

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/19/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145142</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/13/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>ALDEN ALMA NELSON MANOR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>550 SOUTH MULFORD AVENUE</b> <b>ROCKFORD, IL 61108</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000			
F 314 SS=D	<p>Complaint # 1512495 / IL77103</p> <p>483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to eliminate pressure to R1's foot. The failed to assess and document the wound characteristics for R1's pressure area.</p> <p>This applies to 1 of 3 residents (R1) reviewed for pressure ulcers in the sample of 5.</p> <p>The findings include:</p> <p>The facility's electronic diagnoses sheet shows R1 was admitted to the facility on 12/10/14 with the following diagnoses: New right foot 4th and 5th digit amputation and diabetes mellitus.</p> <p>On 5/13/15 at 9:35 AM, R1 had a wound on the plantar (front-bottom) area of his right foot. The wound bed was clean approximately 0.2 cm in depth. The edges of the wound bed were rolled down toward the wound bed. There was (black</p>	F 314			

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 314	<p>Continued From page 1</p> <p>neurotic tissue) around the edges of the wound. The wound was surrounded by a large white/yellow hard calloused area. R1 had an open area to the tip of the middle toe on the left foot. The wound was red and moist with some granulation tissue.</p> <p>R1 stated the shoes he had been wearing since April [of this year] had been rubbing on his feet --where the wounds are located.</p> <p>On 5/13/15 at 11:58 AM, E3 (Director of Nursing-DON) said R1 was admitted in December with surgical wounds which healed. His current wounds were acquired at the facility.</p> <p>On 5/13/15 at 9:35 AM, R1 said he has had the open area on his right foot since 4/6/15 and the open area on his left foot since 4/29/15.</p> <p>On 5/13/15 at 12:23 PM, E5 (Licensed Practical Nurse-LPN) was asked by this surveyor when R1's wounds opened up. E5 stated, "I'm not certain, I don't see any WASA (Wound and Skin Assessment) for him."</p> <p>On 5/13/15 at 12:34 PM, E3 said R1 goes out to see his own doctor for his wounds. I'm not aware why his wounds are not being followed in the facility as pressure ulcers." E3 said when the treatments are being done by the nurses an assessment of the wound characteristics should be made and documented.</p> <p>On 5/13/15 at 3:15 PM, E4 (Vice President of Operations) stated the facility is following the progress of R1's wounds, "Through the doctor's progress notes and the new orders."</p>	F 314			

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F 314	<p>Continued From page 2</p> <p>On 5/13/15 at 10:40 AM, E7 (Board Certified Gerontological Nurse Practitioner-Wound Care Nurse) stated, "I have not seen him (R1). He is not on my list."</p> <p>On 5/13/15 at 10:30 AM and 11:45 AM, requested any documentation the facility had regarding R1's open areas on both feet from E3.</p> <p>On 5/13/15 at 3:15 PM, the facility provided the Physician's Progress notes of 4/27/15 and 5/6/15. The Physician Progress notes had no documented measurements or characteristics of R1's wounds.</p> <p>Nurses notes dated 2/15/15 through 5/6/15 showed no documented measurements or characteristics of R1's wounds.</p> <p>On 5/13/15 at 4:30 PM, E4 said the facility did not have any further documents to present.</p>			F 314			