STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155377	A. BUILDING 00 B. WING	11/06/2014

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F 000 Bldg. 00	This visit was for the Investigation of Complaints IN00158793 and IN00157570. Complaint IN00158793 - Substantiated. Federal/state deficiencies related to the allegations are cited at F309 and F314 . Complaint IN00157570 - Substantiated. Federal/state deficiencies related to the allegations are cited at F309 and F314 . Survey dates: November 3, 5 and 6, 2014 Facility number: 000272 Provider number: 155377 AIM number: 100274710 Survey team: Jennifer Carr, RN - TC Census bed type: SNF/NF: 92 Total: 92 Census payor type: Medicare: 8 Medicaid: 76 Other: 8 Total: 92	F 000	Request face to face IDR review for F309 and F314. Facility disagrees with scope and severity	

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

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	Sample: 3 These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2-3.1. Quality Review completed on November 14, 2014, by Brenda Meredith, R.N.			
F 309 SS=G Bldg. 00	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.			
	Based on interview and record review, the facility failed to provide the necessary care and services to provide appropriate treatment changes for a right upper extremity wound infection and a right axillary wound for 1 of 3 residents reviewed for quality of care (Resident A). This deficient practice resulted in harm	F 309	Request face to face IDR review for F309. Facility disagrees with scope and severity **What corrective actions will be accomplished for those residents found to have been affected by the deficient practice?** Resident A no longer resides in this facility **How will you identify other residents**	12/03/2014

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	when Resident A developed sepsis (systemic blood infection) related to his wounds, requiring surgical intervention. Findings include: 1.a. Resident A's medical record was reviewed on 11/3/2014 at 11:00 a.m. Diagnoses included, but were not limited to, diabetes, morbid obesity, rheumatoid arthritis, and congestive heart failure. Resident A was transferred from the facility via ambulance on 10/4/2014 at 2:55 a.m. and arrived at (Hospital 1) Emergency Department (ED/ER) on 10/4/2014 at 3:14 a.m. The resident was transferred via ambulance from (Hospital 1) Emergency Department on 10/4/2014 at 6:03 a.m. and was admitted to (Hospital 2) Intensive Care Unit (ICU) on 10/4/2014 at 7:45 a.m. He expired on 10/11/2014 in (Hospital 2) ICU. Quarterly Minimum Data Set (MDS) assessment, dated 9/1/2014, indicated a Brief Interview for Mental Status (BIMS) score of 15 of 15; indicating Resident A was cognitively intact. MDS assessment further indicated that Resident A required extensive, 1-2 person assist for bed mobility, transfers, toileting, and hygiene. MDS assessment indicated Resident A had no pressure ulcers or "other" wounds		**having the potential to be affected by the same deficient practice and what corrective action will be taken?** All residents have the potential to be affected by the alleged deficient practice. An inservice for all licensed nurses will be conducted by 11/26/14 over the skin management policy including site and description documentation of all wounds per weekly summary. C.N.A.'s were educated on completing shower sheets to include all alterations in skin integrity. C.N.A.'s were also educated to report to charge nurse all alterations in skin integrity noted while performing routine care. Charge nurses will audit shower sheets daily and nurse management will audit weekly. A skin sweep was completed by nurse management on all residents to identify any wounds/treatments needed. All residents with open wounds have been evaluated by DNS/designee to ensure skin management policy is followed ie: assessments completed, careplan reviewed and updated, treatment completed per MD order, IDT note completed. **What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not reoccur?** A skin sweep will be completed on all residents to identify any wounds/treatment needs monthly	

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	or skin problems. Non-Pressure Wound Skin Evaluation Report, dated 7/15/2014, indicated, "Description: Area under Right armpit." Documentation indicated it was a new area, not present on admission, and was a "laceration." Measurements indicated, "1 [cm/centimeter] x 3.5 [cm] x 0.2 [cm]" with no tunneling [passageway of tissue destruction under the skin surface, with an opening at skin level from the edge of the wound] and "moderate purulent [pus] exudate [drainage] on dressing with minimal sanguineous [bloody] drainage on dressing." Non-Pressure Wound Skin Evaluation Report, dated 7/29/2014, indicated, "Description: laceration to rt [right] armpit." Documentation indicated it was an existing area, originally noted on 7/15/2014, and measured "1 [centimeters] x 3.5 [centimeters] x 0.1 [centimeters]" with no tunneling and "small amount of purulent drainage on dressing." Nursing Weekly Summaries, dated 7/17/2014 and 7/31/2014, did not indicate the laceration to Resident A's right axilla [armpit] under "Skin Assessment...Indicate any areas of skin integrity alteration the resident currently has."		by DNS/designee and will be documented on shower sheets. A new skin event will be completed by the nursing staff for all non-pressure/pressure wounds. The wound nurse will review the new skin event and complete a non-pressure or pressure event as applicable including description, measurements, and treatment. The wound nurse will complete a pressure wound event weekly for all pressure wounds and a non-pressure wound event weekly for all non-healing wounds. Nursing staff will assess alterations in skin integrity with each treatment/dressing application. Nursing staff will document weekly per weekly summary the site and description of all non-pressure/pressure wounds. Wound nurse/Designee will be responsible to do treatments on any pressure wounds or non-healing wounds per physician orders. DNS/Designee will review all documentation of residents with wounds daily to ensure treatments are completed per physician's orders. DNS/Designee will conduct rounds daily to ensure pressure wound treatments are in place per physician's orders. Wound nurse will complete dressing change skills validations on licensed nurses by 11/28/14 **How will the corrective actions be monitored to ensure the deficient practice will not**	

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	Nursing Weekly Summary, dated 7/24/2014, indicated, "Open areas - laceration to R [right] Axilla [armpit]...If resident has an open area, do they have pain at the site: Yes (describe pain level) - 5/10." Resident Progress Notes, dated 8/24/2014 at 6:08 p.m., indicated, "dsg [dressing] to rt [right] underarm changed per order remains opened with small amount of red draining...." Resident Progress Notes, dated 8/31/2014 at 9:20 p.m., indicated, "...dsg [dressing] changed under rt [right] arm had foul smell had some pain during lifting arm while changing." Resident Progress Notes, dated 9/8/2014 at 2:02 p.m., indicated, "Dressing to right armpit changed, area bleeding prior to dressing change." Physician Telephone Orders and Medication Administration Records (MARs) indicated treatment orders for the right axilla wound were initiated on 7/15/2014. Treatment orders were discontinued and new orders initiated on both 7/21/2014 and 8/15/2014. Physician Telephone Orders, dated 9/29/2014, indicated, "...D/C [discontinue] skin prep		**reoccur?** A Skin Management Program audit tool will be completed daily x 4 weeks, weekly x 4 weeks, and monthly x 6 months. Any issues found will be corrected and brought before the monthly QA committee for review. Any non compliance with staff will result in staff education and up to disciplinary action.	

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	order, optifoam order to R armpit 2' [secondary to] another dressing ordered...." No additional orders were documented. The MAR indicated the last dressing change to the right axillary wound was 9/26/2014. Resident Progress Notes, dated 10/4/2014 at 4:29 a.m., indicated, "Res. [resident] noted to be lethargic at 12 a.m. med pass, took approx. [approximately] 5-10 minutes to get res. alert....At 2:10 a.m. this nurse went in to res. room to do dressing change to right bicep, area noted to be draining serosanguineous [abnormal wound drainage consisting of both blood and serous fluid] fluid, large knot noted under reddened area, knot measured 10 cm x 9 cm with reddened area peri-wound [around the wound]. Res. lethargic and disoriented at that time...whimpering at times and stating 'please.' Unable to hold own head up at that time, body shaking frequently, area right bicep oozing large amounts of drainage....New order received at 2:30 a.m. to send res. to [Hospital 1] ER for eval. [evaluation] and treatment, res. VS [vital signs] 116/66, heart rate 126, resp. [respirations] 18....Transported to [Hospital 1] ER at 2:55 a.m." The following Resident Progress Note, dated 10/4/2014 at 6:06 a.m., indicated,			

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	"Received call from [Hospital 1] ER, res. being transferred to [Hospital 2] due [to] [Hospital 2] having nephrologist on duty on weekend....res. WBC [white blood count] 22,000, K [potassium] 7 and the ER unable to properly place central line at this time due to condition of res." (Hospital 2) PT (Physical Therapy) Wound Care Forms, dated 10/4/2014 at 4:31 p.m., indicated, "...Wound Data #1 Location: right lateral arm with 2 larger and 2 smaller open wounds. Diagnosis: Infection. Measurements: unable to measure 2' [secondary to] onset of Vtac [ventricular tachycardia: rapid heartbeat arising from the ventricles] and medical instability. Coloration: 100% yellow/necrotic. Exudate [drainage]: Maximal, Purulent. Periwound [around the wound]: Erythema [redness]. Wound Data # 2 Location: right axilla. Diagnosis: Other: unknown, possible chronic in nature. Measurements: unable to measure as noted above. Coloration: approx. [approximately] 40-50 eschar [thick, leathery, necrotic (dead) tissue, black or brown in color], remaining red. Exudate: Moderate, Serosanguineous [yellowish with small amounts of blood]. Periwound: Erythema....Pt [patient] will need surgica [sic] debridement [removal of dead, damaged, or infected tissue] of right UE			

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	[upper extremity] wounds." (Hospital 2) Nephrology Consult Note, dated 10/4/2014 at 9:28 a.m., indicated, "Reason for Consultation: Acute kidney injury....Impressions: ...The cause of his acute injury appears to be ambient hypotension [low blood pressure] due to sepsis from large right arm/axillary wound." (Hospital 2) Surgery Consult Note, dated 10/4/2014 at 3:47 p.m., indicated, "Preoperative Diagnoses: Right shoulder abscess and right axillary wound. Procedure: Incision and drainage of complex right shoulder abscess and right axillary wound....Operative Indications: ...Upon admission, he was found to have a large undermining wound on his right shoulder draining purulent fluid with 2 openings....Operative Findings: There was a large deep abscess cavity involving the right shoulder, extending approximately 6 x 5 cm in width and length and 7 cm in depth, extending down to the deltoid [shoulder] muscle and adjacent bone....There was some necrotic [dead] tissue superficially which was debrided [removing dead or infected tissue]. In the right axilla, there was a superficial wound with central eschar measuring 6 x 4 cm. This necrosis involved only the skin and subcutaneous			

tissues [third of three layers of tissues]....Operative Procedure: ...I then explored these wounds and found a large amount of purulent fluid, approximately 50 - 75 ml [milliliter]. This wound extended down to the bone and deltoid muscle and involved a very large space with dimensions as listed above. There were 2 openings and these were connected with significant undermining."

An Incident Report Form, dated 10/29/2014, and provided by the Administrator on 11/3/2014 at 10:50 a.m., indicated, "...Review of wounds and treatment orders revealing discontinued order of treatment to Right underarm. Previous dressing change order was for change q [every] Tues [Tuesday] and Fri [Friday]. Last dressing change had occurred on Friday, Sept. [September] 26 [2014] and next date would have been Tuesday, 9/29 [2014] when dressing would have been changed, but order had been discontinued."

On 11/5/2014 at 12:30 p.m., the Corporate Director of Nursing Services (CDNS) indicated, "As long as [a wound is] resolving, it doesn't require weekly documentation and measurement....If it's non-pressure, we document a non-pressure event...get measurements, a new order....On-going [assessment] is per

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	weekly head-to-toe summary [Nursing Weekly Summary]. We do charting by omission. If there's no documentation, we're going to assume it's healing without complications." Current Skin Management Program and IDT (Interdisciplinary Team) Weekly Review of Residents With Wounds Policy and Procedure was provided by the CDNS on 11/5/2014 at 12:32 p.m. Policy indicated, "...Residents will have a skin assessment completed no less than weekly by the licensed nurse in an effort to assess overall skin condition, skin integrity, and skin impairment." Procedure indicated, "...All alterations in skin integrity will be documented in the EMR [Electronic Medical Record] - New Skin Alteration Event...The facility assigned wound nurse will complete further evaluation of the wounds identified and complete the appropriate skin evaluation event....The care plan will be initiated to include specific alterations in skin integrity...." Areas Requiring Weekly Documentation indicated, "Stage I, II, III, IV and unstageable pressure sores...Large skin tears...Post-operative surgical sites...Non-healing rashes, abrasions, and any skin conditions that are not resolving." The IDT Note indicated, "An IDT note must be written at least weekly on all wounds....The note			

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	should be written in EMR progress notes. The wound measurements are documented in the EMR...The note should refer specifically to each site and be general whether the site has worsened, remained unchanged or improved...The characteristics of the wound(s) should be detailed to include but not limited to (1) the peri-wound, (2) the bed of the wound, examples wound include; slough, debris, or eschar..., (3) odor, (4) and drainage. If the wound has worsened or improved the IDT should reference these changes and credit or change the current interventions....The nutritional status of a resident with an open area must be documented in the weekly note...." The Care Plan indicated, "An open area must have an individual care plan in addition to any previous at risk/preventative care plans associated to the residents care...." On 11/5/2014 at 3:28 p.m. the Assistant Director of Nursing (ADON) indicated, "If they saw the order to d/c [discontinue the right axillary wound dressing on 9/29/2014], they might think, 'Great, I don't have to look at that anymore.' If he wouldn't lift his arm, they might not have even seen the old dressing." On 11/5/2014 at 3:50 p.m., the CDNS indicated, "I don't know why the orders			

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	were changed. [The wound nurse] was not following her protocol because it was non-pressure....It's hard to know [without documentation what the wound looked like or why treatments were changed]." RN #1, the admitting ICU nurse at (Hospital 2) was interviewed via phone on 11/6/2014 at 11:00 a.m. She indicated she admitted Resident A at 7:45 a.m. on 10/4/2014 and cared for him on 10/4/2014 and 10/5/2014. She indicated, "When he arrived, it was obvious he was unkempt, unclean. He had a very strong smell...." She further indicated that both Wound Care and Surgery consults were called during Resident A's ICU admission assessment. She indicated she could not recall a date indicated on the right axilla dressing, but stated, "It was saturated and foul...smelled like it had been there a while and were were all wearing masks." LPN #1 was interviewed on 11/6/2014 at 12:54 p.m. She indicated she cared for Resident on 10/3/2014 on day shift and stated, "His skin as far as I knew was fine. There were no dressing change ordered for him. As far as I know, we were doing a change under his right arm			

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	pit, but that had been discontinued by the wound nurse. The wound nurse usually looked at those and d/c's [discontinues] the orders...I think she even wrote 'resolved'." LPN #2 was interviewed on 11/6/2014 at 1:30 p.m. She indicated she cared for Resident A during evening shift on 10/2/2014 and 10/3/2014. She indicated, "One of the two days, they did a bed bath with him. I was in the room at the time helping turn him. I did see his right under arm. To the best of my recollection, it had a crack...a laceration appearance about a inch and a half to two inches long....No dressing...." 1.b. Resident A's Progress Notes, dated 8/21/2014 at 12:27 a.m., indicated, "MD [physician] in to see resident per his request. Resident c/o [complained of] severe right shoulder pain....N.O. [new order] Icy Hot, Kenolog [steroid] / Lidocaine [local anesthetic] injection for right shoulder as well. Pharmacy notified." Physician Visit Note, dated 8/27/2014, indicated, "[Resident A] is seen today for followup of right shoulder pain....I am here today to inject his right			

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	shoulder....Assessment and Plan: 1. Right bicipital tendinitis [inflammation, irritation of a tendon]....The mixture of 40 mg [milligrams] Kenalog and 6 ml [milliliters] of 1% Xylocaine were used, and approximately 2 ml of this was injected around the right bicipital tendon....3. ...Approximately 2 ml of mixture of 40 mg of Kenalog and 6 ml of 1% Xylocaine were injected around the acromicoclavicular joint....4. ...The trigger point was identified over the trapezius muscle laterally...injected with a mixture of 2 ml of mixture of 40 mg of Kenalog and 6 ml of 1% Xylocaine mixture previously used and injected under sterile technique....bandaids were applied to the injection sites." An Infection Control Individual Report, dated 9/27/2014, indicated, "Description: cellulitis [bacterial skin infection] r [right] bicep. Diagnosis of or s/sx [signs/symptoms] present on admission/readmission: No. Signs and Symptoms: Drainage serous (site) - R [right] bicep....Redness (site) - R [right] bicep....Date medication ordered: 9/27/2014. Name of medication ordered: Bactrim DS [antibiotic] one PO [by mouth] BID [twice daily] x 10 days." Resident Progress Notes, dated 9/27/2014 at 11:23 a.m., indicated, "N.O. [new			

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	order] rec'd [received] Bactrim DS [antibiotic] one PO [by mouth] BID [twice daily] x 10 days for area to r [right] bicep which is warm to touch with slight drainage noted." Nursing Weekly Summary, dated 10/1/2014, indicated, "Skin Assessment: ...Edema [swelling]: Yes (location) - ...upper bicep area...Open areas (description/site) - upper right bicep x 2." Resident Progress Notes, dated 10/3/2014 at 8:59 a.m., indicated, "He [Resident A] is lethargic and refusing to even attempt to feed himself....Vitals are WNL [within normal limits] at this time. Resident's temperature indicated, "97.8 [degrees Fahrenheit]." Resident Progress Notes, dated 10/3/2014 at 9:09 p.m., indicated, "Bed bath given at this time by writer and 2 CNA's....Skin noted to have open areas x 2 on R [right] bicep with redness noted. ATB [antibiotic] continues for cellulitis with no ASE [adverse side effects] noted. Open area noted to R armpit." Resident Progress Notes, dated 10/4/2014 at 1:29 a.m., indicated, "New order received: ....Cleanse area to right bicep with normal saline, apply non-adherent pad, cover with gauze and tape."			

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	Resident Progress Notes, dated 10/4/2014 at 4:29 a.m., indicated, "Res. [resident] noted to be lethargic at 12 a.m. med pass, took approx. [approximately] 5-10 minutes to get res. alert....At 2:10 a.m. this nurse went in to res. room to do dressing change to right bicep, area noted to be draining serosanguineous fluid, large knot noted under reddened area, knot measured 10 cm x 9 cm with reddened area peri-wound. Res. lethargic and disoriented at that time...whimpering at times and stating 'please.' Unable to hold own head up at that time, body shaking frequently, area right bicep oozing large amounts of drainage....New order received at 2:30 a.m. to send res. to [hospital] ER for eval. [evaluation] and treatment, res. VS [vital signs] 116/66, heart rate 126, resp. [respirations] 18....Transported to [hospital] ER at 2:55 a.m." The following Resident Progress Note, dated 10/4/2014 at 6:06 a.m., indicated, "Received call from [Hospital 1] ER, res. being transferred to [Hospital 2] due [to] [Hospital 2] having nephrologist on duty on weekend....res. WBC [white blood count] 22,000, K [potassium] 7 and the ER unable to properly place central line at this time due to condition of res."			

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	(Hospital 2) PT Wound Care Forms, dated 10/4/2014 at 4:31 p.m., indicated, "...Verify Wound Sites: Per Nursing (Comment: At time of consult/eval [evaluation] only anterior surface of body examined with right UE [upper extremity] and axilla wounds noted as pt [patient] with onset of Vtac [ventricular tachycardia] then emerent [sic] dialysis, per nursing report later in the day, pt has significant wounds on posterior body....Wound Data #1 Location: right lateral arm with 2 larger and 2 smaller open wounds. Diagnosis: Infection. Measurements: unable to measure 2' [secondary] to onset of Vtac and medical instability. Coloration: 100% yellow/necrotic. Exudate [drainage]: Maximal, Purulent. Periwound [around the wound]: Erythema [redness]. Wound Data # 2 Location: right axilla. Diagnosis: Other: unknown, possible chronic in nature. Measurements: unable to measure as noted above. Coloration: approx. [approximately] 40-50 eschar, remaining red. Exudate: Moderate, Serosanguineous. Periwound: Erythema....Pt [patient] will need surgica [sic] debridement of right UE [upper extremity] wounds." (Hospital 2) Nephrology Consult Note, dated 10/4/2014 at 9:28 a.m., indicated, "Reason for Consultation: Acute kidney			

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	injury....Impressions: ...The cause of his acute injury appears to be ambient hypotension due to sepsis from large right arm/axillary wound." (Hospital 2) Surgery Consult Note, dated 10/4/2014 at 3:47 p.m., indicated, "Preoperative Diagnoses: Right shoulder abscess and right axillary wound. Procedure: Incision and drainage of complex right shoulder abscess and right axillary wound....Operative Indications: ...Upon admission, he was found to have a large undermining wound on his right shoulder draining purulent fluid with 2 openings....Operative Findings: There was a large deep abscess cavity involving the right shoulder, extending approximately 6 x 5 cm in width and length and 7 cm in depth, extending down to the deltoid muscle and adjacent bone....There was some necrotic tissue superficially which was debrided. In the right axilla, there was a superficial wound with central eschar measuring 6 x 4 cm. This necrosis involved only the skin and subcutaneous tissues....Operative Procedure: I then explored these wounds and found a large amount of purulent fluid, approximately 50 - 75 ml. This wound extended down to the bone and deltoid muscle and involved a very large space with dimensions as listed above. There were 2			

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openings and these were connected with significant undermining."

Resident A's primary care physician was interviewed on 11/3/2014 at 2:15 p.m. via telephone. He indicated that Resident A had a history of skin boils, abdominal wall cellulitis, immunosuppression, and "really bad abdominal stria [stretch marks]." The physician indicated that he had seen a photograph of Resident A's right deltoid and indicated, "I think it was an abscess. We had put him on antibiotics for what we suspected was cellulitis. I don't see how that could be pressure related." He indicated, "several months ago," Resident A had a "4 centimeter wide" wound located at "his chest wall lateral to his breast," stating it was "spontaneous" and related to Resident A's "skin integrity problem."

The (Hospital 2) Social Worker was interviewed on 11/3/2014 at 3:54 p.m. She indicated, "Nursing staff indicated [to me] issues as far as skin care....he went pretty quickly to surgury for his wounds...."

RN #1, the admitting ICU nurse at (Hospital 2) was interviewed via phone on 11/6/2014 at 11:00 a.m. She indicated she admitted Resident A at 7:45 a.m. on

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	10/4/2014 and cared for him on 10/4/2014 and 10/5/2014. She indicated, "When he arrived, it was obvious he was unkempt, unclean. He had a very strong smell....his right arm [wound] was pouring copious brown drainage....There were two [right deltoid wounds]...one quarter-sized black wound and one dime sized...it looked like an ulcer....I said 'Somebody please call wound care now.' ...[Intensive Care Physician] came in and said, 'What's that smell?' It was [the] copious amounts of pus coming from his arm....When Wound Care came in, they stuck a q-tip in and it was tunneling [passageway of tissue destruction under the skin surface] down past the cotton swab." LPN # 1 was interviewed on 11/6/2014 at 12:54 p.m. She indicated she cared for Resident on 10/3/2014 on day shift and stated, "His skin as far as I knew was fine. There were no dressing change ordered for him. As far as I know, we were doing a change under his right arm pit, but that had been discontinued by the wound nurse. The wound nurse usually looked at those and d/c's [discontinues] the orders...I think she even wrote			

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	'resolved.' He did develop two boils that I was telling wound nurse about [could not recall date]. At the time, I was told it was cellulitis and it was being treated with an antibiotic." The Corporate Director of Nursing Services (CDNS) was interviewed on 11/3/2014 at 1:15 p.m. She indicated "[Resident A's] right bicep was becoming warm to touch...red...even a little edema. It was almost like a pimple. The site was coming to a head, so when the nurse assessed him, there were 2 little pin holes where the infection was trying to come through. The doc [primary care physician] gave an order to clean and put a dressing on to try to contain drainage. When he got to the hospital, they noticed 2 separate ulcerative lesions near the right deltoid, measuring 3x3 cm....sounds like this was continuing to open....He was at [Hospital 1 Emergency Department] for 7 hours until they transferred him to [Hospital 2]...where it looked like it had opened even further." On 11/5/2014 at 12:30 p.m., the CDNS indicated, "As long as [a wound is] resolving, it doesn't require weekly documentation and measurement....If it's non-pressure, we document a			

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	non-pressure event...get measurements, a new order....On-going [assessment] is per weekly head-to-toe summary [Nursing Weekly Summary]. We do charting by omission. If there's no documentation, we're going to assume it's healing without complications." Current Skin Management Program and IDT (Interdisciplinary Team) Weekly Review of Residents With Wounds Policy and Procedure were provided by the CDNS on 11/5/2014 at 12:32 p.m. Policy indicated, "...Residents will have a skin assessment completed no less than weekly by the licensed nurse in an effort to assess overall skin condition, skin integrity, and skin impairment." Procedure indicated, "...All alterations in skin integrity will be documented in the EMR [Electronic Medical Record] - New Skin Alteration Event...The facility assigned wound nurse will complete further evaluation of the wounds identified and complete the appropriate skin evaluation event....The care plan will be initiated to include specific alterations in skin integrity...." Areas Requiring Weekly Documentation indicated, "Stage I, II, III, IV and unstageable pressure sores...Large skin tears...Post-operative surgical sites...Non-healing rashes, abrasions, and any skin conditions that are not resolving." The IDT Note			

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	indicated, "An IDT note must be written at least weekly on all wounds....The note should be written in EMR progress notes. The wound measurements are documented in the EMR...The note should refer specifically to each site and be general whether the site has worsened, remained unchanged or improved...The characteristics of the wound(s) should be detailed to include but not limited to (1) the peri-wound, (2) the bed of the wound, examples wound include; slough, debris, or eschar..., (3) odor, (4) and drainage. If the wound has worsened or improved the IDT should reference these changes and credit or change the current interventions....The nutritional status of a resident with an open area must be documented in the weekly note...." The Care Plan indicated, "An open area must have an individual care plan in addition to any previous at risk/preventative care plans associated to the residents care...." On 11/6/2014 at 2:10 p.m. the CDNS indicated, "If [residents] have potential for infection chronically, it goes on their long term care plan and then once they start antibiotic [for an infection], it gets a short term care plan on the bottom of the telephone orders. [Resident A] had a care plan for at risk for infection related			

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	to leukocytosis." There were no care plans related to the right axillary wound first noted on 7/14/2014, or the "open areas" to the right bicep first noted on 9/27/2014. This Federal tag relates to Complaints IN00157570 and IN00158793. 3.1-37(a)			