

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6009369</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/10/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>TAYLORVILLE CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>600 SOUTH HOUSTON TAYLORVILLE, IL 62568</b>
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S 000	Initial Comments	S 000		
	Annual Licensure			
S9999	Final Observations  Statement of Licensure Violations:  ONE OF THREE:  300.650c) 300.650d) 300.660a) 300.660c)1) 300.661  Section 300.650 Personnel Policies c) Prior to employing any individual in a position that requires a State license, the facility shall contact the Illinois Department of Financial and Professional Regulation to verify that the individual's license is active. A copy of the license shall be placed in the individual's personnel file.  d) The facility shall check the status of all applicants with the Health Care Worker Registry prior to hiring.  Section 300.660 Nursing Assistants  a) A facility shall not employ an individual as a nursing assistant, home health aide, psychiatric services rehabilitation aide, or newly hired as an individual who may have access to a resident, a resident's living quarters, or a resident's personal, financial, or medical records, nurse aide unless the facility has inquired of the Department's Health Care Worker Registry and	S9999		

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

TITLE

(X6) DATE  
06/13/24

Illinois Department of Public Health

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S9999	<p>Continued From page 1</p> <p>the individual is listed on the Health Care Worker Registry as eligible to work for a health care employer.</p> <p>c) The facility shall ensure that each nursing assistant complies with one of the following conditions:</p> <p>1) Is approved on the Department's Health Care Worker Registry. "Approved" means that the nurse aide has met the training or equivalency requirements of Section 300.663 of this Part and does not have a disqualifying criminal background check without a waiver.</p> <p>Section 300.661 Health Care Worker Background Check</p> <p>A facility shall comply with the Health Care Worker Background Check Act and the Health Care Worker Background Check Code.</p> <p>This Requirement is NOT MET as evidence by:</p> <p>Based on interview and record review, the facility failed to obtain conduct pre-employment screening, including the Illinois and National Sex Offender Registry, the Illinois Department of Corrections Inmate search, and obtain results of fingerprint checks, to determine if employees had a prior criminal history which would disqualify them for employment. This had the potential to affect all the 64 residents living in the facility.</p> <p>Findings include:</p> <p>The facility's Abuse Prevention Program Policy, revision date of 09/29/22, documents "Prior to a new employee starting a working schedule, this facility will: b. Obtain a copy of the state license of any individual; being hired for a position requiring</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>professional license. c. Check the Illinois Health Care worker Registry on any individual being hired for prior to reports of abuse, previous fingerprint check results, and the sex offender website links on registry. d. Check web sites such as Illinois Sex offender Registry, the Department of Corrections' Sex Offender Search Engine, the Department of Corrections' Inmate Search Engine, the Department of Corrections' Wanted Fugitives Search Engine, the National Sex Offender Public Registry, and the website of the Health and Human Services Office of Inspector General to determine if the applicant has been adjudicated a sex offender, has been a prison inmate, or has committed Medicare or Medicaid fraud. e. Initiate an Illinois State Police livescan fingerprint check for any unlicensed individual being hired without a previous fingerprint Health Care Worker Background Check will be followed."</p> <p>On 06/06/24, ten employee files were reviewed for pre-employment screening. The following was documented:</p> <p>V23, Certified Nurse's Aide (CNA), was hired on 03/08/24. The facility initiated a Health Care registry check, on 03/08/24. The facility did not initiate an Office of Inspector General (OIG) search, an Illinois Sex Offender registry, until 06/04/24 to determine if V23 had a disqualifying conviction.</p> <p>V25, CNA, was hired on 04/22/24. The facility initiated a Health Care Registry check, a fingerprint based criminal background check, an Illinois Sex Offender registry, Illinois Department of Corrections (DOC) inmate/wanted fugitive search, on 04/15/24. The facility did not have an OIG search to determine if V25 had a</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>disqualifying conviction.</p> <p>V26, Laundry Services, was hired on 04/12/24. The facility initiated a Health Care Registry check, Illinois Sex Offender registry, Illinois DOC inmate/wanted fugitive search until 04/15/24, and a fingerprint based criminal background check, until 04/26/24. They did not do an OIG search to determine if V26 had a disqualifying conviction.</p> <p>V27, Dietary, was hired on 03/29/24. The facility initiated a Health Care Registry check, an OIG search, Illinois Sex Offender registry, DOC inmate/wanted fugitive search on 03/29/24. The facility did not do a fingerprint based criminal background check until 04/08/24 to determine if V27 had a disqualifying conviction.</p> <p>V28, Licensed Practical Nurse (LPN), was hired on 02/05/24. The facility initiated an Illinois Department of Professional Regulation (IDFPR) search for licensure on 05/16/24.</p> <p>V4, Registered Nurse (RN), was hired on 03/28/24. The facility initiated an IDFPR search for licensure on 05/16/24.</p> <p>V29, LPN, was hired on 05/20/24. The facility initiated an IDFPR search for licensure on 05/30/24.</p> <p>On 06/06/24 at 10:25 AM, V16, Business Office Manager (BOM), stated after the interview process with someone she starts the background checks prior to hiring them. She said if the CHIRP comes back not eligible under the work eligibility section, then that person is not hired. She said if it comes back as eligible then she will start the rest of the checks. V16 said when a person is hired for housekeeping, laundry, or culinary</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>services they are sent to be fingerprinted regardless of what the CHIRP says. V16 said they will check the nurses license prior to them being hired because it is part of their hiring process and then she will check it after that at least once a year and sometimes twice a year.</p> <p>On 06/10/24 at 10:55 AM, V16, BOM, stated they usually try to have the pre-employee screening done before the employee starts on the floor. She said she must make sure their license is up to date, and nothing comes back on their background checks. She said from here on out she knows how she is going to fix things.</p> <p>On 06/10/24 at 12:03 PM, V1, Administrator said she would expect the background checks for employees and other information to be done before they come to orientation and not weeks later. She said during the first interview they will get the information they need to go forward with the background checks.</p> <p>The Resident Census and Conditions of Residents, CMS 671, dated 06/03/24, documents that the facility has 69 residents living in the facility.</p> <p>(C)</p> <p>TWO OF THREE:</p> <p>300.625a) 300.625b)</p> <p>Section 300.625 Identified Offenders a.) The facility shall review the results of the criminal history background checks immediately upon receipt of these checks.</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>b.) The facility shall be responsible for taking all steps necessary to ensure the safety of residents while the results. of a name-based background check or a fingerprint-based check are pending; while the results of a request for a waiver of a fingerprint-based check are pending; and/or while the Identified Offender Report and Recommendation is pending.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to conduct resident screenings for Identified Offenders, to determine if a level of risk exists. This had the potential to affect all 69 residents living in the facility.</p> <p>Findings include:</p> <p>The facility's Abuse Prevention Program Policy, revision date of 09/29/22, documents "This facility shall check the criminal history background on any resident seeking admission to the facility in order to identify previous criminal convictions. Prior to a new resident being admitted to the facility, this facility will: a. Check for the resident's name on the Illinois Sex Offender Registration Web Site, b. Check for the resident's name on the Illinois Department of Corrections sex registrant search page. c. Conduct a Criminal History Background Check according to the Facility Identified Offender Policy and Procedure. d. While the background or fingerprint checks, and/or Identified Offender Report and Recommendations are pending, the facility shall take all steps necessary to ensure the safety of residents."</p> <p>On 06/04/24 and 06/06/24, ten resident records</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>were reviewed for pre-admission screening. The following was documented:</p> <p>R21, R25, R26, R68, R69, R70, R72, R73, R227, and R228, all had the Criminal History Information Response Process (CHIRP), Illinois Sex Offender Registry, and Illinois Department of Corrections in their respective records.</p> <p>R21 was admitted on 03/15/24 and the CHIRP was not done until 05/17/24, 63 days after admission, the Illinois Sex Offender Registry was not done until 06/06/24, 83 days after admission, and the Illinois Department of Corrections was not done until 05/17/24, 63 days after admission.</p> <p>R25 was admitted on 05/10/24 and the CHIRP was not done until 05/14/24 four days after admission the Illinois Sex Offender Registry and Illinois Department of Corrections was not done until 06/04/24, 25 days after admission.</p> <p>R26 was admitted on 05/10/24 and the CHIRP, Illinois Sex Offender Registry, and Illinois Department of Corrections was not done until 06/04/24, 25 days after admission.</p> <p>R68 was admitted on 03/21/24 and the CHIRP and Illinois Department of Corrections was not done until 05/17/24, 57 days after admission, the Illinois Sex Offender Registry was not done until 06/06/24, 77 days after admission.</p> <p>R69 was admitted on 03/25/24 and the Illinois Sex offender Registry was not done until 06/06/24 ,73 days after admission.</p> <p>R70 was admitted on 03/30/24 and the CHIRP, Illinois Sex Offender Registry, and Illinois Department of Corrections was not done until</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>06/06/24, 68 days after admission.</p> <p>R72 was admitted on 04/29/24 and the CHIRP and Illinois Department of Corrections was not done until 05/17/24, 18 days after admission and the Illinois Sex Offender Registry was don't done until 05/18/24, 19 days after admission.</p> <p>R73 was admitted on 05/03/24 and the CHIRP was not done until 05/17/24, 14 days after admission and the Sex Offender Registry and Illinois Department of Corrections was not done until 06/04/24, 34 days after admission.</p> <p>R227 was admitted on 05/23/24 and the CHIRP was not done until 05/27/24 four days after admission and the Illinois Sex Offender Registry and the Illinois Department of Corrections were not done until 06/04/24, 12 days after admission.</p> <p>R228 was admitted on 05/29/24 and the Illinois Sex Offender Registry and the Illinois Department of Corrections were not done until 06/04/24 six days after admission.</p> <p>On 06/04/24 at 11:46 AM, V17, Social Worker stated if they find someone who is an identified offender, she is the one who will do the follow up paperwork. She said she hasn't had any in a long while so she would call corporate office or OSI and find out what she needs to do.</p> <p>On 06/04/24 at 11:50 AM, V16, Business Office Manager (BOM), stated "I'm not going to lie" there are a couple of new admissions that the dates aren't going to line up. She said when she has a new admission, she will first off check Criminal History Information Response Process (CHIRP), and then she has a file on her computer with the list that she needs to check, and she will just go</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>down the list. She said she does this for employees as well as residents and for the nurses.</p> <p>On 06/10/24 at 10:55 AM, V16, BOM, stated when she does a prescreening for a resident, she should be doing the background checks first to make sure they are appropriate for the facility. She said she will initiate the screening when she gets a referral, and they are clinically approved. She said she likes to get them done within the first day they are here and from now on she is going to make sure the background checks are done before the resident gets to the facility. She said the CHIRP isn't working and they may have to wait for it. She said sometimes when they must wait for the CHIRP, they will have a hit.</p> <p>On 06/10/24 at 12:03 PM, V1 stated She said when it comes to the resident's screening, they will do it after the referral/clinical review and the financial review after they have the resident's information to run the background checks.</p> <p>The Resident Census and Conditions of Residents, CMS 671, dated 06/03/24, documents that the facility has 69 residents living in the facility.</p> <p>(C)</p> <p>THREE OF THREE: 300.610a) 300.1210a) 300.1210b) 300.1210c) 300.1210d)2)5)</p> <p>Section 300.610 Resident Care Policies</p>	S9999		

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S9999	<p>Continued From page 9</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 and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>a) Comprehensive Resident Care Plan. A facility, 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</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>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>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> <p>These requirements were not met as evidenced by:</p> <p>Based on interview, observation and record review, the Facility failed to prevent, identify, obtain orders and monitor pressure ulcers for 2 of 3 residents (R14 and R71) reviewed for pressure ulcers, in the sample of 44. This failure resulted in</p>	S9999		

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S9999	<p>Continued From page 11</p> <p>R14 going from 4/15/2024 until 4/30/2024 without treatment for or monitoring of a stage 3 facility acquired pressure ulcer.</p> <p>Findings include:</p> <p>1. R14's Braden Score for predicting Pressure Sore Risk, dated 5/9/2024, documents that R14 is constantly moist, chairfast, and has very limited mobility to makes changes in body positioning. It further documents that R14 is at moderate risk for pressure ulcer development.</p> <p>R14's Progress Notes, dated 4/15/2024, documents, "CNA (Certified Nurse Assistant) brought it to my attention during bed check that resident has an open area on her left buttock. The area was cleaned, and ointment was put on the area. It does not document if the physician was notified, the wound was measured, or an order was obtained.</p> <p>R14's Wound Summary Report, dated 5/1/2024-6/6/2024, documents that R14 acquired a stage 3 pressure ulcer to R14's left buttock, that was not present upon admission. If further documents, that it was identified on 4/30/2024.</p> <p>R14's Wound Management Detail Report, dated 4/30/2024, documented that the area was a stage 3 pressure ulcer and measured 2 x 1.5 x 0.1 centimeters. There were no other measurement listed prior to this measurement completed by V2, Director of Nurses (DON).</p> <p>R14's Progress Notes, dated 4/30/2024, documents, "Resident with area to left inner buttock, see wound management entry for measurements and details. Treatment order inserted for Medi honey, calcium alginate and</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6009369</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/10/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>TAYLORVILLE CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>600 SOUTH HOUSTON TAYLORVILLE, IL 62568</b>
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S9999	<p>Continued From page 12</p> <p>border gauze dressing daily and PRN. Treatment applied by writer at this time. Offloading and frequent repositioning to be continued as resident is total assist and (mechanical) lift. MD (Medical Director) and POA (Power of Attorney) updated."</p> <p>R14's Minimum Data Set (MDS), dated 4/22/2024, documents that R14 is dependent on staff for rolling left to right and is always incontinent of bowel and bladder.</p> <p>R14's Care Plan, dated 10/12/2022, documents that R14 has full bowel and bladder incontinence and the goal is that R14 will remain free from skin breakdown due to incontinence. It further documents, "My nurse will provide a head to toe skin assessment daily. It continues, "CNA staff will also observe for new or developing areas during routine care and with scheduled bathing."</p> <p>On 6/6/2024 at 11:04 AM, V2, DON, stated that R14's wound was first identified on 4/15/2024, but V2 was not made aware of it until 4/30/2024 when a CNA showed her. V2 stated the order obtained on 4/30/2024 was the first order received for the wound and the first time it was measured.</p> <p>On 6/10/1024 at 12:01 PM, V2 stated, "I would have expected the nurse who found the open area to call the doctor, get an order and I would have seen her on wound rounds".</p> <p>2. On 6/4/24 at 1:58 PM, V4, Assistant Director of Nurses (ADON), stated that she just completed R71's pressure ulcer dressing. The right foot dressings, right inner thigh, left gluetal fold, and right upper buttocks were observed, in place and dated 6/4/24. V4 stated all are treated with medihoney and border gauze dressings.</p>	S9999		

Illinois Department of Public Health

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S9999	<p>Continued From page 13</p> <p>On 6/6/24 at 9:07 AM, V7, CNA and V20,CNA both donned gowns and gloves and entered R71's room to transfer R71 from the wheelchair to the bed. R71's incontinent brief was removed and a skin check was done. R71's left buttock gluetal fold area has a pressure ulcer about the size of a dime. The wound bed is dark pink with a small open area in the center. R71's right upper buttocks has pressure ulcer the approximate size of nickel. The wound bed is dark pink with a small open area in the center. Neither of these pressure ulcers have a dressing on them. . R71's right foot has three dressings (inner ankle, left outer heel, and medial foot) in place that are dated 6/6/24. The right foot has no pressure ulcers. R71 was positioned on his back leaning to the right side with a blanket between his knees, and a pillow under his left side. R71's left foot was positioned over his right inner heel where the pressure ulcer is located. R71 did not have heel boots on. R71 was covered up and given the call light.</p> <p>On 6/6/24 from 9:07 AM - 11:55 AM, R71 has remained in the same position without the benefit of offloading based on 15 minute observations.</p> <p>On 6/6/24 at 11:55 AM, V2, DON, and V4, ADON, entered R71's room. Both were wearing gowns and gloves. V4 removed the old dressing on the right medial foot, sprayed it with wound cleanser, applied medi-honey to a bordered gauze and placed the gauze on the pressure ulcer. The pressure ulcer is the approximate size of a dime, the wound bed is 100% slough, and the peri-wound is light pink in color. V4 removed the old dressing from the right outer heel. The pressure ulcer is approximately 3 centimeter (cm) x 2 cm. The wound bed is 95% slough. The peri-wound is light pink in color. V4 cleansed with wound cleanser, applied medi-honey to a</p>	S9999		

Illinois Department of Public Health

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S9999	<p>Continued From page 14</p> <p>bordered gauze and placed the gauze on the pressure ulcer. V4 then removed the dressing to the right outer ankle. The pressure ulcer is the approximate size of a dime. The wound bed is yellowish slough. The peri-wound is light pink in color. V4 cleansed with wound cleanser, applied medi-honey to a bordered gauze and placed the gauze on the pressure ulcer. V4 never changed gloves between the 3 pressure ulcer changes. R71 was rolled over onto his right side. The left gluetal fold pressure ulcer did not have a dressing on it. R71's incontinent bed pad was wet with urine. The pressure ulcer is approximately the size of a dime. The wound bed is dark pink with a small open area in the center. V4 placed medi-honey on a bordered gauze pad and placed it on the pressure wound. V4 failed to cleanse the wound before applying the treatment. At this time, V4 was questioned if she was going to treat R71's right upper buttocks, V4 stated, "I think that is healed." V4 was informed that the wound was open this morning. V4 stated, "It has been closed for awhile now." V4 was informed that the pressure ulcer dressing was observed with her on 6/4/24, V4 stated, "That's right it did have a dressing on it." R71's right upper buttocks has pressure ulcer the approximate size of nickel. The wound bed is dark pink with a small open area in the center. V4 cleansed the wound with wound cleanser, applied medi-honey and then a bordered gauze.</p> <p>On 6/6/24 at 12:05 PM, V2 and V4 both were questioned why R71 does not have heel protectors on, V2 stated, "He used to have a pair. I don't know where they are. I will get him a pair. V2 and V4 both agreed that the way R71 lays in bed his left foot lays directly over the right heel pressure ulcer and he should be turned every 2 hours.</p>	S9999		

Illinois Department of Public Health

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S9999	<p>Continued From page 15</p> <p>R71's Face Sheet, undated, documents that R71 was admitted on 4/10/24 with diagnosis of Hypertension, Type 2 Diabetes Mellitus, Unspecified Open Wound to right foot, and need for assistance.</p> <p>R71's MDS, dated 4/14/24, documents that R71 is moderately cognitively impaired, dependent on staff for toileting, and dependent on staff or requires maximum assistance from staff for all mobility.</p> <p>R71's Braden Scale for predicting pressure ulcers, dated 4/24/24, documents that R71 is at moderate risk of developing pressure ulcers</p> <p>R71's Physician Orders, dated 5/23/24, documents, "Right Ischium-Cleanse and apply medi honey and border gauze daily and PRN (as needed) for soiling/dislodging. Once A Day Bedtime 06:00 PM - 06:00 AM."</p> <p>R71's Physician Orders, documents, "Left Buttock-Cleanse, apply calcium alginate with silver and border gauze Daily and PRN for soiling/dislodging. Once A Day. Bedtime 06:00 PM - 06:00 AM. Start date of 04/20/2024. Discontinue Date of 06/03/2024."</p> <p>R71's Physician Orders, dated June 2024 reviewed 6/6/24 at 9:30 AM, fails to document a current order for treatment to R71's left upper buttocks.</p> <p>R17's Physician Orders, documents, "Right Distal Medial Foot- Cleanse, apply medi honey and cover with border gauze daily and PRN for soiling/dislodging.</p>	S9999		

Illinois Department of Public Health

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S9999	<p>Continued From page 16</p> <p>Once A Day. Morning 06:00 AM - 02:00 PM. Start date of 5/8/24."</p> <p>R17's Physician Orders, documents, "Right lateral Ankle- cleanse, apply medi honey, cover with border gauze daily and PRN for soiling/dislodging. Once A Day. Morning 06:00 AM - 02:00 PM. start date of 5/8/24."</p> <p>R17's Physician Orders, documents, "Right Medial Heel-Cleanse, apply medi honey and cover with border gauze daily and PRN for soiling/dislodging. Apply pressure reducing boots. Once A Day. Morning 06:00 AM - 02:00 PM. start date of 5/8/24."</p> <p>R17's Physician Orders, documents, Right Ischium - Cleanse and apply medi honey and border gauze daily and PRN for soiling and dislodging."</p> <p>R17's Pressure Ulcer Detailed Report, dated 6/5/24, documents that R71's Right ankle lateral pressure ulcer measures 1.3 centimeters (cm) length (l) x 1.4 cm width (w) x 0.3 cm depth (d), with light serous exudate and the pressure ulcer is improving.</p> <p>R17's Pressure Ulcer Detailed Report, dated 6/5/24, documents that R71's Right Medial Heel pressure ulcer measures 1.8 cm l x 1 cm w x 0.1 cm d with light serous exudate and the pressure ulcer is improving.</p> <p>R17's Pressure Ulcer Detailed Report, dated 6/5/24, documents that R71's Right Buttock Ischium pressure ulcer measures 1 cm l x 1 cm w x 0.1 cm d with light serous exudate and the pressure ulcer is improving.</p>	S9999		

Illinois Department of Public Health

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S9999	<p>Continued From page 17</p> <p>R17's Pressure Ulcer Detailed Report, dated 6/5/24, documents that R71's top of foot Distal, Medial pressure ulcer measures 1.5 cm l x 1.2 cm w x 0.2 cm d with light serous exudate and the pressure ulcer is improving.</p> <p>R17's Pressure Ulcer Detailed Report, dated 5/30/24, documents that R71's left buttock pressure ulcer is healed.</p> <p>The facility Wound Management Program, dated 2/26/21, fails to document a procedure on dressing changes, replacing dressings that are missing, cleansing the wound before treatment and turning and positioning.</p> <p>(B)</p>	S9999		