Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6006282 09/19/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **2530 NORTH MONROE STREET GENERATIONS AT MCKINLEY PLACE** DECATUR, IL 62526 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) \$ 000 Initial Comments S 000 Complaint investigation #1966769/IL 115728 \$9999 Final Observations S9999 Licensure Violations: 300.610a) 300.1210b) 300.1210d)2)3)5) 300.3220f) 300.3240a) Section 300.610 Resident Care Policies 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. Section 300.1210 General Requirements for Nursing and Personal Care 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 Attachment A each resident's comprehensive resident care plan. Adequate and properly supervised nursing **Statement of Licensure Violations** care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Pursuant to subsection (a), general d)

Illinois Department of Public Health

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

Electronically Signed

TITLE

(X6) DATE

10/08/19

PRINTED: 10/15/2019 FORM APPROVED Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C B. WING IL6006282 09/19/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2530 NORTH MONROE STREET **GENERATIONS AT MCKINLEY PLACE** DECATUR, IL 62526 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) S9999 S9999 Continued From page 1 nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: All treatments and procedures shall be administered as ordered by the physician. Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record. 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 300,3220 Medical Care All medical treatment and procedures shall be administered as ordered by a physician. All new physician orders shall be reviewed by the facility's director of nursing or charge nurse

designee within 24 hours after such orders have been issued to assure facility compliance with such orders.

Section 300.3240 Abuse and Neglect

a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or nealect a resident.

These regulations were not met as evidenced by:

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE	E SURVEY PLETED
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NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
GENERA	TIONS AT MCKINLEY	PLACE	RTH MONROE R, IL 62526	STREET		
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S9999	Continued From pa	ige 2	S9999			
	review the facility fachecks and monitor (R1), failed to imples interventions (R2), risk of skin breakdoresidents (R1, R2 acquired pressure residents. The facil physician's order formonitoring into the one of three reside sores in the sample failures resulted in stage four pressure. Findings include: The Pressure Ulce 5/2018 states "New a Pressure Ulcer Rupon admission we three weeks after a states "Interventior integrity or to prominto the plan of cardindividual needs and aily skin checks of (Certified Nurse's Aensure early identifiareas" and "C. Used devices."	ion, interview and record ailed to complete daily skin r and treat a pressure injury ement pressure relieving and failed to assess for the own (R3) for three of three and R3) reviewed for facility sores in the sample of three ity failed to transcribe a or wound treatment and resident's medical record for ints (R1) reviewed for pressure of three residents. These R1 developing an avoidable is sore to R1's right calf. The Policy also as necessary to maintain skin ote healing will be incorporated be based on each resident's ind risks which may include: A. Conducted by either the CNA (Aide) or Licensed Nurse to fication of potential problem of pressure reduction.				
	policy dated 5/2013 pressure ulcers will treatment" and 3. 1	7 states "1. Residents with Il have a physician's order for The licensed nurse will tment as given on the				

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING IL6006282 09/19/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **2530 NORTH MONROE STREET GENERATIONS AT MCKINLEY PLACE** DECATUR. IL 62526 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) \$9999 Continued From page 3 S9999 1. The Physician's Order Sheet dated 4/1/19 through 9/17/19 documents R1 has diagnoses of Dementia with Behavioral Disturbance, Fracture of the right ankle and documents an order for R1 to have daily skin checks. The Minimum Data Set dated 8/12/19 documents R1 is severely cognitively impaired and R1 requires extensive to total assistance with transfers and bed mobility. The Progress Note dated 4/10/19 documents R1 "returned to the facility with a new cast on right foot. There is an open area on right leg (posterior thigh) and a dry dressing is to be applied daily." The Progress Note dated 5/15/19 documents R1 was seen in V13 Orthopedic Physician's office and that R1's right leg cast was replaced with a knee immobilizer. The Weekly Wound Note dated 5/20/19 documents R1's right posterior thigh wound is healed. The After-Visit Summary dated 7/29/19 documents R1 was seen in V13's office on that date and that V13 wrote an order stating "Keep dry dressing to the right area on the right leg. Please change dressing daily and monitor (for) signs of infection." R1's Physician Order Sheet dated 7/29/19 through 9/17/19 does not document orders for a R1 to have a dry dressing to the area on R1's right leg or monitoring for infection. R1's Treatment Administration Records dated 7/29/19 through 9/1/19 do not document a dry dressing was applied to the wound on R1's right

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PRINTED: 10/15/2019

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY

AND FLAIN	OF CORRECTION	IDENTIFIC	ATION NUMBER:	A. BUILDING:		COMP	reien
		1L6006	282	B. WING		09/1	9/2019
	PROVIDER OR SUPPLIER	PLACE	2530 NOR	DRESS, CITY, ST TH MONROE R, IL 62526			
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L		FICIENCIES CEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIED TO THE	D BE	(X5) COMPLETE DATE
S9999	V3 Wound Nurse s treatment and mon from 7/29/19 were medical record so to V5's (Licensed Pradated 9/2/19 docum room per CNA's (Cobserved open area V3's (Wound Nursed dated 9/2/19 docum measuring 9.5 cent cm in width with a con R1's right calf of the wound is foul shas black/brown slebed. V14 Facility Wound documents V14 even that date and V'of devitalized tissue surrounding fascial V13's Note dated 9 (R1) is an 86-year today for a follow ulast seen 7/29/19 acm scab to the bace extremity. Instruction dressing and continuating stage four pressiving the bone."	tated V13's of itoring of R1' not transcrib hey were no ctical Nurse) nents "Writer ertified Nurse a on posterio e) Wound Manents an unstimeters (cm depth of 1.5 on 9/2/19. The melling and tough through through through and necrot fibers were v/11/19 documents and at that times of (R1's) rions were given to monital so documents (cm), 5x2 of the solution of the solu	s right leg wound ed into the t done. Progress note realled to resident es Aides), writer or right calf." anagement Note stageable wound in length by 5.5 cm was identified to Note documents that the wound nout the wound excised "9.6 cm ic muscle and removed." ments "Patient who presented cture. (R1) was ne had a small, 1 ight lower wen to place a dry or. Today there is the same area." nts "(R1) Back of cm wound that is to	S9999			

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: CB. WING IL6006282 09/19/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **2530 NORTH MONROE STREET GENERATIONS AT MCKINLEY PLACE** DECATUR, IL 62526 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 5 S9999 documents R1 was admitted to the hospital with a stage four pressure wound for surgical incision and debridement. V17 Infectious Disease Doctor's Note dated 9/13/19 documents "Impression nonhealing pressure ulcer right calf, secondary infections. Posttraumatic ulcer secondary to application of a brace." The Hospital Discharge Summary dated 9/17/19 documents R1's stage four pressure sore was treated with surgical incision and debridement and intravenous antibiotics and that R1 was discharged to another facility on oral antibiotics. On 9/17/19 at 12:26 PM V4 Licensed Practical Nurse stated V4 did not remove R1's immobilizer when completing R1's daily skin checks. V4 stated V4 thought the immobilizer was like a cast and should not be removed. On 9/18/19 at 8:00 AM V8 LPN stated it was V8's understanding that R1's immobilizer should stay on except for ADL (activity of daily living) care. V8 stated when V8 checked R1's skin V8 opened the immobilizer and rolled R1's leg side to side. V8 stated V8 did not check the underside of R1's leg under the immobilizer. V8 stated the wound (on R1's calf) must have been there and V8 missed it. V8 stated V8 assumed the immobilizer was being removed and the skin under R1's immobilizer was being checked by the CNA (certified nursing assistant) staff during showers. V8 stated prior to the calf wound being found (on 9/2/19) no treatment was being completed for a wound on R1's right calf. On 9/18/19 at 1:45 PM V12 Certified Nurse Aide stated R1 received bed baths and V12 did not

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Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING IL6006282 09/19/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **2530 NORTH MONROE STREET** GENERATIONS AT MCKINLEY PLACE DECATUR, IL 62526 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE. PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 | Continued From page 6 S9999 remove R1's immobilizer even for baths because V12 was instructed not to remove the immobilizer. V12 stated (on 9/2/19) the odor from R1 "was outstanding." V12 stated V12 reported the odor to the nurse (V5 LPN) and V12 and V5 found the wound on R1's right calf. On 9/17/19 at 12:32 PM V5 LPN stated on 9/2/19. V5 had the CNA staff lay R1 down so V5 could look for the source of the odor. V5 stated V5 found the wound on R1's calf and that the wound was a big area with some necrotic tissue. V5 stated the wound was draining and had a bad odor. V5 stated prior to finding the wound V5 was not removing the immobilizer to complete skin checks on R1's right leg. On 9/17/19 at 1:08 PM V3 Wound Nurse stated on 4/11/19 R1 developed an abraded area to R1's to right posterior thigh that was documented as healed on 5/20/19. V3 stated no other treatment is documented to a wound on R1's right leg. On 9/19/19 at 8:10 am V3 stated V3 expected staff to remove R1's immobilizer and do skin checks daily or at least on shower days. V3 stated staff should have rolled R1 on R1's side and looked at the back of R1's leg. V3 stated the skin under the immobilizer was "clearly not checked at all." V3 stated staff should always check the skin under an immobilizer. V3 stated V13's orders for treatment and monitoring of R1's right leg wound from 7/29/19 were not transcribed into the medical record so they were not done. V3 stated R1's calf wound was gravish black and sloughy with a foul odor when V3 assessed the wound (on 9/2/19.) V3 stated too much dead tissue and slough was present to visualize the wound bed. V3 stated the stage four pressure wound could have been avoided if staff had

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Findings include:

R2 is cognitively impaired and requires extensive assistance with transfers and bed mobility.

The Pressure Ulcer Prevention Protocol dated 5/2018 states "Newly admitted residents will have a Pressure Ulcer Risk assessment completed

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C B. WING IL6006282 09/19/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **2530 NORTH MONROE STREET** GENERATIONS AT MCKINLEY PLACE DECATUR, IL 62526 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S9999 Continued From page 8 S9999 upon admission weekly thereafter for the next three weeks after admission." The Policy also states "Interventions necessary to maintain skin integrity or to promote healing will be incorporated into the plan of care based on each resident's individual needs and risks which may include: A. daily skin checks conducted by either the CNA (Certified Nurses Aide) or Licensed Nurse to ensure early identification of potential problem areas" and "C. Use of pressure reduction devices." The Pressure Ulcer Treatment and Management policy dated 5/2017 states "1. Residents with pressure ulcers will have a physician's order for treatment" and 3. The licensed nurse will document the treatment as given on the Treatment Administration Record." 1. The Physician's Order Sheet dated 4/1/19 through 9/17/19 documents R1 has diagnoses of Dementia with Behavioral Disturbance, Fracture of the right ankle and documents an order for R1 to have daily skin checks. The Minimum Data Set dated 8/12/19 documents R1 is severely cognitively impaired and R1 requires extensive to total assistance with transfers and bed mobility. The Progress Note dated 4/10/19 documents R1 "returned to the facility with a new cast on right foot. There is an open area on right leg (posterior thigh) and a dry dressing is to be applied daily." The Progress Note dated 5/15/19 documents R1 was seen in V13 Orthopedic Physician's office and that R1's right leg cast was replaced with a knee immobilizer.

FORM APPROVED Illinois Department of Public Health
STATEMENT OF DEFICIENCIES (X1) PR (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY

AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 1L6006282		IDENTIFICATION NUMBER:	A. BUILDING:	COMPLETED	
		B. WING	C 09/19/2019		
	PROVIDER OR SUPPLIER	PLACE 2530 NOR	DRESS, CITY, S' RTH MONROE R, IL 62526		
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\$9999	The Weekly Wound documents R1's righealed. The After Visit Sumdocuments R1 was date and that V13 vdry dressing to the Please change dressigns of infection." dated 7/29/19 throudocument orders for to the area on R1's infection. R1's Tredated 7/29/19 throudry dressing was a right leg. The Physician's Orstates "Transcribing facilities on EHR (Eorders must be proand attached to appear and attached to appear and attached to appear and attached to appear and attached Pradated 9/2/19 document own per CNA's (Cobserved open are V3's (Wound Nursedated 9/2/19 document in width with a con R1's right calf of the wound is foul signal wound is foul signal wound in the wound in the wound in the wound is foul signal wound in the wo	d Note dated 5/20/19 ht posterior thigh wound is mary dated 7/29/19 seen in V13's office on that wrote an order stating "Keep right area on the right leg. ssing daily and monitor (for) R1's Physician Order Sheet agh 9/17/19 does not or a R1 to have a dry dressing right leg or monitoring for atment Administration Records agh 9/1/19 do not document a pplied to the wound on R1's ders policy dated 5/2017 g the order includes:" "For electronic Health Records), mptly entered into computer propriate Flowsheet(s) i.e. (for on, Treatment or Lab ctical Nurse) Progress note nents "Writer called to resident ertified Nurses Aides), writer a on posterior right calf." e) Wound Management Note nents an unstageable wound timeters (cm) in length by 5.5 depth of 1.5 cm was identified in 9/2/19. The Note documents melling and that the wound ough throughout the wound			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _	 	С	
		IL6006282	B WING		1	19/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AC	DRESS, CITY, S	TATE, ZIP CODE		
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	CUMMARYST		R, IL 62526	DECLUSEDED DI ANI CE COD	DECTION	
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S9999	Continued From pa	age 10	\$9999			
	V14 Facility Wound documents V14 even on that date and V1 of devitalized tissue surrounding fascial V13's Note dated 9 (R1) is an 86-year today for a follow ulast seen 7/29/19 acm scab to the bac extremity. Instruction dressing and continuating stage four pressured v13 9/11/19 note as	I Doctor's Note dated 9/9/19 aluated R1's right calf wound 14 surgically excised "9.6 cm and necrotic muscle and fibers were removed." I/11/19 documents "Patient rold female who presented p of tibia fracture. (R1) was and at that time had a small, 1 k of (R1's) right lower from were given to place a dry nue to monitor. Today there is are wound in the same area." Iso documents "(R1) Back of 8 (cm), 5x2 cm wound that is to				
	documents R1 was	ry and Physical dated 9/11/19 s admitted to the hospital with a e wound for surgical incision				
	9/13/19 documents pressure ulcer righ	ease Doctor's Note dated s "Impression nonhealing t calf, secondary infections. r secondary to application of a				
	documents R1's st treated with surgice and intravenous ar	narge Summary dated 9/17/19 age four pressure sore was al incision and debridement ntibiotics and that R1 was her facility on oral antibiotics.				
	Nurse stated V4 di when completing F	6 PM V4 Licensed Practical d not remove R1's immobilizer R1's daily skin checks. V4 the immobilizer was like a cast removed.				

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Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C B. WING IL6006282 09/19/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **2530 NORTH MONROE STREET GENERATIONS AT MCKINLEY PLACE** DECATUR, IL 62526 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETE. (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) \$9999 Continued From page 11 S9999 On 9/18/19 at 8:00 AM V8 LPN stated it was V8's understanding that R1's immobilizer should stay on except for ADL (activity of daily living) care. V8 stated when V8 checked R1's skin V8 opened the immobilizer and rolled R1's leg side to side. V8 stated V8 did not check the underside of R1's leg under the immobilizer. V8 stated the wound (on R1's calf) must have been there and V8 missed it. V8 stated V8 assumed the immobilizer was being removed and the skin under R1's immobilizer was being checked by the CNA (certified nursing assistant) staff during showers. V8 stated prior to the calf wound being found (on 9/2/19) no treatment was being completed for a wound on R1's right calf. On 9/18/19 at 1:45 PM V12 Certified Nurse Aide stated R1 received bed baths and V12 did not remove R1's immobilizer even for baths because V12 was instructed not to remove the immobilizer. V12 stated (on 9/2/19) the odor from R1 "was outstanding." V12 stated V12 reported the odor to the nurse (V5 LPN) and V12 and V5 found the wound on R1's right calf. On 9/17/19 at 12:32 PM V5 LPN stated on 9/2/19. V5 had the CNA staff lay R1 down so V5 could look for the source of the odor. V5 stated V5 found the wound on R1's calf and that the wound was a big area with some necrotic tissue. V5 stated the wound was draining and had a bad odor. V5 stated prior to finding the wound V5 was not removing the immobilizer to complete skin checks on R1's right leg. On 9/17/19 at 1:08 PM V3 Wound Nurse stated on 4/11/19 R1 developed an abraded area to R1's to right posterior thigh that was documented as healed on 5/20/19. V3 stated no other treatment

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time V11 confirmed that the area found on R1's

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

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		IL6006282	B. WING		09/	19/2019	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE, ZIP CODE			
GENERA	TIONS AT MCKINLEY	Y PLACE	RTH MONROE R, IL 62526	STREET			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
S9999	Continued From pa	age 13	S9999				
5333	calf by V13 on 7/29 pressure wound. Nothronic diseases the development of the development of through 9/18/19 do Pressure Ulcer of the Unstageable Pressure Ulcer of the Unstagea	al/19 became a stage four //11 also stated R1 had no hat would have contributed to fithe wound. Ander Sheet dated 9/17/19 houments R2 has diagnoses of the Sacral Region, History of sure Ulcer to the left heel, and all Set dated 6/30/19 documents inpaired and requires extensive insters and bed mobility. The set documents an admission					
	Ulcer Unspecified Unspecified Open Pelvis and Quadrip	h diagnoses including Pressure Buttock Unspecified Stage, Wound of Lower Back and plegia. sessment dated 2/12/19					
	documents a skin which indicates R3 R3's next skin risk	risk assessment score of 16 was at risk for skin alterations. assessment is dated 6/13/19 is at high risk for skin					
	2/19/19 documents assistance of two prequires total assist transfers. This MD	OS (Minimum Data Set) dated is R3 requires extensive beople for bed mobility and stance of two people for S documents R3 has a stage 4 documents R3 is frequently el.					
	risk for skin breakd fast, having decrea quadriplegic, R3 have	ted 2/12/19 documents R3 is at down related to R3 being chair ased mobility, being a as a low air loss mattress. This ents interventions of conducting					

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