STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145945	A. Building B. Wing	09/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Imboden Creek Senior Living	180 West Imboden Decatur, IL 62521

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** 50430 Based on observation, interview, and record review, the facility failed to provide wound treatments as ordered by the physician and failed to have a pressure sore plan of care for two (R1, R2) of three residents reviewed for pressure sores in the sample list of three. Findings include: The Facility's Treatment and Wound Care policy, dated October 2010, documents the nurse is to apply treatments as ordered by the Physician. 1. R2's Minimum Data Set, dated dated [DATE], documents R2 is cognitively intact. On 9/12/24 at 9:55 AM, R2 was sitting in a recliner chair in the room. R2 stated R2 has wounds on his buttocks. R2's Care Plan, dated 9/12/24, does not document a wound on R2's left buttocks. V8 Wound Doctor Notes, dated 9/9/24, document R2 has a stage three pressure sore to the left buttock measuring 1.3 x 0.5 x 0.1 centimeters (cm) with a total surface area of 0.65 cm. This wound note documents a new treatment order to apply Calcium Alginate then cover with a hydrocolloid sheet three times per week and as needed for 30 days. This order also states to apply Skin prep (protective barrier wipe) to peri wound three times per week and as needed for 30 days. R2's Treatment Record, dated 9/12/24 to 9/31/24, does not include this order. On 9/12/24 at 11:00 AM, V5, Licensed Practical Nurse, provided wound care to R2. R2 did not have a dressing on the buttocks when V5 removed R2's pants. At that time, an unstageable wound was present on R2's left buttock and the wound bed was covered with slough. V5 then cleansed R2's buttocks with an incontinence wipe, applied zinc oxide, and covered the wounds to right and left buttocks with border gauze. V5 confirmed a dressing was not present on R2's left buttock when she removed R2's pants. On 9/12/24 at 12:30 PM, V8 (Wound Doctor) confirmed the treatment to R2's left buttock wound is supposed to be Calcium Alginate covered with a hydrocolloid sheet. V8 stated if the treatment is not being done as ordered then the wound can worsen. 49492 (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145945	A. Building B. Wing	09/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Imboden Creek Senior Living	180 West Imboden Decatur, IL 62521

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(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	2. R1's Medical Record documents R1 admitted to the facility on [DATE], and was discharged from facility on 9/9/24. R1's Care plan, dated 8/13/24, documents a wound on R1's left Sacrum. R1's Treatment Order, dated 8/14/24, documents Sacrum Left side- cleanse with normal saline or wound cleanser, pat dry, apply silicone bordered foam dressing. Every day shift for wound care starting on 8/14/24. R1's record review indicates the dressing changes were not signed out on the Treatment Administration Record as completed on 8/17/24, 8/19/24, and 8/20/24. 09/16/2024 at 12:40 PM, V10, Regional Nurse, agreed the dressing changes were not signed out on the Treatment Administration Record as completed on 8/17/24, 8/19/24 and 8/20/24. V10, Regional Nurse, stated V10 cannot state if treatments were completed as ordered.