

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003057	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/12/2023
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NAME OF PROVIDER OR SUPPLIER GROVE OF LAGRANGE PARK, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 701 NORTH LAGRANGE ROAD LA GRANGE PARK, IL 60526
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S 000	Initial Comments	S 000		
	Complaint Investigation: 2370193/IL155125			
S9999	Final Observations	S9999		
	Statement of Licensure Violation: 300.1010h) 300.1210a) 300.1210b) 300.1210d)2)5) 300.1220b)3) 300.3240a) These Regulations were not met as evidenced by: Section 300.1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification. 300.1210 Section General Requirements for Nursing and Personal Care a) Comprehensive Resident Care Plan. A facility,			

Attachment A
Statement of Licensure Violations

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	<p>Continued From page 1</p> <p>with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act)</p> <p>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.</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>2) All treatments and procedures shall be administered as ordered by the physician.</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</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>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 resident. (Section 2-107 of the Act)</p> <p>Based on observation, interview and record review, the facility failed to identify/implement specific pressure ulcer prevention measures to prevent the development of multiple pressure ulcers. The facility also failed to implement</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>interventions and/or provide treatments for pressure ulcers per resident plans of care and as ordered by the physician.</p> <p>This failure resulted in the development of facility-acquired unstageable, necrotic pressure ulcers on a resident's foot who had a recently fractured leg and impaired mobility.</p> <p>This applies to 3 residents (R1-R3) reviewed for pressure ulcers in a sample of 6.</p> <p>The findings include:</p> <p>Face sheet, dated 1/9/23, shows R1 was originally admitted to the facility on 7/24/21 and readmitted to the facility on 7/14/22, after a hospital admission from 7/9/22 to 7/14/22. R1 was discharged from the facility on 12/20/22. R1's diagnosis included nondisplaced oblique fracture of shaft of right tibia and right fibula, pressure ulcer of right heel and other site, pressure-induced deep tissue damage of right heel, abnormality of gait and mobility, senile degeneration of brain, vascular dementia, malignant neoplasm of the breast, diabetes Type 2, and cerebral infarction.</p> <p>Hospital record, dated 7/9/22, shows R1 was diagnosed with a right tibia and a right fibula fracture.</p> <p>On 1/10/23 at 5:14 PM with V2 (Director of Nursing), V1 (Administrator) referred to R1's care plan and stated the facility follows the plan of care for the residents regarding pressure ulcer prevention interventions.</p> <p>Skin Evaluation, dated effective 7/14/22 and signed by V11 (Wound Nurse) on 7/21/22, shows</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>R1 had no alteration in skin integrity and R1's Braden Score was 14 indicating R1 was at moderate risk for pressure ulcers. The assessment shows R1 was re-admitted to the facility with a soft cast to her right lower leg and had physician orders for non-weight bearing. The assessment shows R1 had difficulty repositioning herself and required staff to assist with redistributing body weight. The assessment shows R1 demonstrated capillary refill to her right great toe, R1's skin was intact, R1 was non-weight bearing, and staff will continue to monitor R1's skin integrity. No specific pressure ulcer prevention interventions were identified in the assessment.</p> <p>POS (Physician Order Sheet), dated 7/1/22-7/31/22, shows admission physician orders, dated 7/14/22, included "Skin check/assessment every 1 hours as needed AND every shift every Saturday." The POS failed to show any specific pressure ulcer prevention interventions when R1 was readmitted to the facility with non-weight bearing status, impaired mobility, and a soft cast on her right leg. Review of R1's TAR documentation shows R1's skin was documented as monitored weekly on Saturdays.</p> <p>On 1/11/23 at 10:46 AM, V1 (Administrator) stated the facility did not have a specific pressure ulcer prevention policy and prevention of a resident's pressure ulcer would be based on the resident's Braden and nurse assessment.</p> <p>Orthopedic Physician Assistant Progress note, undated and signed by V8 (Orthopedic Physician Assistant), shows R1's plan included weight bearing as tolerated, right lower extremity in CAM boot during day, physical therapy, and follow up in four weeks (9/19/22).</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>Review of R1's care plans, admission date 7/14/22, failed to show R1 had any specific care plan/interventions related R1's newly fractured leg, impaired mobility, or pressure ulcer prevention upon admission. The care plans show R1's first care plan/interventions related to R1's skin integrity related to her newly fractured leg was on 9/29/22 after identification of R1's pressure ulcers.</p> <p>Skin Evaluation, dated effective 9/28/22 and signed by Wound Nurse on 10/4/22, shows R1 had an alteration in skin integrity which included an unstageable pressure ulcer on R1's right outer foot measuring 2 cm x 2 cm, an unstageable pressure ulcer on R1's right achilles measuring 2.5 cm x 3.5 cm, and an unstageable pressure ulcer on R1's right dorsal foot measuring 3.5 cm x 3.5 cm. The evaluation shows R1 had a CAM (Control Ankle Motion) boot to her right lower leg as an immobilizer. The evaluation shows interventions initiated included heel protectors for pressure relief.</p> <p>Initial Wound Evaluation and Management Summary, dated 10/5/22, shows, R1 had:</p> <ol style="list-style-type: none"> 1. Non-pressure wound of right dorsal foot full thickness trauma/injury greater than three days in duration and healing. Measured 3.2 cm x 2.0 cm x 0.1 cm with moderate serous exudate and 100% thick adherent devitalized necrotic tissue. The wound received surgical excisional debridement of devitalized tissue. 2. Stage 1 pressure wound of the right heel partial thickness greater than 2 days and measuring 2.3 cm x 3.5 cm not measurable and no exudate. Recommendations included off-load wound, reposition per facility protocol, and sponge boot. 	S9999		

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S9999	<p>Continued From page 6</p> <p>Wound Evaluation and Management Summary, dated 10/12/22, shows R1 had the following:</p> <ol style="list-style-type: none"> 1. Non-pressure wound of the right dorsal foot full thickness (healing), Unstageable (due to necrosis) of the right heel, full thickness healing. Recommendations included off-load the wound. 2. Unstageable (due to necrosis) of the right heel was deteriorated. Recommendations included off-load wound, reposition per facility protocol, and sponge boot. 3. Newly-identified unstageable DTI (Deep Tissue Injury) of the right distal lateral foot. Recommendations included off-load wound, reposition pr facility protocol, sponge boot. <p>Review of R1's nursing progress notes, dated 8/1/22 - 9/30/22, show no documentation of specific pressure ulcer preventions measures implemented to ensure R1 avoided the development of pressure ulcers.</p> <p>Review of R1's care plans, admission date 7/14/22, show R1 had new care interventions initiated 9/29/22 including staff to assist R1 with the application of her right CAM boot when up and remove the boot when in bed/sleeping, check for skin integrity and circulation, and check for motion before and after the removal of the boot noting the condition of the skin. No specific pressure ulcer prevention interventions were identified.</p> <p>Skin integrity impairment care plan, initiated 10/9/22, shows the following care interventions were initiated on the following dates:</p> <ul style="list-style-type: none"> - 10/9/22 Apply heel protector when on bed. Offload heels. Use CAM boot when out of bed. Skin check every shift. Report abnormalities to the nurse 	S9999		

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S9999	<p>Continued From page 7</p> <p>- 10/10/22 Apply skin prep after NSS (Normal Saline) cleanse and wrap with Kerlix (right achilles, right dorsal foot, right lateral foot).</p> <p>Physician order dated 8/24/22 and discontinued on 9/29/22, which showed, "Put on boot on right leg when up and may take off at night when sleeping." Review of R1's progress notes, MAR, TAR, and Monitoring Record, fail to show pressure relieving interventions for R1's lower extremities.</p> <p>Physician order, dated 9/28/22 and discontinued on 10/19/22, showing, "Skin prep to right dorsal foot, right achilles, right lateral foot after NSS cleanse, wrap with Kerlix every day shift for treatment." Physician order on 9/28/22, showed "Heel protector boots." Physician order, dated 9/28/22 and discontinued on 10/10/22 which showed, "Heel protectors on when CAM boot is not on." The POS shows R1's 8/24/22 physician order was changed on 9/29/22 (and discontinued 10/11/22) to include, "Put on CAM boot on right leg when up and may take off at night when sleeping. Staff to check for skin integrity before and after applying CAM boot every day and every evening shift."</p> <p>Wound assessment details report, dated 10/28/22, shows R1 had a newly identified deep tissue pressure injury on 10/26/22 to her right bunion measuring 2.2 cm x 1.5 cm.</p> <p>Physician order, dated 10/19/22, for Santyl External Ointment 250 Unit/gram to be applied to R1's right achilles, right dorsal foot, and right lateral foot topically every day shift." The POS also shows a new physician order dated 10/26/22 and discontinued 12/21/22 for, "Skin prep to right bunion, after NSS cleanse, wrap with Kerlix every</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>day shift for treatment."</p> <p>Physician order, dated 12/1/22 to 12/31/22, shows R1 had a physician order to be sent to the emergency room for a hemoglobin of 6.8 grams per deciliter.</p> <p>Nursing progress note, dated 12/21/22, shows R1 was admitted to the hospital due to a right foot infection.</p> <p>Hospital Emergency Room Physician note, dated 12/20/22, shows R1 complained of pain in her right foot and was observed to have tender right foot ulcers with purulent discharge.</p> <p>Hospital Physician note, dated 12/22/22, shows R1 was transferred to the hospital for a low hemoglobin and right foot pain. The note shows R1 was diagnosed with right foot cellulitis and osteomyelitis status post-surgery for debridement, sepsis due to cellulitis/osteomyelitis, and right foot pain.</p> <p>On 1/11/23 at 4:16 PM, V9 (Wound Care Physician) stated if a resident is fragile, such as having a decline in mobility, a resident can develop a pressure ulcer on their feet if protective boots are not utilized or the feet are not offloaded. V9 stated R1's mobility declined due to her fractured tibia/fibula.</p> <p>On 1/11/23 at 4:39 PM, V10 (Primary Physician) stated since R1 had limited mobility and was not getting out of bed, the limited mobility could have probably caused R1's pressure ulcers if the staff were not utilizing protective heel boots or offloading R1's feet.</p> <p>On 1/10/23 at 10:36 AM, V11 (Wound Nurse)</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>stated after R1 broke her leg, R1 stayed in bed most of the time and most often refused to get up out of bed. V11 stated she became involved with R1 when staff identified a wound on her right foot. V11 assessed R1, and two necrotic wounds and one deep tissue injury were identified on R1's right foot. V11 stated at that time the facility ordered heel protectors to be placed on R1's right foot at night when the CAM boot was removed and placed on her left foot at all times. V11 stated R1 later developed a deep tissue injury on her right bunion while R1 continued to wear the CAM boot. V11 stated the facility reported the wounds on R1's right foot to V10 (Primary Physician) but not to V8 (Orthopedic Physician Assistant) as V12 (Family) chose not to return to the orthopedic physician office for a scheduled follow up 9/19/22.</p> <p>Review of R1's MAR/TAR/Monitoring, dated 11/1/22-12/21/22, show R1 had the following physician orders for pressure ulcer treatments: 1. Santyl ointment - apply to right dorsal foot, right lateral foot, and right achilles every day shift (all ordered 10/20/22 - 12/21/22) 2. Skin prep to right bunion, after NSS cleanse, wrap with Kerlix every day shift (ordered 10/26/22-12/21/22) The records show R1 failed to receive one or more pressure ulcer treatments on the following dates: Santyl External Ointment application to one or more wounds- 11/7/22, 11/10/22, 11/19/22, 11/21/22, 11/23/22-11/25/22, 11/28/22, 11/30/22, 12/2/22. Skin Prep, NSS cleanse, and wrap with Kerlix to right bunion - 11/1/22-11/4/22, 11/7/22, 11/10/22, 11/21/22, 11/24/22, 11/30/22</p> <p>Review of the documents also shows multiple nurses, including V11(Wound Nurse), V12 (LPN-</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>Licensed Practical Nurse)), V13 (RN), V14 (RN Supervisor), R15 (LPN), and R16 (Wound Nurse) all administered wound care treatments on R1 between 11/1/22-12/21/22.</p> <p>Facility Policy/Procedure, reviewed/revised 7/28/22, showed "It is the policy of this facility to ensure prompt identification, documentation and to obtain appropriate topical treatment for residents with skin breakdown. Procedures 1. Charge nurses must document in the nurse's notes and/or the Wound Report form any skin breakdown upon assessment and identification. Furthermore, topical skin treatment must be obtained from the patient's physician2. Routine daily wound care treatment/dressing change is administered by the wound care nurse or designee daily unless otherwise indicated by the patient's attending physician.... 5. Refer any skin breakdown to the skin care coordinator for further review and management as indicated. 6. Residents who are not able to turn and reposition themselves will be turned and repositioned every 2 hours unless specified in the POS (Physician Order Sheet) 9. Residents with Stage III and/or IV pressure ulcer will be placed in specialized air mattresses like Low Air Low Mattress with an incontinent brief if they are incontinent only, incontinence pad which will also act as repositioning aid, and either a flat sheet or a fitted sheet which are all necessary to prevent infection control issue."</p> <p>2. MDS (Minimum Data Set), dated 11/25/22, shows R2 was cognitively intact and required the extensive assistance of two staff for bed mobility and was totally dependent on staff for transfers.</p>	S9999		

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S9999	<p>Continued From page 11</p> <p>Skin Evaluation, dated 12/19/22 and performed by V11, shows R2 had pressure ulcers of the right and left heels, left bunion, right lower leg, right inner ankle, lumbar back, and 3 pressure ulcers on her right ischium, right.</p> <p>Advanced Practitioner Nurse progress note dated 1/10/23 shows R2 was to be turned and repositioned every two hours.</p> <p>Impaired skin integrity care plan, initiated 11/21/22, shows R2's interventions include offloading of bilateral heels when in bed every shift and as needed - apply heel protectors and treatments as ordered. The care plan fails to state R2 was to be repositioned every two hours.</p> <p>On 1/10/23 at 4:28 PM, R2 was lying in her bed with a blue heel protecting boot on each foot. R2's heels were not offloaded and her blue heel protecting boots, calves, and knees were all were resting directly on the bed. R2 stated the facility staff did not usually offload her heels when in bed. R2 stated staff usually only apply the blue protective boots while in bed and may place a pillow under her knees/legs for comfort occasionally. R2 stated the staff turn and reposition her every two hours during the day but they fail to turn her consistently every two hours during the night shifts. R2 stated she sometimes did not receive her daily physician-ordered wound treatments as ordered for her wounds. R2 stated when her treatment is skipped for a day she complains and the staff perform the treatment the next day.</p> <p>On 1/11/23 at 3:11 PM, V11 stated if R2 had heel protectors on the staff were not required to place a pillow under her calves because heel protectors</p>	S9999		

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NAME OF PROVIDER OR SUPPLIER GROVE OF LAGRANGE PARK, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 701 NORTH LAGRANGE ROAD LA GRANGE PARK, IL 60526
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(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 12</p> <p>achieved the intervention of offloading.</p> <p>On 1/11/23 at 3:27 PM, V9 (Wound Physician) stated offloading resident heels involves putting a pillow under the calf of the resident and is not the same intervention as placing heel protectors on the resident heels. V9 stated they are two separate interventions.</p> <p>Review of R2's TARs, dated 11/21/22 -12/31/22, fails to show R2 was provided the following wound treatments:</p> <ol style="list-style-type: none"> 1. Medihoney to lumbar, after NSS cleanse, cover with border dressing every day shift (ordered 11/22/22 - 12/5/22) - 11/22/22, 11/23/22, 11/25/22, 11/28/22, 12/2/22, 12/4/22 2. Skin prep to left bunion, after NSS cleanse, wrap with Kerlix every day shift (ordered 11/22/22 - 12/13/22) - 11/22/22, 11/23/22, 11/25/22, 11/28/22, 12/2/22, 12/4/22, 12/11/22 3. Skin prep to right inner ankle after NSS cleanse, wrap with Kerlix every day shift (ordered 11/22/22-12/13/22) - 11/22/22, 11/23/22, 11/25/22, 11/28/22, 12/2/22, 12/4/22, 12/11/22 4. Skin prep to right ischium after NSS cleanse, wrap with Kerlix every day shift (ordered 11/22/22-12/16/22) -11/22/22, 11/23/22, 11/25/22, 11/28/22, 12/2/22, 12/4/22, 12/11/22 5. Santyl Ointment to left heel every day shift for treatment for calcium alginate after NSS cleanse, wrap with Kerlix (ordered 11/24/22) - 11/25/22, 11/28/22, 12/2/22, 12/4/22, 12/11/22 6. Santyl Ointment to right heel every day shift for treatment with calcium alginate after NSS cleanse, cover with border dressing (ordered 11/24/22) - 11/25/22, 11/28/22, 12/2/22, 12/4/22, 12/11/22 7. Santyl ointment to right lateral leg for wound care with calcium alginate after NSS cleanse, wrap with Kerlix (ordered 11/24/22 - 1/10/23) - 	S9999		

Illinois Department of Public Health

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S9999	<p>Continued From page 13</p> <p>11/25/22, 11/28/22, 12/2/22, 12/4/22, 12/11/22</p> <p>8. Santyl ointment to left bunion after NSS cleanse wrap with Kerlix every day shift (11/22/22-12/13/22) - 11/22/22, 11/23/22, 11/25/22, 11/28/22, 12/2/22, 12/4/22, 12/11/22</p> <p>9. Calcium Alginate with Silver to left ischium after NSS cleanse, cover with border dressing (ordered 11/24/22-12/12/22) - 12/2/22, 12/4/22, 12/11/22</p> <p>10. Calcium Alginate with Silver to sacrum after NSS cleanse, cover with board dressing every day shift (ordered 11/24/22-12/9/22) - 12/2/22, 12/4/22)</p> <p>11. Wet gauze with dakins solution to lumbar, after NSS cleanse, cover board dressing every day and evening shift (ordered 12/6/22-12/9/22) - 12/7/22 PM shift</p> <p>12. Wet gauze with dakins solution to sacrum after NSS cleanse, cover with border dressing (ordered 12/9/22-12/14/22) - 12/11/22 PM</p> <p>Review of R2's MAR skin treatment documentation shows multiple nursing staff provided R2's daily treatments at the facility.</p> <p>On 1/10/23 at 11:39 AM, V11 (Wound Care Nurse) stated any staff documentation of completion of the POS skin treatments would be documented on R2's TARs.</p> <p>On 1/10/23 at 10:36 AM, V11 stated she and another treatment nurse were responsible for performing daily wound treatments on residents.</p> <p>On 1/11/23 at 3:11 PM, V11 stated floor nurses also perform resident wound treatments at the facility which may be on days V11 and V16 (Wound Nurse) may not be working. V11 stated she was not sure if she ever forgot to sign the TAR after performing resident wound care,</p>	S9999		

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S9999	<p>Continued From page 14</p> <p>however V11 stated her assigned wound care treatments were completed when she worked at the facility.</p> <p>On 1/10/23 at 5:14 PM, V1 stated the two facility wound nurses were in the building every day and performed the wound care on all the wounds in the facility every day.</p> <p>3. Care plan, admission dated 1/4/23, shows R3's diagnoses include Alzheimer's disease, major depression, hypertension, and spinal stenosis.</p> <p>Wound Assessment Details Report, dated 1/5/23, shows R3 had a left trochanter pressure ulcer measuring 5 cm x 4.5 cm x 0.1 cm.</p> <p>Skin integrity impairment care plan, initiated 1/4/23, shows R3's interventions included applying wound treatment as ordered by the physician and turn and reposition at least every two hours as needed.</p> <p>Review of R3's TAR, dated 1/4/23 - 1/10/23, showed R3 had a physician order, dated 1/5/23 at 7:00 AM, for Santyl External Ointment to be applied to R3's left hip every day shift for treatment. The TAR showed the facility failed to provide R3's Santyl and skin prep wound treatments on 1/5/23 per physician order.</p> <p>(A)</p>	S9999		