

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/16/2020
--	--	---	---

NAME OF PROVIDER OR SUPPLIER RIVERSIDE REHAB & HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 3490 HUMBERT ROAD ALTON, IL 62002
---	---

(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 S 000

Complaint Survey: 2041799/IL120827

S9999 Final Observations S9999

Statment of Licensure Violation:

- 300.610a)
- 300.1210b)
- 300.1210d)5)
- 300.1220b)3)
- 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 and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.

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

Attachment A
Statement of Licensure Violations

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 04/13/20
--	-------	------------------------------

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/16/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER RIVERSIDE REHAB & HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 3490 HUMBERT ROAD ALTON, IL 62002
--	---

(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	<p>Continued From page 1</p> <p>care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.</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>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>Section 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/16/2020
--	--	---	---

NAME OF PROVIDER OR SUPPLIER RIVERSIDE REHAB & HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 3490 HUMBERT ROAD ALTON, IL 62002
---	---

(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	<p>Continued From page 2</p> <p>resident. (Section 2-107 of the Act)</p> <p>These Requirements are not met as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to assess, monitor, treat, utilize pressure devices and utilize turning and position for 5 of 8 residents (R30, R49, R53, R65, R89) reviewed for pressure ulcers in a sample of 50. This failure resulted in R30's shearing to the left lower ischium progressing to a stage 4 pressure ulcer.</p> <p>Findings include:</p> <p>1. On 3/12/2020 R30 was observed from 8:15 AM until 1:56 PM sitting in a wheelchair without any benefit of repositioning based on 15-minute intervals.</p> <p>On 3/12/2010 at 2:00 PM, R30 was transferred to bed. R30's buttocks were extremely red and dressing to ischium was crinkled.</p> <p>On 3/12/2020 at 3:00 PM V57, Certified Nurse's Aide (CNA), stated "He (R30) is a midnight get up. I did not get him up. I'm on day shift. I haven't done any care with him. I'm on the other hall. "</p> <p>On 3/12/2020 at 3:12 PM V50, CNA, stated, "He is a midnight get up. He was up when I got here. I got here about 6:00 AM and he was up. I haven't done anything with him. He likes sitting up."</p> <p>On 3/12/2020 at 3:30 PM, R30, stated, "I'm glad to be in the bed. I like sitting up, but that was long. I would rather be in the bed. My butt feels so much better. It was hurting there for a while."</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/16/2020
--	--	--	---

NAME OF PROVIDER OR SUPPLIER RIVERSIDE REHAB & HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 3490 HUMBERT ROAD ALTON, IL 62002
---	---

(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

On 3/16/2020 at 2:55 PM, V24 Registered Nurse (RN), performed a treatment to R30's left lower ischium. V24 and V55, CNA, assisted with positioning R30 onto his side. V24 and V55 slid buttocks across the surface of the bed. V24 and V55 did not clear the surface of the bed when turning R30. R30 was heavily soiled with urine and stool. R30's incontinent brief, draw sheet were heavily soiled. R30 had no dressing in place.

On 3/16/2020 at 3:20 PM, V24 stated, "I am not sure how he got the area. I believe it's from shearing. He is to be repositioned at least every 2 hours. He does lay down a lot. The dressing should be in place. If the staff see the dressing is not in place, the staff is to notify the nurse so that the dressing can be applied."

On 3/16/2020 at 3:48 PM, V55, CNA, stated, "If the dressing comes off or there isn't one, we go get the nurse. We don't apply the incontinent brief until after the treatment is done. We wait for the nurse."

R30's Care Plan, documented "10/28/2019, Unstageable left lower ischium. Monitor frequently for incontinence and change if wet or soiled. Apply barrier ointment after each incontinence care. 10/28/2019 Turn and reposition every 2 hours."

R30's Narrative Nurse Progress Notes, dated 10/10/2019, documents "Incontinent care was being given at 8:00 AM and noted open area to left buttock."

R30's Narrative Nurse's Progress Note, dated 10/26/2019 5:00 PM "Resident noted to have opens areas to bottom. Cocyx area measures

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/16/2020
--	--	--	---

NAME OF PROVIDER OR SUPPLIER RIVERSIDE REHAB & HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 3490 HUMBERT ROAD ALTON, IL 62002
---	---

(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

1.5 x (by) 2.5 CM (centimeter), left buttocks measures 2.2 x 2 CM and left ischium measures 3 x 1.5 CM. Resident doesn't like to lay down and moves around when in bed."

R30's Initial Wound Evaluation and Management Summary, dated 10/29/2019, documents "Unstageable (due to necrosis) of the left, upper ischium. Pressure 3.00 cubic centimeters with 100% thick adherent devitalized necrotic tissue measuring 1.5 x 2 x 0.2 cm. Unstageable (due to necrosis) of the left, lower ischium. Pressure 3.00 cubic centimeters with 100% thick adherent devitalized necrotic tissue measuring 2 x 1.5 x 0.1 cm. Both areas requiring surgical excisional debridement of 3.0 cubic centimeters of devitalized tissue and necrotic muscle and surrounding fascial fibers were removed at a depth of 0.3 cm."

R30's Wound Evaluation and Management Summary, dated 11/5/2019, documents Stage 4 pressure wound of the left, upper ischium. Pressure 3.00 cubic centimeters with 100% thick adherent devitalized necrotic tissue measuring 1.5 x 2 x 0.1 cm. Unstageable (due to necrosis) of the left, lower ischium. Pressure 3.00 cubic centimeters with 100% thick adherent devitalized necrotic tissue measuring 2 x 1.5 x 0.1 cm. Both areas requiring surgical excisional debridement of 3.0 cubic centimeters of devitalized tissue and necrotic muscle and surrounding fascial fibers were removed at a depth of 0.3 cm.

R30's Wound Evaluations and Management Summaries, dated 12/3/19, 12/10/19, 1/14/20, 2/4/20 and 3/10/20 documented V56, Wound Physician continued to see R30 for weekly surgical excisional debridement.

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/16/2020
--	--	--	---

NAME OF PROVIDER OR SUPPLIER RIVERSIDE REHAB & HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 3490 HUMBERT ROAD ALTON, IL 62002
---	---

(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	<p>Continued From page 5</p> <p>R30's Wound Evaluation and Management Summary, dated 3/10/2020, documents stage 4 pressure wound to the left, lower ischium measuring 1.5 x 1 x 0.2 cm requiring surgical excisional debridement of 0.15 cubic centimeters of devitalized tissue and necrotic muscle and surrounding fascial fibers were removed at a depth of 0.3 cm.</p> <p>On 3/16/2020 at 3:51 PM, V56, Wound Physician, stated, "The area started out as a shearing, sitting for extended periods of time without being position would have caused the wound to progress to a stage 4 quickly. The facility is a good home. They have lost some staff and that may be causing them some issues. He (R30) should be in the bed and repositioned in the bed."</p> <p>2. R49's MDS, dated 2/18/12, documents R49 is totally dependent on 2 staff for bed mobility, transfers, dressing, toilet use and is always incontinent of bowel and bladder. This MDS further documents Formal and Clinical Assessment indicates R49 is at risk for pressure ulcers development.</p> <p>R49's Pressure Ulcer Risk Assessment, dated 1/17/2020, documents R49 is at high risk for pressure ulcer development.</p> <p>R49's Care Plan with goal date 4/3/2020, documents, "Resident has a Stage 4 pressure ulcer to coccyx identified in-house 8/26/19. Turn and reposition every 2 hours and as needed, Float heels while in bed."</p> <p>R49's Wound Management Consultation Notes, dated 3/10/2020, documents, "Stage 4 Pressure Wound coccyx 3 x 1.5 x 1 cm moderate serous</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/16/2020
--	--	--	---

NAME OF PROVIDER OR SUPPLIER RIVERSIDE REHAB & HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 3490 HUMBERT ROAD ALTON, IL 62002
---	---

(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

exudate. 60% granulation, 40% necrotic. Wound Progress: No change. Plan of Care: Off load wound. Reposition per fac (facility) protocol. Dressing treatment Plan: Alginate calcium once daily. Dry protective dressing once daily. Collagen powder once daily. Mupirocin once daily. Factors complicating wound healing: Diabetes Mellitus 2."

On 3/10/2020 from 10:27 AM until 1:31 PM, R49 was in bed on her right side without the benefit of repositioning based on 15-minute observation intervals.

On 3/12/2020 at 10:05 AM, V27 and V22, both CNAs, provided incontinent care to R49 in bed, R49 had an incontinence of bowel episode. R49 had a dressing on her coccyx dated 3/11/20 that was loose, adhering on one side, was soiled and discolored with fecal material.

On 3/12/20 at 10:20 AM, V23, LPN and V24, RN provided wound care to R49 in bed. V24 removed the loose dressing off the wound. V23 cleansed the wound which measures approximately 1.25 inches by 1 inch with 50 percent pink granulation. V23 applied dressing to the wound.

3. R53's Care Plan on Skin Integrity Changes dated related to PURA (Pressure Ulcer Risk Assessment), dated 10/12/19, at risk for pressure ulcer, "Requires assistance for transfers, ambulate, turn and reposition, incontinent of bowel and bladder at times, appetite and fluid intake fair, receives routine psychotropics, has diagnoses of dementia and anemia. 11/11/2019 Stage 2 coccyx. Interventions: 2/14/20 Float heels while in bed. Reposition and turn every 2 hours and as needed."

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/16/2020
--	--	---	---

NAME OF PROVIDER OR SUPPLIER RIVERSIDE REHAB & HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 3490 HUMBERT ROAD ALTON, IL 62002
---	---

(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	<p>Continued From page 7</p> <p>On 3/11/20 from 10:21 AM until 1:14 PM, R53 was in bed on her back without the benefit of repositioning based on 15 minute or less observation intervals with no offloading of her heels while in bed.</p> <p>The Facility Policy on Repositioning dated 12/1/2016 documents, "Standards: It will be the standard of the facility to provide evaluation of the residents' needs, to aid in the development of a care plan for repositioning as needed, to promote comfort for all bed-comfort or chair-bound residents, to attempt to prevent skin breakdown, promote circulation and prevent pressure relief for residents. Guidelines: 1. Repositioning is a common, effective intervention for preventing skin breakdown, promoting circulation, and providing pressure relief. 2. Repositioning is critical for a resident who is immobile or dependent upon staff for repositioning."</p> <p>4. On 03/10/20 from 9:24 AM until 12:30 PM, R65 was lying in bed on her left side without her pressure relieving offloading boots on her bilateral feet.</p> <p>On 3/12/2020 at 4:00 PM, V24, RN and V34, LPN were performing wound care to R65's right hip and during care, the right leg was kept covered. When completed, V24, RN stated that they were going to do the right heel treatment at that time. When R65's blanket was removed, there were no pressure relieving offloading boots on R65's feet. V24, RN, looked at the R65's treatment administration record and stated that she doesn't know how or when the open area to the right hip started but then she and V34, LPN continued to apply a dressing to the right lateral wound.</p> <p>R65's Physician's Order, dated 03/2020,</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/16/2020
--	--	--	---

NAME OF PROVIDER OR SUPPLIER RIVERSIDE REHAB & HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 3490 HUMBERT ROAD ALTON, IL 62002
---	---

(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	<p>Continued From page 8</p> <p>documents an order on 10/28/2019 for "(Pressure relief and offloading) boots in place at all times for prevention." It does not document a treatment for the right hip.</p> <p>R65's Specialty Physician Wound Evaluation and Management Summary, dated 03/10/2020, documents, "Shear wound of the right buttock." It continues to document, "Dressing treatment plan. Primary dressings. Alginate calcium apply once daily for 30 days; Foam silicone boarder apply once daily for 30 days; Silver sulfadiazine apply once daily for 30 days."</p> <p>R65's Care Plan, dated 09/30/2019, documents, "(Pressure relief and off loading) boots in place at all times for prevention." It continues, "See (Treatment administration record) for current treatment orders"</p> <p>On 03/16/2020 at 2:40 PM, V31, Restorative Certified Nurse Assistant (CNA) and V40, CNA both stated that R65's "boots" disappear all the time and that they are usually in the laundry. Both V31 and V40 continued to state that they were not aware of the open area to R65's hip.</p> <p>5. R89's Admission Nursing Assessment, dated 1/29/2020, documents R89's heels were blanchable (blanching of the skin occurs when the skin becomes white or pale in appearance).</p> <p>R89's Pressure Ulcer Risk Assessment, dated 1/29/2020, documents R89 is at high risk for pressure ulcers and requires assistance to turn/reposition.</p> <p>R89's Care Plan, dated 3/11/2020, documents, "Problems: SDTI (suspected deep tissue injury)</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/16/2020
--	--	--	---

NAME OF PROVIDER OR SUPPLIER RIVERSIDE REHAB & HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 3490 HUMBERT ROAD ALTON, IL 62002
---	---

(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	<p>Continued From page 9</p> <p>Location: right heel 2/17/2020; left heel 2/17/2020. Current ulcer/s will show improvement and no new ulcers will develop." It continues, " Provide pressure redistribution as appropriate: float heels, heel protectors."</p> <p>R89's Physician's Order, dated 2/21/2020, documents, "2/17/2020: Float bilateral heels while in bed."</p> <p>The Facility's Weekly Pressure Ulcer Report dated 3/2/2020-3/8/2020, documents R89 has DTI (Deep Tissue Injury) to the right (total surface area 16) and left heel (total surface area 8), both were identified 2/17/2020.</p> <p>On 3/10/2020 at 1:00 PM, R89 was seen by V6, Wound Physician. R89's heel protectors were observed in R89's chair. R89 was lying in bed. V8, LPN, lifted R89's heels off the bed in order to perform R89's treatment to R89's bilateral heels. At this time, V6 stated, "They attempted to float (R89's) heels with a pillow, but they did not do it properly."</p> <p>(B)</p>	S9999		
-------	--	-------	--	--