

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145469	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/05/2024
NAME OF PROVIDER OR SUPPLIER  Paris Health and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1011 North Main Street Paris, IL 61944	

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)
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>35046</p> <p>Based on interview and record review the facility failed to develop a pressure ulcer care plan for one (R1) of four residents reviewed for pressure ulcers on the sample list of four.</p> <p>Findings include:</p> <p>R1's Nursing Note dated 9/15/2024 at 2:23 PM, documents R1 has an open area to the left buttock. This note documents the pressure ulcer as superficial with a measurement of 1.2 centimeters (cm) in length.</p> <p>R1's Wound Assessment written by V3 Nurse Practitioner dated 9/25/24 documents an assessment of R1's pressure ulcers. This assessment documents a stage three pressure ulcer to the left buttock measuring 0.9 cm by 0.3 cm by 0.2 cm., a stage three pressure ulcer to the right buttock measuring 0.3 cm by 0.3 cm by 0.2 cm, and moisture associated skin damage to the intergluteal cleft. This assessment documents the start date of these areas as 9/15/24. This assessment documents instructions to offload as tolerated.</p> <p>R1's care plan with a start date of 4/28/24 does not document a care plan for R1's pressure ulcers.</p> <p>On 10/4/24 at 2:20 PM, V2 Director of Nursing stated that R1's care plan should include a plan of care for R1's pressure ulcers. V2 stated V2 would expect interventions to heal the pressure ulcers to be a part of R1's care plan.</p>

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
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