Center	er: and Rehabilitation ss/City/State/Zip		Survey I	27, 202		ed February
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Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
58.19(2)b	for residents. The refacility shall provide, required nursing sedirection of qualific coverage as set forth 58.19(2) Medication at b. Provision of the apof wounds, including healing, prevent infection developing; (I, II)  DESCRIPTION: Based on record revision observations, the facing to prevent the developing condition of pressure to ensure timely notification of the apolicy of the second revision of the apolicy observations and the facing the second regarding the skin condition of the second regarding the skin condition of the skin condition o	in these rules: and treatment. propriate care and treatment pressure sores, to promote ction, and prevent new sores )  ew, staff interviews, and lity failed to ensure skin care pment and worsening ulcers, and the facility failed cation of family members andition for 1 of 2 residents ample reviewed for facility reported a census of		\$8750 (Held Suspe		UPON RECEIPT
		ge Minimum Data Set (MDS) led on 12/2/21, Resident # 3				Page 1 of 1

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Date

Center Facility Addres	and Rehabilitation ss/City/State/Zip ntucky Avenue	MW/DC	Date: April 14, 2022 Amended February 27, 2023  Survey Dates: March 21- April 4, 2022			ed February
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	MDS listed Resident is diabetes mellitus (DM accident (CVA). The unhealed pressure well the facility's document Condition Record shows kin assessment (skin wounds that were first days after re-entry to indicated 2 scabbed at toe of the right foot, a 2nd toe of the left foor more than a month-locondition for the 3 wo treatment orders, and intervention noted wassessments document. On 12/6/21;  a) 2nd toe of right foot identified and measure X 0.2 cm (1st scab), a scab). The skin record Doctor was notified record did not indicate.	ound.  Int titled, Non-pressure Skin owed Resident #3's weekly in record), which revealed 3 of observed on 12/6/21 or 4 the facility. The skin record areas identified on the 2nd and 1 scabbed area on the t. The skin record showed ong period of worsening ounds, without evidence of a the only weekly as open to air. The ented, as follows:  In the there were 2 scabs ared as 0.2 centimeters (cm) and 0.3 cm X 0.3 cm (2nd d indicated on 12/6/21, the egarding the 2 scabs. The effect the family was notified.  The there was 1 scab identified				

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	have same measurer (cm) X 0.2 cm (1st so (2nd scab). b) 2nd toe left foot - to 0.5 cm X 0.1 cm, and 3. On 12/21/21; a) 2nd toe right foot - measurement of 0.2 cont change; but the 2 0.5 cm, thick scab, and deteriorated. b) 2nd toe left foot - to the measurement at 0.5 conto have deteriorated. 4. On 12/28/21; a) 2nd toe right foot - cm X 0.3 cm that shot the 2nd scab remained thick scab. b) 2nd toe left foot - to 5. On 1/4/22; 1) 2nd toe right foot -	cm X 0.2 cm, thin scab, did nd scab measured 0.5 cm X				Page <b>3</b> of <b>1</b>

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Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	scab. 2) 2nd toe left foot - the facility's docume Assessment and Documents on the scab was first observed Resident #3 had the scab was first observed Resident foot and responsible to the progress Notes of identified) through 3/2 and toe left foot - the scab was first observed Resident #3 had the scab was first observed Resident #4 hospitalization, and residentified had the scab was first observed Resident #4 had the scal was first observed Resident #4 had t	fax to physician to secure the scab thickened with the the scab thickened was initiated on the scar was initiated for the scar was initiated on the scar was initiated on the scar was initiated for the sc				

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Date

Citation Number: #5683  Facility Name: Heritage Care and Rehabil Center Facility Address/City/State 501 South Kentucky Avenumber	/Zip	OC .	Date: April 14, 2022 Amended Febre 27, 2023  Survey Dates:  March 21- April 4, 2022		ed February	
Rule or Code Section	Nature of Vid	plation	Class Fine Amount Correction date			Correction date
Resident # multiple so times after to right for with 2 sca measures second so lifting, this document follows: 1) water 15 n surface wi Clindamyo was also n was then n toe conditi lacked ind regarding  2. On 1/15 had 1 sma edema.  3. On 1/16 was asses and top of	days skin problem is abs from rolling of hospital return, 1 to entire toe is red to first scab toward 0.5 cm x 0.5 cm x 0.5 cm x 0.8 cm area is larger today of the scab lifting, in 150 mg 1 cap footed on this date, notified regarding on and the treatm cation that family the scab on the 20 /22, Resident #3's sed and noted to foot continued to	2/2/21. Noted 2nd toe and warm to touch ds tip of toe with no drainage m with edges of scab ay. The note eatment Orders, as t in warm soapy here is any moist swab for C & S. 3) PO QID for 7 days. It Resident #3's family Resident #3's right ent orders. There was notified				Page <b>5</b> of <b>1</b>

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Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	the foot and toe. Resit to the hospital for treat gangrene, osteomyelia. 4. On 1/21/22, Reside with treatment orders antibiotics for 10 days and to scab on left foot 5. On 2/4/22, Resider Orthopedics clinic for osteomyelitis. The Phistaff to continue paint betadine as needed, and follow up in 2 were 6. On 2/18/22, Reside visit with physician at relation to right 2nd to the right 2nd toe daily signs of any new and infection, and to follow weeks. There lacked follow-up was complete.	ent #3 returned to facility to wounds including oral s, and betadine to right foot of daily.  In #3 was seen at the evaluation of right 2nd toe eysician's Orders directed ing the right 2nd toe with monitor for signs of infection eks.  In #3 went for a follow-up Orthopedics clinic in the eosteomyelitis. The continue betadine paint on the and for staff to monitor the worsening signs of the up with Physician in 2 evidence to show this ted.				Page 6 of 1

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	sided-focal defect, an Plan goal noted, Resi areas. The Care Plan #3's actual skin proble on the 2nd toes of bodid not identify specifithe skin problems.  The Medication Admidated 3/22, showed a 1/22/22 for the application and so area and allow to dry  During observation or C, Licensed Practical treatments to the would on the left 2nd toe. Storders for Resident #3 reported the wounds she took over doing the treatments within the about any plans for slimprovements such a replied that she did not the control of t	n 3/23/22 at 1:44 PM, Staff Nurse (LPN) completed the ands on the right 2nd toe and aff C verified treatment 3's two toes. Staff C have not improved since ne skin assessments and last 3 weeks. When asked kin issues that do not show s Resident #3's, Staff C				Page <b>7</b> of <b>1</b> 1

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	as documented, conti- without revisions of the On 3/24/22 at 3:03 PI (DON) also verified Rivere first identified or worsening, as docum- interventions. The DO notification about Resument orders month or on 1/13/22, admission for necrosing gangrene on 2nd toe. The DON acknowled monitoring skin conditioning monitoring skin conditioning monitoring skin conditioning monitoring skin conditioning monitoring action in problems. The DON sto have monitored the the doctor about non-been sooner or referral enterostomal therapy management.  On 3/29/22 at 12:05 Find Director of Nursing (Algorithm of Staff to monitor skin Physician regarding the staff to monitor skin Phys	of the right foot on 1/16/22. ged importance of tions, developing and plans to manage the skin stated expectations for staff wounds and notification to improvement should have				Page 8 of 1

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	to follow ET orders ur orders otherwise. The involvement regarding toe on right foot "just sure whether Resider on 2nd toe left foot was a compared to a com	Resident #3's necrotic 2nd happened" and were not at #3's non-improving scab as being evaluated.  M, Staff C stated the ET was at the facility to evaluate a of the right foot but not a d scab on the 2nd toe of left led, Pressure Ulcer Risk umentation, with revision a directions for staff to do the ssure ulcer as soon as ment in the interdisciplinary and/or responsible party, and document notification in otes; obtain treatment cian; notify dietary manager eventions; update the care erventions to aid in the ate the physician on healing of every 2 weeks; notify the				Page <b>9</b> of <b>1</b>

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	maintained and review Manager, Consultant and will be reviewed a assurance meetings.  The facility's policy titl Condition Assessment revision date of 7/12, following: assess non condition as soon as attending physician areview the physician areview the physician's and/or legally responsion notifications in the ID initiate treatment; updinterventions as risk forms.	led, Non-pressure Skin and Documentation, with directed staff to do the -pressure impaired skin discovered; notify the nd obtain treatment orders; sorders with the resident sible party and document (interdisciplinary notes); late the care plan and actors change; and notify aired skin conditions that				

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	ss/City/State/Zip		Watchiz	п-дріп	, <b>2022</b>	
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