STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6006282	A. BUILDING _____ B. WING _____	C 09/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GENERATIONS AT MCKINLEY PLACE	2530 NORTH MONROE STREET DECATUR, IL 62526

(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) COMPLETE DATE
S 000	Initial Comments Complaint investigation #1966769/IL 115728	S 000		
S9999	Final Observations Licensure Violations: 300.610a) 300.1210b) 300.1210d)2)3)5) 300.3220f) 300.3240a) Section 300.610 Resident Care Policies a) 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 b) 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 each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. d) Pursuant to subsection (a), general	S9999	**Attachment A** **Statement of Licensure Violations**	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6006282	A. BUILDING: _____ B. WING _____	C 09/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GENERATIONS AT MCKINLEY PLACE	2530 NORTH MONROE STREET DECATUR, IL 62526

(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) COMPLETE DATE
S9999	Continued From page 1	S9999		

nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:
2) All treatments and procedures shall be administered as ordered by the physician.
3) 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.
5) 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
f) 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 neglect a resident.

These regulations were not met as evidenced by:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6006282	A. BUILDING: _____ B. WING _____	C 09/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GENERATIONS AT MCKINLEY PLACE	2530 NORTH MONROE STREET DECATUR, IL 62526

(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) COMPLETE DATE
S9999	Continued From page 2	S9999		

Based on observation, interview and record review the facility failed to complete daily skin checks and monitor and treat a pressure injury (R1), failed to implement pressure relieving interventions (R2), and failed to assess for the risk of skin breakdown (R3) for three of three residents (R1, R2 and R3) reviewed for facility acquired pressure sores in the sample of three residents. The facility failed to transcribe a physician's order for wound treatment and monitoring into the resident's medical record for one of three residents (R1) reviewed for pressure sores in the sample of three residents. These failures resulted in R1 developing an avoidable stage four pressure sore to R1's right calf.

Findings include:

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6006282	A. BUILDING: _____ B. WING _____	C 09/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GENERATIONS AT MCKINLEY PLACE	2530 NORTH MONROE STREET DECATUR, IL 62526

(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) COMPLETE DATE
S9999	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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6006282	A. BUILDING _____ B. WING _____	C 09/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GENERATIONS AT MCKINLEY PLACE	2530 NORTH MONROE STREET DECATUR, IL 62526

(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) COMPLETE DATE
S9999	Continued From page 4	S9999		

leg.

V3 Wound Nurse 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.

V5's (Licensed Practical Nurse) Progress note dated 9/2/19 documents "Writer called to resident room per CNA's (Certified Nurses Aides), writer observed open area on posterior right calf."

V3's (Wound Nurse) Wound Management Note dated 9/2/19 documents an unstageable wound measuring 9.5 centimeters (cm) in length by 5.5 cm in width with a depth of 1.5 cm was identified on R1's right calf on 9/2/19. The Note documents the wound is foul smelling and that the wound has black/brown slough throughout the wound bed.

V14 Facility Wound Doctor's Note dated 9/9/19 documents V14 evaluated R1's right calf wound on that date and V14 surgically excised "9.6 cm of devitalized tissue and necrotic muscle and surrounding fascial fibers were removed."

V13's Note dated 9/11/19 documents "Patient (R1) is an 86-year -old female who presented today for a follow up of tibia fracture. (R1) was last seen 7/29/19 and at that time had a small, 1 cm scab to the back of (R1's) right lower extremity. Instructions were given to place a dry dressing and continue to monitor. Today there is a stage four pressure wound in the same area." V13 9/11/19 note also documents "(R1) Back of right leg shows 9x3 (cm), 5x2 cm wound that is to the bone."

The Hospital History and Physical dated 9/11/19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6006282	A. BUILDING: _____ B. WING _____	C 09/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GENERATIONS AT MCKINLEY PLACE	2530 NORTH MONROE STREET DECATUR, IL 62526

(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) COMPLETE DATE
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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6006282	A. BUILDING: _____ B. WING _____	C 09/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GENERATIONS AT MCKINLEY PLACE	2530 NORTH MONROE STREET DECATUR, IL 62526

(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) COMPLETE DATE
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 grayish 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6006282	A. BUILDING _____ B. WING _____	C 09/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GENERATIONS AT MCKINLEY PLACE	2530 NORTH MONROE STREET DECATUR, IL 62526

(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) COMPLETE DATE
S9999	Continued From page 7	S9999		

followed V13's orders. V3 stated the wound would not have progressed to a stage four wound if staff were treating and monitoring the wound.

On 9/17/19 at 3:30 PM V11 Registered Nurse (V13's Nurse) stated on 7/29/19 V13 found a small 1-2 cm area on R1's right calf during an office visit and V13 wrote orders for facility staff to to continue the immobilizer with a daily dressing change to the area and to monitor for infection. V11 stated facility staff should have removed R1's immobilizer to clean and check skin at least daily. V11 stated verbal instructions were given to facility staff on 5/15/19.

On 9/19/19 at 8:50 am V11 stated that V13 stated that not removing the immobilizer for skin checks obviously contributed to R1's skin breakdown and R1's wound would not have been as extensive if facility staff had followed V13's orders. At that time V11 confirmed that the area found on R1's calf by V13 on 7/29/19 became a stage four pressure wound. V11 also stated R1 had no chronic diseases that would have contributed to the development of the wound.

2. The Physician Order Sheet dated 9/17/19 through 9/18/19 documents R2 has diagnoses of Pressure Ulcer of the Sacral Region, History of Unstageable Pressure Ulcer to the left heel, and Dementia.

The Minimum Data Set dated 6/30/19 documents R2 is cognitively impaired and requires extensive assistance with transfers and bed mobility. Findings include:

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6006282	A. BUILDING: _____ B. WING _____	C 09/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GENERATIONS AT MCKINLEY PLACE	2530 NORTH MONROE STREET DECATUR, IL 62526

(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) COMPLETE DATE
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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6006282	A. BUILDING: _____ B. WING _____	C 09/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GENERATIONS AT MCKINLEY PLACE	2530 NORTH MONROE STREET DECATUR, IL 62526

(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) COMPLETE DATE
S9999	Continued From page 9	S9999		

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 leg.

The Physician's Orders policy dated 5/2017 states "Transcribing the order includes:" "For facilities on EHR (Electronic Health Records), orders must be promptly entered into computer and attached to appropriate Flowsheet(s) i.e. (for example) Medication, Treatment or Lab Flowsheet."

V5's (Licensed Practical Nurse) Progress note dated 9/2/19 documents "Writer called to resident room per CNA's (Certified Nurses Aides), writer observed open area on posterior right calf."

V3's (Wound Nurse) Wound Management Note dated 9/2/19 documents an unstageable wound measuring 9.5 centimeters (cm) in length by 5.5 cm in width with a depth of 1.5 cm was identified on R1's right calf on 9/2/19. The Note documents the wound is foul smelling and that the wound has black/brown slough throughout the wound bed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6006282	A. BUILDING _____ B. WING _____	C 09/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GENERATIONS AT MCKINLEY PLACE	2530 NORTH MONROE STREET DECATUR, IL 62526

(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) COMPLETE DATE
S9999	Continued From page 10	S9999		

V14 Facility Wound Doctor's Note dated 9/9/19 documents V14 evaluated R1's right calf wound on that date and V14 surgically excised "9.6 cm of devitalized tissue and necrotic muscle and surrounding fascial fibers were removed."

V13's Note dated 9/11/19 documents "Patient (R1) is an 86-year -old female who presented today for a follow up of tibia fracture. (R1) was last seen 7/29/19 and at that time had a small, 1 cm scab to the back of (R1's) right lower extremity. Instructions were given to place a dry dressing and continue to monitor. Today there is a stage four pressure wound in the same area." V13 9/11/19 note also documents "(R1) Back of right leg shows 9x3 (cm), 5x2 cm wound that is to the bone."

The Hospital History and Physical dated 9/11/19 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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6006282	A. BUILDING _____ B. WING _____	C 09/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GENERATIONS AT MCKINLEY PLACE	2530 NORTH MONROE STREET DECATUR, IL 62526

(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) COMPLETE DATE
S9999	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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6006282	A. BUILDING: _____ B. WING _____	C 09/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GENERATIONS AT MCKINLEY PLACE	2530 NORTH MONROE STREET DECATUR, IL 62526

(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) COMPLETE DATE
S9999	Continued From page 12	S9999		

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 grayish 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 followed V13's orders. V3 stated the wound would not have progressed to a stage four wound if staff were treating and monitoring the wound.

On 9/17/19 at 3:30 PM V11 Registered Nurse (V13's Nurse) stated on 7/29/19 V13 found a small 1-2 cm area on R1's right calf during an office visit and V13 wrote orders for facility staff to to continue the immobilizer with a daily dressing change to the area and to monitor for infection. V11 stated facility staff should have removed R1's immobilizer to clean and check skin at least daily. V11 stated verbal instructions were given to facility staff on 5/15/19.

On 9/19/19 at 8:50 am V11 stated that V13 stated that not removing the immobilizer for skin checks obviously contributed to R1's skin breakdown and R1's wound would not have been as extensive if facility staff had followed V13's orders. At that time V11 confirmed that the area found on R1's

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6006282	A. BUILDING _____ B. WING _____	C 09/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GENERATIONS AT MCKINLEY PLACE	2530 NORTH MONROE STREET DECATUR, IL 62526

(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) COMPLETE DATE
S9999	Continued From page 13	S9999		

calf by V13 on 7/29/19 became a stage four pressure wound. V11 also stated R1 had no chronic diseases that would have contributed to the development of the wound.

2. The Physician Order Sheet dated 9/17/19 through 9/18/19 documents R2 has diagnoses of Pressure Ulcer of the Sacral Region, History of Unstageable Pressure Ulcer to the left heel, and Dementia.

The Minimum Data Set dated 6/30/19 documents R2 is cognitively impaired and requires extensive assistance with transfers and bed mobility.
3.) R3's Face Sheet documents an admission date of 2/12/19 with diagnoses including Pressure Ulcer Unspecified Buttock Unspecified Stage, Unspecified Open Wound of Lower Back and Pelvis and Quadriplegia.

R3's Admission Assessment dated 2/12/19 documents a skin risk assessment score of 16 which indicates R3 was at risk for skin alterations. R3's next skin risk assessment is dated 6/13/19 and documents R3 is at high risk for skin alterations.

R3's Admission MDS (Minimum Data Set) dated 2/19/19 documents R3 requires extensive assistance of two people for bed mobility and requires total assistance of two people for transfers. This MDS documents R3 has a stage 4 pressure ulcer and documents R3 is frequently incontinent of bowel.

R3's Care Plan dated 2/12/19 documents R3 is at risk for skin breakdown related to R3 being chair fast, having decreased mobility, being a quadriplegic, R3 has a low air loss mattress. This Care Plan documents interventions of conducting

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6006282	A. BUILDING: _____ B. WING _____	C 09/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GENERATIONS AT MCKINLEY PLACE	2530 NORTH MONROE STREET DECATUR, IL 62526

(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) COMPLETE DATE
S9999	Continued From page 14	S9999		

a systemic skin inspection weekly, daily, etc. (et cetera) pay particular attention to the bony prominences.

R3's Nurse's Progress Notes dated 3/18/19 documents a new pressure area identified as a stage 1 to the left ischium that was not present on admission. This Progress Note documents R3 was seen by the V14 Wound Physician. R3's Wound documentation dated 3/18/19 documents this pressure ulcer on the left ischium measures 3.5 cm (centimeters) x (by) 3 cm.

R3's Care Plan dated 3/28/19 documents R3 is non-compliant with repositioning despite staff education.

On 9/19/19 at 10:12 AM, R3 was in R3's electric wheelchair and R3 had heel cushion boots on both feet.

On 9/19/19 at 11:49 AM, V16 Regional Nurse confirmed there were no skin risk assessments documented in R3's medical record where they should be.

On 9/19/19 at 2:20 PM, V15 Registered Nurse stated there is an admission skin assessment in the nursing assessment for R3 but R3 should have had a skin risk assessment done weekly for three weeks. V15 stated there are no other skin risk assessments in the computer until June 2019.

On 9/19/19 at 2:26 PM, V3 Wound Nurse confirmed R3's electronic medical record does not document any skin risk assessments being completed after the initial risk assessment on admission dated 2/12/19 until 6/13/19. V3 confirmed there should have been weekly skin

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6006282	A. BUILDING: _____ B. WING _____	C 09/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GENERATIONS AT MCKINLEY PLACE	2530 NORTH MONROE STREET DECATUR, IL 62526

(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) COMPLETE DATE
S9999	Continued From page 15 risk assessments completely after R3 was admitted. (A)	S9999		