STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525553	A. BUILDING _____ B. WING _____	**07/23/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
SHELL LAKE HEALTH CARE CENTER	**802 E CTY HWY B SHELL LAKE, WI 54871**

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)
F 0686 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Provide appropriate pressure ulcer care and prevent new ulcers from developing.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility did not ensure care was provided consistent with professional standards of practice, to prevent pressure injuries (PI's) from developing for 1 Resident (R) (R2) of 4 residents reviewed for PI's. The facility did not ensure R2 was positioned according to their plan of care to help reduce the risk of developing a PI on R2's heels. Findings: The Quick Reference Guide entitled, Pressure Ulcer Prevention, published by the National Pressure Ulcer Advisory Panel in 2009 indicated high pressures over bony prominence's, for a short period of time, and low pressures over bony prominence's, for a long period of time, are equally damaging. In order to lessen the individual's risk of pressure ulcer development, it is important to reduce the time and the amount of pressure he/she is exposed to. Ensure that the heels are free of the surface of the bed. Heel protection devices should elevate the heel, completely off loading them. The second edition published in 2014, entitled Prevention and treatment of [REDACTED]. The posterior prominence of the heel sustains intense pressure, even when a pressure redistribution surface is used. Ensure that the heels are free of the surface of the bed. Ideally, heels should be free of all pressure - a state sometimes called 'floating heels.' Use heel suspension devices that elevate and offload the heel completely in such a way as to distribute the weight of the leg along the calf without placing pressure on the Achilles tendon. Heel suspension devices are preferable for long term use, or for individuals who are not likely to keep their legs on the pillows. R2 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. On 7/22/2020 at 1:02 PM, the Surveyor observed CNA-E and CNA-F position R2 in the supine (on back) position with the head of the bed elevated to approximately 45 degrees, one pillow beneath R2's head, and one pillow placed beneath the draw sheet and under R2's left side and arm. R2's legs were bent at the knees and leaning towards R2's left side. R2's left lateral foot surface was in contact with the mattress and the right lateral foot surface was in contact with the mattress. R2 was covered with a blanket, call-light placed near R2's right hand, bed lowered, and CNA-E and CNA-F exited R2's room. At approximately 2:00 PM, the Surveyor performed record review of R2's care plan and Treatment Administration Record (TAR). The care plan was initiated and revised on 7/6/2020 to include a focus of, I have actual impairment to skin integrity of the right heel and right lateral maleolus. The care plan goal stated, The resident will maintain or develop clean and intact skin by the review date and The resident will have no complications r/t (related to) heel and malleolus of right foot through review date. Interventions on R2's care plan state, Resident does not like boots on. Will complete wound care daily per orders and then elevate foot on pillow. Will monitor for a week to see how this goes and if there is improvement to wounds on right foot. Date initiated 7/15/20. Resident wears special boots, does move feet up and down which may cause skin impairment. Date initiated 7/7/2020. Soft boots on at all times for protection. Date initiated 7/6/2020. The Braden Scale for Predicting Pressure Sore Risk (assessment for predicting a resident's risk for developing a pressure injury) effective 7/20/2020 at 7:38 PM, indicated a score of 12, meaning R2 is at high risk for developing pressure injury. Number 4 on the Braden Scale Assessment is documented as 1. Completely Immobile: Does not make even slight changes in body or extremity position without assistance. The TAR includes the following orders: Elevate right foot on pillow and leave boot OFF at all times. Every day shift. Start Date 7/16/2020. Soft boots on left foot every shift for protection. Start Date 7/15/2020. The CNA Kardex Report, (a form to communicate important resident information to staff) printed on 7/24/2020 by DON-B and provided to Surveyor, states Resident does not like boots on. Will complete wound care daily per orders and then elevate foot on pillow. Will monitor for a week to see how this goes. The CNA Kardex is not consistent with current orders on the TAR. On 7/22/2020 at 2:30 PM, Surveyor observed R2 in bed with the blanket on R2. On 7/22/2020 at 3:10 PM, Surveyor interviewed CNA-G, who verified by lifting up R2's blanket that R2 did not have heel protector boots on either the left or the right foot. CNA-G stated they do not apply a boot to R2's right foot because of the wound. On 7/22/2020 at 4:38 PM, Surveyor interviewed CNA-H who indicated CNA-H repositioned R2 at 3:30 PM and that the resident was repositioned by day shift (CNA-H unsure what time day shift repositioned R2.) The Surveyor observed R2 with CNA-H and noted R2 to be supine with the head of the bed at 45 degrees, a pillow under R2's head, and one pillow under R2's left side and arm. There was not a heel protector boot on R2's left foot and no pillow under R2's right foot. CNA-H verified the absence of the left foot heel protector boot and pillow under the right leg of R2. CNA-H immediately asked RN-I where R2's heel protector boots were. CNA-H and RN-I entered R2's room and did not find heel protector boots in R2's room. At 4:44 PM, RN-I showed Surveyor R2's position in bed. R2 had heel protector boots on the left foot and right foot. The current care plan and TAR indicates the left foot will have a boot on at all times and the right foot will not have a boot on, and to elevate the right foot with a pillow.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE