

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

PRINTED: 01/14/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145769</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>01/08/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>FRIENDSHIP SKILLED NSG &amp; REHAB</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>826 NORTH HIGH CARLINVILLE, IL 62626</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  Licensure and Certification Annual	F 000			
F 314 SS=D	Complaint Investigation # 1540013/IL74064 - No Deficiencies 483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES  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.  This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure a prescribed treatment to heal a pressure ulcer was applied as ordered for one of one residents (R1) reviewed for pressure ulcers in a sample of 10.  Findings include:  R1 was admitted to the facility on 10/22/14. R1's Minimum Data Set (MDS), dated 10/29/2015, documents Cognitive/Decision = 14 (alert), and documents R1 as requiring total assist of two staff for transfers.  The Clinic Dressing and Continuum of Care form documented by Z4, Wound Care Specialist, on 10/6/14, indicates treatment for a stage four, 3.6	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>centimeter (CM) by 1.6 CM by 2.8 CM deep, pressure ulcer of the left Ischium, prior to admission to the Facility. On 1/6/15 the Clinic Dressing form further documents an order for the wound to be cleansed with Normal Saline, apply Ca+ Alginate with Silver and to cover with a Border Foam. The frequency of the dressing changes is documented as three times a week and as needed for soiling / dislodged.</p> <p>On 1/05/2015 at 1:45 PM, E6, (Certified Nurse Assistant) CNA and E7 CNA, transferred R1 from a wheelchair to bed with a mechanical lift. There was a red stain that appeared to be sero-sanguineous, approximately four inches in diameter on the sling of the mechanical lift approximate to the pressure ulcer on R1's left buttock. When E6 and E7 rolled R1 to remove the sling, it was noted there was no dressing on R1's pressure ulcer.</p> <p>On 1/05/2015 at 1:48 PM, E6 stated there was no dressing on R1's pressure ulcer and that she (E6) was not aware of that. On 1/05/2015 at 1:49 PM, E7 stated there was no dressing on R1 and that she could not find a dressing in the sling.</p> <p>On 1/05/2015 at 2:15 PM, R1 stated the dressing came off earlier that morning after it got wet with urine and the staff had not replaced it.</p> <p>On 1/7/15 at 3:30 PM, E2, Director of Nursing stated there was no reason for R1 to be without a dressing to the Stage 4 wound on her left buttocks. E2 stated the CNA staff caring for R1 should have informed the nurse immediately, so the dressing could have been replaced.</p>	F 314			