

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

Printed: 09/27/2024  
Form Approved OMB  
No. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>145846                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                                      | (X3) DATE SURVEY<br>COMPLETED<br><br>07/09/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>LA Bella of Edwardsville                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>6277 Center Grove Road<br>Edwardsville, IL 62025 |                                                 |
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| F 0607<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42108</b></p> <p>Based on interview and record review the facility failed to initiate its abuse policy and report and investigate injuries of unknown origin for 1 of 3 (R3) residents reviewed for abuse.</p> <p>Findings include:</p> <p>R3's Care Plan, dated [DATE], documents that (R3) has an alteration in hematological status r/t (related to) Anticoagulant side effects, anemia, history of GI bleed. It continues, Report to the physician any S/S (signs/symptoms) abnormal bleeding or hemorrhage. If resident falls must be sent to emergency room due to anticoagulant use: Monitor for signs/symptoms of bleeding, bruising, active bleed, pain and swelling. It also documents [DATE] (R3) is at risk for abnormal bleeding r/t use of anticoagulant therapy for management of embolism and thrombosis of right popliteal vein. It continues, Monitor for and report to nurse any of the following s/s bleeding: Bleeding gums, Nose bleeds, unusual bruising, Tarry, black stools, Pink or discolored urine. Report to the physician any S/S abnormal bleeding or hemorrhage.</p> <p>R3's Minimum Data Set, dated [DATE], documents that R3 is moderately cognitively impaired. Verbal behavior symptoms directed towards others and other behavioral symptom not directed towards others.</p> <p>R3's Progress Note dated [DATE] at 4:30 PM, documents Health Status Note, Note Text:: Resident stating I don't care if I live or die. Resident with bruising on arms from self injurious behavior.</p> <p>R3's Progress Note, dated [DATE] at 1:54 PM, documents Social Services Progress Note, Note Text: SSD (Social Service Director) called behavioral health and spoke with SW (social worker). And they have admitted resident. They stated doctor has not transcribed the admitting DX (diagnosis) yet. She did ask what happened. SSD explained she was having self-harming behaviors. Yelling and screaming. Cussing staff and telling them she hates them. She told nursing she didn't care if she lived or died .</p> <p>R3's Weekly Skin Integrity Review, dated [DATE], documents new skin impairments identified: left antecubital 8.5 x 4cm bruise to left upper arm, left hand 1x1 cm middle finger bruise, 4th finger scab 1x5x0.3 and left lower wrist 1.5 x 3cm bruise. It continues Resident also told me she hits the wall often with her hands and arms. She also wheels herself around in her wheelchair causing bruising to her hands and arms. Resident stated that I hate my life and no one loves me, all you had to do was let me go smoke. Now I want to die and I am calling the abuse hotline.</p> <p>(continued on next page)</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER<br>REPRESENTATIVE'S SIGNATURE | TITLE                   | (X6) DATE                                                               |
| <hr/>                                                                    |                         |                                                                         |
| FORM CMS-2567 (02/99)<br>Previous Versions Obsolete                      | Event ID:<br><br>145846 | Facility ID:<br><br>145846<br><br>If continuation sheet<br>Page 1 of 11 |

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| <p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>On [DATE] at 10:00 AM, R3's Incident Reports and Investigations were requested. As of [DATE] at 3:00 PM the facility had not provided R3's reports.</p> <p>On [DATE] at approximately 8:40 AM, V1, Administrator stated that the bruises to R3's arms and hands were not investigated only the documentation in the nurses note.</p> <p>On [DATE] at 10:11, V2, Director of Nursing (DON) stated that the nurse on duty was an agency nurse. V2 stated that because of this she handled the situation with (R3). V2 stated that (R3) was having behaviors of yelling, screaming, and cursing at staff. V2 stated that attempts to calm and redirect (R3) was not successful. V2 stated that (R3) stated that she didn't care if she died . When asked what was the self-harming behavior? V2 stated that (R3) stated that she was going to take a bottle of pills and didn't care if she died . When asked did (R3) hit, bite, or scratch herself? V2 stated No. V2 stated that the self-harming act was saying that she would take a bottle of pills and did not care if she lived or died . When asked how did the bruises to (R3's) hands and arms occur? V2 stated that it was from (R3) hitting her arms on the chair. When asked if there was an investigation related to the bruising performed? V2 stated No. V2 stated that they do not complete an investigation if they witness what happened. When asked if the bruising to (R3's) hands and arm were witnessed. V2 stated No. When asked which bruise was from hitting on the wheelchair? V2 did not know. When asked how did she know that the bruises occurred from hitting the wheelchair? V2 did not answer.</p> <p>On [DATE] at approximately 8:28 AM, V12, Licensed Practical Nurse (LPN) stated that (R3) has multiple behaviors. V12 stated that (R3) yells and curses at staff. V12 stated that she will swing at staff. V12 stated that she has not heard of (R3) connecting. V12 stated that (R3) will make up stories and try to get staff fired. V12 stated that she will like you one moment and then in a matter of minutes she is cursing at you and call you out of your name. V12 stated that she has not witness care with (R3). V12 stated that she has not witness any self-harm behavior from (R3). V12 stated that she was here when (R3) was sent out to the hospital. V12 stated that (R3) was yelling and cursing at the staff and was unable to be redirected.</p> <p>On [DATE] at approximately 1:30 PM, V3, Assistant Director of Nursing (ADON) stated that she completed the skin assessment. V3 stated that (R3) did have some bruising. V3 stated that the bruising appeared that they had been there for some time. When asked how did (R3) get the bruising, V3 stated that (R3) hits her hands on her chair but she could not say for certain that this is how (R3) obtained the bruising. V3 stated that she is not aware of (R3) having self-harm behavior. V3 stated that (R3) curses at the staff when she doesn't get what she wants. V3 stated that (R3's) behavior has gotten worse, the yelling and outburst have been more frequent.</p> <p>(continued on next page)</p> |                                                                                               |                                                 |

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| <p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>The facility's Abuse, Neglect, Exploitation or Misappropriation- Reporting and Investigating, dated September 2022, documents that All reports of resident abuse (including injuries of unknown origin), neglect, exploitation, or theft/misappropriation of resident property are reported to local, state and federal agencies (as required by current regulations) and thoroughly investigated by facility management. Findings of all investigations are documented and reported. The facility's Accident and Incidents -Investigating and Reporting policy, dated [DATE], documents Policy Interpretation and Implementation Reporting Allegations to the Administrator and Authorities: If resident abuse, neglect, exploitation, misappropriation of resident property or injury of unknown source is suspected, the suspicion must be reported immediately to the administrator and to other officials according to state law. 2. The administrator or the individual making the allegation immediately reports his or her suspicion to the following persons or agencies: a. The state licensing/certification agency responsible for surveying/licensing the facility; b. The resident's representative; c. Adult protective services (where state law provides jurisdiction in long-term care); d. Law enforcement officials for serious injury e. The resident's attending physician; and f. The facility medical director. 3. Immediately is defined as: a. within two hours of an allegation involving abuse or result in serious bodily injury; or b. within 24 hours of an allegation that does not involve abuse or result in serious bodily injury. 4. Verbal/written notices to agencies are submitted via special carrier, fax, e-mail, or by telephone. 5. Notices include, as appropriate: a. the resident's name; b. the resident's room number; c. the type of abuse that is alleged (i.e., verbal, physical, sexual, neglect, etc.); d. the date and time the alleged incident occurred; e. the name(s) of all persons involved in the alleged incident; and f. what immediate action was taken by the facility. 6. Upon receiving any allegations of abuse, neglect, exploitation, misappropriation of resident property or injury of unknown source, the administrator is responsible for determining what actions (if any) are needed for the protection of residents. Investigating Allegations: 1. All allegations are thoroughly investigated. The administrator initiates investigations. 3. The administrator provides supporting documents and evidence related to the alleged incident to the individual in charge of the investigation.</p> <p>The facility's Abuse, Neglect, Exploitation or Misappropriation - Reporting and Investigating policy, dated [DATE], documents Policy Statement: All accidents or incidents involving residents, employees, visitors, vendors, etc., occurring on our premises shall be investigated and reported to the administrator. Policy Interpretation and Implementation: 1. The nurse supervisor/charge nurse and/or the department director or supervisor shall promptly initiate and document investigation of the accident or incident.</p> |                                                                                               |                                                 |

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| F 0609<br><br>Level of Harm - Minimal harm or<br>potential for actual harm<br><br>Residents Affected - Few                         | <p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 42108</p> <p>Based on interview and record review the facility failed to initiate its abuse policy and report injuries of unknown origin for 1 of 3 (R3) residents reviewed for abuse.</p> <p>Findings include:</p> <p>R3's Care Plan, dated [DATE], documents that (R3) has an alteration in hematological status r/t (related to) Anticoagulant side effects, anemia, history of GI bleed It continues Report to the physician any S/S (signs/symptoms) abnormal bleeding or hemorrhage. If resident falls must be sent to emergency room due to anticoagulant use: Monitor for signs/symptoms of bleeding, bruising, active bleed, pain and swelling. It also documents [DATE] (R3) is at risk for abnormal bleeding r/t use of anticoagulant therapy for management of embolism and thrombosis of right popliteal vein. It continues Monitor for and report to nurse any of the following s/s bleeding: Bleeding gums, Nose bleeds, unusual bruising, Tarry, black stools, Pink or discolored urine. Report to the physician any S/S abnormal bleeding or hemorrhage.</p> <p>R3's Minimum Data Set, dated dated [DATE], documents that R3 is moderately cognitively impaired. Verbal behavior symptoms directed towards others and other behavioral symptom not directed towards others.</p> <p>R3's Progress Note dated [DATE] at 4:30 PM, documents Health Status Note, Note Text: Resident stating I don't care if I live or die. Resident with bruising on arms from self injurious behavior.</p> <p>R3's Progress Note, dated [DATE] at 1:54 PM, documents Social Services Progress Note, Note Text: SSD (Social Service Director) called behavioral health and spoke with SW (social worker). And they have admitted resident. They stated doctor has not transcribed the admitting DX (diagnosis) yet. She did ask what happened. SSD explained she was having self-harming behaviors. Yelling and screaming. Cussing staff and telling them she hates them. She told nursing she didn't care if she lived or died .</p> <p>R3's Weekly Skin Integrity Review, dated [DATE], documents new skin impairments identified: left antecubital 8.5x4cm bruise to left upper arm, left hand 1x1 cm middle finger bruise, 4th finger scab 1x5x0.3 and left lower wrist 1.5x3cm bruise. It continues Resident also told me she hits the wall often with her hands and arms. She also wheels herself around in her wheelchair causing bruising to her hands and arms. Resident stated that I hate my life and no one loves me, all you had to do was let me go smoke. Now I want to die and I am calling the abuse hotline.</p> <p>On [DATE] at 10:00 AM, R3's Incident Reports and Investigations were requested. As of [DATE] at 3:00 PM the facility had not provided R3's reports.</p> <p>On [DATE] at approximately 8:40 AM, V1, Administrator stated that the bruises to (R3's) arms and hands were not investigated only the documentation in the nurses note.</p> <p>(continued on next page)</p> |                                                                                               |                                                 |

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Department of Health & Human Services  
Centers for Medicare & Medicaid Services

Printed: 09/27/2024  
Form Approved OMB  
No. 0938-0391

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| <p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>The facility's Abuse, Neglect, Exploitation or Misappropriation- Reporting and Investigating, dated [DATE], documents that All reports of resident abuse (including injuries of unknown origin), neglect, exploitation, or theft/misappropriation of resident property are reported to local, state and federal agencies (as required by current regulations) and thoroughly investigated by facility management. Findings of all investigations are documented and reported. The facility's Accident and Incidents -Investigating and Reporting policy, dated [DATE], documents Policy Interpretation and Implementation Reporting Allegations to the Administrator and Authorities: If resident abuse, neglect, exploitation, misappropriation of resident property or injury of unknown source is suspected, the suspicion must be reported immediately to the administrator and to other officials according to state law. 2. The administrator or the individual making the allegation immediately reports his or her suspicion to the following persons or agencies: a. The state licensing/certification agency responsible for surveying/licensing the facility; b. The resident's representative; c. Adult protective services (where state law provides jurisdiction in long-term care); d. Law enforcement officials for serious injury e. The resident's attending physician; and f. The facility medical director. 3. Immediately is defined as: a. within two hours of an allegation involving abuse or result in serious bodily injury; or b. within 24 hours of an allegation that does not involve abuse or result in serious bodily injury. 4. Verbal/written notices to agencies are submitted via special carrier, fax, e-mail, or by telephone. 5. Notices include, as appropriate: a. the resident's name; b. the resident's room number; c. the type of abuse that is alleged (i.e., verbal, physical, sexual, neglect, etc.); d. the date and time the alleged incident occurred; e. the name(s) of all persons involved in the alleged incident; and f. what immediate action was taken by the facility. 6. Upon receiving any allegations of abuse, neglect, exploitation, misappropriation of resident property or injury of unknown source, the administrator is responsible for determining what actions (if any) are needed for the protection of residents. Investigating Allegations: 1. All allegations are thoroughly investigated. The administrator initiates investigations. 3. The administrator provides supporting documents and evidence related to the alleged incident to the individual in charge of the investigation.</p> <p>The facility's Abuse, Neglect, Exploitation or Misappropriation - Reporting and Investigating policy, dated [DATE], documents Policy Statement: All accidents or incidents involving residents, employees, visitors, vendors, etc., occurring on our premises shall be investigated and reported to the administrator. Policy Interpretation and Implementation: 1. The nurse supervisor/charge nurse and/or the department director or supervisor shall promptly initiate and document investigation of the accident or incident.</p> |                                                                                               |                                                 |

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| <p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Respond appropriately to all alleged violations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42108</b></p> <p>Based on interview and record review the facility failed to initiate its abuse policy and investigate injuries of unknown origin for 1 of 3 (R3) residents reviewed for abuse.</p> <p>Findings include:</p> <p>R3's Care Plan, dated [DATE], documents that (R3) has an alteration in hematological status r/t (related to) Anticoagulant side effects, anemia, history of GI bleed. It continues, Report to the physician any S/S (signs/symptoms) abnormal bleeding or hemorrhage. If resident falls must be sent to emergency room due to anticoagulant use: Monitor for signs/symptoms of bleeding, bruising, active bleed, pain and swelling. It also documents [DATE] (R3) is at risk for abnormal bleeding r/t use of anticoagulant therapy for management of embolism and thrombosis of right popliteal vein. It continues Monitor for and report to nurse any of the following s/s bleeding: Bleeding gums, Nose bleeds, unusual bruising, Tarry, black stools, Pink or discolored urine. Report to the physician any S/S abnormal bleeding or hemorrhage.</p> <p>R3's Minimum Data Set, dated [DATE], documents that R3 is moderately cognitively impaired. Verbal behavior symptoms directed towards others and other behavioral symptom not directed towards others.</p> <p>R3's Progress Note dated [DATE] at 4:30 PM, documents Health Status Note, Note Text: Resident stating I don't care if I live or die. Resident with bruising on arms from self injurious behavior.</p> <p>R3's Progress Note, dated [DATE] at 1:54 PM, documents Social Services Progress Note, Note Text: SSD (Social Service Director) called behavioral health and spoke with SW (social worker). And they have admitted resident. They stated doctor has not transcribed the admitting DX (diagnosis) yet. She did ask what happened. SSD explained she was having self-harming behaviors. Yelling and screaming. Cussing staff and telling them she hates them. She told nursing she didn't care if she lived or died .</p> <p>R3's Weekly Skin Integrity Review, dated [DATE], documents new skin impairments identified: left antecubital 8.5x4cm bruise to left upper arm, left hand 1x1 cm middle finger bruise, 4th finger scab 1x5x0.3 and left lower wrist 1.5x3cm bruise. It continues Resident also told me she hits the wall often with her hands and arms. She also wheels herself around in her wheelchair causing bruising to her hands and arms. Resident stated that I hate my life and no one loves me, all you had to do was let me go smoke. Now I want to die and I am calling the abuse hotline.</p> <p>On [DATE] at 10:00 AM, R3's Incident Reports and Investigations were requested. As of [DATE] at 3:00 PM the facility had not provided R3's reports.</p> <p>On [DATE] at approximately 8:40 AM, V1, Administrator stated that the bruises to (R3's) arms and hands were not investigated only the documentation in the nurses note.</p> <p>(continued on next page)</p> |                                                                                               |                                                 |

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| NAME OF PROVIDER OR SUPPLIER<br><br>LA Bella of Edwardsville                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>6277 Center Grove Road<br>Edwardsville, IL 62025 |                                                 |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                               |                                                 |
| F 0690<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few                                                          | <p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42108</b></p> <p>Based on observation, interview and record review, the facility failed to provide timely and complete incontinence care for 1 of 3 (R4) residents reviewed for improper nursing care. This failure resulted in R4 feeling sad, and unsafe in the facility and experiencing pain to buttocks during incontinent care and obtaining open areas.</p> <p>Findings include:</p> <p>R4's Care Plan, dated 4/30/21, documents (R4) has bowel incontinence cognitive status. It continues, Provide pericare after each incontinent episode, Check resident Q (every) 2-3 hrs (hours) and PRN (as needed) for incontinent episodes. It also documents 4/27/24 (R4) has urinary incontinence. It continues, Provide incontinent/peri-care PRN, Check every 2-3 hours and/or as required for incontinence. Provide incontinent care as needed.</p> <p>R4's Minimum Data Set, dated dated [DATE], documents that R4 is cognitively intact, occasionally incontinent of urine and always incontinent of bowel. It also documents that R4 is dependent on staff for toileting.</p> <p>R4's Progress note, dated 7/2/2024 at 3:27 PM, documents Health Status Note, Note Text: Noted open sheared areas to right gluteal fold and to back of left thigh. incontinent care provided and skin protected cream applied. (V10) notified and guest requested to notify son because unable to contact daughter.</p> <p>On 7/20/2024 at approximately 11:24 AM, observed R4 lying in bed on her back, in her room. A strong foul-smelling odor in room. R4's top sheet was wet and soiled with a brown stain. Observed brown liquid dripping onto the floor. R4 stated that she needed to be changed and had been waiting since 7pm last night. R4 then pressed the call light button. V11, Certified Nurses Assistant (CNA), answered the call light. V11 pulled back the top sheet and covered R4 up and left the room. At 11:29 AM, V11 and V13, CNA, returned to R4's room with supplies. V11 pulled back the urine and stool-soaked top sheet revealing a heavily soiled and soaked incontinent brief. R4 was lying on top of a fitted sheet, a draw sheet and an incontinent pad. R4 was soaked through each layer of linen. R4's fitted sheet was soaked and had a large brown ring ranging from the back of R4's knees up to the back of R4's neck. V11 then opened R4's incontinent brief and a large amount of soft stool observed covering R4's peri area and lower abdominal fold. V11 then cleansed R4's peri area and abdominal fold. R4 had facial grimacing and yelled out it hurt when being cleaned. V11 and V13 then turned R4 onto her left side that revealed a heavily soaked and saturated incontinent brief stuck to R4's back and buttocks. The incontinent pad, draw sheet and fitted sheet were heavily soaked through with urine and stool. V11 removed the incontinent brief and revealed a large amount of soft foul-smelling stool ranging from R4's buttocks up to the middle of R4's back. V11 then cleansed the stool from R4's buttocks. R4 yelling in pain with each wipe. V11 attempted to calm R4 and paused between wipes. V11 cleansed R4's buttocks and revealed multiple deep red and brown creases in R4 skin that did not fade during incontinent care, and multiple open areas were observed to R4's buttocks and thighs. R4 stated that it was painful when being cleaned.</p> <p>(continued on next page)</p> |                                                                                               |                                                 |

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| F 0690<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few                                                          | <p>On 7/2/2024 at 11:24 AM, R4 stated that she does not feel safe at the facility and would feel better at home. When asked why does she say that? R4 responded that they leave you alone here. R4 stated that They don't take care of me here. I have been dirty since 7pm last night. I have asked for help and no one helps. They say they will be back and don't come. R4 continued I am alone here, my son works and is not able to take care of me at home. They think its better here but its not. It makes me sad, no one wants to help me.</p> <p>On 7/2/2024 at 11:29 AM, V11 stated that this is unacceptable. V11 stated that (R4) should have been cleaned before now. V11 stated that she was not aware of (R4) having any open areas. V11 stated that (R4) is alert and able to verbalize her needs. V11 stated that she came in the room prior to this and (R4) was sleeping. V11 stated that they got (R4's) roommate up and then proceeded to the other residents. V11 stated that she was not aware that (R4) was in this condition. V11 stated that she prides herself on the care she gives and that this looks like (R4) had been like this for a long time.</p> <p>On 7/3/2024 at approximately 8:28 AM, V12, Licensed Practical Nurse (LPN) stated that she was made aware of (R4's) condition on yesterday. V12 stated that it was unacceptable the condition (R4) was in. V12 stated that she expects the staff to perform incontinent care after each episode of incontinence. V12 stated that the (R4) should have been checked on and if (R4) notified someone that she was incontinent then she expects them to change her. V12 stated that (R4) is alert and tells the staff when she has become incontinent. V12 stated that after the incontinent care was completed she assessed (R4's) skin and applied some cream to it. V12 stated that the areas to (R4's) body are new. V12 stated that the physician and family were notified. V12 stated that (R4) has been changed and repositioned and cream has been applied to (R4's) skin.</p> <p>The facility's Perineal/Incontinent Care Standards and Guidelines, dated 10/24/22, documents Standard: It will be the standard of this facility to provide cleanliness and comfort to the resident, to prevent infections and skin irritation, and to observe the resident's skin condition and provide appropriate care and services required to maintain functional levels while providing perineal/incontinence care. It continues Guidelines: 4. Provide perineal/incontinence care In accordance with physician orders or resident's plan of care, while ensuring to maintain resident preferences as indicated and resident privacy/dignity.</p> |                                                                                               |                                                 |