| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | **145593** | A. BUILDING _____ B. WING _____ | **08/27/2020** |

| NAME OF PROVIDER OF SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP |
|---|---|
| **MANORCARE OF LIBERTYVILLE** | **1500 SOUTH MILWAUKEE AVENUE LIBERTYVILLE, IL 60048** |

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<br><br>**Level of harm -** Minimal harm or potential for actual harm<br><br>**Residents Affected -** Few | **Provide appropriate pressure ulcer care and prevent new ulcers from developing.**<br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**<br>Based on observation, interview, and record review the facility failed to implement pressure reducing interventions for a resident that is at high risk for pressure ulcers and failed to have qualified staff apply a dressing as ordered. This applies to 1 of 5 residents (R4) reviewed for pressure ulcer treatment in the sample of 14. On 8/26/20 at 9:38 AM, R4 was laying in bed. R4 had a regular mattress and was not an air mattress. R4's right heel had a foam boot on it and her left heel was laying directly on the mattress. At 10:40 AM, V10 and V20, Certified Nursing Assistants (CNAs) provided incontinence care to R4. V20 removed R4's incontinence brief. R4's left buttock had a small red area and R4's sacral and right buttock area had a larger red area on it. There was no dressing applied to the reddened areas. After V20 cleaned a small amount of stool from R4's buttock, V20 opened a think absorbent gauze pad and applied to to the red areas on R4's buttocks. V20 verified that there was not a dressing located in R4's soiled incontinence brief. V20 then left the room and did not float R4's left heel. At 12:31 PM, R4 was laying in bed. R4's heels were directly on the regular mattress. R4's foam heel boots were in the window sill. On 8/26/20 at 12:31 PM, R4 said that she used to have an air bed but her room was moved and has not had one since. R4 said that she liked the air bed and does not mind wearing the boots. R4 said that the physical therapist took the boots off during therapy and forgot to put them back on. R4 said that sometimes they use pillows to elevate her heels, sometimes the boot and sometimes nothing at all. On 8/26/20 at 12:07 PM, V15 (Wound Registered Nurse) said that R4 was admitted with a large sacral wound that extended to her left buttock. On 8/27/20 at 10:03 AM, V15 said that R4's wound looks a little bit more red since the last time that she looked at it. V15 said that the pressure reduction interventions in place for R4 include: an air mattress, reposition frequently, supplements, body audits and float heels. V15 said that R4 does also have foam boots that could be used to relieve pressure on her heels. V15 said that CNAs should not apply dressings, they should go get the nurse if it needs to be applied. R4's Wound Evaluation dated 5/18/20 showed that she had a stage 3 pressure ulcer on her sacrum that measured 4.47 cm x 7.76 cm. R4's Wound Evaluation dated 8/3/20 showed that her stage 3 pressure ulcer was resolved. R4's Minimum Data Set assessment dated [DATE] shows that her cognition is intact, always incontinent of urine and stool, requires extensive assistance for bed mobility and is at risk for pressure ulcers. R4's physician's orders [REDACTED]. R4's current skin integrity care plan show that she is at risk for alteration in skin integrity related to impaired mobility, incontinence, recent surgery and history of pressure ulcer but does not mention ordered intervetions. The facility's Alteration in skin integrity date 2013 shows, If an alteration is skin is identified colaborates with the licensed nurse, physician, or ARNP to determine the type of alteration present. Treatment orders are obtained, noted and initiated |

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