

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 634560	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 1/27/2022
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NAME OF PROVIDER OR SUPPLIER SKLD BLOOMFIELD HILLS	STREET ADDRESS, CITY, STATE, ZIP CODE 2975 N ADAMS ROAD BLOOMFIELD HILLS, MI 48304
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F0000 SS=	INITIAL COMMENTS SKLD Bloomfield Hills was surveyed for a re-visit survey on 1/27/22. Census = 145	F0000		
F0684 SS= D	Quality of Care § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure treatments were provided according to physicians orders and ensure treatments were changed according to the wound practitioner's recommendations for two (R804 and R814) of three residents reviewed for skin impairments. Findings include: R804 On 1/25/22 at 9:15 AM, R804 was observed seated in a wheelchair. R804 was observed to have a raised red colored growth on their right cheek. When queried about treatment provided to the growth on their face, R804 reported treatment was provided "about every other day and sometimes every couple days." Review of R804's clinical record revealed R804 was admitted into the facility on 7/29/21 and was	F0684	Resident #804 was reassessed by the Wound Care NP and treatment orders reviewed and deemed appropriate. Residents care plan was reviewed and updated. Resident #814 was reassessed by Wound Care NP and treatment orders reviewed and deemed appropriate. Resident care plan was reviewed and updated. All like residents in the facility have the potential to be affected. A skin sweep/audit was completed on all residents to identify any residents with skin impairment and to ensure treatment are provided according to physician orders and per Wound Nurse Practitioner recommendations. All like residents in the facility have the potential to be affected. A skin sweep/audit was completed on all residents to identify any residents with skin impairment and to ensure treatment are provided according to physician orders and per Wound Nurse Practitioner recommendations. An audit was completed on all residents with pressure ulcers to ensure they have appropriate interventions and equipment in place to aid in prevention and healing of pressure ulcers. The wound care nurse/designee will be providing focused oversight, observation, and	1/11/2022

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

TITLE

(X6) DATE

Electronically Signed

02/16/2022

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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	<p>readmitted on 10/8/21 with diagnoses that included: pressure ulcer of left ankle as of 9/3/21. Review of a Minimum Data Set (MDS) assessment dated 11/1/21 revealed R804 had intact cognition, no behaviors including rejection of care.</p> <p>Review of R804's physicians orders and Treatment Administration Record (TAR) for January 2022 revealed the following:</p> <p>A physician's order discontinued on 1/24/22 for "Wound Care for lesion on right cheek: Cleanse with normal saline. Apply triple antibiotic ointment, every shift and PRN (as needed). every shift for wound care". Review of the TAR revealed this treatment was not provided on 1/11/22 (7:00 PM shift), 1/12/22 (7:00 PM shift), 1/14/22 (7:00 AM and 7:00 PM shifts), 1/15/22 (7:00 PM shift), 1/16/22 (7:00 PM shift), 1/17/22 (7:00 PM shift), 1/19/22 (7:00 PM shift), 1/20/22 (7:00 AM and 7:00 PM shifts), 1/21/22 (7:00 PM shift), 1/23/22 (7:00 AM shift), and 1/24/22 (7:00 AM shift).</p> <p>On 1/25/22 at 11:01, the facility's Wound Nurse, Licensed Practical Nurse (LPN) "D" was interviewed. When queried about the missed treatments to R804's face as documented on the TAR, LPN "D" reported she thought the nurses were actually doing the treatments and just not documenting. When queried about what was done to address that concern, LPN "D" reported she talked to the nurses.</p> <p>R814</p> <p>Review of the clinical record revealed R814 was admitted into the facility on 10/19/21 and readmitted on 1/4/22 with diagnoses that included: quadriplegia. Review of a MDS assessment dated 10/22/21 revealed R814 had</p>		<p>guidance of residents and to the nursing staff to follow the facility skin management policy to ensure that wounds are thoroughly and consistently assessed, treatments are followed, completed, and documented per the physician's orders, and to ensure that interventions are in place to aid in the prevention and healing of residents with wounds.</p> <p>By 2/21/2022, the Nurses and CENA's will be educated on Skin Monitoring and Management Policy program which includes resident skin assessments upon admission and per facility policy, administration, and documentation of treatments per physician orders, and ensuring interventions are in place to prevent and heal pressure ulcers.</p> <p>DON/designee will randomly audit 5 residents weekly times 4 weeks and then monthly thereafter times 3 months or until substantial compliance has been maintained; to ensure wounds are thoroughly and consistently assessed, treatment orders are implemented and changed as requested by the Wound Nurse Practitioner, treatments administered per providers order, clinical staff implemented interventions to prevent and heal pressure ulcers per the plan of care. The results will be presented to the QAA committee for review and consideration of further corrective actions.</p> <p>The Administrator and DON will be responsible for assuring substantial compliance is attained through this plan of correction by 2/21/2022 and for sustained compliance thereafter</p>		

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	<p>intact cognition, no behaviors, no pressure ulcers, required extensive assistance from two staff members for bed mobility, and was not transferred during the assessment period.</p> <p>On 1/25/22 at approximately 11:30 AM, LPN "D" and NP "M" were interviewed. When queried about any wounds R814 had other than pressure ulcers, LPN "D" reported R814 had an abrasion to the left lateral ankle. At that time, it was requested to observe R814's ankle. LPN "D" and NP "M" reported that they had just completed wound care on R814, and it would put him through a lot to move him again to look at the wound. At that time, any wound consults since 1/11/22 for R814 were requested.</p> <p>Review of R814's "Wound Care Progress Notes" (wound consult) revealed the following:</p> <p>A wound consult dated 1/11/22 revealed no impairment to R814's left lateral ankle.</p> <p>A wound consult dated 1/18/22 documented, "L (left) lat (lateral) ankle abr. (abrasion)...length 2.0 (centimeters - cm) width 2.0 (cm)...slough (non-viable tissue) (percent) 30...Clean wound with...Dakin's (circled on form)...Apply to wound bed:...Medihoney gel (circled on form)...Cover with: ABD (abdominal pad - circled on form)...Kerlex (circled on form)...Frequency: Q (every) Day (circled on form)..."</p> <p>A wound consult dated 1/25/22 documented R814 had a left lateral ankle abrasion that measured 2.0 cm x 2.0 cm with 60 percent slough. The documented treatment was to clean the wound with Dakin's, apply Medihoney to the wound bed, and cover with border gauze every day and as needed.</p> <p>Review of R814's physician's orders and TAR for</p>			

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	<p>January 2022 revealed the following:</p> <p>A physician's order with a start date of 1/24/22 discontinued on 1/26/22 for "Wound care for abrasion to left lateral ankle.: Cleanse with Dakins; apply Medihoney, cover w/ border gauze. Change dressing every day and PRN, as needed for wound care AND every day shift for wound care."</p> <p>An active physician's order with a start date of 1/26/22 for "Wound care for abrasion to left lateral ankle.: Cleanse with normal saline; apply Medihoney, cover w/ border gauze. Change dressing every day and PRN, as needed for wound care AND every day shift for wound care."</p> <p>There were no physician's orders prior to 1/24/22 for treatment of the abrasion to R814's left lateral ankle that was documented on the wound consult on 1/18/22, six days prior to the order. There were no progress notes that documented the left lateral ankle abrasion.</p> <p>On 1/25/22 at approximately 1:00 PM, LPN "D" was interviewed about where she documented assessments of skin alterations. LPN "D" reported she documented based on NP "M" handwritten assessments, but she was behind a couple weeks due to staffing issues and having to be on call as a floor nurse.</p> <p>On 1/25/22 at 3:07 PM, the Regional Nurse Consultant (RNC) "A" who was standing in for the Director of Nursing (DON) was interviewed. When queried about the facility's process for ensuring residents were receiving wound treatments as ordered by the physician, RNC "A" reported the wound nurse (LPN "D") should ensure they were in place and being completed.</p>			

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F0686 SS= H	<p>A facility policy titled, "Skin Monitoring and Management- Non-PU (pressure ulcer)" dated 7/11/18 was reviewed and revealed, in part, the following: "It is the policy of this facility that a resident having areas of skin breakdown (unrelated to pressure) receive necessary treatment and services to promote healing, prevent infection, and prevent new non-pressure sores from developing...Once a non-pressure ulcer has been identified, assessed, and documented, nursing shall administer treatment to each affected area as per the Physician's Order...All non-pressure ulcer or skin treatments should be documented in the resident's clinical record at the time they are administered..."</p> <p>Treatment/Svcs to Prevent/Heal Pressure Ulcer §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 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>Based on observation, interview, and record review, the facility failed to: 1. thoroughly and consistently assess residents' skin, 2. ensure treatment orders were implemented and changed as requested by the wound practitioner, 3. ensure treatments were administered according to</p>	F0686	<p>Resident #810 was discharged from the facility on 1/28/2022. Resident #816 was discharged from the facility on 1/26/2022. Resident #811 was discharged from the facility. Resident #804 was reassessed by the Wound Care NP and treatment orders reviews and deemed appropriate. Residents care plan was reviewed and updated.</p> <p>Resident #812 was reassessed by the wound consultant and/or clinical wound team and treatment orders revied and deemed appropriate. Care plan was reviewed and updated.</p> <p>Resident #813 skin was assessed by the wound consultant and/or clinical wound team and treatment orders reviewed and deemed appropriate. Care plan was reviewed and updated.</p> <p>Resident #814 skin was assessed by the wound consultant and/or clinical wound team and treatment orders reviewed, and orders</p>	1/11/2022

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	<p>provider orders, and 4. implement interventions to prevent and heal pressure ulcers for nine (R804, R810, R811, R812, R813, R814, R815, R816, and R819) of nine residents reviewed for pressure ulcers, resulting in a stage II pressure ulcer worsening to a stage III pressure ulcer for R810, facility acquired stage III and unstageable pressure ulcers for R814, and facility acquired stage II pressure ulcers for R819, R811, and R813. Findings include:</p> <p>R804</p> <p>Review of R804's clinical record revealed R804 was admitted into the facility on 7/29/21 and was readmitted on 10/8/21 with diagnoses that included: pressure ulcer of left ankle as of 9/3/21. Review of a Minimum Data Set (MDS) assessment dated 11/1/21 revealed R804 had intact cognition, no behaviors including rejection of care, required extensive physical assistance for bed mobility and transfers, and had a stage IV pressure ulcer.</p> <p>On 1/25/22 at 9:15 AM, R804 was observed seated in a wheelchair. When queried about any wounds the resident had, R804 reported he had a pressure ulcer on his ankle. When queried about how often treatment was provided to the pressure ulcer, R804 stated, "Every other day. Sometimes every three to four days." When queried about whether the pressure ulcer could be observed with the nurse, R804 reported they just did the treatment and did not want it looked at again.</p> <p>Review of R804's physicians orders and Treatment Administration Record (TAR) for January 2022 revealed the following:</p> <p>An active physicians order for "Wound Care for right lateral ankle stage IV pressure (full thickness skin and tissue loss): Cleanse ankle</p>		<p>deemed appropriate. Care plan was reviewed and updated.</p> <p>Resident #815 was assessed by the wound consultant to ensure appropriate treatment orders. Resident is currently on-air loss mattress (apm). Care plan reviewed and updated.</p> <p>Resident #819 skin was assessed by the wound consultant and/or clinical wound team and treatments reviewed and deemed appropriate. Care plan reviewed and updated.</p> <p>All like residents in the facility have the potential to be affected. A skin sweep/audit was completed on all residents to identify any residents with skin impairment and to ensure treatment are provided according to physician orders and per Wound Nurse Practitioner recommendations.</p> <p>An audit was completed on all residents with pressure ulcers to ensure they have appropriate interventions and equipment in place to aid in prevention and healing of pressure ulcers.</p> <p>The wound care nurse/designee will be providing focused oversight, observation, and guidance oof residents and to the nursing staff to follow the facility skin management policy to ensure that wounds are thoroughly and consistently assessed, treatments are followed, completed and documented per the physician's orders, and to ensure that interventions are in place to aid in the prevention and healing of residents with wounds.</p> <p>By 2/21/2022, the Nurses and CENA's will be educated on Skin Monitoring and Management Policy program which includes</p>		

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	<p>with normal saline. Apply Medihoney to wound and cover with a border gauze. Apply treatment once a day and PRN (as needed). every day shift for wound care."</p> <p>R804's TAR revealed the treatment to the right ankle was not completed on 1/7/22, 1/8/22, 1/9/22, 1/10/22, 1/14/22, 1/20/22, and 1/23/22.</p> <p>Review of R804's "Skin" progress notes revealed no progress notes related to R804's stage IV pressure ulcer since 1/4/22 which documented, "...Late Entry:...Right lateral ankle...Stage IV pressure...0.3 x 0.3 cm (centimeters)...slough (non-viable tissue), yellow, light s/s (serosanguineous - blood and serum) drainage..."</p> <p>Review of a care plan initiated on 10/8/21 for R804 revealed, "(R804 has actual impairment to skin integrity of right lateral ankle r/t (related to) stage IV pressure ulcer with hx (history) of osteomyelitis (bone infection)". Interventions included the following: "...Follow physician/wound care director orders for treatment of skin impairments..."</p> <p>On 1/25/22 at 11:01, the facility's Wound Nurse, Licensed Practical Nurse (LPN) "D" was interviewed. When queried about how pressure ulcers were monitored in the facility, LPN "D" reported they look at shower sheets completed by the Certified Nursing Assistants and weekly skin assessments from the nurses to see if there were any new pressure ulcers. LPN "D" further reported they review the consults from the contracted wound physician (Physician "O") and wound nurse practitioner (NP "M") to ensure the treatment orders were implemented and correct. LPN "D" explained she did the wound treatments on Mondays, Tuesdays, Thursdays, and Fridays and the floor nurses did treatments on Wednesdays, Saturdays, and Sundays. When</p>		<p>resident skin assessments upon admission and per facility policy, administration, and documentation of treatments per physician orders, and ensuring interventions are in place to prevent and heal pressure ulcers.</p> <p>DON/designee will randomly audit 5 residents weekly times 4 weeks and then monthly thereafter times 3 months or until substantial compliance has been maintained; to ensure wounds are thoroughly and consistently assessed, treatment orders are implemented and changed as requested by the Wound Nurse Practitioner, treatments administered per providers order, clinical staff implemented interventions to prevent and heal pressure ulcers per the plan of care.</p> <p>The results will be presented to the QAA committee for review and consideration of further corrective actions.</p> <p>The Administrator and DON will be responsible for assuring substantial compliance is attained through this plan of correction by 2/21/2022 and for sustained compliance thereafter.</p>		

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	<p>queried about the missing treatments for R804's stage IV pressure ulcer to the right ankle, LPN "D" reported she talked to the nurses about making sure the TARs were completed. When queried about why there was no documentation of R804's pressure ulcer since 1/4/22, LPN "D" reported she was unable to keep up with all the wound responsibilities due to also being placed on call to be a floor nurse and that she was behind in her documentation. LPN "D" reported she created progress notes based on whatever the Wound NP or Wound Physician documented on their consults and their consults were documented on paper. LPN "D" reported she did rounds with the Wound NP on that day (1/25/22). When queried about whether any residents had new or worsened wounds, LPN "D" reported R810's pressure ulcer on his buttocks "worsened and is not doing well". At that time, all wound consults since 1/11/22 were requested as well as a list of all residents with pressure ulcers who currently resided in the facility.</p> <p>LPN "D" was further interviewed at that time. When queried about the facility's process when new or worsened pressure ulcers were identified, LPN "D" reported nurses documented in a progress note, a wound consultation would be ordered, and a treatment would be put in place. When queried about who determined the treatments, LPN "D" reported NP "M" or Physician "O" determined the best treatment, but there was a guide at each nurses station to direct the nurses for an immediate treatment. LPN "D" reported the nurses were able to contact the physician directly and did not necessarily call LPN "D" when there was a new wound.</p> <p>LPN "D" provided a list of residents who currently resided in the facility who had pressure ulcers. The list identified 17 residents with pressure ulcers.</p>				

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	<p>On 1/25/22 at 1:03 PM, LPN "D" was further interviewed regarding pressure ulcers related to specific residents and their clinical records were reviewed.</p> <p>R810</p> <p>Review of the clinical record revealed R810 was admitted into the facility on 11/3/21 and most recently readmitted on 12/28/21 with diagnoses that included: acute respiratory failure, diabetes mellitus, and protein-calorie malnutrition. Review of a MDS assessment dated 12/13/21 revealed R810 had severely impaired cognition, required extensive physical assistance with bed mobility and transfers, and did not have any pressure ulcers during that assessment period.</p> <p>R810 was identified on the list provided by the facility as having a Stage II pressure ulcer (partial thickness skin loss with exposed dermis).</p> <p>When queried about when R810's pressure ulcer was first identified, LPN "D" reported it was present upon readmission from the hospital on 12/28/21. Review of a "Nursing Admission Screening/History" assessment dated 12/28/21 for R810 revealed R810 was readmitted with an "open area" to the buttock. There was no description of the open area and no measurements recorded on the assessment. A progress note dated 12/28/21 documented, "...open area to buttock..." A "Skin" progress note written by LPN "D" on 1/4/22 documented, "Sacral...Stage II pressure...4.0 x 2.0 x 0.1 cm...moderate s/s drainage...Current treatment: barrier cream...Treatment Change(s): Calcium Alginate - q (every) day..."</p> <p>At that time, LPN "D" provided R810's wound consults for January 2022. Review of a "Wound Care Progress Note" dated 1/10/22 completed by</p>			

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	<p>NP "M" revealed R810 had a stage II pressure ulcer to their "BL (bilateral) glut/groin". There were no measurements of the pressure ulcer, and the treatment was documented as "Calmoseptine". It was documented that R810 "Needs APM (alternating pressure mattress)!" Review of a wound consult progress note dated 1/18/22 revealed R810's had a stage II pressure ulcer to the sacrum that measured 4.0 x 2.0 x 0.1 cm and the treatment documented was Calcium Alginate covered with border foam every day and as needed. It was documented "Pt (patient) needs APM." Review of a wound consult progress note dated 1/25/22 revealed R810's pressure ulcer to the sacrum worsened to a Stage III (full thickness skin loss) pressure ulcer that measured 7.0 x 6.0 x 0.1 with 80 percent soft eschar (dead tissue). The treatment was changed to clean the wound with Dakin's (used to prevent or treat skin and tissue infections), apply Medihoney gel, and cover with border foam every day and as needed.</p> <p>Review of R810's physician's orders and TAR revealed an order dated 1/25/22 for "Wound Care for sacral stage II pressure: Cleanse with NS (normal saline); Apply Calcium Alginate (highly absorbent wound dressing) dressing and cover w/border gauze. Change dressing every day and PRN. every day shift for wound care." The treatment was signed off as completed (Note: NP "M" changed R810's treatment to Dakin's and Medihoney on 1/25/22). The previous treatment order for R810's buttock was for "Triad Hydrophilic Wound dress paste...Apply to left buttock topically every day shift for wound care..." which was discontinued on 1/15/22. R810's TAR for January 2022 revealed R810 did not receive the ordered treatment of Triad to the left buttock on 1/14/22 and 1/15/22. There was no order for treatment of R810's left buttock until 1/25/22, ten days after the Triad treatment was discontinued.</p>			
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	<p>At that time, LPN "D" reviewed R810's clinical record and confirmed he did not have any treatment orders to his sacrum between 1/15/22 and 1/25/22. When queried as to why, LPN "D" did not offer a response.</p> <p>R819</p> <p>Review of the clinical record revealed R819 was admitted into the facility on 1/17/22 with diagnoses that included: acute respiratory failure and pneumonia. Review of a MDS assessment dated 1/20/22 revealed R819 had intact cognition, required extensive physical assistance from at least two staff members for bed mobility and transfers, and did not have any pressure ulcers during that assessment period.</p> <p>R819 was identified as having a Stage II pressure ulcer on the list provided by the facility. When queried as to when R819's pressure ulcer was first identified, LPN "D" reported it was present on admission to the facility on 1/17/22.</p> <p>Review of R819's "Nursing Admission Screening/History" assessment dated 1/17/22 revealed no documentation of skin impairments. LPN "D" explained that a skin assessment was conducted by the admission nurse and LPN "D" came back around and assessed the skin of residents who were admitted and readmitted. LPN "D" reported she tried to assess the skin of newly admitted residents within four days but did not always get to do it timely due to being assigned to the floor for staffing issues. LPN "D" reported she first assessed R819's skin on 1/21/22, four days after the resident was admitted. Review of a "Skin Observation Tool" dated 1/21/22 and completed by LPN "D" revealed R819 had stage II pressure ulcers to their left gluteal fold and right buttock. There were no measurements or description of the pressure ulcers documented on the assessment.</p>			

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	<p>When queried as to why the pressure ulcers were not measured or described, LPN "D" reported Physician "O" requested that himself and NP "M" were the only people to do measurements so there was no conflicting information. When queried about when R819 was first evaluated by the contracted wound team, LPN "D" reported on 1/25/22, four days after two stage II pressure ulcers were identified by LPN "D". When queried about how the progression of the pressure ulcers were monitored if the wounds were not fully assessed with measurements and a description initially, LPN "D" did not offer a response. When queried about what was put into place on 1/21/22 when LPN "D" first identified stage II pressure ulcers on R819's left gluteal fold and right buttock, LPN "D" reported a treatment was ordered today, four days after the pressure ulcers were initially identified. Review of physician's orders revealed an order dated 1/25/22 for "Wound Care for Sacral Stg 2: Cleanse with Normal Saline; Apply Calcium Alginate cover with 4x4 boarder gauze; every day and PRN..." There were no other physician's orders for R819's sacral area. When queried about any additional interventions implemented after it was discovered R819 had stage II pressure ulcers to their sacral area on 1/22/22, LPN "D" reported there was no care plan because the admission nurse did not identify any skin issues on admission. When queried about who would develop a care plan for a resident with new skin alteration, LPN "D" reported she would. Review of R819's progress notes revealed no documentation of any changes to R819's skin.</p> <p>Review of the wound consult progress notes dated 1/25/22 revealed R819 had a stage II sacral pressure ulcer that measured 1.5 x 1.0 cm with surrounding MASD (moisture associated skin damage).</p> <p>R811</p>				

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	<p>Review of the clinical record revealed R811 was admitted into the facility on 1/23/19 and readmitted on 11/10/21 with diagnoses that included: cerebral infarction, functional quadriplegia, and type 2 diabetes mellitus. Review of a MDS assessment dated 12/31/21 revealed R811 had moderately impaired cognition, no behaviors including rejection of care, required extensive assistance for bed mobility, was transferred only once or twice during the assessment period and required two person assistance, and did not have any pressure ulcers during the assessment period.</p> <p>R811 was identified on the list provided by the facility as having a Stage II pressure ulcer. When queried as to when the pressure ulcer was first identified, LPN "D" reported an order for a wound consult was created on 1/18/22. When queried about when the wound was assessed by LPN "D", LPN "D" reported she "looked at the wound but did not document anything". LPN "D" explained she just put in an order to include R811 in the next wound rounds with NP "M" and reported R811 was seen on 1/25/22, seven days after R811's skin alteration was first identified on 1/28/22.</p> <p>Review of R811's progress notes revealed a "General Progress Note" dated 1/18/22 that documented, "patient has pressure ulcer developing on her buttock. writer notified the wound nurse and the wound doctor. writer also put in order for calmo (calmoseptine) as indicated by the wound nurse. writer also put in an order for a wound consult." There was no documentation of an assessment of R811's buttocks prior to 1/25/22. Review of wound consult progress notes dated 1/25/22 revealed R811 had MASD to their bilateral glutes and treatment was changed to Calcium Alginate. There was no measurement of the MASD area.</p>			
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	<p>Review of R811's physician's orders revealed an order for "Calmoseptine Ointment...apply to buttock topically two times a day for skin tear..."</p> <p>Review of R811's TAR for January revealed an order for "LN (Licensed nurse) to apply skin barrier protection every shift...for MASD (moisture associated skin damage) every brief change" was not administered during the 7:00 PM shift on 1/14/22, 1/25/22, 1/19/22, and 1/24/22.</p> <p>R812</p> <p>Review of the clinical record revealed R812 was readmitted into the facility on 1/13/22 with diagnoses that included: chronic obstructive pulmonary disease (COPD). Review of a MDS assessment dated 12/9/21 revealed R812 had intact cognition, no behaviors including rejection of care, no pressure ulcers, and required extensive physical assist from two staff members for bed mobility, and transfers only occurred once or twice during the assessment period and required assistance of two staff members.</p> <p>R812 was identified on the list provided by the facility as having a Stage II pressure ulcer. When queried as to where the pressure ulcer was located and when the pressure ulcer was first identified, LPN "D" referred to a "Skin Observation Tool" dated 1/14/22 that documented R812 had a stage II pressure ulcer to the right buttock. There were no measurements or description of the pressure ulcer included on the assessment. Review of a "Nursing Admission Screening/History" assessment dated 1/13/22 did not document any skin impairments to R812's buttock. When queried about what interventions were put in place on 1/14/22 after LPN "D" identified stage II pressure ulcers to R812's sacrum and glute, LPN "D" reported "Zinc" was ordered for R812's buttocks. Review of R812's January 2022 TAR</p>				

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	<p>did not reveal an order for Zinc. When queried about when R812's buttock was assessed by the Wound physician or NP, LPN "D" reported NP "M" evaluated R812 on 1/18/22, four days after the wound was identified. Review of the wound consult progress notes dated 1/18/22 revealed R812 had a stage II pressure ulcer to the sacrum and a stage II pressure ulcer to the right glute. When queried about whether both wounds were present when LPN "D" assessed R812's skin on 1/14/22, LPN "D" did not remember. Review of R812's progress notes revealed no documentation regarding the resident's pressure ulcers.</p> <p>R816</p> <p>Review of the clinical record revealed R816 was admitted into the facility on 12/8/21 with diagnoses that included: acute kidney failure, COPD, and type 2 diabetes mellitus. A MDS assessment dated 12/11/21 revealed R816 had severely impaired cognition, no behaviors, no pressure ulcers, and required extensive assistance from two staff members for bed mobility and transfers.</p> <p>R816 was identified on the list provided by the facility as having a Stage II pressure ulcer. Review of R816's wound consult progress notes revealed on 1/10/22 R816 was assessed to have a stage II pressure ulcer to the sacral area that measured 0.8 cm in length x 0.3 cm in width. There was no wound consult for 1/18/22. A wound consult dated 1/25/22 documented, "Not seen per facility COVID policy". When queried about the last time R816's pressure ulcer was assessed, LPN "D" reported herself and NP "M" had not been seeing the residents who were positive for COVID-19 and on isolation on the COVID unit because she was told they had to be the last residents seen and then to leave from the exit on that hallway.</p>				

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R815	<p>Review of the clinical record revealed R815 was admitted into the facility on 9/22/21 and readmitted on 12/8/21 with diagnoses that included: cerebral infarction, flaccid hemiplegia, and acute kidney failure. A MDS assessment dated 12/27/21 revealed R815 had moderately impaired cognition, no behaviors, multiple pressure ulcers, was totally dependent on staff for bed mobility, and was only transferred once or twice during the assessment period which required two staff members.</p> <p>R815 was identified on the list provided by the facility as having a stage II and stage III pressure ulcer. Review of R815's wound consult progress notes dated 1/10/22 revealed R815 had a stage IV pressure ulcer to his sacrum that measured 10.0 cm in length x 7.5 cm in width x 2.5 cm in depth with moderate serosanguineous drainage and odor. The treatment on the consult was to clean the wound with Dakin's, apply Dakin's soaked gauze, and cover with border foam every day and as needed. The wound consult documented, "Needs APM!" Review of physician's orders and the January 2022 TAR revealed an order started on 1/6/22 for "Wound Care for stage IV pressure ulcer to sacrum: Cleanse sacral wound with Dakin's solution. Pack wound loosely w/ Hydrogel gauze...once daily and as needed". The TAR revealed missed treatments on 1/6/22, 1/7/22, 1/8/22, 1/9/22, 1/10/22, and 1/14/22. The order was discontinued on 1/15/22 and changed to pack the wound with Dakin's moistened gauze instead of hydrogel on 1/16/22 (six days after R815 was evaluated by NP "M"). The TAR revealed missed treatments on 1/18/22 and 1/22/22. Review of R815's wound consult dated 1/18/22 documented, "Needs APM". Review of R815's wound consult dated 1/25/22 documented, "not seen per facility COVID policy".</p>				

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	<p>On 1/26/22, the following residents were reviewed for pressure ulcers:</p> <p>R813</p> <p>Review of the clinical record revealed R813 was admitted into the facility on 1/1/20 and readmitted on 8/22/21 with diagnoses that included: multiple sclerosis (MS). Review of a MDS assessment dated 10/19/21 revealed R813 had intact cognition, no behaviors including rejection of care, two stage II pressure ulcers, required extensive assistance for bed mobility, and was transferred only once or twice during the assessment period which required assistance from two staff members.</p> <p>Review of R813's wound consult progress notes revealed on 1/18/22 R813 had a new recurrent stage III pressure ulcer to the left lateral ankle that measured 2.5 x 2.0 with 50 percent slough. At that time, the documented treatment was Dakin's with Medihoney gel covered with Border gauze every day and as needed. Review of R813's progress notes and "Skin Observation Tool" assessments revealed no documentation of any changes to R813's skin after 1/10/22. Review of physician's orders revealed no orders for treatment to R813's left lateral ankle.</p> <p>Review of R813's wound consult progress note dated 1/25/22 revealed R813's left lateral ankle had a stage III pressure ulcer with 80 percent slough and a stage IV pressure ulcer to the sacrum. Review of R813's TAR on 1/26/22 revealed no treatment order for R813's left ankle. A physician's order for "Wound care to coccyx stage IV pressure ulcer: Clean wound with normal saline. Apply Hydrogel to wound. Cover with a border foam dressing. Change dressing every day and as needed" revealed no treatment was done on 1/14/22, 1/20/22, and 1/24/22.</p>			

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	<p>On 1/26/22 at approximately 12:42 PM, R813 was observed lying in bed. The resident was alert and able to answer some questions as they appeared to be drifting in and out of sleep. A gauze dressing was observed on the left ankle with a date difficult to detect but appeared to be dated 1/25/22. The resident was not able to report the type of wound or when it was acquired, however did note that it was painful. The resident also noted that they had a wound on their bottom.</p> <p>On 1/26/22 at approximately 12:50 PM, Nurse "Q" was asked if she provided wound treatment for R813. Nurse "Q" indicated that they had not done anything today but were aware that treatment needed to be done. When asked what treatment, Nurse "Q" reported that the resident had a wound on their bottom. When queried as to the gauze that was observed on their left ankle, Nurse "Q" stated that they were not aware of an ankle wound(s). Nurse "Q" was asked to review the resident's record to see if there had been any orders placed for R813's ankle. Nothing was noted in the record. Nurse "Q" stated that she would speak with the wound care nurse to determine what treatment was provided.</p> <p>It should be noted that an order was placed into the resident's record following the interview with Nurse "Q" and documented, in part, "Time 1:04 PM...Wound care for left lateral ankle, cleanse with Dakins; apply Medihoney, and cover with border gauze....every day shift for stage III pressure ulcer...".</p> <p>On 1/26/22 at approximately 4:03 PM, an interview was conducted with the Director of Nursing (DON). The DON was asked about the facility protocol pertaining to pressure ulcers and how the facility ensured residents were receiving physician ordered treatments and care related to pressure ulcers. The DON reiterated that the</p>			

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	<p>facility had recently been cited for pressure ulcers and the facility implemented a plan of correction (poc) that included a skin assessment of residents to identify all residents with wounds and to ensure the residents received skin assessments, appropriate treatments, wound consults, and correct treatment administration. When queried as to whether they were aware that several residents, including, but not limited to, R813, did not receive required skin assessments and treatments as ordered, the DON reported that they had been out of the facility for several days and was not aware that residents were not receiving assessments and treatment care as ordered. The DON was also asked if she participated in any audits pertaining to wound care and reported that she did not.</p> <p>R814</p> <p>Review of R814's clinical record revealed R814 was admitted into the facility on 10/19/21 and readmitted on 1/4/22 with diagnoses that included: quadriplegia. Review of a MDS assessment dated 10/22/21 revealed R814 had intact cognition, no behaviors, no pressure ulcers, required extensive assistance from two staff members for bed mobility, and was not transferred during the assessment period.</p> <p>Right Posterior Thigh</p> <p>Review of R814's wound consult progress notes since 1/11/22 revealed the following: On 1/11/22, R814 was assessed to have a Stage III pressure ulcer to their right posterior thigh that measured 3.0 cm in length x 2.0 cm in width with 20 percent slough. The documented treatment was to clean with normal saline, apply medihoney gel, and cover with border foam every day and as needed. On 1/18/22, R814's stage III pressure ulcer to the right posterior thigh increased in size</p>			

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	<p>to 6.5 cm in length to 2.0 cm in width with 50 percent slough. The treatment was changed to clean with Dakin's, apply Medihoney gel, and cover with border foam every day and as needed.</p> <p>Review of R814's physician's orders revealed an order for "Wound Care for right posterior thigh stage III: Cleanse with NS; pat dry. Apply Medihoney and cover with border foam gauze. Change dressing every day and PRN..." The order was started on 1/13/22 and discontinued on 1/25/22. Review of R814's TAR revealed the treatment was not completed on 1/18/22, 1/19/22, 1/22/22, and 1/24/22. There was no order to clean R814's right posterior thigh pressure ulcer with Dakin's as instructed by NP "M" on the 1/18/22 wound consult. The order was not changed to clean with Dakin's until 1/26/22.</p> <p>Left Posterior Thigh</p> <p>Review of R814's wound consult progress notes since 1/11/22 revealed on 1/11/22 R814 was assessed to have an unstageable pressure ulcer (obscured full-thickness skin and tissue loss) to the left posterior thigh that measured 12.5 cm in length x 6.5 cm in width x 1.0 cm in depth with 20 percent slough and 80 percent eschar. At the time of the wound consult the treatment documented on the consult was to clean the wound with Dakin's, apply Medihoney, and cover with border foam gauze every day and as needed. Review of physician's orders and the January 2022 TAR revealed an order started on 1/13/22 and discontinued on 1/25/22 to clean the left posterior thigh pressure ulcer with normal saline, apply Medihoney, and cover with border foam gauze. The TAR revealed the treatment was not completed on 1/18/22, 1/19/22, 1/22/21, and 1/24/22. Review of R814's 1/18/22 wound consult progress notes revealed R813 had a 10.5 x 7.5 x 1.5 cm unstageable pressure ulcer to the left</p>				

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	<p>posterior thigh covered with 80 percent slough and 20 percent eschar. The treatment documented was Dakin's with Medihoney. Review of the physician's orders and TAR revealed the order did not change to Dakin's until 1/26/22.</p> <p>Right Plantar Foot</p> <p>Review of R814's wound consult progress notes since 1/11/22 revealed on 1/11/22, R814 was assessed to have a stage III pressure ulcer to the right plantar foot that measured 1.0 cm in length x 1.5 cm in width with 20 percent slough. The treatment order on the consult was to clean with normal saline, apply Medihoney gel, and cover with ABD pad and wrap with kerlix every day and as needed. Review of the physician's orders and TAR for January 2022 revealed the order was started on 1/13/22 and treatments were missed on 1/18/22, 1/19/22, 1/22/22, and 1/24/22. Review of a wound consult on 1/18/22 revealed R814's stage III pressure ulcer to the right plantar foot increased in size to 3.0 cm in length x 2.5 cm in width with 20 percent slough and treatment was changed to clean the wound with Dakin's instead of normal saline and to continue with Medihoney, ABD pad and Kerlix. Further review of R814's TAR and physician's orders revealed the order was not changed to clean with Dakin's until 1/25/22.</p> <p>Review of R814's progress notes revealed no documentation from LPN "D" since 1/11/22 at which time it was documented that the stage III pressure ulcer to the posterior right thigh and unstageable pressure ulcer to the left posterior thigh were "new" pressure ulcers.</p> <p>On 1/25/22 at 3:07 PM, the Regional Nurse Consultant (RNC) "A" who was standing in for the Director of Nursing (DON) was interviewed. When queried about the facility's process for</p>			

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	<p>assessing residents' skin upon admission or readmission into the facility, RNC "A" reported every nurse was required to do a full skin assessment at the time of the residents' admissions and then LPN "D" would go back behind to assess resident's skin. When queried about the protocol when new skin alterations were identified, RNC "A" reported the physician was notified, a treatment was put in place immediately, and an order for a wound consult was entered if there were new skin alterations. RNC "A" reported the nurses had a guide to help them determine initial treatment, but they could consult with the physician if they were unsure. When queried about whether residents who were positive for COVID-19 and isolated on the COVID unit were assessed and evaluated by LPN "D" and the contracted wound team, RNC "A" reported all residents with pressure ulcers were required to be evaluated.</p> <p>On 1/27/22 at 11:00 AM, an interview was conducted with Director of Maintenance "C". When queried about the availability of APM's, Director of Maintenance "C" reported they were onsite and available. Director of Maintenance "C" explained that if a resident needed an APM, a work order was submitted, or a request was entered into the electronic system to communicate the need. At that time, Director of Maintenance "C" was asked for any work orders for R810, and R816 from January 2022 and he said he would look into it. Director of Maintenance "C" reported if residents had room changes, it needed to be communicated to ensure they had the appropriate bed in place.</p> <p>Review of a "Maintenance Log" provided by Director of Maintenance "C" revealed a request was made for an APM for R810 on 1/14/22 which was fulfilled on 1/16/22. It was unknown why it was documented R810 did not have an APM on 1/10/22 and 1/18/22 per the wound consult</p>				

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F0867 SS= F	<p>progress notes. The log revealed a request was made on 1/15/22 for an APM for R816. Director of Maintenance "C" explained R816 had not yet received an APM and explained it could have been because he changed rooms to the COVID unit.</p> <p>QAPI/QAA Improvement Activities §483.75(g) Quality assessment and assurance. §483.75(g)(2) The quality assessment and assurance committee must: (ii) Develop and implement appropriate plans of action to correct identified quality deficiencies; This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to implement effective plans of action to correct identified quality deficiencies related to pressure ulcers and non-pressure wounds resulting in the continuation of deficient practices. This had the potential to affect all residents who resided in the facility. Findings include:</p> <p>On 1/24/22 through 1/27/22, a revisit survey was conducted to determine compliance with deficiencies identified during an abbreviated survey conducted on 12/16/21.</p> <p>According to a CMS (Center for Medicare and Medicaid) 2567 form dated 12/16/21, the facility was found to be noncompliant with regulatory requirements related to pressure ulcers and quality of care related to non-pressure wounds. Review of the facility's Plan of Correction (POC) with an alleged compliance date of 1/11/22 revealed the facility would do the following to correct the deficient practice related to the failure to consistently perform skin assessments,</p>	F0867	<p>No specific residents were identified in 2567.</p> <p>All residents have the potential to be affected.</p> <p>By 2/21/2022, the Regional Director of Operations and Regional Nurse Consultant completed an in-service with the facility Quality Assessment and Assurance (QA&A) Committee regarding an effective QA&A Committee and Process which included but was not limited to a QAPI Overview, Perceptions of Quality, Six Step Process, Data Collection, Root Cause Analysis, Outcomes, Leadership Oversight, Quality Assessment and Assurance Committee (Purpose, Membership, Roles, Expectations of the Committee, communication, Confidentiality of the Committee, Conducting a Meeting, Monthly Meeting, QA&A Committee Meeting Minutes, QAA Subcommittee, Subcommittee Planning and Development, QA&A AD HOC Committee, Celebrate Success,) Quality Assurance Performance Improvement, QAPI Annual Reporting Schedule, Quality Assurance Performance Improvement Action Plan, Quality Assurance Summary Report and Federal Regulatory Groups for Long Term Care Facilities.</p> <p>The QA&A Program guidelines will be followed to address identified facility issues.</p> <p>Oversight will be provided by Regional Director of Operations and Regional Nurse</p>	2/21/2022

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	<p>implement and perform pressure ulcer prevention interventions, ensure wound care consults were completed, ensure appropriate wound care treatments were ordered, and ensure attending physician/physician extenders were aware of residents' skin status: "...The Director of Nursing/designee will conduct random audits through observation on 5 residents weekly times 4 weeks and then monthly thereafter times 3 months or until substantial compliance has been maintained to ensure the facility is following the treatment orders, completing the treatment administration record, weekly skin assessments, wound care consult and skin care plan. The results will be presented to the QAA (Quality Assurance and Assessment) committee for review and consideration of further corrective actions. The Director of Nursing will be responsible for assuring substantial compliance is attained through this plan of correction by 1/11/22 and for sustained compliance thereafter."</p> <p>The facility's POC documented the following would be done to correct the deficient practice related to the failure to ensure wound treatments were ordered and administered for a non-pressure related wound: "...The Director of Nursing/designee will conduct random audits through observation on 5 residents weekly times 4 weeks and then monthly thereafter times 3 months or until substantial compliance has been maintained to ensure the facility is following the treatment orders, completing the treatment administration record, weekly skin assessments, wound care consult and skin care plan. The results will be presented to the QAA (Quality Assurance and Assessment) committee for review and consideration of further corrective actions. The Director of Nursing will be responsible for assuring substantial compliance is attained through this plan of correction by 1/11/22 and for sustained compliance thereafter."</p>		<p>Consultant monthly for 3 monthly to ensure the implementation of the revised QA&A Program and the QA&A Committee's performance in identifying and addressing compliance issues to ensure that effective plans of actions to correct identified quality deficiencies are corrected and maintained.</p> <p>Any discrepancies identified in the audits will be documented, investigated, and corrected immediately by Administrator.</p> <p>As discrepancies and trends are identified through these Quality Assurance audits further education and training will be provided.</p> <p>If trends or discrepancies are noted this QA&A process will be revised by the QA&A Committee.</p> <p>The Administrator will be responsible for assuring substantial compliance is attained through this plan of correction by 2/21/2022 and for sustained compliance thereafter.</p>		

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	<p>On 1/27/22, it was identified that the facility had not thoroughly and consistently assessed residents' skin, ensured treatment orders were implemented and changed as requested by the wound practitioner, ensured treatments were administered according to provider orders, and interventions were implemented to prevent and heal pressure ulcers. This affected nine (R804, R810, R811, R812, R813, R814, R815, R816, and R819) of nine residents reviewed for pressure ulcer and resulted in worsening pressure ulcers for two residents (R810 and R814), facility acquired pressure ulcers for three residents (R811, R813, and R819), and the potential for development and worsening of wounds for four residents (R804, R812, R815, and R816). It was also identified that two of three residents who were reviewed for skin management not related to pressure (R804 and R814) did not receive treatment according to physician's orders and did not have treatment orders in place in a timely manner.</p> <p>Review of the facility provided material related to their POC revealed no audits for resident's skin. The binder contained a list of residents that indicated an initial skin sweep was completed on all residents but did not include any outcomes from the skin sweep.</p> <p>On 1/24/22 at 12:17 PM, the Regional Nurse Consultant (RNC) "A" was interviewed. RNC "A" was appointed to act in place of the DON who was out of the facility at that time and unavailable for interview. At that time, RNC "A" was asked if there were any audits related to skin management that were done as part of the facility's POC. RNC "A" reported she would look into it.</p> <p>On 1/24/22 at 12:55 PM, RNC "A" provided a form that documented, "The Director of</p>			

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	<p>Nursing/designee will conduct random audits through observation on 5 residents weekly times 4 weeks and then monthly thereafter times 3 months or until substantial compliance has been maintained to ensure the facility is following the treatment orders, completing the treatment administration record, weekly skin assessments, wound care consult and skin care plan. The results will be presented to the QAA (Quality Assurance and Assessment) committee for review and consideration of further corrective actions." Week 1 was dated 1/10/22, one day prior to the facility's alleged compliance date as documented on the POC and indicated five residents were reviewed, including R804 was identified to have missed treatments since the alleged compliance date on 1/11/22 to both a pressure ulcer and a face lesion. "Y" was highlighted for all five residents in the column that documented, "facility is following treatment orders, completed the treatment administration record, weekly skin assessments, wound care consult and skin care plan". A second audit dated 1/17/22 indicated that the facility was in compliance with the four of the five randomly chosen residents for that week. RNC "A" explained that the audit was completed by the former Infection Control Preventionist (ICP) who was not currently working in the building and was not available for interview.</p> <p>RNC "A" provided additional forms titled, "Wound Audit" and explained they were completed by an outside entity as a backup to the facility's audits. RNC "A" was unsure if any concerns were identified as a result of that audit.</p> <p>On 1/25/22 at 11:01, the facility's wound nurse, Licensed Practical Nurse (LPN) "D" was interviewed. When queried about any audits completed as part of the facility's POC, LPN "D" reported she was not instructed to complete any audits. When queried about whether she had identified any concerns with wounds, pressure, or</p>				

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	<p>non-pressure since the facility's alleged compliance date of 1/11/22, LPN "D" reported she was fairly new to the position starting 11/9/21, did not have any oversight, and did her best to stay on top of residents' wound care. LPN "D" reported she worked as the wound care nurse Mondays, Tuesdays, Thursdays, and Fridays and completed documentation on Wednesdays. LPN "D" further explained that she was placed on the on-call list for floor nurses and therefore at times would complete her wound care shift (5:00 AM until 4:30 PM) and be called in to work 7:00 PM until 7:00 AM on the same day which would make it so she could not work the following day. LPN "D" reported this affected her ability to fulfill all of the wound nurse responsibilities. When queried about whether it was discussed with the DON, LPN "D" reported the DON had been intermittently out of the facility for the past couple weeks. LPN "D" reported she was aware that the TARs contained missing treatments but reported she told the nurses to make sure they were completing their documentation. LPN "D" reported she was behind in documenting the wound assessments from the weekly wound rounds.</p> <p>On 1/26/22 at approximately 4:03 PM, an interview was conducted with the DON. When queried as to whether they were aware that several residents did not receive required skin assessments and treatments as ordered, the DON reported that they had been out of the facility for several days and was not aware that residents were not receiving assessments and treatment care as ordered. The DON was also asked if she participated in any audits pertaining to wound care and reported that she did not.</p> <p>On 1/26/22 at 2:13 PM, the Administrator was interviewed. The Administrator reported he had not yet reviewed the audits related to the pressure ulcers and non-pressure wounds and that the</p>				

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	<p>DON was responsible for overseeing the clinical aspect of those care areas. The Administrator reported there were several clinical staff members that were not working the day of the QA meeting and therefore they went through the QA process with the exception of the clinical care areas. The Administrator reported he was not aware there were concerns with wounds and was not aware that LPN "D" was also being used as an on-call floor nurse which limited her ability to fulfill the responsibilities of the wound care nurse.</p> <p>Review of a facility policy titled, "Quality Assessment & Assurance Program" revised on 9/18/19 revealed, in part, the following: "Quality Assurance is a continuous process toward quality management...The Quality Assessment and Assurance (QAA) Committee provides leadership and guidance for ongoing continuous quality and performance improvement...The process provides a structured methodology to analyze the problem, strategize possible solutions, determine actions required, develop plans, implement approaches, and evaluate effectiveness...The six-step process analysis cycle includes the following steps:...Gather and review data...Determine any issue...Discuss potential solutions...Determine priorities and goals...Implement changes...Evaluate outcome...OUTCOMES...When a QAPI Action Plan is final, audits are completed to monitor for continued compliance. Audits are evaluated and trends identified by the project champion or committee chair prior to the QAA meeting...Quality Assurance and Performance Improvement is facilitated through leadership oversight..."</p>				