STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003529	A. BUILDING: _____ B. WING _____	R-C 02/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALEDO REHAB & HEALTH CARE CENTER	304 S.W. 12TH STREET ALEDO, IL 61231

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments First revisit to Complaint Survey: 23210471/IL167847 23210511/IL167906	S 000		
S9999	Final Observations Statement of Licensure Violations 300.1210b) 300.1210d)2 300.1210d)5 Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 2) All treatments and procedures shall be administered as ordered by the physician. 5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not	S9999		

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S9999	Continued From page 1	S9999		

develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing.

This Requirement was NOT MET as evidenced by:

Based on observation, record review and interview the facility failed to provide treatment and services as ordered to promote healing for one (R9) of two residents reviewed for pressure wounds in the sample of seven. This failure resulted in (R9) not receiving the wound treatments for healing as ordered by physician.

Findings include:

R9's Care Plan Goal dated 12/05/22 documents, "Will have no new open areas caused by pressure or friction."

R9's Care Plan "Approach/Intervention" dated 01/18/24 documents, "Stage 3 PU (pressure ulcer) to (right posterior) heel. Offload heel with boots (and) encourage nutrition as resident allows."

A Progress Note from R9's Wound Management Provider dated 02/01/24 documents R9's wound at 4.5 x 4.5 x 0.2 and describes it at a Stage 3 pressure ulcer with 60% granulation and 40% slough. R9's treatment plan includes, Santyl, gauze with boarder, and calcium alginate daily. A section titled "Notes" documents, "Treatment orders updated 2/1 (2024) please ensure staff cleanses wound with (normal saline) only and no wound cleanser as this can cause the Santyl to

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S9999	Continued From page 2	S9999		

be ineffective. Debridement performed today 2/1 - homeostasis achieved. Please continue continual offloading with booties while in bed and wheelchair."

R9's February 2024 Treatment Record has an order for "Skin check Weekly. Weekly documentation on TAR (Treatment Administration Record)." Weekly skin check is ordered on Thursdays during first shift. Thursday, February 1, 2024 has no documentation indicating a skin check was performed.

R9's February 2024 Treatment Record has an order for "Heel protectors on at all times."

R9's February 2024 Treatment Record has an order dated 01/25/24 for wound care which includes cleansing right posterior heel with normal saline, apply Santyl to wound bed, cover with gauze dressing and change daily. An undated entry updating the 01/25/24 wound care documents to cleanse right posterior heel with normal saline only, apply Santyl to slough and eschar areas only, apply calcium alginate to wound bed, cover with bordered gauze and change daily. There is no documentation of R9's dressing change on 02/01/24 or 02/25/24. V3 (Wound Nurse) signed that she applied R9's dressing with new undated orders on 02/07/24.

On 02/08/24 at 9:38 AM, R9 was observed in the dining room sitting in a wheelchair asleep. R9 had a gauze dressing on her right foot and ankle area and had non skid socks on. R9 was not wearing offloading boots.

On 02/08/24 at 11:03, R9 was observed sitting in a wheelchair in the dining room without offloading boots.

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S9999	Continued From page 3 On 02/08/24 at 2:42 PM, V3 confirmed R9's daily dressing change was not documented on 02/01/24 and 02/05/24 and she could not verify if it was completed as ordered. On 02/08/24 at 2:40 PM V12, Registered Nurse, stated R9 is oriented only to her name and confirmed R9 is "definitely a high skin risk". On 02/08/24 at 2:45 PM, V12 began to remove R9's current gauze dressing. R9's gauze dressing had tape dated 02/06/24 at 9:40 AM. V12 was asked what the date on the dressing was. V12 stated, "02/06/24 at 9:40". R9's wound was observed to be approximately 5 x 3.5 x 0.2 centimeters and was pink with approximately 30% slough. On 02/08/24 at 2:54 PM, V3 confirmed she documented that she changed R9's right heel dressing on 02/07/24. V3 was asked why R9's right heel dressing was observed to read that it was last changed on 02/06/24. V3 stated, "Because I accidentally wrote my initials (on 02/07/24 Treatment Record). V3 was asked if she changed R9's dressing on 02/07/24. V3 stated, "No." On 02/08/24 at 3:12 PM V3 confirmed R9's Wound Management team changed R9's wound care orders on 02/01/24. V3 also confirmed the facility has not implemented the new orders to ensure staff cleanses with only normal saline and adds calcium alginate to R9's wound as of this date. (B)	S9999		