

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

PRINTED: 01/18/2006
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145316	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/04/2006
NAME OF PROVIDER OR SUPPLIER EMBASSY CARE CENTER, INC.			STREET ADDRESS, CITY, STATE, ZIP CODE 555 KAHLER WILMINGTON, IL 60481		
(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 0575182 (IL20302) and 0575221 (IL20338) No Extended Survey was conducted 0575182/IL20302 = F314 0575221/IL20338 = No deficiencies	F 000			
F 314 SS=G	483.25(c) 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 record review, interview, and observation the facility failed to assess and monitor a resident at high risk for skin breakdown (R4) who was readmitted to facility with necrotic pressure area to the right heel. This failures resulted in R4 developing bilateral unstageable pressure sores on both heels. Findings include Review of POS (Physician Order Sheet) dated for the month of December 2005 shows that R4 is 96 years old with diagnosis including hypertension,	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>seizure disorder, dementia, degenerative joint disease, and depression. This POS shows R4 was readmitted to the facility on 12/16/05. Review of Admission Nursing Assessment (not dated but verified by E2 as the assessment from R2's readmission on 12/16/05) shows on the body chart that R2 had an area on the right heel measuring 1.5 x 1cm of necrotic tissue.</p> <p>Between 12/16/05 and 12/28/05 there is no evidence in R4's medical record of any monitoring or interventions for the right heel necrotic pressure area identified on 12/16/05. On 12/28/05 the only intervention written was to keep heels elevated and this was not observed by surveyor on 1/4/06. The first treatment order for the right pressure area was written on 1/4/06.</p> <p>Interview on 1/4/06 at 11:40am found R4 to be alert and oriented, lying in bed. R4 was observed to have both heels resting directly on the mattress. Observation of R4's right heel (with E3 present) found a pressure area measuring 6cm x 4cm which was filled with a thick yellowish green fluid. The surrounding edge on the lower side was discolored grayish brown. E3 stated that this pressure sore had been discovered this morning (1/4/06). R4 stated that her heel feels much better when it's elevated and that it hurts when it sits on the bed. The left heel had an area measuring 1.5cm that was reddened with yellow-brownish fluid. E3 stated that R4's doctor would examine the heels on his next visit but an order was obtained this morning (1/4/06) for treatment and culture of the right heel wound. There were no orders for the left pressure sore.</p> <p>POS for month of December 2005 shows an</p>	F 314			

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F 314	<p>Continued From page 2</p> <p>order written on 12/20/05 to "refer to wound consultant". This was taken as a telephone order by the facility's former director of nursing. There was no wound consult found in record. E2 stated on 1/4/06 at 11:15am that the facility wound consultant comes to facility if there are six or more residents with wounds and 4 of them have stage III's or greater. E2 stated that the doctor would see the resident if the consultant did not. E 2 could not show surveyor doctor's notes on R4's heels.</p> <p>Review of pressure ulcer RAP (resident assessment protocol) dated 12/5/05 states that R 4 has multiple risk factors present for skin breakdown and for impaired healing should breakdown occur. Review of R4's medical record found no evidence of any monitoring of this change in skin condition (noted on 12/16/05). No further evaluation of heels leading to care plan development with prevention/management interventions and measurable goals was present in medical record until 1/2/06 . This care plan states unstageable area right and left heels with the approach being to float heels. There are no other interventions such as monitoring or treatments.</p> <p>Interview with E2 (director of nursing) and E3 (wound nurse) on 1/4/06 at 11:15am and 10:40am respectively) stated that R4 was readmitted back to the facility on 12/16/05 with reddened areas to both heels. E3 stated that she (E3) had started as the wound care nurse on 12/24/05 and that she has had no training in treating wounds and is hoping to get trained. E1 and E2 were asked what interventions the facility had taken since R4 's readmittance and E1 and E2 stated on 1/4/06</p>	F 314			

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F 314	Continued From page 3 at 3:00pm that it is the facility policy to reposition residents at least every two hours.	F 314			