

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155042	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/03/2015
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NAME OF PROVIDER OR SUPPLIER WILLOW MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 3801 OLD BRUCEVILLE RD BOX 136 VINCENNES, IN 47591
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F000000	<p>This visit was for the Investigation of Complaint IN00163390.</p> <p>Complaint IN00163390 - Substantiated, Federal/State deficiencies are cited at F157, F309, and F314.</p> <p>Survey dates: February 2 and 3, 2015</p> <p>Facility number: 000016 Provider number: 155042 AIM number: 100291500</p> <p>Survey team: Anne Marie Crays, RN-TC</p> <p>Census bed type: SNF: 17 SNF/NF: 118 Total: 135</p> <p>Census payor type: Medicare: 19 Medicaid: 97 Other: 19 Total: 135</p> <p>Sample: 3</p> <p>These deficiencies reflects State findings cited in accordance with 410 IAC</p>	F000000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F000157 SS=D	16.2-3.1. Quality review completed on February 4, 2015 by Jodi Meyer, RN 483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).				

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	<p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based on interview and record review, the facility failed to notify the physician and/or family member of a draining open heel wound, for 1 of 3 residents reviewed for notification, in a sample of 3. Resident C</p> <p>Findings include:</p> <p>1. The closed clinical record of Resident C was reviewed on 2/2/15 at 10:10 A.M.</p> <p>A Minimum Data Set (MDS) assessment, dated 12/29/14, indicated the resident had a short-term and long-term memory problem, and was moderately impaired in cognitive skills for daily decision-making. The MDS assessment indicated the resident had no pressure ulcers or other wounds of the feet.</p> <p>An Occupational Therapy note, dated 12/31/14, indicated, "Pt [patient] noted to</p>	F000157	<p>F157</p> <p>It is the practice of Willow Manor to assure that the physician and family are notified appropriately in accordance with the guidelines related to incidents.</p> <p>I. The correction action taken for those residents to be affected by deficient practice include: Resident C is no longer at facility.</p> <p>II. Other resident that have the potential to be affected have been identified by: Residents experiencing an acute change of condition have the potential to be affected by this finding. All residents that have had an acute change of condition in the past 30 days have been reviewed to assure that physician/families have been notified appropriately.</p> <p>III. The measures or systemic changes that have been put into place to ensure that the deficient practice does not recur include: A change of condition or status policy was reviewed and approved</p>	02/25/2015

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	<p>have discharge from open area on L [left] heel; nursing notified and bandage applied."</p> <p>A Physical Therapy note, dated 12/31/14, indicated, "Notified nrsg [sic] of open area on L heel...."</p> <p>Nurse's Notes, dated 12/31/14 and untimed, indicated, "Dr. called due to congestion. N.O. [new order] Keflex [antibiotic]...."</p> <p>Documentation regarding notification of the physician or a family member was not found in the clinical record.</p> <p>On 2/2/15 at 2:10 P.M., during interview with Physical Therapist Assistant (PTA) # 1, she indicated she wrote the Physical Therapy note on 12/31/14. She indicated when she and the Occupational Therapist went to get Resident C out of bed, they noticed drainage on the sheet from his heel area. She indicated she did not actually look at the area, but that she notified the nurse. PTA # 1 indicated the nurse came in and put a dressing on the resident's heel.</p> <p>On 2/2/15 at 3:00 P.M., during interview with the Director of Nursing (DON), she indicated she was unable to find additional information regarding</p>		<p>through QA. Nursing staff will be educated on new policy and the importance of physician/family notification with significant changes. As the interdisciplinary team is reviewing acute changes on each business day, they are reviewing all documentation to assure that the physician/family was notified appropriately.</p> <p>IV. The correction action taken to monitor performance to assure compliance through quality assurance is:</p> <p>A performance improvement tool has been initiated that will be utilized to review acute changes to assure that the physician/family IV. have been notified in accordance with the regulation. The tool will include acute changes. The tool will randomly review 5 residents with an acute change. DON or her designee will complete this audit weekly X3, monthly X3 and then quarterly X3. Any issues identified will be immediately corrected. The quality assurance committee will review the tool with recommendations as needed based on the outcome of the tools</p> <p>The date of systematic changes will be completed 2/25/2015.</p>				

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	<p>notification of the physician or family of the resident's skin condition.</p> <p>2. On 2/3/15 at 3:00 P.M., the DON provided the current facility policy "Change in a Resident's Condition," undated. The policy included: "...The Charge Nurse/Nurse Supervisor will notify the resident, his/her physician, his/her legal representative(s), and/or his/her interested family members when there is:...b. a change in the resident's condition, c. A need to alter treatment significant [sic]...A written entry will be made in the nurse's notes re: follow up on change in condition every shift for at least 24 hour [sic]...."</p> <p>This Federal tag relates to Complaint IN00163390.</p> <p>3.1-5(a)(2)</p>			

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F000309 SS=G	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Based on interview and record review, the facility failed to notify the physician and family of an open area, failed to document the appearance of the open area and obtain treatment for the area, resulting in a hospitalization for bilateral heel wounds and cellulitis, for 1 of 3 residents reviewed with open areas, in a sample of 3. Resident C</p> <p>Findings include:</p>	F000309	<p>F309 It is the practice of Willow Manor to assure that our Residents receive appropriate services to attain or maintain the highest practicable physical, mental, and psychosocial well being.</p> <p>I. The correction action taken for those Residents found to be affected by the deficient practice include: Resident C is no longer at facility II. Other Residents that have the potential to be affected have been identified by:</p>	02/25/2015

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	<p>1. The closed clinical record of Resident C was reviewed on 2/2/15 at 10:10 A.M. The resident was admitted to the facility on 12/23/14 with diagnoses including, but not limited to, Alzheimer's disease, diabetes mellitus, and right leg fracture.</p> <p>An Admission Nursing Assessment, dated 12/23/14 and untimed, indicated: "Feet, diabetic, Pedal pulses present...Orientation: Alert to Person, Confused...General Skin Condition: Bruises..." An anatomical drawing did not indicate any open areas on the resident's feet.</p> <p>Nurse's Notes, dated 12/23/14 and untimed, indicated, "Resident arrived...Skin pale dry in General lower extremities swollen lightly moist reddish purple pedal pulses present...Unable to bear wt [weight] on [right] side. Alert to self [with] confusion. Will continue to monitor."</p> <p>A Nursing Care Plan, dated 12/23/14, indicated: "Skin breakdown, potential for related to: decline in mobility, thin fragile skin...Interventions: Notify family/physician of any new areas of skin breakdown, Pressure relief on bed/chair as ordered, Treatments as ordered, Turn and reposition every two hours and as needed."</p>		<p>All Residents who experience acute change of condition or status have the potential to be affected by this finding. All Residents that have had an acute change of condition in the past 30 days have been reviewed to assure that Physician/Families have been notified and appropriate treatments have been obtained.</p> <p>III. The measures or systemic changes that have been put into place to ensure that the deficient practice does not recur include: A change of condition or status policy was reviewed and approved through QA. Nursing staff will be educated on the new policy and the importance of Physician/Family notification with significant changes. As the interdisciplinary team is reviewing acute changes on each business day, they are reviewing all documentation to assure that Physician/Family was notified appropriately.</p> <p>IV. The correction action taken to monitor performance to assure compliance through quality assurance is:</p> <p>IV. A performance improvement tool has been initiated that will be utilized to review incidents of all acute changes to assure that Physician/Family have been notified in accordance with the regulation. The tool will randomly select 5 residents with acute changes. DON or her designee will complete this audit weekly X3, monthly X3, and</p>	

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	<p>Nurses Notes, dated 12/24/14 at 6:00 A.M., indicated, "...Resident alert [with] periods of confusion...Immobilizer intact to Rt [right] leg as ordered. Has +2 pitting edema [swelling] to BLE [bilateral lower extremities] et [and] BLE dark pink in color. Able to move toes freely. Pedal pulses [present] - legs warm to touch. Bilat legs elevated...."</p> <p>A Minimum Data Set (MDS) assessment, dated 12/29/14, indicated the resident had a short-term and long-term memory problem, and was moderately impaired in cognitive skills for daily decision-making. The MDS assessment indicated the resident had no pressure ulcers or other wounds of the feet.</p> <p>An Occupational Therapy note, dated 12/31/14, indicated, "Pt [patient] noted to have discharge from open area on L [left] heel; nursing notified and bandage applied."</p> <p>A Physical Therapy note, dated 12/31/14, indicated, "Notified nrsg [sic] of open area on L heel...."</p> <p>Nurse's Notes, dated 12/31/14 and untimed, indicated, "Dr. called due to congestion. N.O. [new order] Keflex [antibiotic]...."</p>		<p>then quarterly X3. Any issues identified will be immediately corrected. The Quality Assurance Committee will review the tool with recommendations as needed based on the outcome of the tool. The date of the systemic changes will be 2/25/2015.</p>	

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	<p>Documentation regarding the open area, notification of the physician of the open area, a care plan or treatment of the open area, was not found in the clinical record.</p> <p>A Medication Administration Record, dated January 2015, indicated a skin assessment was performed on 1/1/15. A "Weekly Body Assessment," dated 1/1/15, indicated, "[No] new areas."</p> <p>Nurse's Notes included the following notations:</p> <p>1/2/15 at 10:30 P.M.: "...Alert [with] confusion. Transfers [with] assist of [two]...Remains on A/B [antibiotic] therapy for URI [upper respiratory infection]...."</p> <p>1/4/15 at 6:00 A.M.: "...Cont. on ABT [antibiotic] for URI...RLE [right lower extremity] immobilizer in place...Refused any food or fluid offered...Will continue to monitor resp. [respiratory] status et encourage oral intake et to take meds."</p> <p>1/5/15 at 3:00 P.M.: MD notified of pt. [change] of condition; BLE redness/swelling. Pt refusing to eat/drink...New order received [sic] to send to [hospital] for eval [evaluation]...."</p>			

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	<p>A facility "MD Report," dated 1/5/15, indicated, "Issue to be addressed by MD: Top of Left great toe black. Bilateral feet et [and] legs red, looks like cellulitis. Resident also not eating well."</p> <p>The resident was transferred to the hospital on 1/5/15 at 3:15 P.M.</p> <p>A hospital Emergency Department record, dated 1/5/15 at 3:58 P.M., indicated, "Nursing Assessment: Skin/Soft Tissue: Decubitus ulcer noted over Bilateral heels have area of breakdown. Note that on the left heel the area on the heel is dark black color, is approx [sic] 4 cm [centimeters] x 2 cm with no open area. He also has a pea sized dark black area on the left great toe that is not open. Note that on the right heel, he has the same dark black area that is approx 5 cm x 2 cm and it does have an open area that is draining serosanguineous drainage. He come [sic] to ER with a 4x4 bandage over the open area to contain the drainage...Chief Complaint: Decreased appetite, BLE redness...Per nursing home report, patient had decreased to no appetite since he has been a resident there which was two weeks ago...Patient is confused and cannot answer questions...BLE are reddened with slight edema. Pulses are</p>			

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	<p>positive. Note decubitus on bilateral heels...Primary diagnosis: Bacterial cellulitis."</p> <p>A hospital History and Physical, dated 1/6/15, indicated, "...Skin: Warm and dry. There is some bright red erythema [redness] from below the knees bilaterally. There is an open ulcer on the right heel...The left heel is black and the left first toe is black on the tip. Pulses are not palpable in either foot for my exam. There is slow capillary refill of the left foot...."</p> <p>A hospital Discharge Summary, dated 1/12/15, indicated, "Discharge Diagnoses: 1. Bilateral lower leg cellulitis. 2. Bilateral heel decubitus ulcers with dry gangrene. 3. Peripheral arterial disease....Hospital Course:...nursing home patient with multiple medical problems...He was sent to the ER on this occasion because of increased redness and swelling of both lower leg [sic] and black eschar like ulcer on both heels...There was also mild to moderate bilateral peripheral arterial disease on arterial Doppler exam...."</p> <p>On 2/2/15 at 2:10 P.M., during interview with Physical Therapist Assistant (PTA) # 1, she indicated she wrote the Physical Therapy note on 12/31/14. She indicated</p>			

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	<p>when she and the Occupational Therapist went to get Resident C out of bed, they noticed drainage on the sheet from his heel area. She indicated she did not actually look at the area, but that she notified the nurse. PTA # 1 indicated the nurse came in and put a dressing on the resident's heel.</p> <p>On 2/2/15 at 3:00 P.M., during interview with the Director of Nursing (DON), she indicated she was unable to find additional information regarding the resident's skin condition prior to his 1/5/15 hospitalization.</p> <p>2. On 2/3/15 at 10:45 A.M., the DON provided the current facility policy "Patients at risk for Pressure Ulcers," dated 11/09. The policy included: "All residents will be assessed on admission and routinely thereafter for skin breakdown. Prevention will be identified and implemented to prevent the development of pressure wounds...Head to Toe Assessments, Purpose: Is to be able to assess the patient's skin more freq [sic] for changes and start preventive, protective as well as supportive measures...Any Abnormalities found should be placed on the appropriate skin recorded [sic]...Skin Condition Weekly Progress Report...If a nurse should find any skin alterations...they are responsible</p>			

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	<p>for completing a skin record at that time...The recommendations and or changes will be reported to the residents [sic] attending physician timely...."</p> <p>This Federal tag relates to Complaint IN00163390.</p> <p>3.1-37(a)</p>			

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F000314 SS=D	<p>483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.</p> <p>Based on observation, interview, and record review, the facility failed to ensure staff accurately assessed and documented pressure areas' characteristics, for 2 of 3 residents reviewed with pressure areas, in a sample of 3. Residents A and B</p> <p>Findings include:</p> <p>1. On 2/2/15 at 9:15 A.M., during the initial tour, the Director of Nursing (DON) indicated Resident A had an open area on his right heel.</p> <p>The clinical record of Resident A was reviewed on 2/2/15 at 11:20 A.M. Diagnoses included, but were not limited to, Parkinson's disease and Alzheimer's disease.</p>	F000314	<p>F314</p> <p>Willow Manor's practice to ensure that residents having pressure sores receive necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.</p> <p>I. Correction action taken for those residents found to be affected by the deficient practice includes: Resident A is showing signs of improvement. Resident B has 2 of 3 areas showing improvement. Resident B has been re-evaluated and new treatments have been initiated including but not limited to a different mattress and new turning schedule. Resident B is on a daily skin check.</p> <p>II. Other residents that have the potential to be affected have been identified by: A skin sweep was conducted to identify all current areas of skin breakdown. Braden Risk</p>	02/25/2015

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	<p>An admission Minimum Data Set (MDS) assessment, dated 11/21/14, indicated the resident scored a 9 out of 15 for cognition, with 15 indicating no memory impairment. The resident required extensive assistance of one staff for bed mobility, and extensive assistance of two+ staff for transfer. The resident had 1 Stage 2 pressure ulcer, 1 Stage 3 pressure ulcer, and 1 Unstageable-Deep tissue pressure ulcer.</p> <p>The most recent "wound clinic" note, dated 1/27/15, did not include a description of the pressure area. The note indicated, "Wound # 1, Right, Inferior Heel...Primary dressing: - paint with betadine daily and apply borderless foam and wrap with kerlix...."</p> <p>On 2/2/15 at 2:15 P.M., a skin assessment was requested. The resident's right heel was observed to have a black, dry area encompassing most of the heel. LPN # 2 indicated the resident received a treatment of betadine, a foam dressing, and kerlix to the area, and went to the "Wound Clinic."</p> <p>On 2/3/15 at 9:30 A.M., "Weekly Wound Evaluation Flow Records" for Resident A were reviewed. The most current notation, dated 2/2/15, included, "Site/Location: [Right] heel, Date of</p>		<p>assessments were reviewed for all residents to identify those at high risk.</p> <p>III. The measures or systemic changes that have been put into place to ensure that the deficient practice does not recur: A prevention of pressure ulcer policy (skin management) was reviewed and approved through QA. Nursing staff will be educated on new policies as well as the prevention, identification, treatment and documentation of pressure ulcers.</p> <p>IV. The corrective action taken to monitor performance to assure compliance through IV. quality assurance is: In addition to the process noted above, the DON or designee will visualize all wounds weekly and review weekly wound assessment documentation, RD documentation and wound care plans weekly at Nutrition at Risk meetings. Results will be presented to Quality Assurance Meeting monthly.</p> <p>V. A performance improvement tool has been initiated that will be utilized to review incidents of all acute chances to assure that Physician/Family have been notified in accordance with the regulation. The tool will randomly select 5 residents with acute changes. DON or her designee will complete this audit weekly X3, monthly X3, and then quarterly X3. Any issues identified will be immediately</p>	

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	<p>Onset: 11-15-14, Pressure Ulcer, Acquired: Admission, Stage [left blank], Size: 6 cm [centimeters] x 4.5 cm...Tissue Description: Eschar (black tissue), Surrounding Skin Color: Pink, Bright Red..."</p> <p>Additional "Weekly Wound" records documented the following:</p> <p>1/26/15: "[Right] heel...Stage B [Stage II], Size 4 x 5.1...Tissue Description: Granulation..."</p> <p>1/19/15: "Stage B...Tissue Description: Granulation..."</p> <p>1/9/15: "Stage B...Exudate Type: Serous, Esutate Amount: Small, Tissue Description, Granulation, Surrounding Skin Color, Normal...."</p> <p>1/4/15: "Stage B...Granulation...."</p> <p>The Unit Manager # 2 at that time indicated that he had been filling out the wound evaluation reports. He indicated that the resident's heel ulcer had been a Stage 2, but that the betadine had made the wound black. The Unit Manager # 2 indicated he was waiting to complete the 2/2/15 assessment and "stage" the wound upon further review.</p>		<p>corrected. The Quality Assurance Committee will review the tool with recommendations as needed based on the outcome of the tool. The date of the systemic changes will be 2/25/2015.</p> <p>The date of the systemic changes will be completed on 2/25/2015.</p>	

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	<p>On 2/3/15 at 10:30 A.M., during an interview with the Wound Clinic manager, she indicated her clinic does not routinely send a description of the areas to the facility unless the facility requests them. She indicated she would provide descriptions of Resident A's wounds.</p> <p>On 2/3/15 at 10:40 A.M., the Wound Clinic descriptions of Resident A's pressure ulcer were reviewed. The initial visit note, dated 12/30/14, included: "Wound 1, Right Heel, Wound Type: Pressure Ulcer, Wound Description: Stage: Necrotic Tissue (unstageable)...." Further Wound Clinic descriptions indicated:</p> <p>1/6/15: "Right Heel, Necrotic Tissue (unstageable), Exudate Amount: Moderate, Exudate Type: Sero-sanguineous, Color: Yellow...Slough: Yes, Eschar: Yes, Granulation: No...."</p> <p>1/13/15: "Right Heel, Necrotic Tissue (unstageable), Exudate Amount: Moderate, Exudate Type: Sero-sanguineous, Color: Yellow...Slough: Yes, Eschar: Yes, Granulation: No...."</p> <p>1/20/15: "Right Heel, Necrotic Tissue</p>			

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	<p>(unstageable), Exudate Amount: Moderate, Exudate Type: Sero-sanguineous, Color: Yellow...Slough: Yes, Eschar: Yes, Granulation: No...."</p> <p>1/27/15: 1/20/15: "Right Heel, Necrotic Tissue (unstageable), Exudate Amount: Moderate, Exudate Type: Sero-sanguineous, Color: Yellow...Slough: Yes, Eschar: Yes, Granulation: No...."</p> <p>On 2/3/15 at 11:00 A.M., during an interview with the DON, she indicated there was not a specific nurse designated to assess wounds, but that which ever nurse was working that specific day would assess and document the appearance of the pressure areas. She indicated the Unit Managers would also observe the areas. The DON indicated the nursing staff may need more education regarding the staging of pressure areas.</p> <p>2. On 2/2/15 at 9:30 A.M., during the initial tour, the DON indicated Resident B had a Stage 1 area on her right foot and right ankle.</p> <p>On 2/2/15 at 2:20 P.M., a skin assessment was requested. Resident B was observed lying in bed. 2 dressings</p>			

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	<p>were observed on the right outer ankle and right lateral aspect of the resident's foot. Unit Manager # 2 removed the dressings, and indicated the areas looked "much better." The right outer ankle pressure sore was observed to be open, with a pink wound bed. There was depth noted to the wound. No drainage was observed. The right lateral aspect pressure area was open, with a hard yellow wound bed. Unit Manager # 2 indicated the nurse had measured the areas that day, and may have called the physician to obtain a different treatment.</p> <p>The clinical record of Resident B was reviewed on 2/2/15 at 2:25 P.M. Diagnoses included, but were not limited to, Alzheimer's disease and osteoarthritis.</p> <p>An annual Minimum Data Set (MDS) assessment, dated 12/5/14, indicated the resident was unable to complete an interview for cognition, and had a short-term and long-term memory problem. The resident had no unhealed pressure ulcers.</p> <p>Nurse's Notes included the following notations:</p> <p>1/5/15 at 9:30 A.M.: "...N.O. [new order] Skin et [and] cover [with] Duoderm to area on [Right] ankle once a day until</p>			

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	<p>healed, skin prep et cover [with] duoderm to area on lateral side of [right] foot once/day until healed...cont [continue] to monitor."</p> <p>1/8/15 at 11:00 A.M.: "Resident has edema +2 to R [right] foot along [with] Stg [stage] 1 areas to [right] ankle, lateral foot...Res [resident] has contraction to [lower] extremities, turn et repo [reposition] q [every] 2 [hours], heels floated."</p> <p>1/23/15 at 10:00 A.M.: "Assessment completed on [right] foot areas. [No] improvement seen. Report to physician [with] N.O. rec [received]...."</p> <p>2/2/15 (untimed): "Dressing to areas on R foot completed as ordered...Both wound beds are white in color [with] edges clean...."</p> <p>A resident care plan, dated 1/5/15, indicated: "Problem, Impaired skin: lateral side of rt [right] foot. 1/23/15 area open. Interventions: Assess and document skin area every week per facility protocol...."</p> <p>An additional resident care plan, dated 1/5/15, indicated: "Problem, Impaired skin: area rt. ankle. 1-23-15 area open. Interventions: Assess and document skin</p>			

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	<p>area every week per facility protocol...."</p> <p>"Weekly Wound Evaluation Flow Records" included the following descriptions:</p> <p>"Site/Location: [Right] lateral foot, Date of Onset: 1-5-15, Non-Pressure Ulcer, In House, Stage A [Stage 1], 1.4 x 0.9 [centimeters]... 1/12/15, Stage A...1/18/15, Stage A..., 1/24/15, Stage A, Size 1.0 x 1.2, Depth [none]...Tissue Description: Epithelial...2/1/15, Stage A, Size 1.4 x 1.4, Depth [left blank], Undermining [left blank], Exudate Type [left blank], Tissue Description [left blank], Surrounding Skin Color [left blank], Surrounding Skin [left blank]...."</p> <p>"Site/Location: [Right] ankle, Date of Onset: 1-5-15, Pressure Ulcer, In House, Stage A [Stage 1], 1.2 x 0.9 [centimeters], Depth [none]... 1/12/15, Stage A...1/18/15, Stage A..., 1/24/15, Stage A, Size 0.5 x 0.9,, Depth [none]...Tissue Description: Epithelial...2/1/15, Stage A, Size 1 x 0.5 cm, Depth [left blank], Exudate Type None, Tissue Description Epithelial, Surrounding Skin Color Pink, Surrounding Skin [left blank]...."</p> <p>On 2/2/15 at 2:45 P.M., during an interview with Unit Manager # 2</p>			

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	<p>regarding the Wound Evaluation Record documentation, she indicated she would "probably have staged the areas as a 3." She indicated she didn't know if the nursing staff "just marked whatever was marked previously," or if the nursing staff was confused regarding staging areas.</p> <p>3. STAGES OF PRESSURE ULCERS, AMDA - 2008, included: <u>Stage I:</u> Intact skin with nonblanchable redness of a localized area, usually over a bony prominence...Note: This area may be painful, firm, soft, warmer or cooler compared to adjacent skin. <u>Stage II:</u> Partial thickness loss of dermis presenting as a shallow open ulcer with a red pink ulcer bed without slough. May also present as an intact or open/ruptured serum filled blister. <u>Stage III:</u> Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle is not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling. <u>Stage IV:</u> Full thickness tissue loss with exposed bone, tendon, or muscle. Slough or eschar may be present on some parts of the ulcer bed. Often includes undermining and tunneling. Note: The depth of a Stage III or IV varies by anatomical location. The bridge of the nose, ear, occiput and malleolus do not</p>			

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	<p>have subcutaneous tissue and these ulcers can be shallow. Unstageable: Full thickness tissue loss in which the base of the ulcer is covered by slough (yellow, tan, gray, green, or brown) and/or eschar (tan, brown or black) in the ulcer bed. Note: Until enough slough or eschar is removed to expose the base of the ulcer, the true depth and therefore stage, cannot be determined. Stable (dry, adherent, intact without erythema or fluctuance) eschar on the heels serves as the body 's natural [biological] cover and should not be removed.</p> <p>4. On 2/3/15 at 10:45 A.M., the DON provided the current policy "Patients at risk for Pressure Ulcers," dated 11/09. The policy included: "Skin Condition Weekly Progress Report, The Purpose of these Reports is to gather information regarding the progress or deterioration of any skin alterations...Each area should be measured weekly...."</p> <p>This Federal tag relates to Complaint IN00163390.</p> <p>3.1-40(a)(2)</p>			

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