

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6000210</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/02/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ACCOLADE HEALTHCARE DANVILLE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>801 NORTH LOGAN AVENUE DANVILLE, IL 61832</b>
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S 000	Initial Comments  Annual Licensure and Certification  Complaint Investigation 2361248/IL156410	S 000		
S9999	Final Observations  Statement of Licensure Violations (1 of 4):  300.610a) 300.1010h) 300.1210b) 300.1210d)2)5) 300.1220b)3)  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 300.1010 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.	S9999	<b>Attachment A Statement of Licensure Violations</b>	

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

TITLE

(X8) DATE

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S9999	<p>Continued From page 1</p> <p>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.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</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 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>	S9999		
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S9999	<p>Continued From page 2</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.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to prevent the development of residents pressure ulcers, administer treatments as ordered, develop/implement pressure relieving interventions, accurately assess risk for developing pressure ulcers, accurately assess pressure ulcers, timely notify the physician to obtain treatment orders, and notify the resident representative of pressure ulcers. These failures affect three of five residents (R37, R64, R51) reviewed for pressure ulcers in the sample list of 55 residents. These failures resulted in R37 developing a left hip deep tissue injury (DTI) that deteriorated to an unstageable wound.</p> <p>Findings include:</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>The facility's Wound Prevention, Identification &amp; Treatment policy revised February 2021 documents: A pressure ulcer is caused from unrelieved pressure and causes damage to underlying tissue. A prevention plan will be implemented for residents who are at high risk for developing wounds and an aggressive treatment plan will be implemented for residents with pressure ulcers. The Charge Nurse/designee is responsible for administering pressure ulcer treatments and obtaining/documenting weekly measurements. Pressure ulcer risk assessments are to be completed upon admissions, then weekly for four weeks, and then quarterly. Pressure ulcers will have assessments and treatments initiated when identified. The physician should be notified when a pressure ulcer develops and when pressure ulcers deteriorate. A deep tissue injury is described as purple/maroon discolored intact skin or a blood filled blister that is due to underlying soft tissue damage from a pressure ulcer or shearing. An unstageable pressure ulcer is described as full thickness tissue loss and the wound is covered by slough and/or eschar.</p> <p>1. R37 was sitting in a wheelchair on 2/27/23 at 10:30 AM, 10:49 AM, 11:44 AM, 12:05 PM, 2:16 PM, and 2:49 PM. There was a wound vacuum attached to the back of the wheelchair. At 4:06 PM R37 was asleep in bed and lying on R37's right side. R37's bed contained an air mattress. On 2/28/23 at 12:22 PM R37 was lying in bed on R37's back.</p> <p>On 3/01/23 11:29 AM V8 Wound Nurse removed R37's dressing and wound packing from R37's left hip wound. The wound was open, red, and circular with undermining. V8 cleansed the</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>wound, packed the wound with foam, applied an adhesive dressing and attached the wound vacuum. R37 was lying on R37's right side during and after the wound treatment. R37 did not voice complaints of lying on R37's right side or request to be repositioned onto R37's left side.</p> <p>R37's Minimum Data Set (MDS) dated 10/17/22 documents R37 required assistance of two staff for transfers and bed mobility, had no behaviors of rejecting care in the last 7 days, and had a significant weight loss in 1 or 6 months. R37's MDS dated 1/17/23 documents: R37 had no behaviors of rejecting care during the 7-day review period, has moderate cognitive impairment, is dependent on the assistance of two staff for bed mobility and transfers, had a significant weight loss in 1 or 6 months, and has one stage 2 and two unstageable pressure ulcers that were facility acquired.</p> <p>R37's Skin Risk Assessments dated 7/15/22 and 10/15/22 document R37 is at high risk for developing pressure ulcers. The 10/15/22 assessment does not correctly identify R37's nutritional risk of poor appetite/weight loss, and records R37's nutrition as "adequate".</p> <p>R37's Care Plan dated as revised 2/17/23 documents R37 is at risk for impaired skin integrity related to a history of poor nutrition, history of alcoholism, impaired mobility and aspirin use. R37 has a history of a left shoulder stage 2 pressure ulcer and as of 12/29/22 R37 has a left hip DTI and left hip stage 4 pressure ulcer. The interventions listed do not include frequent turning/repositioning or when R37's air mattress was implemented. R37's Care Plan dated 1/20/23 documents R37 is resistive to care and refuses to reposition off of R37's left side and</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>does not document refusal of care prior to 1/20/23.</p> <p>R37's Nursing Note dated 11/4/22 at 10:37 AM documents R37 has an open area below the left shoulder that measured 1 centimeter (cm) by 1.2 cm surrounded by a red area and measured 4.5 cm by 3.7 cm. R37's Wound Summaries document: On 12/9/22 R37 had a stage II pressure ulcer of the left knee that measured 1.7 cm by 1.3 cm by 0.1 cm, and a Stage II Pressure Ulcer of the right knee that measured 1.5 cm by 2.4 cm by 0.1 cm. These wounds healed on 1/27/23. On 1/6/23 R37's left shoulder wound was a Stage II Pressure Ulcer that measured 1.5 cm long by 0.6 cm wide by 0.1 cm deep and healed on 2/9/23. On 12/29/22 R37 left hip DTI measured 4.2 cm by 5.2 cm and was 100% deep maroon tissue. On 1/6/23 the wound contained 60% slough, is incorrectly staged as a DTI instead of unstageable, and measured 3.3 cm by 3.5 cm. On 1/13/23 the DTI measured 4 cm by 3.5 cm by 1.8 cm and was 80% slough and 20% eschar. On 1/20/23 the DTI measured 3.5 cm by 3.8 cm by 1 cm deep and contained 90% slough. These summaries do not stage R37's wound until 2/10/23, when R37's wound is described as a Stage 4 Pressure Ulcer.</p> <p>There is no documentation that R37 was evaluated by V33 Wound Physician after R37 developed three stage 2 Pressure Ulcers and the left hip DTI until 1/19/23. R37's Wound Evaluation &amp; Management Summaries recorded by V33 document: On 1/19/23 R37's left upper hip pressure ulcer was unstageable, measured 0.3 cm by 1.5 cm and was covered with necrotic (dead) tissue. V33 mechanically debrided (removed dead tissue) the DTI and the wound was Stage 4 after debridement. R37 also had a</p>	S9999		
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S9999	<p>Continued From page 6</p> <p>left lower hip Stage 4 Pressure Ulcer that measured 4 cm by 3.5 cm by 2.5 cm. On 1/20/23 R37's left upper hip Stage 3 Pressure Ulcer, measured 0.5 cm by 1.5 cm by 0.1 cm. The Stage 4 measured 3 cm by 2 cm by 1 cm and contained undermining (open space underneath tissue) of 2.5 cm at 9 o'clock. On 2/24/23 the left upper hip stage 3 healed. The left hip Stage 4 measured 2.5 cm by 2.5 cm by 1 cm with 1.5 cm undermining at 6 o'clock.</p> <p>There is no documentation that a physician was notified and a treatment was initiated for R37's DTI until 1/1/23, 3 days after identified, or that the physician was updated and the treatment was altered when R37's wound deteriorated to an unstageable wound on 1/6/23, until 3 days later 1/9/23. There is no documentation in R37's medical record that V30 (R37's Power of Attorney) was notified of R37's bilateral knee and left hip pressure ulcers at the time they were identified.</p> <p>On 3/01/23 at 9:57 AM V8 Wound Nurse stated R37's left hip wound was facility acquired, started on 12/29/22 as a DTI, and R37 had Stage II Pressure Ulcers to bilateral knees and left shoulder that were facility acquired and present prior to the DTI. V8 stated R37 prefers to lay on R37's left side and does not like to turn off R37's left side, and this was a contributing factor in the development of R37's wounds. V8 did not feel that R37's nutrition was a contributing factor since R37 "eats well". V8 acknowledged that R37 had significant weight loss between August and September 2022 and again in November 2022. V8 stated the facility uses the (Skin Risk Assessment) to determine the resident's risk for developing pressure ulcers and confirmed R37's Skin Risk Assessment dated 10/15/22 does not</p>	S9999		
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S9999	<p>Continued From page 7</p> <p>correctly assess R37's nutrition/weight loss. V8 stated residents are referred to V33 depending on the stage of the wounds and the resident's history. If they have a stage 2 or greater facility acquired pressure ulcer then they are referred to be seen by V33. R37's air mattress was implemented after R37's left hip wound declined and should be documented on the care plan when it was implemented. V8 stated air mattresses are implemented when recommended by V33 or when the resident has two or more Stage 2 pressure ulcers. R37's DTI was intact on 12/29/22 and deteriorated to Stage 4 when V33 debrided the wound on 1/19/23. V33 did not evaluate R37's wounds prior to 1/19/23. V8 stated the physician should be notified when wounds are identified. On 3/01/23 at 12:39 PM V8 stated we notify the physician if there is a decline in the wound and confirmed R37's DTI deteriorated to an unstageable wound when slough was noted on 1/6/23. V8 confirmed R37's wound summary incorrectly classified the slough covered wound as a DTI. V8 stated: The physician was notified on 1/9/23 and the treatment was changed to apply collagen. If a resident is determined to be at high risk for developing pressure ulcers, we ensure they have adequate intake, implement a turning and repositioning program, and implement nutritional supplements/vitamins. The repositioning should be documented on the Treatment Record or Certified Nursing Assistant documentation.</p> <p>On 3/01/23 at 12:00 PM V2 Director of Nursing stated V29 Physician was notified of R37's DTI on 1/1/23 and the treatment was implemented at that time. V2 confirmed there was no treatment initiated on 12/29/22 when the wound was identified. V2 stated the air mattress was applied to R37's bed on 1/5/23 and confirmed there is no</p>	S9999		
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S9999	<p>Continued From page 8</p> <p>documentation of this in R37's medical record.</p> <p>On 3/1/23 at 10:55 AM V29 Physician stated: When a resident develops a pressure ulcer the facility should implement interventions such as frequent turning and repositioning and have them evaluated by V33. An air mattress could have possibly prevented R37's DTI, but the facility also should have gotten R37 out of bed as much as possible.</p> <p>On 3/1/23 at 2:33 PM V23 Regional Nurse stated there was no documentation that V30 (R37's Power of Attorney) was notified when R37's knee wounds and DTI were identified. V23 confirmed there was no documentation of turning/repositioning prior to R37's 1/20/23 care plan of refusing to be turned off left side.</p> <p>On 3/02/23 at 9:30 AM V33 stated: R37's risk factors for developing pressure ulcers include rigidity, dementia, and being combative/resistive to care. For someone like R37 who is at high risk for pressure ulcers, the facility should have implemented pressure relieving interventions such as an air mattress, pillows between R37's knees, and repositioning. When V33 first saw the left hip pressure ulcer it was covered with necrosis and unstageable. V33 debrided the wound and it became a Stage 4. If the facility had implemented an air mattress after R37 developed prior Stage 2 pressure ulcers it may have delayed R37 from developing the left hip DTI and have avoided the severity of the wound deteriorating to an unstageable pressure ulcer.</p> <p>//////</p> <p>2. On 3/1/23 at 12:28 PM, V19 Licensed Practical Nurse and V3 Registered Nurse assisted R64 with a treatment change. There was a dime size</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>blister to the side of R64's left outer foot. V19 stated she was going to use the skin protectant wipe around the outside edges of the wound. V19 then wiped the outside of the blister but did not wipe the blister itself.</p> <p>V19's Physician order dated 2/25/23 documents an order to, "Cleanse area, pat dry, apply skin prep to area, cover with border foam, change every other day and PRN (as needed) if soiled or dislodged one time a day every other day."</p> <p>R64's initial wound assessment dated 2/1/23 documents R64's wound is a facility acquired deep tissue injury that was caused by pressure.</p> <p>On 2/28/23 at 10:00 AM, V8 Wound Nurse stated R64's wound to the left foot is caused from pressure. V8 stated it is a quarter size blood blister. V8 stated R64 likes to draw her leg up and tuck it under the other leg. The side of her foot lays on the bed and the pressure of it lying on the bed caused the area. V8 stated that she put in an intervention for pressure relieving boots after the area developed.</p> <p>//////</p> <p>3. R51's Care Plan dated 12/12/22 documents R51 was admitted to the facility on 9/25/22 with diagnoses including Schizoaffective Disorder, Pressure Ulcer of Sacral Region Stage 4, Type 2 Diabetes Mellitus, Obstructive Sleep Apnea and Unsteadiness on Feet. This Care Plan documents R51 has actual impairment to skin integrity of the coccyx with an intervention dated 4/8/21 to provide treatments as ordered by the Physician.</p> <p>R51's Physician's Orders documents an order dated 2/7/23 for the Sacrum wound to cleanse wound with wound cleanser, pat dry, lightly pack</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>wound with Povidone-iodine moistened gauze, cover with an abdominal dressing, and secure with retention tape. Change twice a day and as needed if soiled or dislodged.</p> <p>R51's Treatment Administration Record (TAR) dated 1/1/23 through 1/31/23 documents the treatment order for the Sacrum wound to cleanse wound with wound cleanser, pat dry, apply collagen sheet to wound bed, then lightly pack wound with Povidone-iodine moistened gauze, cover with an abdominal dressing and secure with retention tape. Change twice a day and as needed if soiled or dislodged. Order date 11/14/2022 and discontinued date of 2/07/2023. This TAR documents this treatment was not signed off as completed on 1/1/23 evening shift, 1/7/23 evening shift, 1/19/23 day shift, 1/20/23 evening shift and 1/23/23 day and evening shift.</p> <p>R51's TAR dated 2/1/23 through 2/28/23 documents the treatment order for the Sacrum wound to cleanse wound with wound cleanser, pat dry, apply collagen sheet to wound bed, then lightly pack wound with Povidone-iodine moistened gauze, cover with abdominal dressing, and secure with retention tape. Change twice a day and as needed if soiled or dislodged, dated 11/14/2022 and discontinued on 2/07/2023. This TAR documents this treatment was not signed off as completed on 2/5/23 on the evening shift.</p> <p>R51's TAR dated 2/1/23 through 2/28/23 documents the treatment order for the Sacrum wound to cleanse wound with wound cleanser, pat dry, lightly pack wound with Povidone-iodine moistened gauze, cover with an abdominal dressing, and secure with retention tape. Change twice a day and as needed if soiled or dislodged dated 2/7/2023. This TAR documents this</p>	S9999		

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S9999	<p>Continued From page 11</p> <p>treatment was not signed off as completed on 2/10/23 day shift, 2/13/23 evening shift, 2/15/23 evening shift, 2/17/23 day shift and evening shift, 2/18/23 evening shift and 2/21/23 evening shift.</p> <p>On 2/27/23 at 10:45 AM, R51 stated they don't change R51's wound dressing on R51's bottom when there is only one nurse on the floor. R51 stated they have a nursing shortage and have a hard time keeping nurses.</p> <p>On 3/1/23 at 9:40 AM, V8 Licensed Practical Nurse/Wound Nurse completed R51's Sacrum pressure ulcer dressing change. The wound was pink with some white edges but appeared to have new skin forming.</p> <p>On 3/2/23 at 8:49 AM, V2 Director of Nursing confirmed there were missing treatment signatures on R51's TAR. (B)</p> <p>Statement of Licensure Violations (2 of 4):</p> <p>300.610a) 300.1210b) 300.1210d)6) 300.1220b)3)</p> <p>Section 300.610 Resident Care Policies</p> <p>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</p>	S9999		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6000210</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/02/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ACCOLADE HEALTHCARE DANVILLE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>801 NORTH LOGAN AVENUE DANVILLE, IL 61832</b>
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S9999	<p>Continued From page 12</p> <p>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.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</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>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>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</p>	S9999		

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S9999	<p>Continued From page 13</p> <p>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.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to provide supervision to prevent a fall, implement fall interventions, and complete post fall neurological assessments for one resident (R23) reviewed for falls in the sample list for 55 residents. This failure resulted in R23 falling, causing head and facial trauma/bruising, and an emergency room evaluation.</p> <p>Findings include:</p> <p>The facility's Accidents &amp; Incidents policy dated 8/2/17 documents: Resident accidents and incidents will be investigated and immediate, appropriate, interventions will be implemented by the charge nurse. The resident will be monitored for 72 hours following the incident.</p> <p>The facility's undated Neurological Screening Guidelines documents: Neurological assessments should be completed following an unwitnessed fall or when a resident hits their head during a fall. The assessments are completed and documented on the neurological flow sheet every 15 minutes times 4, then hourly</p>	S9999		
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S9999	<p>Continued From page 14</p> <p>times 4, then every 8 hours times nine for a minimum of 72 hours. Abnormal findings should be reported to the physician.</p> <p>R23's Diagnoses List dated 3/2/23 documents R23 has Alzheimer's Disease. R23's Physician's Orders dated 3/2/23 document R23 receives Eliquis (blood thinner) 2.5 milligrams twice daily.</p> <p>R23's Minimum Data Set dated 2/11/23 documents R23 has severe cognitive impairment, requires extensive assistance of two staff for transfers and assistance of one for walking in the corridor. R23 has impaired balance with walking, turning, and surface to surface transfers and requires staff assistance for stabilizing.</p> <p>R23's Care Plan revised on 11/7/22 documents R23 has a self-care deficit with activities of daily living and attempts to self-transfer and ambulate. This care plan includes an intervention for minimal assist to contact guard assist of one for transfers. R23's Care Plan dated 1/18/23 documents R23 has impaired cognition related to Dementia and has disorientation. This care plan includes an intervention to provide cues, reorientation, and supervision as needed. R23's Care Plan dated 12/16/22 documents R23 had a fall without injury related to poor balance. Interventions include the use of a nonskid mat in R23's wheelchair implemented on 1/30/23. R23's Care plan has not been updated with R23's falls and post fall interventions for falls on 1/31/23 and 2/14/23 or include the use of blood thinning medications.</p> <p>R23's Fall Investigation dated 1/27/23 documents R23 was found on the floor of the lounge by an unidentified CNA at 3:18 PM. R23's fall was unwitnessed and R23 stated R23 slid out of R23's</p>	S9999		

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S9999	<p>Continued From page 15</p> <p>wheelchair. The intervention was to use a nonskid mat in R23's wheelchair seat. R23's Fall Investigation dated 1/31/23 at 6:30 AM documents R23's fall was witnessed. R23 stood from R23's wheelchair unassisted, turned, and fell over R23's wheelchair landing head first on the floor. The root cause of the fall was R23's cognitive impairment and the intervention was for Speech Therapy to evaluate for poor safety awareness and impaired cognition. R23's Neurological Assessment form with a start date of 1/28/23 documents neurological assessments were not completed per facility policy and only documented on 1/28/23 at 1:00 PM, 3:00 PM, and 11:00 PM; on 1/29/23 at 7:45 AM, evening shift; and on dayshift and evening shift on 1/30/23.</p> <p>R23's Fall Investigation dated 2/14/23 at 10:25 AM documents R23 had an unwitnessed fall and was found on the floor in front of R23's wheelchair. R23 had a hematoma and swelling noted to the right eye and was sent to the emergency room for evaluation. The root cause of R23's fall is not documented and the post fall intervention was for Occupational Therapy to assess and treat for strengthening and safe transfers. R23's Neurological Assessment form with a start date of 2/14/23 documents neurological assessments are only documented per shift for days, evenings, and nights from 2/14/23-2/16/23, and not per the frequency listed in the facility's policy.</p> <p>R23's Hospital After Visit Summary dated 2/14/23 documents "fall" as the reason for R23's hospital visit, diagnoses of head and facial trauma, and that a Computed Tomography of the head was completed.</p>	S9999		



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S9999	<p>Continued From page 16</p> <p>On 2/27/23 at 9:47 AM R23 was sitting in a wheelchair in R23's room. R23 had large dark purple bruising to R23's right eye socket, face, and cheek, and a protruding golf ball sized knot to the right forehead. On 2/27/23 at 2:19 PM R23 was lying in bed and R23's wheelchair did not contain a nonskid device (mat on seat).</p> <p>On 2/27/23 at 10:23 AM V39 Registered Nurse was asked what caused R23's facial bruising/hematoma. V39 stated R23 fell in the lounge/dining area on 2/14/23, hit R23's head on the table, and R23's fall was unwitnessed. On 2/27/23 at 2:23 PM V39 stated: V39 has told staff that R23 needs increased supervision, R23 has dementia and fluctuates with R23's ability to self transfer. R23 is very impulsive at times and attempts to self transfer, and R23 uses - assistance of one staff person to safely transfer. R23 does not use a nonskid mat in R23's wheelchair. V39 immediately assessed R23 after R23's fall on 2/14/23, transferred R23 to the local emergency room for a head Computed Tomography, which had no abnormalities, and R23 returned to the facility.</p> <p>On 2/28/23 at 4:14 PM V2 Director of Nursing stated: V2 completes fall investigations, and fall interventions are to be updated on the care plan. R23 had an unwitnessed fall on 1/27/23 and was found on the floor in the lounge. The root cause was R23 slid out of the wheelchair and the post fall intervention was a nonskid mat in R23's wheelchair seat. The nonskid mat is a current intervention and should be on top of R23's wheelchair cushion. Neurological assessments should be completed for unwitnessed falls and if the resident hits their head and should be completed every 15 minutes for 4 times, every 30 minutes for 4 times, hourly for 4 times, and then</p>	S9999		

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S9999	<p>Continued From page 17</p> <p>every shift for a total duration of 72 hours post fall. R23 had a witnessed fall on 1/31/23 and the root cause was R23's impaired cognition. Speech Therapy was the post fall intervention. R23 had an unwitnessed fall on 2/14/23 and the intervention was Occupational Therapy. V2 confirmed R23 requires supervision, there was no staff present in the lounge when R23 fell, and if staff were present, it may have prevented R23's fall. V2 reviewed R23's Neurological Assessment forms and confirmed the documented assessments did not follow the frequency per facility policy.</p> <p>(B)</p> <p>Statement of Licensure Violations (3 of 4):</p> <p>300.610a) 300.1010h) 300.1210b) 300.1210c) 300.1210d)3)</p> <p>Section 300.610 Resident Care Policies</p> <p>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.</p> <p>Section 300.1010 Medical Care Policies</p>	S9999		

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S9999	<p>Continued From page 18</p> <p>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.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</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>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</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</p>	S9999		

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S9999	<p>Continued From page 19</p> <p>made by nursing staff and recorded in the resident's medical record.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to prevent weight loss, record meal intakes, implement nutritional recommendations, ensure weight loss was timely evaluated by the dietitian, notify the physician and family, and evaluate the effectiveness of nutritional supplements for three (R37, R18, R50) of five residents reviewed for nutrition in the sample list of 55. This failure resulted in R37 experiencing a significant weight loss of 13.59% between August and September 2022 and an additional significant weight loss of 8.37% between 11/23/22 and 11/30/22.</p> <p>Findings include:</p> <p>The facility's Weights policy dates as revised July 2021 documents: A resident weight loss of 5% in 1 month or 10% in 6 months will be reported to the Care Plan Coordinator, Dietary Manager, physician, and Registered Dietitian. The Director of Nursing/Designee is responsible for reviewing/monitoring weights and ensuring weight loss is reported to the physician and Registered Dietitian. Dietary should implement an immediate intervention for weight loss.</p> <p>The facility's Hydration policy dated 8/2017 documents, "8. Nursing will monitor and document fluid intake and the Dietitian will be kept informed of the status."</p> <p>1. On 11/28/23 at 11:40 AM V24 Certified Nursing</p>	S9999		

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S9999	<p>Continued From page 20</p> <p>Assistant was feeding R37 lunch in R37's room. R37's meal tray included ice cream, apple dessert, spaghetti with meat sauce, vegetable blend and lemonade. At 12:01 PM V24 brought R37's meal tray out of R37's room. R37's ice cream was unopened. V24 stated R37 ate 75% of R37's meal. V24 stated V24 did not open/offer R37 the ice cream since R37 drank all R37's health shake.</p> <p>On 3/01/23 at 11:29 AM V8 Wound Nurse Manager administered R37's left hip stage IV pressure ulcer treatment. R37 appeared thin and R37's hip bone was visible underneath R37's skin.</p> <p>R37's Minimum Data Set (MDS) dated 1/17/23 documents R37 has moderate cognitive impairment, requires setup/supervision of one staff person for eating, and R37 had a significant weight loss within the last month or six months. R37's Care Plan dated as revised 2/13/23 documents to offer R37 ice cream twice daily.</p> <p>R37's meal intakes dated 9/29/22-12/31/22 document 46 meal intakes were left blank and not recorded. R37's February 2023 meal intake report documents 11 meal intakes were left blank and not recorded.</p> <p>R37's Weight Log documents R37's weights as follows: 130.6 lbs (pounds) on 4/6/22. 130.2 lbs. on 8/5/22. 112.5 lbs on 9/28/22 (13.59% loss since 8/5). 113.5 lbs on 11/23/22. 104 lbs on 11/30/22 (8.37% in one week). 102.5 lbs on 12/22/22. 99.5 lbs on 1/19/23. 98.5 on 2/28/23 (13.22% loss in 3 months and 24.35% loss in 6 months).</p> <p>R37's Dietary Notes document: V27 Registered</p>	S9999		

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S9999	<p>Continued From page 21</p> <p>Dietitian evaluated R37's weight on 8/22/22 and notes weight gain at 3 months and 6 months. R37's weight was stable for the month and R37's health shake was reduced from twice daily to daily. R37 was not evaluated again for nutrition/weight loss until 10/17/22, almost 3 weeks after R37's significant weight loss on 9/28/22. V27 documents R37's weight as stable x 1 month, with significant weight loss of 11% at 3 months and 10.7% at 6 months. R37's diet includes ice cream twice daily and health shake daily. V27 did not recommend any new nutritional interventions.</p> <p>On 10/26/22 V27 noted R37 had a significant weight loss of 14.7 % since August and 11.2 % since May. V27 recommended increasing health shakes to twice daily. On 11/14/22 R37 had a significant weight loss of 11.9% since June, and V27 again recommended to increase health shakes to twice daily. V27 did not assess R37's nutritional status again until 12/22/23, 3 weeks after R37's additional significant weight loss noted between 11/23/22 and 11/30/22. On 12/22/22 V27 again recommended to increase health shakes to twice daily. On 1/16/23 R37 has skin breakdown to bilateral knees, left scapula, and left hip and R37's diet includes ice cream and health shakes twice daily.</p> <p>R37's October, November, and December 2022 Medication Administration Records document R37 received health shakes daily and does not document the percentage/amount consumed. There is no documentation in R37's medical record that V27's recommendation to increase R37's health shake to twice daily was implemented until 1/1/23. There is no documentation that V29 Physician was notified of R37's significant weight loss identified on 9/28/22</p>	S9999		

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S9999	<p>Continued From page 22</p> <p>and 11/30/22 until 12/19/22. There is no documentation that R37's Power of Attorney (V30) was notified of R37's significant weight loss between September and December 2022 prior to 12/28/22.</p> <p>On 2/28/23 at 4:06 PM V2 Director of Nursing stated V2 is responsible for notifying the resident's family and physician of weight loss and it should be recorded in a progress note. V2 stated V2 would expect staff to open and offer R37's ice cream. On 3/1/23 at 9:32 AM V2 stated: V2 did not have documentation that R37's significant weight loss identified on 9/28/22 and 11/30/22 was reported to the physician and family. Nutritional supplements are recorded on the Medication Administration Record and the amount consumed is not recorded. On 3/1/23 at 1:25 PM V2 confirmed R37's meal intakes are missing entries.</p> <p>On 3/01/23 at 11:13 AM V27 Registered Dietitian stated V27 runs a weekly weight report each week on Mondays to identify weight loss and records residents with significant weight loss. V27 stated V27 is not always able to see all the residents on V27's list each visit. V27 confirmed V27 did not identify R37's significant weight loss noted 9/28/22 for R37's assessment completed on 10/17/22. V27 stated at that time V27 thought R37's weight had stabilized for the month. V27 ran the weight report the following week and identified R37's significant weight loss on 10/26/22. V27 stated V27 recommended to increase R37's health shake to twice daily on 10/26/22, 11/14/22, and 12/29/22. V27 confirmed V27 did not re-evaluate R37's nutrition/weight loss after 11/14/22 until 12/29/22. V27 stated R37 likes ice cream and the health shakes, and both were recommended for weight loss. The facility is</p>	S9999		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6000210</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/02/2023</b>
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

**ACCOLADE HEALTHCARE DANVILLE** **801 NORTH LOGAN AVENUE**  
**DANVILLE, IL 61832**

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S9999	<p>Continued From page 23</p> <p>responsible for reporting weight loss and V27's recommendations to the physician, and V27's recommendations should be implemented within a week. V27 confirmed if R37's nutritional shakes were increased as recommended on 10/26/22, R37's weight may have stabilized.</p> <p>On 3/1/23 at 10:55 AM V29 Physician stated: R37's dementia and overall decline contributed to R37's weight loss. The facility should notify the Registered Dietitian of resident weight loss and implement nutritional supplements such as ice cream and shakes. It depends on how well R37 accepted the health shakes on whether it would have prevented R37's additional weight loss.</p> <p>2. R18's Minimum Data Set dated 1/15/23 documents R18 has moderate cognitive impairment and R18 is dependent on assistance of one staff for eating.</p> <p>R18's weight log documents R18's weights as follows: 139.8 lbs on 8/2/22 and 11/6/22. 132.2 lbs on 1/19/23. 125.5 lbs on 2/2/23 (5.07% loss in 1 month) and 2/22/23 (10.23% loss in 3 and 6 months). 123.6 lbs on 2/22/23 (11.59% since 11/6/22).</p> <p>R18's Dietitian Notes recorded by V27 Registered Dietitian document: On 9/12/22 R18 triggered for a significant weight loss and V27 recommended a frozen nutritional supplement three times daily. On 1/16/23 R18 had sacral skin breakdown and R18's diet includes a frozen nutritional supplement three times daily. On 2/13/23 R18 triggered for a significant weight loss at 1, 3, and 6 months. R18's diet includes a frozen nutritional supplement three times daily. V27 recommended to consider an appetite stimulant for R18.</p>	S9999		



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S9999	<p>Continued From page 24</p> <p>R18's Dietary Card only lists a frozen nutritional supplement for the supper meal, and not for breakfast and lunch.</p> <p>On 02/28/23 at 11:52 AM V34 Certified Nursing Assistant was feeding R18 lunch in R18's room. R18's meal did not include a frozen nutritional supplement. At 12:06 PM V34 removed R18's meal tray from R18's room and stated R18 ate 100% of R18's lunch. V34 confirmed that R18's meal did not include a frozen nutritional supplement. V34 stated sometimes R18 gets a frozen nutritional supplement, but not at every meal.</p> <p>On 3/1/23 at 9:32 AM V2 Director of Nursing stated there is no documentation that R18's Legal Guardian (V36) was notified of R18's significant weight loss identified in February 2023.</p> <p>On 3/1/23 at 11:13 AM V27 stated R18's diet includes a frozen nutritional supplement three times daily for weight loss/nutrition.</p> <p>On 03/01/23 at 2:00 PM V37 Dietary Manager stated the frozen nutritional supplements are served by dietary staff on the meal trays, and R18 only receives the frozen nutritional supplement at supper. V37 checked R18's Diet Card and confirmed it had not been updated to provide the frozen nutritional supplement with breakfast and lunch as recommended by V27 on 9/12/22.</p> <p>///////</p> <p>3. On 2/27/23 at 11:53 AM, R50 was sitting up on the side of the bed. There was a Styrofoam container on the bedside table. There was eggs and a bagel barely eaten in the container.</p> <p>On 2/27/23 at 11:30 AM, V35 Certified Nurse's</p>	S9999		

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S9999	<p>Continued From page 25</p> <p>Assistant was taking a lunch tray into R50's room. R50's breakfast was still on the bedside table. R50's eggs in the container and the bagel appeared untouched. V35 stated R50 does not require help with eating or supervision when eating.</p> <p>R50's Quarterly Minimum Data Set assessment dated 1/17/23 documents R50 requires supervision with meals. R50's Nutrition plan of care with a revision date of 2/6/23 documents R50 has had a significant weight loss but does not document that R50 requires supervision with meals.</p> <p>R50's weight log documents R50 weighed 134.6 on 10/6/22 and weighed 114 pounds on 2/22/23.</p> <p>R50's Nutrition/Dietary Note dated 2/13/23 at 11:01 AM, documents Registered Dietitian weight Note: Ht (height): 62 in (inches), Current Body Weight: 116.5 pounds, Body Mass Index: 21.3 within normal limits. Triggered for significant weight loss (-15.0%, -20.5#) x 3 months and (-13.4%, -18.1#) since October - may be related to varied oral intakes. Diet: regular diet with health shake daily. Per documentation, feeds self with some assist, no chewing/swallowing issues noted. No edema or pressure-related areas noted. Meds reviewed. No recent labs to review. Registered Dietitian recommends increasing health shake to twice a day related to significant weight loss and varied intakes. Current diet with supplement is appropriate to meet estimated needs and support skin integrity. Refer to Registered Dietitian as needed.</p> <p>R50's Medication Administration sheet dated 2/1/23 through 2/28/23 does not document the percentage of health shake that R50 consumed.</p>	S9999		
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S9999	<p>Continued From page 26</p> <p>On 3/1/23 at 9:50 AM, V2 Director of Nursing stated the nurses should be marking whether R50 is drinking her supplement. V2 stated the facility would not be able to evaluate the health shakes effectiveness if this was not documented. (B)</p> <p>Statement of Licensure Violations (4 of 4):</p> <p>300.610a) 300.1210b) 300.1220b)3)</p> <p>Section 300.610 Resident Care Policies</p> <p>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.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</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</p>	S9999		

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S9999	<p>Continued From page 27</p> <p>care needs of the resident.</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.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to provide pain control to one (53) of two residents reviewed for pain from a total sample list of 55. This failure resulted in severe pain for R53 during a wound dressing change.</p> <p>Findings include:</p> <p>The undated facility census sheet documents that R53 was admitted to the facility on 12/16/20.</p> <p>R53's undated diagnosis sheet includes diagnoses of: encephalopathy, hemiparesis, hemiplegia, history of a cerebral vascular</p>	S9999		
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S9999	<p>Continued From page 28</p> <p>accident, diabetes mellitus type two, chronic kidney disease, anxiety, pulmonary hypertension and congestive heart failure.</p> <p>R53's minimum data set dated 12/1/22 documents R53 as cognitively intact. R53's minimum data set dated 12/2/22 documents R53's skin as without any foot ulcers or wounds.</p> <p>R53's electronic medical record does not document a daily, weekly or monthly pain assessment.</p> <p>On 2/27/23 at 2:36 PM R53 stated, "I didn't have a wound when I came in here, my feet were fine. I got an infection and this happened (pointed to the covered right foot wound) and when it did, it was excruciating."</p> <p>R53's progress notes dated 2/3/23 document R53 reported to the Certified Nursing Assistant (CNA) that his right leg was in pain. The nurse then assessed the resident's right lower leg and it was becoming larger than his baseline with excessive dry skin, redness, and warmth noted. (R53) said that the pain began in his right leg on Monday, but by 2/3/23 it was throbbing, unbearable, his pain was an 8 out of 10, and it interfered with transferring from the bed to the wheelchair and the wheelchair to the bed. The nurse administered pain medication per (R53's) request.</p> <p>R53's progress notes dated 2/7/23 document that R53 was sent to the hospital for evaluation and treatment of the right foot wound.</p> <p>On 3/2/23 at 10:00 AM, V8 Wound Nurse stated, "I sent R53 to the hospital on the 7th of February because of the amount and color of the wound</p>	S9999		

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S9999	<p>Continued From page 29</p> <p>drainage. He was hospitalized for several days and given (intravenous antibiotics)."</p> <p>R53's care plan dated 2/13/23 does not document pain assessments or evaluations related to the right foot wound and dressing changes.</p> <p>R53's initial wound physician note dated 2/17/23 documents that the wound measures 1 x 2 x 0.8 centimeters. The ordered wound treatment is calcium alginate with silver, covered with gauze and a large pad.</p> <p>On 2/24/23, R53's wound physician note documents that the wound has deteriorated and now measures 1.6 x 2 x 0.1 centimeters. The ordered wound treatment was then changed to packing the wound with gauze moistened with 1/4 bleach solution and covering with a large pad.</p> <p>On 2/28/23 at 9:15 AM V8 Wound Nurse provided wound care to R53. During the dressing change, the packed wound was cleansed with wound cleanser and gauze. The wound had a yellow layer of crust that began bleed while being cleansed out of the wound. During this procedure, R53 took deep breaths and winced while grabbing the wheel chair handles tightly and clenching his jaw. While observing R53's pain, V8 wound nurse stated, "Hang on (R53) we are almost done." V8 wound nurse then wiped the bleeding wound with dry gauze and pushed bleach moistened gauze into the wound to pack it. After the wound care was completed, R53 continued to reposition himself, attempting to get comfortable and continuing to wince.</p> <p>On 2/28/23 at 9:25 AM, R53 stated, "I didn't have any pain medication before that (wound dressing</p>	S9999		

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S9999	<p>Continued From page 30</p> <p>change) but I would have liked some and I would like some now, my pain is an 8 of 10."</p> <p>On 2/28/23 at 9:30 AM, V8 Wound Nurse stated, "I will make sure that he gets pain medication right away."</p> <p>On 3/1/23 at 3:40 PM, R53 stated, "I never get pain medicine before my dressing change with the nurse but I would really like that. There were times in the past when they were changing my dressing that it was just excruciating and I am glad to know that I can get some now."</p> <p>On 3/2/23 at 10:03 AM, V8 wound nurse stated, "I know that V33 Wound Physician always sprays the wounds with Lidocaine before doing dressing changes, so yes, in the future I will offer premedication, especially if I'm packing it."</p> <p>On 2/28/23 at 11:13 AM, V2 Director of Nursing stated, "I would expect pain medication to be offered before every dressing change."</p> <p>The facility Management of Pain policy revised date March 2023 documents that their mission is to facilitate resident independence, promote resident comfort and preserve resident dignity. The purpose of this policy is to accomplish that mission through an effective pain management program, providing out residents the means to receive necessary comfort, exercise greater independence and enhance dignity and lift involvement. We will achieve these goals through promptly and accurately assessing and diagnosing pain. (B)</p>	S9999		