STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146147	A. BUILDING ________ B. WING ________	C 05/09/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WAVERLY PLACE OF STOCKTON	**501 EAST FRONT STREET, PO BOX #38 STOCKTON, IL 61085**

(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 Complaint Investigation #1612372/ IL 85215	F 000		
F 157 SS=D	483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a). The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section. The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member. This REQUIREMENT is not met as evidenced	F 157		

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146147	A. BUILDING ______ B. WING ______	C 05/09/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WAVERLY PLACE OF STOCKTON	**501 EAST FRONT STREET, PO BOX #38 STOCKTON, IL 61085**

(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 157	Continued From page 1 by: Based on Interview and Record Review the facility failed to notify R1's power of attorney of changes in her condition to include the development of stage II pressure ulcers. This applies to 1 of 3 residents (R1) reviewed for notification of changes in the sample of 3. The findings include: The Skin Observation Tool dated April 17, 2016 for R1 showed a wound to the left labia that measured 2cm by 1.5cm. The Nurses Notes for R1 showed, "April 17, 2016 - Patient complains of pain in the peri-area, indicating urinary meatus area, radiating to lower back. This was translated by the daughter who states this is how the patient acts when she has a urinary tract infection. Received orders to discontinue the indwelling urinary catheter now and culture urine tonight. Indwelling urinary catheter discontinued as ordered....; April 25, 2016 - Multiple small areas on skin noted during bedcheck, incontinent of stool and urine. Open areas to left inner thighs and left labia. Vaseline applied." On May 5, 2016 at 1:37PM, Z1 stated, "I never knew R1 had all those sores. They never told me." On May 5, 2016 at 2:15PM, E2, Director of Nursing (DON) said R1's daughter should have been notified... I educated the CNAs and nurses right away and told them they need to let me know of anything including skin problems right away."	F 157		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146147	A. BUILDING ______ B. WING ______	C 05/09/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WAVERLY PLACE OF STOCKTON	**501 EAST FRONT STREET, PO BOX #38** **STOCKTON, IL 61085**

(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 157	Continued From page 2 R1's Care Plan dated April 27, 2016 showed, "R1 had a stage II pressure ulcer on her right buttock upon admission. She is at risk for further development of pressure ulcers related to decreased independent mobility, present pressure and poor dietary intake. Inform R1/family/caregivers of any new area of skin breakdown." The facility's Change in a Resident's Condition or Status policy (Aprill 2011) showed, "Our facility will promptly notify the rsident, his or her Attending Physician, and representative (sponsor) of changes in the resident's medical/mental condition and/or status."	F 157		
F 314 SS=D	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 identify pressure ulcers prior to becoming a stage 2 and failed to ensure pressure relieving methods were implemented.	F 314		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146147	A. BUILDING ________ B. WING ________	C 05/09/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WAVERLY PLACE OF STOCKTON	**501 EAST FRONT STREET, PO BOX #38 STOCKTON, IL 61085**

(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 314	Continued From page 3	F 314		

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

The findings include:

1. The Nurses Note dated May 3, 2016 for R3 showed, "Noted with cares today that residents left heel has an area, possibly a deflated blister of 2cm x 0.6cm x 0.2cm with a small amount of serousanguinous drainage."

On May 5, 2016 at 10:47AM, E3 (Wound Care Nurse) stated, "I documented it as a pressure ulcer because of it's location (heel). It appeared to be a deflated blister." E3 confirmed that the area was not identified to R3's heel until it was open.

On May 5, 2016 at 11:47AM, R3 was sitting in a high back wheelchair in the lobby area with his feet off of the foot pedals. R3 was wearing gripper socks. R3 did not have a pressure relieving cushion on the seat of his wheelchair. E3 was present for the observation and stated, "R3 should have a pressure relieving cushion."

On May 5, 20165 at 1:05PM, R3 was sitting in a high back wheelchair in the lobby area with his gripper socks on. R3's right leg was over the right side of the chair and his left heel was resting on the small wheel on the right side of the chair.

On May 5, 2016 at 1:09PM, R3 was pushed down the hall by E7 (Administrative Assistant) in his wheelchair with his left heel touching the floor.

The Weekly Wound Report for R3 dated May 3, 2016 showed R3 has a stage 2pressure ulcer to his left posterior heel that is a "deflated blister"

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146147	A. BUILDING ______ B. WING ______	C 05/09/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WAVERLY PLACE OF STOCKTON	**501 EAST FRONT STREET, PO BOX #38** **STOCKTON, IL 61085**

(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 314	Continued From page 4 that measured 2cm x 0.6cm x 0.2cm with serousanguinous drainage, red wound bed with granulation tissue present and is painful. R3's Care Plan dated May 4, 2016 showed, "Potential for impaired skin integrity and development of pressure ulcers related to dementia with behavioral disturbances and bowel and bladder incontinence. May 3, 2016 - Noted a deflated blister on left posterior heel. Do not use shoes until deflated blister to left heel is resolved. Report changes in skin integrity to nurse, physician and wound care nurse." The facility's Pressure Ulcer Treatment policy (October 2010) showed, "Stage 2 pressure ulcer: Partial thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed, without slough. May also be present as an intact/ruptured serum filled blister." The Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of March 2, 2016 for R3 showed he requires extensive assistance with bed mobility, transfers, dressing, personal hygiene and bathing. 2. The Weekly Wound Report for R2 dated February 11, 2016, the day he was admitted to the facility, showed he had a stage 2 pressure ulcer to the hallux on his right foot, a stage 2pressure ulcer to the right lateral ankle, an unstageable pressure ulcer to the left heel, a deep tissue injury to the right heel and an unstageable wound to the coccyx/right proximal buttock. The Weekly Wound Report dated May 3, 2016 for R2 showed R2 has a stage 2 pressure ulcer to	F 314		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146147	A. BUILDING ______ B. WING ______	C 05/09/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WAVERLY PLACE OF STOCKTON	**501 EAST FRONT STREET, PO BOX #38 STOCKTON, IL 61085**

(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 314	Continued From page 5	F 314		

the hallux on his right foot, a stage 2 pressure ulcer to the right lateral ankle, an unstageable pressure ulcer to the left heel and an unstageable pressure ulcer to the right proximal buttock.

On May 5, 2016 at 10:37AM, R2 was laying in bed on his left side. On May 5, 2016 at 1:15PM, R2 was laying on his left side in bed. R2's wife was in the room and stated R2 had been laying on his left side in bed all day. R2's wife is an alert and oriented resident at the facility.

On May 5, 2016 at 3:32PM, E5 Certified Nursing Assistant CNA) stated residents are to be turned at least every 2 hours.

On May 5, 2016 at 3:44PM, E6 (CNA) stated residents are to be turned every 1.5 to 2 hours.

R2's Care Plan dated February 12, 2016 showed, "R2 was admitted with multiple pressure ulcers. He has treatments in place for all pressure ulcers. Educate R2/family/caregivers as to the cause of skin breakdown including transfer/positioning requirements, importance of taking care during ambulating/mobility, good nutrition and frequent repositioning."

3. The Skin Observation Tool dated April 17, 2016 for R1 showed a wound to the left labia that measured 2cm by 1.5cm.

The Nurses Notes for R1 showed, "April 17, 2016 - Patient complains of pain in the peri-area, indicating urinary meatus area, radiating to lower back. This was translated by the daughter who states this is how the patient acts when she has a urinary tract infection. Received orders to discontinue the indwelling urinary catheter now

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146147	A. BUILDING ______ B. WING ______	C 05/09/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WAVERLY PLACE OF STOCKTON	**501 EAST FRONT STREET, PO BOX #38 STOCKTON, IL 61085**

(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 314	Continued From page 6	F 314		

and culture urine tonight. Indwelling urinary catheter discontinued as ordered....; April 25, 2016 - Multiple small areas on skin noted during bedcheck, incontinent of stool and urine. Open areas to left inner thighs and left labia. Vaseline applied."

The Nurses Notes date May 1, 2016 for R1 showed she was transferred to the hospital for a possible change in condition.

On May 5, 2016 at 10:48AM, E3 (Wound Care Nurse) stated she did not get to see the wound to R1's labia and was not aware of the new open areas for R1.

There were no Weekly Wound Reports for the open area to R1's labia that was first identified on April 17, 2016. There were no Weekly Wound Reports for the multiple open areas to R1's buttocks that were identified on April 25, 2016.

On May 5, 2016 at 2:15PM, E2 Director of Nursing (DON) stated, "R1 came into the facility with the indwelling urinary catheter. The nurse called me over the weekend and R1 complained of discomfort so he (the doctor) said to remove it. The sores on R1's labia were noticed by the floor nurse when she removed the catheter. The sores could have been from the catheter. The open areas to R1's buttocks were noticed with the shower assessment. I did education with the CNA's and nurses right away and told them they need to let me know of anything including skin problems right away."

R1's Care Plan dated April 27, 2016 showed, "R1 had a stage 2pressure ulcer on her right buttock upon admission. She is at risk for further

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146147	A. BUILDING ______ B. WING ______	C 05/09/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WAVERLY PLACE OF STOCKTON	**501 EAST FRONT STREET, PO BOX #38 STOCKTON, IL 61085**

(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 314	Continued From page 7 development of pressure ulcers related to decreased independent mobility, present pressure and poor dietary intake. Avoid R1 lying flat on buttocks in bed. Educate R1/family/caregivers as to the causes of skin breakdown; including, transfer/positioning requirements, importance of taking care during ambulating/mobility, good nutrition and frequent repositioning. R1 requires extensive assistance of 2 CNA's for repositioning. Reposition every 1.5 to 2 hours and as needed. Monitor skin twice a day with cares and report any open area, bruises, cuts or scrapes to the nurse."	F 314		
F 315 SS=D	483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. This REQUIREMENT is not met as evidenced by: Based on Observation, Interview and Record review the facility failed to keep the collection bag for an indwelling urinary off of the floor. This applies to 2 of 3 residents (R1 & R2) reviewed for catheters in the sample of 3. The findings include:	F 315		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146147	A. BUILDING ______ B. WING ______	C 05/09/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WAVERLY PLACE OF STOCKTON	**501 EAST FRONT STREET, PO BOX #38 STOCKTON, IL 61085**

(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 315	Continued From page 8	F 315		

1. On May 5, 2016 at 10:37 AM, R2 was laying in bed on his left side. R2 has an indwelling urinary catheter. The drainage bag and some of the tubing for the indwelling urinary catheter was laying on the floor. On May 5, 2016 at 10:41 AM E3 (Wound Care Nurse) was taken to R2's room and she confirmed the observation. E3 stated catheter bags are not supposed to be on the floor and that the facility has dignity bags available.

On May 5, 2016 at 3:32 PM, E5 (Certified Nursing Assistant - CNA) stated indwelling urinary drainage bags are to be attached to a hook under the bed frame.

The Medical Diagnosis sheet for R2 printed on May 5, 2016 showed Diagnoses including: Dementia, Hematuria, Urinary Tract Infection and other specified Sepsis.

R2's Care Plan dated February 12, 2016 showed, "R2 has an indwelling urinary catheter related to the inability to void without the catheter, hydronephrosis and has a recent history of urinary tract infection, Hematuria and sepsis. R2 was recently hospitalized with sepsis, altered mental status, hypovolemic shock and acidosis. Position catheter bag and tubing below the level of the bladder and away from entrance room door." R2's Care Plan dated February 12, 2016 did not show interventions in place to keep the drainage bag and tubing off of the floor.

The Urinary Catheter Care policy (October 2010) showed, "Maintain clean technique when handling or manipulating the catheter, tubing or drainage bag. Be sure catheter tubing and drainage bag are kept off the floor."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146147	A. BUILDING ______ B. WING ______	C 05/09/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WAVERLY PLACE OF STOCKTON	**501 EAST FRONT STREET, PO BOX #38 STOCKTON, IL 61085**

(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 315	Continued From page 9	F 315		

2. The Nurses Notes for R1 showed, "April 17, 2016 - Patient complains of pain in the peri-area, indicating urinary meatus area, radiating to lower back. This was translated by the daughter who states this is how the patient acts when she has a urinary tract infection. Received orders to discontinue the indwelling urinary catheter now and culture urine tonight. Indwelling urinary catheter discontinued as ordered....; April 25, 2016 - Open areas to left inner thighs and left labia. Vaseline applied."

The Skin Observation Tool dated April 17, 2016 for R1 showed a wound to the left labia that measured 2 cm by 1.5 cm.

On May 5, 2016 at 1:37 PM, Z1 stated, "R1 was admitted to the hospital (May 1, 2016) with a urinary tract infection (UTI). R1 went to the nursing home with a catheter. They said they were going to wait for R1 to settle and then they would discontinue it. A week went by and I questioned the Director of Nursing and asked when it was going to be removed. The nurse called the doctor because she said it should have been removed. The doctor said to discontinue the catheter. Little by little R1 was not herself. R1 had a UTI one time at home and this is how she acted. I could not convince them that something was wrong. When R1 went to the hospital she had a sore in the vaginal area from the indwelling urinary catheter. R1 still had the line of the band on her skin, it's an imprint. It is what holds the tube (indwelling urinary catheter tube) in place."

On May 5, 2016 at 2:15 PM, E2 (Director of Nursing - DON) stated, "R1 came into the facility with the indwelling urinary catheter. The nurse

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146147	A. BUILDING ______ B. WING ______	C 05/09/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WAVERLY PLACE OF STOCKTON	**501 EAST FRONT STREET, PO BOX #38 STOCKTON, IL 61085**

(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 315	Continued From page 10 called me over the weekend and R1 complained of discomfort so he (the doctor) said to remove it. The sores on R1's labia were noticed by the floor nurse when she removed the catheter. The sores could have been from the catheter." The facility's Urinary Catheter Care policy (October 2010) showed, "Ensure that the catheter remains secured with the leg strap to reduce friction and movement at the insertion site. (Note: Catheter tubing should be strapped to the resident's inner thigh.) The policy does not state how tight or loose the strap should be that anchors the catheter.	F 315		