STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008874	A. BUILDING: _____ B. WING _____	03/05/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASCENSION SAINT BENEDICT	6930 WEST TOUHY AVENUE NILES, IL 60714

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S 000	Initial Comments Annual Licensure and Certification Survey	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610)a 300.1210b) 300.1210d)2)3)5) 300.1220b)2)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	S9999	Attachment A Statement of Licensure Violations	

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S9999	Continued From page 1 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 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 300.1220 Supervision of Nursing Services b) The DON shall supervise and oversee the nursing services of the facility, 2)Overseeing the comprehensive assessment of the residents' needs, which include medically defined conditions and medical functional status, sensory and physical impairments, nutritional	S9999		

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S9999	Continued From page 2 status and requirements, psychosocial status, discharge potential, dental condition, activities potential, rehabilitation potential, cognitive status, and drug therapy. 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. Section 300.3240 Abuse and Neglect a)An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) These requirements were not met evidencded by: Based on observation, interview, and record review, the facility failed to follow its policy to assess, identify, treat, and monitor resident who is at risk for developing pressure ulcer resulting in Deep Tissue Injury (DTI) . This deficiency affects two (R4, R55) of three residents in a sample of 18 reviewed for pressure ulcer/wound care management.	S9999		

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S9999	Continued From page 3 Findings include: On 3/3/21 at 10:06am V14 Wound Care Coordinator (WCC) stated that R55 has left buttocks moisture associated skin disorder (MASD), she classified it as skin irritation/excoriation in wound report. Treatment ordered was Mupirocin 2% ointment and Calcium Silver Alginate. V14 turned R55 to his left side to provide wound care on sacral area. V14 stated "right buttocks has skin dry, peeling skin, no redness, and skin intact". V14 stated " it is getting better". Left buttocks has redness around periwound of the dry scab. Observed V14 apply wound treatment to both right, and left buttocks. She stated that mupirocin is for the redness/inflammation and calcium silver alginate is anti-bacterial. She stated she applied to both because right, and left buttocks because of treatment ordered. Review with her that wound report only identified left buttocks. She stated that she just following physician ordered. On 3/3/21 at 3:43pm V15 Pharmacist stated that if Mupirocin 2% and Calcium Silver Alginate was applied to right buttocks which has dry, and peeling skin, no redness, skin intact, more dryness to the skin. R55's March 2021 physician order sheet indicated: 2/24/21 Mupirocin 2% ointment apply to both buttocks sin excoriation post Normal saline solution (NSS) cleanse with Calcium Silver alginate and foam every other day. R55's Care plan indicated: R55 has excoriation in left buttocks. He is at risk for skin breakdown due to limited mobility, and incontinent of bladder.	S9999		

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S9999	Continued From page 4 R55's wound care report completed by V14 WCC indicated: 2/24/21 Wound type: Irritation /excoriation; Wound location: Left buttocks; Measurements: 3 x 2.6 x 0cm, No drainage, Red or darker pink, moderate irritation. Date wound identified: 10/12/20. 1/8/21 Wound type: Irritation/excoriation; Wound location: Left buttocks; Measurements: 1.5 x 1.5 x 0 cm, No drainage, Red or darker pink, moderate irritation. R55's wound report from Jan to February 2021 wound report only identified Left buttocks. On 3/3/21 at 10:34am. V14 WCC stated that R4 has MASD on his left buttocks, but she classified it as irritation/excoriation on wound report. His treatment is Calcium Silver Alginate. She turned R4 to his left side and removed wound foam dressing covering right and left buttocks dated 3/1/21. Review with her wound report dated 3/1/21 indicated R4 has identified Left buttocks. She stated that he has DTI on R buttocks and this is new. She stated that she did the dressing on 3/1/21 and she did not notice the wound impairment on right buttocks. She measured Right buttocks wound after cleansing with NSS, measuring 2.5x 4.2 cm. She described it as purplish discoloration with maceration, skin intact, soft and mushy. She stated that she will refer it to the wound doctor. She measured Left buttocks , 1.5 x1.5 cm, dried scab. She stated the left buttocks improved from last measurement she did on 3/1/21, 3x4cm. She applied calcium silver alginate to left buttocks as ordered and applied foam dressing which covered the right and left buttocks.	S9999		

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S9999	Continued From page 5 R4's March 2021 Physician order sheet indicated: 2/18/21 Calcium Silver Alginate to both buttocks skin irritation post NSS cleanse cover with allevyn foam every other day. R4's care plan indicated excoriation on left buttocks. R4's wound report completed by V14 WCC indicated: 2/18/21 Wound type: irritation/excoriation; Wound Location: Left buttocks/both buttocks; Date identified 7/31/20; Measurement: 3.5 x 6 x 0.10cm ; No drainage, red or darker pink , moderate irritation 2/24/21 Wound type: irritation/excoriation; Wound Location: Left buttocks; Date identified 7/31/20; Measurement: 3.5 x 6 x 0.10cm ; No drainage, red or darker pink , moderate irritation 3/1/21 Wound type: irritation/excoriation; Wound Location: Left buttocks; Date identified 7/31/20; Measurement: 3x 4 x 0cm ; No drainage, light pink, mild irritation On 3/3/21 at 11:00am V5 CNA stated that R4 usually gets up early in the morning at 6am and goes to bed after dinner. He has a urinary catheter. He calls for help when he wants to use the bathroom for his bowel movement. On 3/3/21 at 11:57am R4 stated that he wanted to get up early in the morning. R4 is up in his wheelchair for 12 hours, and 12 hours in bed. R4 is alert, and oriented, times three, and able to verbalize needs to staff. On 3/4/21 at 9:54am V14 WCC stated that she was on medical leave form Nov 2020 and resumed working on Feb 2021. She stated that R4 and R55 has both right and left skin	S9999		

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S9999	Continued From page 6 irritation/excoriation from MASD but she only documented in wound report Left buttocks. She stated that if the wound is resolved or new wound is identified, physician should be notified to re-evaluate wound treatment and update care plan. She added that there are no continuity and consistency of documentation because if the census is low, nurse on the floor are doing the weekly wound measurement and documentation too. Facility's policy on Skin identification, Evaluation and Monitoring indicated: Procedure: Weekly: B. Document in medical record the findings of general skin check. 1. If wound is present and previously identified: a. Document integumentary findings. i. Appearance of the wound, including measurements ii. Treatment applied/initiated per healthcare provider order in the medical record. 2. If new wound is identified: a. initiate protective dressing b. Notify health care provider of findings and for further treatment orders. 4 Document evaluation in the medical record. C. Update plan of care with each intervention. " B "	S9999		