5 (Certified Restorative Assistant) stated when R2 would ambulate with a wheel walker as staff followed her with wheelchair. E5 stated R2 would have her tennis shoes on and ambulate to all of her meal every day. On 10/7/14 at 9:05 AM, E4 LPN (Licensed Practical Nurse) stated R2 was ambulatory until the pressure sores on her heels were found. E4 stated R2 was then put in a wheelchair and (protective) boots were put on her feet and she cannot have her tennis shoes on or walk to meals. On 10/8/14 at 11:00 AM, E4 stated the nurses are required to perform weekly skin assessments for their assigned residents. E4 stated the CNA ' s (Certified Nursing Assistants) will report any abnormal finding to them or they will put the information into the computer as an alert for the	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002984	A. BUILDING: _____ B. WING _____	10/10/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAIR OAKS REHAB & HEALTHCARE	1515 BLACKHAWK BOULEVARD SOUTH BELOIT, IL 61080

(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) COMPLETE DATE
S9999	Continued From page 3	S9999		

nurse to assess an area of concern. E4 stated she had first noticed R2 ' s heels when she was assisting her to move and noted blood on the sheet. E4 stated it looked as though a blister had broken open. E4 stated R2 was wearing tennis shoes up until that day. E4 stated R2 probably developed the sores while she was in bed because she did not move all that well when she was in bed. E4 stated there were no interventions in place to prevent the blisters from forming.

On 10/8/14 at 11:00 AM, E2 stated the CNA ' s are trained to report any skin issues to the nurse by either verbal report or by placing an alert in the point of care computer system. E2 stated she had checked R2 ' s documentation in the alert system and found no notes to the nurse to let her know R2 was having issues with her heels. E2 stated the heels should have been noted as breaking down before they were found on 8/5/14. E2 stated she was at a low risk for skin breakdown so she did not have any special mattress and nothing was done to protect her heels. E2 stated R2 ' s skin sores were probably from not being positioned properly and not getting turned every two hours.

On 10/7/14 at 1:00 PM, R2 is observed sitting in a wheelchair in her room with both feet in protective boots to both feet. R2 stated when she arrived at the facility in January she was wearing her own shoes and walking to her meals. R2 could not recall how she developed the sores on her heels, but stated she does not like the boots she has on and would like to just wear her shoes again.

The 8/13/14 Restorative note by E12 RN (Registered Nurse), documents R2 has shown a significant decline, requires increased assist to complete ADL ' s (Activities of Daily Living). Occupational Therapy working with her and she is not participating in active range of motion

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002984	A. BUILDING: _____ B. WING _____	10/10/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAIR OAKS REHAB & HEALTHCARE	1515 BLACKHAWK BOULEVARD SOUTH BELOIT, IL 61080

(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) COMPLETE DATE
S9999	Continued From page 4	S9999		

exercises or walk to dine program. (R2) has developed deep tissue damage and unstageable pressure ulcers to both of her heels, has increased pain and confusion.
The 1/19/14 care plan for R2 states she has potential for pressure ulcer development. The intervention listed is to follow facility policies and protocols for the prevention and treatment of skin breakdown.
The facility ' s November 2010 Pressure Ulcer Prevention shows residents that are at a mild or low risk for pressure ulcers are to have frequent turning, reminders or assistance with turning at night and protect the heels. Skin checks weekly by a licensed nurse and daily observation of skin during care given by the CNA ' s

2. The Undated facility resident profile shows R3 has the following diagnoses: Breast Malignancy, Venous Insufficiency, Atrial Fibrillation, Chronic Ischemic Heart Disease, Anemia, Lower Limb Above the Knee Right Side Amputation. The Minimum Data Set (MDS) of 08/01/2014 shows R3 requires extensive assist of 1 staff with bed mobility and extensive assist of 2 staff with transfers.

On 10/08/2014 at 10:45 AM, E9 (LPN) provided wound care to R3's pressure ulcers on her coccyx and her right ischium. R3 had one large pressure ulcer over her coccyx. There was a quarter sized area on the right side of the coccyx that was covered with 90% slough and 10% granulation tissue. There was a nickel sized area on the left side of the coccyx with 90% slough and 10% granulation tissue. There was an area in between the sloughed areas to the left and right of the coccyx with 100% granulation tissue. There was a dime-sized open area on the right ischium

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002984	A. BUILDING: _____ B. WING _____	10/10/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAIR OAKS REHAB & HEALTHCARE	1515 BLACKHAWK BOULEVARD SOUTH BELOIT, IL 61080

(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) COMPLETE DATE
S9999	Continued From page 5 that was 100% granulation tissue. There was a third open area located superior and slightly to the right of the coccyx measuring 0.7cm x 0.6 cm that was 100% slough. All the open areas were moist with no drainage noted. The skin surrounding all of the open areas on R3's buttocks was reddened. R3's 09/25/1014 Weekly Pressure Ulcer Assessment shows an unstageable pressure ulcer over her coccyx measuring 8.3 x 5.7 centimeters (cm) with eschar and a moderate amount of opaque exudate. The document shows the peri wound area is as red and macerated. The 09/25/2014 documents show a stage III pressure ulcer on R3's right ischium measuring 1.5cm x 1.2cm x less than 0.1 cm depth with 90% granulation tissue and 10% necrotic tissue with small amount of exudate. There was no documentation of the open area superior and slightly to the right of R3's coccyx including, onset of pressure ulcer, the size of the wound bed, healing or decline of pressure ulcer. On 10/09/2014 at 11:10 AM, E2, Director of Nursing (DON) stated "Oh, I didn't know there was another open area." On 10/09/2014 at 11:30 AM, E2 stated "There were no nurses notes charting the pressure ulcer above and to the right of R3's coccyx. I have looked everywhere and have not found any documentation." On 10/8/14 at 10:20 AM, E11 and E16 (CNA) provided incontinence care to R3 in preparation for the wound care treatment. After cleaning and drying R3's sacral and ischial pressure ulcers, E11 applied a thick layer of dimethicone skin barrier over the pressure sores. E11 said " I think I'm supposed to put this on, the nurse can take it off if she needs too".	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002984	A. BUILDING: _____ B. WING _____	10/10/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAIR OAKS REHAB & HEALTHCARE	1515 BLACKHAWK BOULEVARD SOUTH BELOIT, IL 61080

(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) COMPLETE DATE
S9999	Continued From page 6	S9999		

On 10/8/14 at 10:50 AM, E9 (Registered Nurse) said R3 does not have an order to have dimethicone skin protectent applied to her pressure sores.

3. R11's 9/24/14 revised Pressure Ulcer Care Plan shows R11 has diagnoses to include Acute Osteomyelitis, Muscle Weakness, Muscular Wasting and Atrophy, and Pressure Ulcers.

R11's MDS of 10/3/14 shows R11 is cognitively intact and requires extensive assistance from staff with dressing, transfers, bed mobility, and activities of daily living.

On 10/9/14 at 12:15 PM, R11 was sitting in a wheelchair in his room. R11 had gauze wrapped around his right calf, his left upper calf (below his knee), and a gauze dressing to his right heel.

R11's 7/15/14 skin assessment shows a score of 15, identifying R11 as low risk for breakdown. The 7/29/14 skin assessment shows R11 is at moderate risk for skin breakdown.

R11's 7/9/14 Weekly Pressure Ulcer Assessment dated 7/9/14 shows R11 was also admitted with a "100% Epithelial tissue, closed but red area to R11's Right Heel, measuring 0.3cm x 0.2cm." R11's Weekly Pressure Ulcer Assessment dated 8/21/14 shows the Right Heel Pressure Ulcer was resolved. R11's Weekly Pressure Ulcer Assessment dated 9/18/14 shows a "facility acquired re-opened" Pressure Ulcer to R11's Right Heel. This initial assessment shows the pressure ulcer was identified on 9/15/14 measuring 0.5 cm x 0.4 cm, unstageable with slough/eschar and 90% necrotic tissue. There is no evidence of ongoing assessments to show

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002984	A. BUILDING: _____ B. WING _____	10/10/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAIR OAKS REHAB & HEALTHCARE	1515 BLACKHAWK BOULEVARD SOUTH BELOIT, IL 61080

(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) COMPLETE DATE
S9999	Continued From page 7	S9999		

monitoring of the heel until 9/18/14 when the wound re-opened as unstageable with 90% necrotic tissue.

R11's Skin/Wound Progress note dated 9/18/14 shows "When repositioning legs and checking dressing placement, noted new area to left outer calf".

R11's initial Weekly Pressure Ulcer Assessment dated 9/18/14 shows a facility acquired "Unstageable" Pressure Ulcer to R11's Left Calf. This document shows the pressure ulcer measured 1.1cm x 0.8cm, 0.1cm with 75% necrotic tissue and slough when first identified.

On 10/9/14 at 12:15 PM, R11 said when he first arrived to the facility he had an air mattress with "restraints on the sides" so he wouldn't fall out of bed. R11 said the bed was comfortable but he could not use the air mattress because he could not go from lying in the bed to a sitting position because of the sides of the mattress. R11 said the raised sides caused "horrible pain" to his legs when he tried sit up and get out of the bed. R11 said the facility then had to put a basic mattress on his bed that did not have raised sides at the bottom. R11 said now "they were able to get me a better air mattress that does not have those uncomfortable sides like the first one".

R11's Weekly Assessment shows he was admitted on 7/9/14, with multiple Pressure Ulcers but did not have an air mattress placed until 7/24/14. R11's Weekly Pressure Ulcer Assessment dated 8/28/14 shows R11 had a change from an air mattress to a "pressure-reducing" mattress in place. R11's Weekly Skin Note dated 9/2/14 shows "continues on regular pressure reducing mattress at this

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002984	A. BUILDING: _____ B. WING _____	10/10/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAIR OAKS REHAB & HEALTHCARE	1515 BLACKHAWK BOULEVARD SOUTH BELOIT, IL 61080

(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) COMPLETE DATE
S9999	Continued From page 8	S9999		

time...". R11's Physician Order dated 9/12/14 shows an order for an air mattress. There is no evidence the facility offered R11 an air mattress without bolsters from 8/28/14 until 9/12/14.

On 10/10/14 at 12:30 PM, E2 said she talked with R11 and his wife on 9/12/14 and told them he (R11) could have an air mattress that did not have bolsters on the sides. E2 said this mattress would be less restrictive for R11. E2 also said the air mattress is better than the pressure reducing mattress at relieving pressure and due to R11's existing skin issues, he (R11) should have been on an air mattress the whole time.

On 10/9/14 at 12:15 PM, R11 also said he thinks the pressure ulcer to his left leg started from sitting in his wheelchair and resting his leg on the side of the chair. R11 said he noticed a sore spot to his left leg and " I said what's happening down here and they checked it". R11 said that is when they found the sore to his left calf. R11 relaxed his left leg and demonstrated how it rests on the bottom left side of the wheelchair. R11 said "we were not aware my leg was resting on the chair and causing a problem. My leg is stronger now and I can keep it off the chair myself".

On 10/9/14 at 12:00 PM, E2 said a full body skin assessment should be completed weekly by the nursing staff. In addition, E2 said the Certified Nurse Assistants - CNA's do a daily assessment and are instructed to notify the nurse of any skin changes or concerns. E2 said the CNA's also have a shower skin check sheet that is completed at least twice a week with showers. E2 said the nurse has to visibly look at the resident's skin shower during the shower and sign the shower skin check sheet with the CNA every time a shower is given. E2 said if daily skin checks are

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002984	A. BUILDING: _____ B. WING _____	10/10/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAIR OAKS REHAB & HEALTHCARE	1515 BLACKHAWK BOULEVARD SOUTH BELOIT, IL 61080

(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) COMPLETE DATE
S9999	Continued From page 9	S9999		

being completed, and weekly skin checks are being completed, a pressure sore should be found before it is Unstageable, with slough and necrotic tissue present. E2 said there should be a progression of decline with the wound, not first identifying it as Unstageable.

The 2010 facility "Pressure Ulcer Prevention" policy states "Skin Checks weekly by License Nurse, Daily observation of skin during care given by CNA's..."

4. On 10/07/14 at 1:08 PM, E7 and E8 (Certified Nursing Assistants-CNAs) provided perineal care to R1. When R1 was turned towards her left side, R1 ' s healing stage IV pressure ulcer on the coccyx was open to air; no treatment/dressing was in place. A scant amount of yellowish drainage was noticeable on R1 ' s draw sheet from the wound bed. E8 and E7 both stated that no dressing was in place earlier this morning when they did an incontinence check on R1. E7 and E8 did not report their findings to the charge nurse.
On 10/07/14 at 1:52 PM, E9 (Licensed Practical Nurse-LPN) said that the nurses assigned in each hall or the wound care nurse are responsible to do the wound treatment for the residents. E9 stated " I could do it now if you want me to or I could do it later after my break. "
The wound treatment order for R1 dated 08/01/14 shows the treatment order written as follows: " Cleanse wound bed to coccyx with NS and pat dry, apply optifoam every day shift everyday. "
The progress notes dated 10/07/14 at 2:14 PM shows an entry by E9 written as " ...notified second shift nurse dressing change not done, resident up in wheel chair "
On 10/09/14 at 11:20 AM, E2 (DON) said that the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002984	A. BUILDING: _____ B. WING _____	10/10/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAIR OAKS REHAB & HEALTHCARE	1515 BLACKHAWK BOULEVARD SOUTH BELOIT, IL 61080

(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) COMPLETE DATE
S9999	Continued From page 10 staff is expected to follow the doctor ' s order as it is written. E2 stated " whatever is written in the treatment record should be followed and if the CNAs find a wound without a dressing, they have to report that to the nurse right away. " (B)	S9999		