STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145387	A. Building B. Wing	07/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Anthony's Nsg & Rehab Ctr	767 30th Street Rock Island, IL 61201

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to identify a pressure injury prior to advanced staging and failed to assess a new pressure injury for 1of 3 residents (R1) reviewed for pressure injuries in the sample of 3.The findings include:R1's admission record shows she was admitted on [DATE] with multiple diagnoses including unspecified severe protein-calorie malnutrition, anemia, Alzheimer's Disease and anxiety. She was discharged on 7/15/25.R1's admission resident assessment and care screening dated 4/25/25 documents R1 to have severe cognitive impairment. She was dependent on staff for bed mobility including rolling side to side. She was always incontinent of bowel and bladder. The same assessment documents R1 was at risk for pressure injuries and had no open wounds on admission.On 7/23/25 at 12:15 PM, V5 Certified Nursing Assistant (CNA) said R1 was dependent on staff for all of her care. She required assistance to get up in her chair for meals, had to be fed by staff and was incontinent of bowel and bladder. She was checked and changed every 2 hours and repositioned. R1s nursing progress notes of 6/4/25 documents 2 small superficial open areas were found on the right and left buttocks. The notes have no indication of measurements, staging or assessment of the wounds.R1s nursing progress notes for 6/24/25 show V4 Registered Nurse (RN) identified a new stage 2 pressure injury on R1s right shoulder. The wound measured 7.8 cm length by 2.2 cm wide by 0.2 cm depth.On 7/23/25 at 1:00 PM, V2 Director of Nursing (DON) said when R1 was admitted she was unable to really speak, dependent on staff for all of her needs, and was unable to move herself in bed. She had upper and lower body contractures. She was at a high risk for pressure injury due to her being underweight, and her nutrition was not good. The aides should be checking her skin every time they provide care and report any reddened or open areas. She said wounds should be identified and found prior to becoming stage 2. Early identification helps so the wound can possibly be healed and prevent any potential for infection.On 7/24/25 at 12:20 PM, V3 Nurse Practitioner (NP) said on 6/4/25, V9 Licensed Practical Nurse (LPN) should have documented the open areas as stage 1 and noted a little more information regarding the wounds including measurements.The facility 4/18/25 pressure ulcer policy document the facility is committed to the prevention, early identification, and evidence-based treatment of pressure ulcers. Identification and Documentation: Documentation will include wound type and stage (if pressure ulcer), location, size (length by width by depth), tissue type, drainage, odor, surrounding skin condition, pain level.

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE