

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6011571	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/31/2019
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NAME OF PROVIDER OR SUPPLIER ACCOLADE HC OF PAXTON ON PELLIS	STREET ADDRESS, CITY, STATE, ZIP CODE 1001 EAST PELLIS STREET PAXTON, IL 60957
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S 000	Initial Comments Annual Licensure survey	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.696a) 300.696c)2)6)7) Section 300.696 Infection Control a) Policies and procedures for investigating, controlling, and preventing infections in the facility shall be established and followed. The policies and procedures shall be consistent with and include the requirements of the Control of Communicable Diseases Code (77 Ill. Adm. Code 690) and Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693). Activities shall be monitored to ensure that these policies and procedures are followed. c) Each facility shall adhere to the following guidelines of the Center for Infectious Diseases, Centers for Disease Control and Prevention, United States Public Health Service, Department of Health and Human Services (see Section 300.340): 2) Guideline for Hand Hygiene in Health-Care Settings 6) Guideline for Isolation Precautions in Hospitals 7) Guidelines for Infection Control in Health Care Personnel	S9999	<p>Attachment A Statement of Licensure Violations</p>	

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Electronically Signed

TITLE

(X6) DATE

08/22/19

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S9999	<p>Continued From page 1</p> <p>These requirements are not met as evidence by:</p> <p>Based on observation, interview and record review, the facility failed to perform appropriate hand hygiene during a pressure ulcer dressing change, failed to prevent cross contamination, and failed to alert visitors and staff of infection control precautions for one of one (R103) residents. The facility failed to properly clean and disinfect the blood glucose monitoring device for 10 of 10 residents (R102, R103, R106, R108-R114) reviewed for infection control in the sample of 14.</p> <p>Findings Include:</p> <p>1.) The facility Hand Washing Policy dated July 2019 documents, "This facility considers hand hygiene the primary means to prevent the spread of infections. All staff will properly wash hands after direct contact with any contaminated substance, after direct resident care, and as instructed." "Employees must wash their hands for fifteen (15) to twenty (20) seconds using antimicrobial or non-antimicrobial soap and water under the following conditions; when hands are visibly dirty or soiled with blood or other body fluids, after contact with blood, body fluids, secretions, mucous membranes, or non-intact skin, and after handling items potentially contaminated with blood, body fluids, or secretions."</p> <p>R102's Physician orders dated 7/30/19 documents a treatment order for R102's right heel: cleanse with wound cleanser, skin prep around the wound, apply Hydrogel with collagen to the wound bed and cover with gauze island dressing daily.</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>On 7/29/19 at 2:00 P.M., V5, LPN (Licensed Practical Nurse) and V6, BA/CNA (Bath Aide/Certified Nursing Assistant) entered R102's room to complete R102's ordered pressure ulcer treatment. V5 removed R102's right heel dressing which had a moderate amount of yellowish and red drainage on the dressing, squeezed it into a ball then removed V5's gloves. V5 did not wash V5's hands. V5 applied a new pair of gloves, cleansed the wound using V5's left hand, then picked up the tube of Hydrogel with V5's left hand, while wearing the same gloves used to cleanse the wound, and squeeze the Hydrogel onto gauze, which V5 had in V5's right hand. V5 then completed the dressing change as ordered, removed gloves, washed hands, left R102's room and placed the potentially contaminated tube of Hydrogel into the treatment cart at the nurses station.</p> <p>On 7/29/19 at 2:33 P.M., V5 confirmed V5 did not perform hand hygiene after removing the soiled dressing, used the same gloved hand to clean the wound, without changing gloves between, and placed the contaminated tube of Hydrogel back into the treatment cart.</p> <p>2.) The facility's Infection Control: Isolation Categories of Transmission-Based Precautions policy revised on August 2018 documents "Transmission -Based Precautions shall be used when caring for residents who are documented or suspected to have communicable diseases or infections that can be transmitted to others." This policy documents residents who have an infection with microorganisms that can be transmitted by direct or indirect with environmental surfaces or items should be placed on Contact Precautions. This policy documents that gloves and a gown</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>should be worn when entering a resident's room that is on Contact Precautions.</p> <p>On 7/29/19 at 8:55AM and 7/30/19 at 8:27 AM, there was a box containing personal protective equipment including gowns, gloves, and masks hanging on the outside of R103's door. There was no sign on the door indicating R103 was on isolation precautions or other guidance relating to infection control needs.</p> <p>On 7/29/19 at 2:55 PM V8 (R103's wife) was sitting at R103's bedside and V8 was not wearing a gown or gloves.</p> <p>On 7/29/19 at 9:35 AM, V2, Director of Nursing stated R103 was on contact isolation related to a Multi Drug Resistant Organism infection in R103's sacral wound.</p> <p>R103's Order Summary Report dated 7/30/19 documents R103 is on contact isolation precautions related to Enterococcus Proteus.</p> <p>On 7/29/19 at 4:36 PM, V9, Licensed Practical Nurse stated there should be a sign on R103's door stating "isolation" or to "see nurse." V9 stated the nurse then instructs visitors on what to wear when entering R103's room. V9 verified there was no sign posted outside R103's door indicating R103 was on isolation or alerting visitors to report to the nurse.</p> <p>On 7/30/19 at 3:20 PM, V3, Director of Clinical Reimbursement stated when a resident is on contact isolation there should be a sign placed outside the resident's room to alert visitors to report to the nurse. V3 stated staff and visitors should wear a gown and gloves when entering a resident's room who is on contact isolation.</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>3.) The facility's Glucose Meter Cleaning policy revised on August 2018 documents to clean and disinfect the glucose meter with an EPA (Environmental Protection Agency) approved cleaner after each use.</p> <p>On 7/30/10 at 10:35 AM, V10, Registered Nurse entered R102's room. V10 used a glucometer to obtain R102's blood glucose level. V10 then used an alcohol prep pad with 70% isopropyl alcohol to clean the glucometer but failed to take measures to disinfect the device. Using the same glucometer V10 obtained R108's (R102's room mate) blood glucose level. V10 then wiped the glucometer with an alcohol prep pad. V10 left the room and placed the glucometer into the West Wing medication cart without taking measures to disinfect the device.</p> <p>On 7/30/19 at 10:43 AM, V10 stated there was only one glucometer on the West Wing medication cart and it is used for several residents on the unit.</p> <p>On 7/30/19 at 11:00 AM, V10 confirmed V10 used an alcohol wipe to clean the glucometer. V10 stated V10 had used the last bleach wipe to disinfect the top of the medication cart and there were no more bleach wipes located on the medication cart.</p> <p>On 7/30/19 at 3:20 PM V3 Director of Clinical Reimbursement confirmed an alcohol wipe should not be used for disinfecting a blood glucose meter and stated a bleach wipe should be used.</p> <p>On 7/30/19 at 4:35 PM V3 provided a hand written list of residents who use the glucometer</p>	S9999		
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S9999	<p>Continued From page 5</p> <p>located on the West Wing medication cart. The list included residents R102, R106 and R108 - R114.</p> <p>(B)</p> <p>300.690a) 300.690b) 300.690c) 300.1210d)6)</p> <p>Section 300.690 Incidents and Accidents</p> <p>a) The facility shall maintain a file of all written reports of each incident and accident affecting a resident that is not the expected outcome of a resident's condition or disease process. A descriptive summary of each incident or accident affecting a resident shall also be recorded in the progress notes or nurse's notes of that resident.</p> <p>b) The facility shall notify the Department of any serious incident or accident. For purposes of this Section, "serious" means any incident or accident that causes physical harm or injury to a resident.</p> <p>c) The facility shall, by fax or phone, notify the Regional Office within 24 hours after each reportable incident or accident. If a reportable incident or accident results in the death of a resident, the facility shall, after contacting local law enforcement pursuant to Section 300.695, notify the Regional Office by phone only. For the</p>	S9999		
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S9999	<p>Continued From page 6</p> <p>purposes of this Section, "notify the Regional Office by phone only" means talk with a Department representative who confirms over the phone that the requirement to notify the Regional Office by phone has been met. If the facility is unable to contact the Regional Office, it shall notify the Department's toll-free complaint registry hotline. The facility shall send a narrative summary of each reportable accident or incident to the Department within seven days after the occurrence.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.</p> <p>These requirements are not met as evidence by:</p> <p>Based on interview and record review, the facility failed to follow their Accidents and Incidents Policy by failing to complete an Accident Report Form, Investigate an Accident and Implement appropriate interventions following an accident for one of three residents (R105) reviewed for falls in the sample of 14. This failure resulted in R105 having a fall and acquiring a facial laceration.</p>	S9999		
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S9999	<p>Continued From page 7</p> <p>Findings Include:</p> <p>The facility Accidents and Incidents Policy dated June 2019 documents, "An accident/incident is any occurrence which is not consistent with the routine operation of the facility or the routine care of a particular resident. It may involve injury or damage to property. It may involve residents, visitors, or volunteers." "Accident and Incidents, including injuries of an unknown origin, must be reported to the department supervisor, and an Accident/Incident Report Form must be completed on the shift that the accident or incident occurred." This policy also documents the "Charge Nurse must conduct an immediate investigation of the accident/incident and implement immediate appropriate interventions to affected parties" and "The DON (Director of Nursing) / Designee will report an accident/incident of major injury to IDPH (Illinois Department of Public Health) within 24 hours. The DON/Designee will conduct an investigation of the accident/incident as well. Findings will be indicated on the Accident/Incident Report Form in appropriate area."</p> <p>R105's Care Plan dated 7/29/19 documents R102 has actual safety and or fall risk related to decreased safety awareness and history of falls due to difficulty walking.</p> <p>R105's MDS (Minimum Data Set) dated 6/19/19 documents R105 has severe cognitive impairments and requires extensive assistance of one staff for transfers and extensive assistance of two staff for locomotion on and off the unit.</p> <p>R105's Progress Notes dated 6/6/19 at 1:40 pm by V11 LPN (Licensed Practical Nurse) documents, R105 had all fall at 12:00 AM that</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>was not witnessed. "Fall occurred in the bathroom. Resident {R105} was attempting to self toilet at time of the fall. Reason for the fall was evident. Reason for fall: trying to self transfer."</p> <p>R105's Care Plan dated 7/29/19 does not document any new fall interventions implemented following R105's 6/6/19 fall.</p> <p>R105's Progress Notes dated 6/8/19 at 10:05 pm by V12 LPN documents, "resident (R105) return from hospital er (Emergency Room) with her (R105's) right eye laceration glued together. Resident (R105) is alert and talking neuros (neurological exam) within normal limits. Instructed her (R105) to please stay in bed and to use her (R105's) call light which is within reach. Will cont.(continue) to monitor for any change in status." This note also documents V13 Former ADON (Assistant Director of Nursing) was notified of R105's return from the hospital and current status.</p> <p>V12 was not able to be reached for interview as to what had happened to cause the laceration to R105's eye.</p> <p>On 7/31/19 at 8:42 am, V13 Former ADON stated, R105 falls a lot. V13 also stated V13 does not recall the exact date but "there was a fall that she (R105) had, in the bathroom where she (R105) had a large hematoma above her (R105's) right eye and an open area." V13 stated R105 was sent to the hospital for the laceration but V13 did not recall being called about it, but instead heard about it at the facility. V13 stated, had V13 been notified, V13 would have contacted V1 Administrator so V1 could fill out a report for IDPH because a fall with an injury "like that" would need to be reported.</p>	S9999		
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There is no documentation of what caused the right eye laceration in R105's medical record. There is also no incident report, investigation, documentation that IDPH was notified of a fall with injury, and no new interventions added to R105's Care Plan dated 7/29/19.

On 7/31/19 at 12:40 pm, V2 DON (Director of Nursing) stated that V3 Director of Clinical Reimbursement was able to get into V13's files on the computer and provided a typed report to IDPH dated 6/9/19. The report documents, R105 "returned from hospital with a laceration to head with wound glued in ED (Emergency Department). Resident (R105) was found on floor in her room. She (R105) was attempting to take herself to the bathroom. Resident (R105) has dementia with behaviors and anxiety diagnosis with a history of falls." This report is signed by V13. V2 stated there is no confirmation fax transmittal and no email transmittal so even though an initial report was typed up, "it was not sent."

On 7/31/19 at 1:00 pm, V1 Administrator stated, the IDPH Report and Progress Note dated 6/8/19, that R105 returned to the facility with R105's eye laceration glued, was the only documentation that V1 had regarding R105's incident. V1 stated V1 does not have the actual Incident Report and therefore an investigation was not completed.

(C)

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S9999	<p>Continued From page 10</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>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.</p> <p>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.</p> <p>These requirements are not met as evidence by:</p> <p>Based on observation, interview and record review, the facility failed to follow facility policy for assessing the potential for skin breakdown, notify the physician and obtain a treatment order for a new pressure ulcer for two of two residents (R102, R103) reviewed for pressure ulcers in the sample of 14.</p> <p>Findings Include:</p>	S9999		
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S9999	<p>Continued From page 11</p> <p>The facility Pressure Ulcer Prevention, Identification and Treatment Policy dated September 2018 documents, "Prevention Program will be utilized for all resident who have been identified of being at risk for developing pressure ulcers. The facility will initiate an aggressive treatment program for those residents who have pressure ulcers." A pressure ulcer is defined as any lesion caused by unrelieved pressure those results in damage to underlying tissue. Pressure ulcers usually occur over bony prominence's and are graded or staged to classify the degree of tissue damage observed. A Stage II Pressure Ulcer is a "partial thickness of dermis presenting as a shallow open ulcer with a red pink wound bed, without slough. May also present as an intact or open/ruptured serum-filled blister." "It is the responsibility of the Charge Nurse/Designee to measure an document on the pressure areas weekly." "All residents will have a Pressure Ulcer Risk Assessment completed upon admission, then weekly for 4 {four} weeks, then quarterly." "When a pressure ulcer is identified, whether in-house, or upon a resident's admission, the area will be assessed using Skin and Wound Care Guidelines and initial treatment started per physician's orders."</p> <p>1.) R102's Physician Order Sheet documents the following Diagnoses: Quadriplegia, PVD (Peripheral Vascular Disease), Pressure Ulcer stage II of Right Heel and Unspecified Open Area of the Left Posterior Leg.</p> <p>R102's MDS (Minimum Data Set) dated 4/30/19 documents R102 is alert and oriented.</p> <p>R102's Medical Record documents R102 was hospitalized from 6/12/19 - 6/19/19 and again from 7/12/19 - 7/16/19.</p>	S9999		
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S9999	<p>Continued From page 12</p> <p>R102's Medical Record contains Skin Risk Assessments for 6/20/19 and 7/16/19, both indicating "high risk" for skin breakdown. R102's Medical Record did not contain weekly Skin Risk Assessments for four weeks following admission, as the facility policy documents.</p> <p>On 7/29/19 at 2:00 pm, V5 LPN (Licensed Practical Nurse) along with V6 BA/CNA (Bath Aide/Certified Nursing Assistant) entered R102's room to complete the ordered pressure ulcer dressing changes to R102's left posterior leg and right heel. R102 also had a dressing covering the lateral side of the right foot. V5 stated, "I {V5} don't know what that dressing is for," because V5 only saw two treatment orders; one for the leg and one for the heel. V6 stated, "it's a blister, I {V6} noticed it a couple weeks ago when I {V6} gave (R102) his shower." V5 exited R102' room to double check R102's treatment orders.</p> <p>On 7/29/19 at 2:25 pm, V4 LPN/Wound Nurse stated, the area on R102's right foot started as a blister. V4 stated V7 Wound Physician has seen R102's "blister" and categorized it as a shear, "which is technically a pressure ulcer due to being caused by rubbing and friction." V4 stated the facility hasn't done weekly measurements and that there is not a treatment ordered.</p> <p>On 7/29/19 at 2:33 pm, V5 removed the dressing to the right lateral foot to reveal a 2 cm (centimeter) by 2 cm open area. The wound bed was moist and red. V5 stated V5 wanted to look at the area because there was no treatment ordered for the wound and was going to check with V4 LPN/Wound Nurse on the treatment needed. R102 confirmed that R102 has had "that area on my foot for right at a month now."</p>	S9999		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6011571	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/31/2019
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NAME OF PROVIDER OR SUPPLIER ACCOLADE HC OF PAXTON ON PELLIS	STREET ADDRESS, CITY, STATE, ZIP CODE 1001 EAST PELLIS STREET PAXTON, IL 60957
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S9999	<p>Continued From page 13</p> <p>V7's Wound Evaluation and Management Summary dated 7/5/19 documents, "Shear Wound of the right dorsal foot" measuring 2 cm by 2 cm by not measurable; fluid filled 100% dermis for a duration of greater than one day. Dressing Treatment Plan "skin prep, apply once daily for 30 days."</p> <p>V7's Wound Evaluation and Management Summary dated 7/25/19 documents, "Shear Wound of the right dorsal foot" measuring 2 cm by 2 cm by not measurable; 100% dermis with light serous exudate for a duration of greater than 20 days. Dressing Treatment Plan: Hydrogel daily to the wound bed and cover with an island dressing.</p> <p>On 7/30/19 at 9:08 am, V4 stated V4 called V7 on 7/29/19 after seeing the blister was no longer intact and that V7 gave orders for Hydrogel daily. V4 confirmed that the orders given were the same as V7 wrote on 7/25/19 when at the facility that had not been initiated. V4 also confirmed that the orders initially given on 7/5/19 were never transcribed and initiated.</p> <p>2) R103's Admission Minimum Data Set (MDS) dated 10/5/18 documents R103 uses extensive assistance of two staff for bed mobility and total dependence upon staff for transfers. This MDS documents R103 admitted to the facility without pressure ulcers.</p> <p>R103's Skin Risk Assessment dated 2/22/19 documents a score of 15, indicating R103 is at low risk for developing pressure ulcers.</p> <p>R103's Order Summary Report dated 7/30/19 documents R103's treatment orders including a</p>	S9999		

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NAME OF PROVIDER OR SUPPLIER ACCOLADE HC OF PAXTON ON PELLIS	STREET ADDRESS, CITY, STATE, ZIP CODE 1001 EAST PELLIS STREET PAXTON, IL 60957
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S9999	<p>Continued From page 14</p> <p>wound vac (vacuum) at 125 mmHg (milliliters or Mercury) every shift for wound management, and apply Dakins (1/2 strength) Solution 0.25% to coccyx/sacrum topically every Monday, Wednesday, and Friday for infection. This report documents an order dated 10/31/18 for R103 to have skin assessments completed weekly on Thursdays.</p> <p>R103's Nurses Weekly Skin Assessments document assessments were completed on 2/28, 3/21, 4/25, 5/9, 5/23, 6/6, 6/11, 6/20, and 7/4/19. There is no documentation that R103's weekly skin assessments were completed on 3/7, 3/14, 3/28, 4/4, 4/11, 4/18, 5/2, 5/16, 6/27, and 7/11/19 as ordered.</p> <p>R103's Care Plan revised on 6/13/19 documents R103 has an open area on the sacrum with interventions dated 5/7/19 for R103 to use an air mattress in bed and a pressure relieving cushion in wheelchair. This Care Plan documents to measure R103's ulcer on regular intervals and monitor for signs of progression or declination.</p> <p>R103's Treatment Administration Record dated 4/1/19 - 4/30/19 documents a treatment order to clean coccyx area with Dakins Solution 0.5%, apply Medihoney Melgisorb and foam dressing every night beginning 4/8/19 and ending 4/28/19.</p> <p>R103's Ulcer/Wound Documentation dated 4/28/19 documents R103's wound was initially identified on 4/27/19 as Unstageable and measured 2.5 cm (centimeters) long by 2.5 cm wide by undetermined depth. There are no measurements or assessments of R103's wound between 4/8/19 and 4/26/19.</p> <p>R103's Initial Wound Evaluation and</p>	S9999		
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S9999	<p>Continued From page 15</p> <p>Management Summary dated 5/2/19 by V7 Wound Physician documents R103's sacral wound as "Unstageable due to necrosis" with measurements of 4 cm long by 5 cm wide and unmeasurable depth. This summary documents R103's wound was surgically debrided.</p> <p>R103's Ulcer/Wound Documentation dated 5/10/19 documents R103's Stage IV pressure ulcer to the sacrum measured 4 cm long by 5 cm wide by 0.8 cm deep.</p> <p>R103's Wound Evaluation and Management Summary dated 7/18/19 by V7 documents R103's Stage IV pressure ulcer to the sacrum as "deteriorated" and measured 4.2 cm long by 2.5 cm wide by 1 cm deep with undermining 1.5 cm at 12 o'clock. This summary documents R103's sacral wound was 40% slough, 50% granulation, and 10% bone. This summary documents a recommendation if stool gets under the dressing to change the dressing and use saline to clean the wound bed, and to obtain an Infectious Disease consult for evaluation and treatment of Osteomyelitis.</p> <p>There is no documentation in R103's medical record that R103's physician or family was notified of R103's sacral wound reopening on 4/8/19.</p> <p>On 7/29/19 at 9:35AM V2 Director of Nursing stated R103 recently returned from the hospital and is receiving intravenous antibiotics to treat Osteomyelitis of the sacral wound.</p> <p>On 7/30/19 at 1:43 PM V4 LPN/Wound Nurse stated R103's pressure ulcer to the sacrum was initially Moisture Associated Skin Damage (MASD) that developed on 3/19/19 and healed on</p>	S9999		
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S9999	<p>Continued From page 16</p> <p>3/25/19. V4 stated the wound reopened on 4/8/19 due to R103 being incontinent of bowel and bladder, refusing to allow staff to change R103, and R103 spending a lot of time wandering the facility in R103's wheelchair. V4 confirmed there was no documentation in R103's medical record of assessments, measurements, or monitoring of R103's wound between 4/8/19 and 4/26/19. V4 stated R103's wound was Unstageable on 4/27/19 and became a Stage IV pressure ulcer after V7 debrided the wound on 5/2/19. V4 confirmed there is no documentation in R103's medical record that R103's family or physician was notified of R103's wound reopening on 4/8/19.</p> <p>On 7/30/19 at 4:13 PM V4 provided a paper document of weekly measurements from 3/18/19 - 4/22/19 for R103's sacral wound. V4 confirmed the measurements were not part of R103's medical record and stated the measurements were kept in a separate file folder in V4's office.</p> <p>(B)</p>	S9999		
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