

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145389	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/10/2020
NAME OF PROVIDER OF SUPPLIER WATSEKA REHAB & HLTH CARE CTR		STREET ADDRESS, CITY, STATE, ZIP 715 EAST RAYMOND ROAD WATSEKA, IL 60970	
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 0677 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview, the facility failed to provide scheduled showers for three of nine residents (R7, R8, R9) reviewed for hygiene in the sample of nine. Findings include: 1. On 9/9/20 at 9:18 AM, R7 stated R7 has only been receiving showers one time per week, and R7 would like to have a shower two times per week. R7's physician's orders [REDACTED]. R7's Minimum Data Set ((MDS) dated [DATE] documents R7 is understood and usually understands others and uses assistance of two staff with bathing assistance. R7's Care Plan dated 4/17/18 documents R7 has a self care deficit and uses extensive assistance with Activities of Daily Living. This Care Plan documents an intervention to receive a shower two times per week and to provide bathing, grooming, hygiene per R7's preference. The facility's undated shower schedule documents R7's showers are scheduled for Monday and Fridays. R7's shower documentation sheets for August and September 2020 document R7 received showers on 8/12, 8/14, 8/18, 8/27, 8/31, 9/1, and 9/5/20. There is no documentation that R7 received showers 8/1-8/11 and 8/19-8/26. On 9/10/20 at 11:30 AM V2 Director of Nursing (DON) stated residents are scheduled to have showers two times per week. V2 confirmed R7 was missing shower documentation between 8/1-8/11 and 8/19-8/26. On 9/10/20 at 3:34 PM V1 Administrator stated had no additional shower documentation to provide for R7. 2. On 9/9/20 at 1:00 AM, R8 stated R8 has not had a shower since 8/19/20, and R8 would like to receive a shower one time per week. R8's MDS dated [DATE] documents R8 is understood and understands and uses extensive assistance of one staff for bathing assistance. R8's Care Plan dated 7/16/20 documents R8 is at risk for developing pressure ulcers and documents an intervention to provide a daily sponge bath and shower weekly. The facility's undated shower schedule documents R8's showers are scheduled for Wednesday and Saturday night shift. R8's shower documentation sheets for August and September 2020 document R8 received showers on 8/16-8/19, 9/1, and 9/9. There is no documentation that R8 received showers 8/20-8/30. On 9/8/20 at 11:05 PM V3 Licensed Practical Nurse stated, once in awhile, night shift showers do not get done if the facility is short staffed of Certified Nursing Assistants (CNAs.) On 9/10/20 at 11:30 AM V2, (Director Of Nurings, DON) stated residents are scheduled to have showers two times per week. V2 stated sometimes R8 refuses showers, but the staff should still complete a shower sheet and document R8's refusal. V2 confirmed R8 was missing shower documentation between 8/20-8/30/20. On 9/10/20 at 3:34 PM V1, Administrator stated V1 had no additional shower documentation to provide for R8. 3. On 9/9/20 at 9:10 AM, R9 stated the facility doesn't have enough CNAs and R9 has not been getting R9's showers as scheduled. R9 stated R9's scheduled shower days are Tuesdays and Fridays, but R9 has only been getting showers one time per week. R9 stated R9 did not receive a shower as scheduled on 9/8/20. R9's POS dated 9/1-9/30/20 documents R9 has [DIAGNOSES REDACTED]. R9's MDS dated [DATE] documents R9 is understood and understands and uses extensive assistance of two staff for bathing assistance. R9's Care Plan dated 12/5/17 documents R9 has a self care deficit and needs limited assistance with Activities of Daily Living. This Care Plan documents an intervention dated 9/12/19 for R9 to receive showers one time per week and to provide bathing, grooming, and hygiene per R9's preference. The facility's undated shower schedule documents R9's showers are scheduled for Tuesdays and Fridays. R9's shower documentation sheets for August and September 2020 document R9 received showers on 8/11, 8/14, 8/18, 8/25, 9/1, and 9/4. On 9/10/20 at 11:30 AM V2 DON stated residents are scheduled to have showers two times per week. V2 confirmed R9 was missing shower documentation for scheduled showers on 8/4, 8/7, 8/21, 8/28, and 9/8/20. On 9/10/20 at 3:34 PM V1 Administrator stated V1 had no additional shower documentation to provide for R9.		
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 failed to administer pressure ulcer treatments as ordered, implement a pressure ulcer intervention, and failed to obtain weekly measurements of a pressure ulcer for two of three residents (R1, R2) reviewed for pressure ulcers in the sample of nine. Findings include: 1. R1's physician's orders [REDACTED]. This POS documents a treatment order to R1's right and left buttock wounds to cleanse the wounds, apply a skin protectant to the periwound, apply Mupirocin (antibacterial ointment) and Santyl ((MEDICATION NAME) ointment), apply Calcium Alginate twice daily and as needed. R1's Minimum Data Set ((MDS) dated [DATE] documents R1 is cognitively impaired, uses total dependence of two staff for bed mobility, extensive assistance of two staff for transfers and toileting, is frequently incontinent of bowel and bladder, and R1 has one facility acquired Stage II Pressure Ulcer. R1's Care Plan dated 7/16/20 documents R1 is at high risk for pressure ulcers per a Braden Assessment score of 14. This care plan documents an entry 6/27/20 that R1 has open areas to R1's left and right buttocks and to refer to the TAR (Treatment Administration Record) and POS for current orders. R1's TARs dated 9/1-9/30/20 does not document R1's left and right buttock wound treatments were administered as ordered at 6:00 AM on 9/1-9/5, and at 6:00 PM on 9/1, 9/2, and 9/7. R1's TAR dated 8/1-8/31 does not document R1's right and left buttock wound treatments were administered at 6:00 AM on 8/1, 8/2, 8/6, 8/7, 8/9, 8/10, and 8/17. R1's TAR dated 7/1-7/31/20 does not document that R1's left buttock wound treatment was administered at 6:00 PM on 7/1-7/3, 7/10, 7/14, 7/15, 7/18-7/22, 7/26-7/31, and R1's right buttock wound treatment was administered at 6:00 PM on 7/1-7/3, 7/10, 7/14, 7/15, 7/19-7/22, 7/26-7/31 and at 6:00 AM on 7/25, 7/26 and 7/28-7/31. There is no documentation in R1's medical record of measurements/assessments of R1's pressure ulcer. The facility's Monthly Wound Tracking Report dated 7/3/20 documents R1's Stage two left buttock pressure ulcer measured 2.1 centimeters (cm) by 3 cm and no depth. The facility's Monthly Wound Tracking Report dated 7/10/20 documents R1's stage two right buttock pressure ulcer measures 1.2 by 1.3 cm and R1's stage one left buttock pressure ulcer measured 2.2 by 2.8 cm and no depth. The facility's Monthly Wound Tracking Report dated 8/7/20 documents R1's left buttock wound as a stage three pressure ulcer 3.5 cm by 3.8 cm by 0.3 cm deep. The facility's Monthly Wound Tracking Report dated 9/4/20 documents R1's facility acquired Stage three pressure ulcer to R1's left buttock measured 1.2 cm by 1.2 cm and does not document a measurement for depth. This report documents R1's facility acquired Stage three right buttock wound measured 3.1 cm x 3.2 cm and does not document a measurement for depth. These wound reports are inconsistent with the stage and measurements for R1's left and right buttock wounds. On 9/8/20 at 10:38 PM V5, Certified Nursing Assistant (CNA) entered R1's room and assisted R1 onto R1's right side. There was an undated dressing observed on R1's left buttock. On 9/9/20 at 12:12 AM V9, CNA and V3, Licensed Practical Nurse (LPN) entered R1's room to provide incontinence care and R1's left buttock wound treatment. R1's left buttock wound was observed and the wound bed was red. V3 cleansed the wound and administered the treatment as ordered. There was no wound observed to R1's right buttock. V3 stated R1's right buttock wound has been healed. On 9/10/20 at 11:30 AM V2 Director of Nursing (DON) stated R1's left and right buttock wounds were facility acquired and developed on 6/27/20. V2 stated initially R1's left buttock pressure ulcer was a stage two that worsened into a stage three. V2 stated the nurses are to be measuring and assessing pressure ulcers weekly and confirmed there is no documentation of this in R1's medical record. V2 confirmed there is missing documentation that R1's pressure ulcer treatments were administered as ordered on the listed dates for July,		

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145389	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/10/2020
NAME OF PROVIDER OF SUPPLIER WATSEKA REHAB & HLTH CARE CTR		STREET ADDRESS, CITY, STATE, ZIP 715 EAST RAYMOND ROAD WATSEKA, IL 60970	
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	<p>(continued... from page 1)</p> <p>August, and September 2020 TARs. V2 stated it is possible that if pressure ulcer treatments are not administered as ordered, then that can contribute to pressure ulcers worsening or not healing. V2 stated it is possible that V2 mixed up the measurements and stages for R1's left and right pressure ulcers on the facility's wound logs, and confirmed the documentation is inconsistent. 2. R2's POS dated 9/1-9/30/20 documents R2 has [DIAGNOSES REDACTED]. This POS documents a treatment order to cleanse R2's right buttock wound, apply [MEDICATION NAME] (antifungal) powder and Calcium Alginate, and cover with a [MEDICATION NAME] dressing every 3 days. R2's MDS dated [DATE] documents R2 is cognitively impaired, uses extensive assistance of one staff for bed mobility and two staff for transfers and toileting, is always incontinent of urine and frequently incontinent of bowel, has one facility acquired stage two pressure ulcer. R2's Care Plan dated 8/12/20 documents R2 is at high risk for skin breakdown per Braden Assessment score of 14. This care plan documents R2's risk factors for pressure ulcers are incontinence, use of wheelchair and uses assistance of staff for bed mobility. This care plan documents R2's skin was intact on admission to the facility and developed a stage two pressure ulcer on the coccyx/right buttock on 6/9/20. R2's Nursing Admission assessment dated [DATE] documents R2 has pressure areas to R2's right and left buttock. There is no documentation of the wound measurements. R2's TAR dated 9/1-9/30/20 documents R2's pressure ulcer measures 1.9 cm by 0.5 cm by 0.1 cm deep. There are no documented assessments or measurements of R2's pressure ulcer in R2's medical record prior to 9/9/20. The facility's Monthly Wound Tracking Reports dated 7/3, 7/10, 7/17, 7/24, 7/31, 8/7, 8/14, 8/21, 8/28, and 9/4/20 do not document measurements or assessments of R2's pressure ulcer. On 9/9/20 at 10:10 AM V14 LPN and V15 CNA entered R2's room to administer R2's pressure ulcer treatment. V14 removed R2's pressure ulcer dressing. R2 had an open wound between R2's buttocks. V14 cleansed the wound, applied [MEDICATION NAME] powder, and covered with a bordered foam dressing. On 9/9/20 at 3:23 PM V14 stated V14 had not applied calcium alginate and a [MEDICATION NAME] dressing to R2's pressure ulcer as ordered. V14 confirmed R2's pressure ulcer treatment includes application of [MEDICATION NAME] powder, Calcium Alginate, and a [MEDICATION NAME] dressing (not a bordered foam dressing.) On 9/9/20 at 11:30 AM V2, DON, stated the nurses are to be measuring and assessing pressure ulcers weekly and confirmed there is no documentation of this in R2's medical record. V2 confirmed R2's pressure ulcer measurements are not recorded on the facility's July, August, or September 2020 Monthly Wound Tracking Reports. V2 stated R2's pressure ulcer began as Moisture Associated Skin Damage on 6/9/20 and was facility acquired and based upon R2's wound measurements from today R2's wound is considered to be a stage two pressure ulcer. V2 stated R2's pressure ulcer was healed when R2 went to the hospital on 8/8 and was present upon return to the facility on [DATE]. V2 stated if pressure ulcer treatments are not administered as ordered then that can contribute to the wound worsening or not healing. On 9/10/20 at 2:08 PM V2 provided a hand written note documenting R2's wound measurements as follows: 7/3 2.1 cm by 0.2 cm, 7/10 2.2 cm by 0.1 cm, 7/17 1.8 cm by 0.1 cm, 7/24 healed, 7/31 healed, 8/7 healed, 8/14 2.1 cm by 0.1 cm, 8/21 0.1 cm by 2.1 cm, 8/24 0.2 cm by 2.2 cm, 8/31 healed, and 9/4 healed. The facility's Pressure Sore Prevention Guidelines revised January 2018 documents It is the facility's policy to provide adequate interventions for the prevention of pressure ulcers for residents who are identified as HIGH or MODERATE risk for skin breakdown as determined by the Braden Scale. Any resident who is high or moderate risk for skin breakdown will have scheduled skin checks on the Treatment Record. Skin checks will be completed and documented by the nurse.</p>		