

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/28/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435119	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/12/2022
NAME OF PROVIDER OR SUPPLIER WILMOT CARE CENTER INC			STREET ADDRESS, CITY, STATE, ZIP CODE 501 4TH ST WILMOT, SD 57279		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS Surveyor: 28354 A complaint health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities, was conducted on 4/12/22. Areas surveyed included quality of care and preventative skin care. Wilmot Care Center was found not in compliance with the following requirements: F657 and F686. Wilmot Care Center's vaccination program was reviewed for compliance with the Centers for Medicare and Medicaid (CMS) Quality, Safety and Oversight (QSO) memorandum QSO-22-09-ALL, dated January 14, 2022, on 4/12/22. Wilmot Care Center was found in compliance.	F000			
F 657 SS=D	Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii) §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined	F 657			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Jan Van Beek, Administrator

TITLE

05-05-2022
05-16-202

(X5) 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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F 657	<p>Continued From page 1</p> <p>not practicable for the development of the resident's care plan.</p> <p>(F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident.</p> <p>(II) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Surveyor: 29354</p> <p>Based on closed record review, interview, and policy review, the provider failed to ensure one of one closed sampled resident (1) care plan had been updated related to her pressure ulcer and interventions for it. Findings include:</p> <p>1. Review of resident 1's closed medical record revealed she:</p> <ul style="list-style-type: none"> *Had been admitted to the facility on 1/6/22. *Did not have any skin breakdown. *Had been identified through assessments to be at risk for developing pressure ulcers. *Was dependent on the staff for activities of daily living (ADLs). *Had developed skin breakdown during her stay. <p>Review of resident 1's 1/6/22 baseline care plan had not identified any skin issues.</p> <p>Review of resident 1's 2/4/22 care plan revealed:</p> <ul style="list-style-type: none"> *A focus area for an activities of daily living (ADLs) self-care deficit related to failure to thrive and Guilein Barre diagnosis. -Interventions included she required: <ul style="list-style-type: none"> -Total assistance with care and had remained on bedrest. -A Hoyer lift for transfer into the wheelchair. 	F657	<p>F657</p> <p>Resident 1 was discharged and the care plan can not be updated.</p> <p>The Director of Nursing Services(DNS)/MDS Coordinator will update all resident care plans to include any skin issues they may have based on the Braden Scale and weekly skin inspections.</p> <p>Interventions will be listed as per the Potential Interventions Worksheet and will include appropriate nursing and dietary interventions.</p> <p>New resident admissions will have the admitting Registered Nurse complete a Baseline care plan within forty-eight hours to include a full body skin assessment, Braden scale and any interventions that may be indicated. Charge nurse at bedtime will complete the skin assessment as per education provided May 5-11, 2022. Education and Admission checklist will be located at the Nurse's station for all new admits.</p>	5-11-2022	

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F 657	<p>Continued From page 2</p> <p>*A focus area for limited physical mobility. -The goal was to remain free of complications related to immobility including skin-breakdown. -There were no interventions on how to remain free from skin breakdown related to her lack of independent mobility and reliance on staff. *A focus area for pressure ulcer related to immobility due to weakness and COVID-19 diagnoses. -She had a pressure ulcer related to immobility due to weakness and COVID-19 diagnoses. -The goal had included to have intact skin, be free of redness, blisters, or discoloration. -Interventions had included: -Administer treatments as ordered and monitor for effectiveness. -Avoid positioning the resident on her coccyx, even though the resident preferred that. -Follow the facility policies/protocols for the prevention/treatment of skin breakdown. *There were no other individualized goals or interventions for the prevention of pressure ulcers on the 2/4/22 care plan.</p> <p>Interview on 4/12/22 at 10:50 a.m. with administrator A and director of nursing (DON) B regarding resident f's care plan revealed: *They were not sure when the skin breakdown had been initially identified. *They were aware she had scratches and excoriation to the buttock area. *They thought the first open area was around 1/19/22. *They had her placed on a turning schedule and she had been been resistive to that. *There was no documentation she had been: -On a turning schedule. -Resistive to staff repositioning her. *The care plan should have been updated to</p>	F657	<p>F 657 cont.</p> <p>Any new skin issues or changes in the Braden scale scores will be communicated by the charge nurse to the resident's primary Physician or designee, Certified Dietary Manager and therapies as per the Pressure Injury Prevention Policy. Care plans will be updated by the charge nurse with appropriate interventions.</p> <p>The Director of Nursing services (DNS)/designee will audit new residents for completion of Braden Scale, skin inspection and baseline care plan within seven days of admission.</p> <p>All Current residents will be audited by the Director of Nursing/designee for completion of Braden scale, weekly skin inspections and care plan updates by May 11, 2022 and then all checked weekly for one month; twice a month for one month and then monthly. DNS/designee will report to the QAPI committee at the next meeting and then quarterly until committee recommends completeness.</p>		

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F 657	<p>Continued From page 3</p> <p>include prevention of skin breakdown.</p> <p>*There were no interventions put in place for the prevention of skin breakdown on her care plan.</p> <p>*DON B felt he should have had interventions in place to prevent skin breakdown when resident 1 was admitted.</p> <p>*They considered their bed mattresses to be a preventative measure for skin breakdown.</p> <p>Continued interview on 4/12/22 at 10:50 a.m. with DON B regarding resident 1 revealed:</p> <p>*The Braden Scale was completed on the 7th day after admission.</p> <p>*DON B agreed he should have marked more interventions for the prevention of skin breakdown on her MDS.</p> <p>*They had not had any residents in the facility with pressure ulcers for three years.</p> <p>*For wound management;</p> <p>-They referred to the certified nurse practitioner.</p> <p>-They used the physician's standing orders to treat a wound.</p> <p>-The nurse completed a skin assessment weekly and then documented the results in the treatment administration record.</p> <p>*He was not aware if the physician had been contacted regarding her skin issues.</p> <p>-The Hydrocolloid dressing came from the physician's standing orders.</p> <p>*He was not aware if the registered dietitian had been notified of her skin issues.</p> <p>*The wound nurse had not come to the facility because resident 1 was being discharged home on Hospice.</p> <p>*The wound nurse was their wound consultant.</p> <p>*They had not documented weekly skin assessments.</p> <p>Review of the provider's December 2016 Care</p>	F657			

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F 657	Continued From page 4 Plan policy revealed. **Policy: -An individualized, comprehensive care plan that includes measurable objectives and timetables to meet the resident's medical, nursing, mental and psychological needs is developed for each resident." **Procedure: -6. Each resident's comprehensive care plan is designed to: -a. Incorporate identified problem areas; -b. Incorporate risk factors associated with identified problems; -c. Build on the resident's strengths; -d. Reflect the resident's expressed wishes regarding care and treatment goals; -e. Reflect treatment goals, timetables and objectives in measurable outcomes; -f. Identify the professional services that are responsible for each element of care; -g. Aid in preventing or reducing declines in the resident's functional status and/or functional levels; -i. Reflect currently recognized standards of practice for problem areas and conditions." -11. Assessments of residents are ongoing and care plans are revised as information about the resident and the resident's condition change."	F 657			
F 686 SS=G	Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii) §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure	F 686			

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F 686	<p>Continued From page 5</p> <p>ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is not met as evidenced by:</p> <p>Surveyor: 29354</p> <p>Based on closed record review, interview, policy review, and information submitted to the South Dakota Department of Health (SD DOH), the provider failed to ensure one of one closed sampled resident (1) with a facility acquired pressure ulcer had:</p> <ul style="list-style-type: none"> *Been identified as being at risk for developing pressure ulcers. *Complete and ongoing weekly skin assessments following admission. *Individualized interventions to prevent pressure ulcers implemented. *An updated care plan for the prevention of pressure ulcers. *Physician notified of her pressure ulcer. *Registered dietitian (RD) notified of her pressure ulcer. *Appropriate dietary interventions implemented. *A policy and/or procedure in place for pressure ulcers. <p>Findings include:</p> <ol style="list-style-type: none"> 1. Review of the document provided to the SD DOH regarding resident 1 revealed she had developed a large open sore [pressure ulcer] on her lower back. 2. Review of the Resident Census and Conditions of Residents completed by director of nursing 	F686	<p>F686 Resident 1 was discharged.</p> <p>The Pressure Injury Prevention Policy was written and implemented and reviewed by the Medical Director.</p> <p>Nursing staff, including contract staff, and the Certified Dietary Manager will be trained by the Director of Nursing on the policy by May 11, 2022. Any staff unable to attend offered training will receive training on their next scheduled shift. Education will include: Pressure Injury Prevention Policy, including prevention, causes and stages of pressure injuries; completion and schedule of Braden Scale; completion and scheduling of skin inspections; use of Potential Intervention Worksheet; updating care plans; notification – physician, family, dietary and therapy; and required documentation. On-going education will be set up with the Wound Care Consultant on a as needed basis.</p> <p>Director of Nursing Services (DNS) or designee will audit education completeness on 5-12-2022 and schedule any staff that did not attend.</p>	5-11-2022

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F 686	<p>Continued From page 6 (DON) B on 4/12/22 revealed: *There census was twenty-four residents. *Twenty-four residents had received preventative skincare. *There were no residents with a pressure ulcer.</p> <p>3. Review of resident 1's medical record revealed: *An admission date of 1/6/22. *Discharged on 2/8/22 to her home on Hospice. *Diagnoses of heart disease, adult failure to thrive, diabetes mellitus type 2, and COVID-19.</p> <p>Review of resident 1's 1/6/22 nursing admission screening/history tool revealed: *They had not identified any skin issues. *She was totally dependent on staff for bed mobility and transfers.</p> <p>Review of resident 1's 1/13/22 and 1/25/22 Braden Scale for Predicting Pressure Sore Risk assessments revealed on: *1/13/22 her score was 17 indicating she had been at risk. *1/25/22 her score was 12 indicating she had been at high risk. *The Braden Scale score was determined by a score of: -15-18: at risk. -13-14: moderate risk. -10-12: high risk. -9 or below: very high risk.</p> <p>Review of resident 1's 1/13/22 admission Minimum Data Set (MDS) assessment and the 1/25/22 five day MDS revealed: *1/13/22 Brief Interview for Mental Status (BIMS) examination score was fifteen indicating she was cognitive.</p>	F686	<p>F686 cont.</p> <p>All residents will have a current weekly skin inspection completed by May 11, 2022 by the charge nurse. Any skin concerns will activate a Braden Scale and care plans will be updated as needed by the charge nurse. Per policy, appropriate notifications will be made and documented by the charge nurse. Refer to F657 Plan of Corrections.</p> <p>Director of Nursing Services or designee will communicate with the Dietary Manager on an on-going basis on any skin issues.</p> <p>Director of Nursing Services (DNS) or designee will audit education completeness on 5-12-2022 and schedule any staff that did not attend.</p> <p>DNS/designee will audit nursing staff documentation for weekly skin inspections and care plan updates if appropriate. Audit will also include Braden Scale completion. DNS/designee will report at the next Quality Assurance committee meeting and then quarterly until committee recommends completeness.</p>		

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F 686	<p>Continued From page 7</p> <p>*1/25/22 BIMS examination score was ten indicating she had cognitive impairment. *1/13/22 and 1/25/22: -She required extensive assistance from two staff for bed mobility, transfer, dressing, toileting, and personal hygiene. -She was at risk of developing pressure ulcers. -No skin issues had been marked. -Interventions in place had been a preventative device in her wheelchair. -No other interventions had been marked.</p> <p>Review of resident 1's 1/6/22 baseline care plan had not identified any skin issues.</p> <p>Review of resident 1's 2/4/22 care plan revealed *A focus area for an activities of daily living (ADLs) self-care deficit related to failure to thrive and Guillain Barre diagnosis. -Interventions included she required: -Total assistance with care and had remained on bedrest. -A Hoyer lift for transfer into the wheelchair. *A focus area for limited physical mobility. -The goal was to remain free of complications related to immobility including skin-breakdown. -There were no interventions on how to remain free from skin breakdown related to her lack of independent mobility and reliance on staff. *A focus area for pressure ulcer related to immobility due to weakness and COVID-19 diagnoses. -She had a pressure ulcer related to immobility due to weakness and COVID-19 diagnoses. -The goal had included to have intact skin, be free of redness, blisters, or discoloration. -Interventions had included: -Administer treatments as ordered and monitor for effectiveness.</p>	F686			

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F 686	<p>Continued From page 8</p> <p>—Avoid positioning the resident on her coccyx, even though the resident preferred that.</p> <p>—Follow the facility policies/protocols for the prevention/treatment of skin breakdown.</p> <p>*There were no other individualized goals or interventions for the prevention of pressure ulcers on the 2/4/22 care plan.</p> <p>Review of resident's nursing progress notes from 1/8/22 through 2/8/22 revealed on:</p> <p>*1/8/22 at 9:16 p.m.: "No open areas noted."</p> <p>*1/12/22 at 9:16 p.m.: The nutrition assessment completed by the RD had not identified any skin issues or concerns.</p> <p>*1/13/22 at 9:35 a.m.: The 1/13/22 MDS charting had not identified any skin issues and alternating air mattress had been coded "no."</p> <p>*1/16/22 at 11:40 a.m.: "Coccyx has a dark purple color noted to sacrum, some areas of excoriation noted to coccyx. Applied Hydrocolloid dressing (x-thin) to excoriated area for protection."</p> <p>*1/18/22 at 11:03 a.m.: "[Daughter's name] states that she is changing to [physician's name]. She states that she had her Mom to him yesterday and that he is recommending that her Mom be discharged to home on hospice."</p> <p>*1/19/22 at 1:54 p.m.: "OTA (occupational therapy assistant) questioning if they should continue to work with [resident's name] if she is going Hospice."</p> <p>*1/24/22 at 1:57 p.m.: "Resident awake and alert for most of the shift. Spent most of the shift in bed but was repositioned every couple hours. She did get out of the wheelchair around 1300 (1:00) p.m."</p> <p>*1/25/22 at 3:30 p.m.: "Repositioned in bed at this time."</p> <p>*1/27/22 at 1:00 p.m.: "Resting in bed all shift, staff totally assists with all cares."</p>	F 686			

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F 686	Continued From page 9 *1/27/22 at 8:14 p.m.: "Coccyx area is excoriated and resident is turned from side to side to assist in healing." *1/29/22 at 11:00 a.m.: "Hydrocolloid Dressing X-Thin to coccyx area every 3 days and PRN (when necessary) soiling until healed." *1/29/22 at 12:43 p.m.: "Resident requesting to stay in bed for both breakfast and lunch today. Her coccyx has an old deep tissue injury that is currently unstageable. Areas of her coccyx are excoriated, other parts are deep purple/black in color. There are no opening noted at this time. Cleansed area with NS (normal saline), then applied hydrocolloid dressing. Continue to turn and reposition resident to aide in pressure relief to coccyx." *1/30/22 at 8:50 a.m.: "Old dressing to coccyx soiled therefore removed. Open areas are cleansed with wound spray and area dried. Eschar and sloughing present. Wound beds moist with some surrounding skin deep purple." *1/31/22 at 2:17 p.m.: "There is a 1" by 5" dark area noted between her tail bone and her rectum. Cleanses with wound cleanser. Bloody drainage noted on the 4x4. Reapplied dressings." *2/7/22 at 9:33 p.m.: "Skin assessed on bottom, dressing removed. There are numerous open areas seen. R) (right) upper buttock with 3.7 cm (centimeters) by 2.8 cm purple discoloration with a .5 cm by 8 cm open area in the center that is red and moist. R) mid inner buttock with 3 cm by 1 cm area that is white and moist. R) lower inner buttock with a 1.5 cm by 1.5 cm area that is yellow in color. L) (left) inner mid buttock with 1.5 cm by 1.2 cm area that is grey/white. L) upper inner buttock with 1.8 cm by 1 cm that is black and moist, somewhat soft to touch. Coccyx area has 3 black areas. 1 cm by .7 cm upper, 4 cm by 3.3 cm middle, and 1.7 cm by 1.5 cm lower	F 686			

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F 686	<p>Continued From page 10</p> <p>coccyx that are all black and semi soft. A few of these areas are also bleeding and small amounts of bright red blood. Current dressing is not staying in place due to the increased moisture/bleeding so placed collagen powder and telfa to entire open area. Wound nurse is to see her tomorrow mid morning."</p> <p>*There were no consistent weekly skin assessments measuring the wound area once identified.</p> <p>*There was limited documentation she had refused to be turned and/or repositioned.</p> <p>*There was no documentation the physician or the RD had been notified after the pressure ulcer had been identified.</p> <p>Review of the January 6-31, 2022 and the February 1-8, 2022 treatment administration record (TAR) for resident 1 revealed:</p> <p>*January 2022:</p> <ul style="list-style-type: none"> -A skin assessment had been completed on 1/6/22 for one time only per physician's order. -A skin assessment had been completed on 1/31/22 for "skin assessment weekly. Chart under skin/wound progress note every day shift every Monday. Start date 1/31/22." -There was no order or documentation weekly skin assessments had been started until 1/31/22. -Hydrocolloid dressing X-Thin to the coccyx had been documented on 1/19/22, 1/22/22, 1/25/22, 1/28/22/ and 1/31/22. -The TAR stated, "Hydrocolloid Dressing X-Thin to coccyx area every 3 days and PRN soiling until healed. every day shift every 3 day(s) for excoriation to coccyx. Start date 1/19/22." <p>*February 1-7, 2022:</p> <ul style="list-style-type: none"> -A skin assessment had been documented on 2/7/22 in the nursing progress notes. -hydrocolloid dressing X-Thin to coccyx had been 	F 686			

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OMB NO. 0938-0391

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F 688	<p>Continued From page 11</p> <p>documented on 2/3/22 and on 2/8/22. -The TAR stated "Hydrocolloid Dressing to coccyx area every 7 days and PRN soiling until healed."</p> <p>Review of the January 6-31, 2022 documentation survey form for resident 1 revealed: *Monitor skin observation: -There were six out of seventy-eight opportunities it had not been documented as being done. *There was no documentation: -Of having been on a turning and repositioning schedule. -She had been resistive to being turned and/or repositioned.</p> <p>Review of the 1/16/22 through 2/8/22 Task Monitor skin observation form for resident 1 revealed it had been documented for: *Identification of red, open areas on 1/16/22. *Twenty out of twenty-four days had been documented for skin issues of red area, open area, and/or discoloration.</p> <p>Review of the RD's nutrition assessments for resident 1 revealed: *She had completed a nutrition assessment on 1/12/22. -It had not identified any skin concerns. *There were no further RD nutrition assessments completed for her.</p> <p>Review of [physician's name] 1/17/22 family medicine visit revealed: *Date of service: 1/17/22 at 2:37 p.m. *Exam details: -Objective details: -Skin: Warm, dry, no lesions, no rashes, no jaundice."</p>	F 688		

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F 686	<p>Continued From page 12</p> <p>*There was no documentation the physician had visually examined resident 1's buttock area.</p> <p>Interview on 4/12/22 at 10:50 a.m. with administrator A and director of nursing (DON) B regarding resident 1 revealed:</p> <p>*They were not sure when the first time skin breakdown had been identified.</p> <p>*She had scratches and excoriation to the buttock area.</p> <p>*They thought the first open area was around 1/19/22.</p> <p>*The Braden Scale was completed on the 7th day after admission.</p> <p>*They had her placed on a turning schedule and she could be resistive to that.</p> <p>*There was no documentation she had been:</p> <ul style="list-style-type: none"> -On a turning schedule. -Resistive to staff repositioning her. <p>*DON B:</p> <ul style="list-style-type: none"> -Agreed he should have marked more interventions on the MDS for preventative care for the prevention of pressure ulcers. -Stated they had not had any residents in the facility with pressure ulcers for three years. <p>*For wound management they:</p> <ul style="list-style-type: none"> -Referred to the certified nurse practitioner. -They used the physician's standing orders to treat a wound. -The nurse did a skin assessment weekly and then documented the results on the TAR. <p>*DON B was not aware if the:</p> <ul style="list-style-type: none"> -Physician had been contacted regarding her skin issues. -RD had been notified of her skin issues. <p>*The Hydrocolloid dressing came from the physician's standing orders.</p> <p>*The care plan should have been updated.</p> <p>*There were no interventions put in place for the</p>	F686		

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F 686	<p>Continued From page 13</p> <p>prevention of skin breakdown on her care plan. *DON B should have had interventions in place to prevent skin breakdown. *The wound nurse: -Had not come into the facility due to resident was going to go home on Hospice. -Was their wound consultant. *They had not documented weekly skin assessments, and they should have. *They considered their bed mattresses to be a preventative measure for skin breakdown. *DON B agreed the MDS assessments could have been coded differently for preventative measures for pressure ulcers.</p> <p>They did not have a Pressure Ulcer policy and procedure.</p> <p>Interview on 4/12/22 at 12:05 p.m. with administrator A regarding a Pressure Ulcer policy revealed they: *Used the wound policy. *Did not have a separate Pressure Ulcer policy.</p> <p>Review of [name of facility] Dr Standing Orders signed by resident 1's physician on 1/13/22 revealed: **The licensed nurse may initiate the following medications and treatments in the event that a resident's condition warrants them. -Those will be considered written orders and may be entered in PCC (Point Click Care) (a computerized nursing documentation system) as written orders. -They do not need to be sent to the MD (medical doctor) for signature at the time they are used and transferred to the resident's chart. -Notify MD of significant symptoms or if the order is not effective for the problem."</p>	F686			

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F 686	<p>Continued From page 14</p> <p>**After business hours and all day on weekends and holidays contact the on-call staff with:</p> <ul style="list-style-type: none"> -1. critical resident care issues that need to be addressed prior to the next provider visit. -2. clarification of admission orders that represent critical concerns. <p>-For all other matters, contact the primary care team on the next business day."</p> <p>**Skin and Wound Management:</p> <ul style="list-style-type: none"> -5. Collagen or hydrocolloid dressing to skin ulcers PRN, change after 24 hours and then change Q (every) 305 days or more often if soiled or coming off; open to air as healing occurs; D/C (discontinue) when healed. -6. May initiate pressure reduction mattress for residents with high risk for skin breakdown." <p>Review of the provider's 2/12/19 Wound Dressing Change policy revealed:</p> <p>**All wounds will be measured with the resident's weekly skin assessment and as needed."</p> <p>**Document location, length/width/depth, appearance, color, drainage, odor, and resident pain associated with wound and dressing change."</p> <p>Review of the provider's December 2016 Care Plan policy revealed:</p> <p>**Policy:</p> <ul style="list-style-type: none"> -An individualized, comprehensive care plan that includes measurable objectives and timetables to meet the resident's medical, nursing, mental and psychological needs is developed for each resident." <p>**Procedure:</p> <ul style="list-style-type: none"> -6. Each resident's comprehensive care plan is designed to: <ul style="list-style-type: none"> -a. Incorporate identified problem areas; -b. Incorporate risk factors associated with 	F686		

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F 688	Continued From page 15 Identified problems; -c. Build on the resident's strengths; -d. Reflect the resident's expressed wishes regarding care and treatment goals; -e. Reflect treatment goals, timetables and objectives in measurable outcomes; -f. Identify the professional services that are responsible for each element of care; -g. Aid in preventing or reducing declines in the resident's functional status and/or functional levels; -h. Reflect currently recognized standards of practice for problem areas and conditions." -i. "11. Assessments of residents are ongoing and care plans are revised as information about the resident and the resident's condition change." Refer to F657, finding 1.	F 688			