STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087188	A. BUILDING: _____ B. WING _____	01/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RL PEARL	625 S MAIZE COURT WICHITA, KS 67209

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S 000	INITIAL COMMENTS The following citations represent the findings of a Re-Licensure Survey with complaint investigations 184165, 185461, and 186008 for the above named Home Plus Facility conducted on 01/14/25 and 01/15/25.	S 000		
S5095 SS=D	26-42-201 (d) Functional Capacity Screen Accurate (d) Designated staff shall ensure that each resident ' s functional capacity at the time of screening is accurately reflected on that resident ' s screening form. This REQUIREMENT is not met as evidenced by: KAR 26-42-201(d) The facility reported a census of 11 residents(R). The sample include three residents and two closed record reviews. Based on interview, and record review the operator failed to ensure designated staff completed one (R7) of two closed resident records "Functional Capacity Screen" accurately to reflect the resident's functional ability to participate in activities of daily living. Findings Included: - Review of R7's medical record revealed he moved into the facility on 10/05/23 with a diagnosis of heart failure.	S5095		

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

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S5095	Continued From page 1 R7's functional capacity screen dated 10/04/24 revealed he was unable to participate in transfers and walk/mobility. Interview on 01/14/25 at 01:23 PM with Administrative Staff A reported the "Negotiated Service Agreement" and the "Health Care Service Plan" (NSA/HCSP) were one document. Review of R7's "Nursing Notes" dated 10/05/23 revealed he arrived at the house and could stand and pivot transfer with one person assistance and used a wheelchair with assistance to be mobile in the facility. Interview on 01/15/25 at 03:11 PM Certified Medication Aide (CMA) G reported when he first moved in we provided stand by assistance and we would help him to and from the toilet. Interview on 01/15/25 at 03:19 PM Administrative Nurse/Owner B reported the only thing she could think of was that the FCS was completed based on what the resident's family had reported. She acknowledged based on the "Nursing Notes' the FCS was not accurate related to transfers and walk/mobility. The operator failed to ensure designated staff completed R7's FCS accurately related to transfers and mobility.	S5095		
S5105 SS=D	26-42-202 (a) Negotiated Service Agreement a) The administrator or operator of each home plus shall ensure the development of a written negotiated service agreement for each resident, based on the resident ' s functional capacity	S5105		

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S5105	Continued From page 2	S5105		

screening, service needs, and preferences, in collaboration with the resident or the resident ' s legal representative, the case manager, and, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. The negotiated service agreement shall provide the following information:
(1) A description of the services the resident will receive;
(2) identification of the provider of each service; and
(3) identification of each party responsible for payment if outside resources provide a service.

This REQUIREMENT is not met as evidenced by:
KAR 26-42-202(a)(1)

The facility reported a census of eleven residents(R). The sample included three residents and two closed record reviews. Based on interview, and record review for to one (R4) of three sampled residents, the operator failed to ensure designated staff developed a "Negotiated Service Agreement" based on the resident's "Functional Capacity Screen" and service needs that included identification of services provided to be provided.

Findings included:

- Review of R4's medical record revealed he moved into the facility on 03/06/23 with diagnosis of Alzheimer's disease.

R4's "Functional Capacity Screen" (FCS) dated 12/18/24 identified he had impaired hearing,

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S5105	Continued From page 3 impaired decision making and wandering. Interview on 01/14/25 at 01:23 PM with Administrative Staff A reported the "Negotiated Service Agreement" and the "Health Care Service Plan" (NSA/HCSP) were one document. R4's NSA/HCSP dated 12/18/24 failed to identify services related to impaired hearing, impaired decision making and wandering as identified on the FCS. Interview on 01/15/25 at 03:53 PM Licensed Nurse C reviewed R4's FCS and his NSA/HCSP and acknowledged if the FCS identified a "need", the NSA/HCSP needed to identify services related to the resident's needs. The operator failed to ensure designated staff completed the NSA/HCSP for R4 to include the services for needs identified on his FCS.	S5105		
S5116 SS=E	26-42-202 (d) NSA revisions (d) Each administrator or operator shall ensure the review and, if necessary, revision of each negotiated service agreement according to the following requirements: (1) At least once every 365 days;(2) following any significant change in condition, as defined in K.A.R. 26-39-100; (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant; and (4) if requested by the resident or the resident ' s legal representative, staff, the case manager, or, if agreed to by the resident or the resident ' s legal representative, the resident ' s family.	S5116		

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S5116	Continued From page 4	S5116		

This REQUIREMENT is not met as evidenced by:
KAR 26-42-202(d)(2)

The facility reported a census of eleven residents (R). The sample included three residents and two closed record reviews. Based on interview and record review, the operator failed to ensure a licensed nurse reviewed and if necessary revised one (R5) of three sampled residents and one (R7) of two closed resident records "Negotiated Service Agreement" when the resident had a significant change in service needs.

Findings included:

- Review of R5's medical record revealed she moved into the facility on 06/07/24 with diagnosis of dementia.

R5's "Functional Capacity Screen" (FCS) dated 06/06/24 identified R5 was independent with all activities of daily living but was unable to manage her medications or medical treatments.

Interview on 01/14/25 at 01:23 PM with Administrative Staff A reported the "Negotiated Service Agreement" and the "Health Care Service Plan" (NSA/HCSP) were one document.

R5's "Negotiated Service Agreement" (NSA) dated 06/06/24 identified a local Home health Agency would manage R5's colostomy.

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S5116	Continued From page 5 Review of R5's provider orders included that she had been discharged from Home Health on 07/29/24. The residents record lacked an "Amended Negotiated Service Agreement/Health Care Service Plan" related to the discontinuation of Home Health Services. The operator failed to ensure designated staff reviewed/revised R5's NSA/HCSP when Home Health services were discontinued. . - Review of R7's medical record revealed he moved into the facility on 10/05/23 with a diagnosis of heart failure. R7's functional capacity screen dated 10/04/24 revealed he was unable to participate in transfers and walk/mobility. Interview on 01/14/25 at 01:23 PM with Administrative Staff A reported the "Negotiated Service Agreement" and the "Health Care Service Plan" (NSA/HCSP) were one document. R7's NSA/HCSP revealed he used a mechanical lift with assist of two staff for transfers and was non-ambulatory. Review of R7's "Nursing Notes" dated 10/05/23 revealed he arrived at the house and could stand and pivot transfer with one person assistance and used a wheelchair with assistance to be mobile in the facility. On 10/31/23 the nurse documented the resident could ambulate short distances with his walker but used a wheelchair for long distance.	S5116		

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S5116	Continued From page 6 Interview on 01/15/25 at 03:11 PM Certified Medication Aide (CMA) G reported when he first moved in, we provided stand by assistance, and helped him to and from the toilet. Interview on 01/15/25 at 03:19 PM Administrative Nurse/Owner B acknowledged the nurse should have revised R7's NSA on admission to show that he did not use the mechanical lift and was ambulatory short distances. The operator failed to ensure designated staff reviewed and revised R7's NSA when it was identified he did not use a mechanical lift for transfers and walked short distances with his walker.	S5116		
S5155 SS=D	26-42-204 (a) Health Care Services (a) The administrator or operator in each home plus shall ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement. This REQUIREMENT is not met as evidenced by: KAR 26-42-204(a) The facility reported a census of eleven residents (R). The sample included three residents and	S5155		

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S5155	Continued From page 7	S5155		

review of tw resident closed records. Based on interview, and record review the operator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services to meet the needs of one (R7) of two closed resident records, by the failure to implement services related to the monitoring and provision of care for a resident who admitted to the facility with bilateral heel ulcers.

Findings included:

-- Review of R7's medical record revealed he moved into the facility on 10/05/23 with a diagnosis of heart failure.

R7's functional capacity screen dated 10/04/24 revealed he was unable to participate in transfers and walk/mobility. It also identified he was unable to manage his medications or medical treatments and had impaired cognition.

Interview on 01/14/25 at 01:23 PM with Administrative Staff A reported the "Negotiated Service Agreement" and the "Health Care Service Plan" (NSA/HCSP) were one document.

R7's NSA/HCSP revealed he received skilled nursing services from local Hospice company but failed to identify what skilled nursing service was provided. It also failed to include any services related to concerns related to skin condition or risk for pressure ulcers.

R7's record included an "Amended Negotiated Service Agreement/Health Care Service Plan dated 10/13/23 that included the resident was not to wear shoes and only wear socks or

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S5155	Continued From page 8 slippers due to wound on left heel. It failed to include additional interventions to promote healing of heel ulcers as indicated in the Hospice order dated 10/10/23 which identified the resident needed to wear heel protector or staff needed to offload left heel at all times when not walking. Review of R7's "Information Sheet" used by direct care staff to know how to provide care to R7 included to not place shoe or slippers on left foot but lacked direction for offloading left heel. Review of Hospice order notes revealed the following: 10/05/23 identified the resident had a Stage 1 (localized injury to the skin that remains intact and is non-blanchable) wound on both heels. 10/10/23 identified the resident needed to wear only gripper socks until left heel healed and needed to wear heel protector or offload left heel at all times when not walking or showering. 10/25/23 identified the right heel remained a stage 1 wound, the left heel had worsened to a stage 3 (localized injury to the skin that includes full thickness tissue loss) wound, and the coccyx ulcer was a stage 2 (localized injury to the skin that involves partial thickness loss and may appear as a shallow open ulcer o a shallow open wound) ulcer. Interview on 01/15/25 at 05: 21PM Administrative Nurse/Owner B acknowledged the interventions of wearing heel protectors or offloading his left heel should have been included in R6's NSA/HCSP. The operator failed to ensure the licensed nurse	S5155		

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S5155	Continued From page 9 coordinated services related to promoting healing of heel ulcers for R7 in his NSA/HCSP.	S5155		
S5171 SS=D	26-42-204 (i) Health Care Services Standards of Practice (i) All health care services shall be provided to residents by qualified staff in accordance with acceptable standards of practice. This REQUIREMENT is not met as evidenced by: KAR 26-42-204 (i) The facility reported a census of eleven residents (R). The sample included three residents and two closed record reviews. Based on interview, and record review the operator failed to ensure all health care services were provided to one (R6) of two closed resident review by qualified staff in accordance with acceptable standards of practice related to the proper use of a Sit-to-Stand lift. Findings included: - Review of resident 6's medical record revealed she moved into the facility on 10/09/23 with diagnoses of hemiplegia and hemiparesis and vascular dementia. R6's "Functional Capacity Screen" dated 03/09/23 revealed she needed physical assistance of staff for transfers and had impaired cognition and impaired decision-making ability. Interview on 01/14/25 at 01:23 PM with Administrative Staff A reported the "Negotiated	S5171		

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S5171	Continued From page 10	S5171		

Service Agreement" and the "Health Care Service Plan" (NSA/HCSP) were one document.

R6's NSA/HCSP dated 03/09/23 revealed staff transferred resident with assistance of two staff.

Review of R6's "Nursing Notes" dated 11/24/23 revealed she needed assistance of two staff with the sit-to-stand lift for transfers due to weakness.

Review of R6's "Incident report" revealed Certified Nurse Aide (CNA) H was assisting R6 to the restroom using the sit-to-stand lift by herself and the resident let go of the handle and stepped off the platform and staff lowered her to the ground. The Nursing section of the "Incident Report" identified the plan to always use tow staff assist with the sit-to-stand lift.

Review of the "Nurse to CMA/CNA Delegation Form" for using a Sit-to-Stand lift included special instructions: "***THE LIFT MUST BE USED WITH TWO CERTIFIED EMPLOYEES 18 YEARS OF AGE OR OLDER AT ALL TIMES***"

Certified Nurse Aide H's record included a delegation list of tasks dated 12/30/22 as having training on use of the Sit-to-Stand lift.

Interview on 01/15/25 at 01:33 PM Administrative Nurse/Owner B acknowledged staff should have been using two staff when using the Sit-to-Stand lift.

The operator failed to ensure CNA H transferred R6 according to the facility delegation and standards of practice.

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S5192	Continued From page 11	S5192		
S5192 SS=F	26-42-206 (e) Food Preparation (e) Food shall be prepared using safe methods that conserve the nutritive value, flavor, and appearance and shall be served at the proper temperature. (1) Food used by facility staff to serve to the residents, including donated food, shall meet all applicable federal, state, and local laws and regulations.(2) Food in cans that have significant defects, including swelling, leakage, punctures, holes, fractures, pitted rust, or denting severe enough to prevent normal stacking or opening with a manual, wheel-type can opener, shall not be used. (3) Food provided by a resident ' s family or friends for individual residents shall not be required to meet federal, state, and local laws and regulations. This REQUIREMENT is not met as evidenced by: KAR 26-42-206 (e) The facility reported a census of 11 residents. Based on record review and interview, the operator failed to ensure staff prepared food using safe methods and ensured staff served foods at the proper temperature for all residents in the facility. - During initial tour on 01/14/25 at 01:21 PM review of the food temperature logs revealed calendar for the month with the food to be prepared for each meal and foods that needed to be temped were in red. The food temperature logs revealed the following:	S5192		

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S5192	Continued From page 12 November 2024 - foods in red had temperatures on them - foods in black that did not include a temperature included --- cooked potatoes - candied sweet potatoes, cottage cheese, vegetable soup, chicken salad, different types of cooked vegetables, yogurt, baked beans, and Spanish rice. December 2024 foods that were red included food temperatures on them but foods in black did not such as different types of cooked potatoes, cooked vegetables, cottage cheese, cooked pasta, scalloped potatoes, seasoned rice, soup and gravy's. Interview on 0114/25 at 01:27 PM Administrative Staff A acknowledged the only food temps taken were the ones printed in red. Review of the undated "Food Temperature Policy" provided by Operator A on 01/16/25 revealed the facility would hold all potentially hazardous foods at proper temperatures. The operator failed to ensure staff checked the temperature of foods to ensure staff cooked it to the proper temperature as well as served at a proper temperature.	S5192		
S5230 SS=F	26-42-207 (b)(5)(6) (c) Infection Control Policies (b)(5) prohibiting any employee with a communicable disease or any infected skin lesions from coming in direct contact with any resident, any resident ' s food, or resident care equipment until the condition is no longer infectious;	S5230		

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S5230	Continued From page 13 (6) providing orientation to new employees and employee in-service education at least annually on the control of infections in a health care setting; (c) Each administrator or operator shall ensure the home ' s compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. This REQUIREMENT is not met as evidenced by: K.A.R 26-42-207(c) The facility reported a census of 11 residents(R). The sample included three residents and five newly hired staff. Based on interview and record review for one of five newly hired staff, the operator failed to ensure the facility remained in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. Findings included: - Review of Certified Nurse Aide (CNA) D's employee's files revealed she had worked at the facility more than once. She was rehired on 04/01/24 and her most recent two step skin test had been completed in November of 2022 and her most recent TB questionnaire was completed on 01/24/25. Interview on 01/14 25 at 02:30 PM Administrative Nurse/Owner B acknowledged CNA D did not have another TB skin test completed because she previously worked for them and had not	S5230		

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S5230	Continued From page 14 been gone that long. Review of the "Tuberculosis (TB) Guidelines for Adult Care Homes" June 2013 revealed each new employee shall receive a TB symptom screen that includes components of the Tuberculosis Symptom Screen Questionnaire within seven days of hire, and a two-step TB skin test within seven days of employment unless specific conditions are met. One of those conditions is that the employee provides satisfactory documentation of receiving the two-step within six months prior to employment that read negative. Review of the "Policy for Tuberculosis Testing" updated on 09/11/13 identified new employees shal have a two step TB skin tes initiated within seven days of hire unless the new employee provides satisfactory documentation of receiving two-step skin test within six months prior to employment that read not positive. The operator failed to ensure one of five newly hired staff had a TB skin testing in accordance with TB guidelines.	S5230		
S5251 SS=E	26-42-105 (f) (11) Resident Records Documentation of Incidents (f) (11) documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action.	S5251		

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S5251	Continued From page 15 This REQUIREMENT is not met as evidenced by: KAR 26-42-105(f)(11) The facility reported a census of 11 residents(R). The sample included three residents and two closed record reviews. Based on observation, interview, and record review the operator failed to ensure the medical record contained documentation of all incidents, symptoms, and other indications of illness or injury including the date and time, action taken, and results of the action for two (R3 and R4) of three sampled residents and one (R6) closed record review. Findings included: - Review of R3's medical record revealed she moved into the facility on 08/25/22 with a diagnoses of primary lateral sclerosis and macular degeneration. . R3's "Functional Capacity screen dated 08/25/24 revealed she needed physical assistance with bathing, dressing, mobility and eating . She was unable to participate in toileting, transfers, and management of medications and medical treatments. She also had impaired cognition and communication. Interview on 01/14/25 at 01:23 PM with Administrative Staff A reported the "Negotiated Service Agreement" and the "Health Care Service Plan" (NSA/HCSP) were one document. R3's NSA/HCSP identified qualified staff would provide all services, assist with activities of daily living, and required assistance of two with	S5251		

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S5251	Continued From page 16 transfers using a mechanical lift. Review of R3's "Nursing Notes" revealed the following: 03/15/24 - new order for Zinc Oxide to buttock three times a day and as needed. 03/20/24 - new order, unstageable wound to sacrum - cleanse with wound cleanser and gauze, pat dry, apply Desitin to area and cover with border foam dressing. 04/01/24 - Hospice nurse in house with new order to change wound care order for sacrum from every other day to three times a week. 04/11/24 - new order to discontinue sacral wound care and apply Desitin to sacrum with each brief change. The record failed to include documentation of the size of the wound, location, type, when it initially appeared, color, if had any pain from the wound, healing or worsening, and documentation the physician was informed. Observation on 01/15/25 at 08:08 AM Certified Medication Aides E and F went into R3's room to get her up for the day. They provided incontinent care which revealed R3 had no redness or open areas to her skin. Interview on 01/15/25 at 03:44 PM Licensed Nurse (LN) C reported the nurse documents in the nursing care notes at least monthly and then if there is something different that happens. LN C reviewed R3's nursing care notes and acknowledged the facility nurse should have documented more on R3's wound including measurements and what the would looked like in the care notes.	S5251		

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S5251	Continued From page 17 Review of the facilities "Chart Audit Checklist" provided by Administrative Nurse/Owner B revealed review of the Care Notes should include wound care and measurements must be documented monthly. The operator failed to ensure designated staff documented on R3's sacral wound to include when wound initially appeared, location, description including color and size, treatment plan, if any pain associated with wound and physician notification of wound. - Review of R4's medical record revealed he moved into the facility on 03/06/23 with diagnosis of Alzheimer's disease. R4's "Functional Capacity Screen" (FCS) dated 12/18/24 identified he needed physical assistance of staff with all activities of daily living and was unable to manage his medications. It also identified he was at risk for falls, wandered, and had impaired decision-making ability. Interview on 01/14/25 at 01:23 PM with Administrative Staff A reported the "Negotiated Service Agreement" and the "Health Care Service Plan" (NSA/HCSP) were one document. R4's "Negotiated Service Agreement" (NSA) dated 12/18/24 identified qualified staff would assist R4 with activities of daily living including assistance of 2 with transfers using a gait belt. Interventions for fall risk included chair and bed pressure alarms to be on continuously, keep bed in lowest position and assist with all transfers.	S5251		

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S5251	Continued From page 18 Review of R4's record include Fall Incident notes/reports and nursing care notes which revealed the following: Review of R4's "Incident Reports" "Nursing Notes" revealed the following unwitnessed falls: 09/01/23, 10/06/23, 01/01/24, 04/03/24, 04/08/24, 04/12/24, 05/04/24, 05/20/24, and 08/06/24. Four of the unwitnessed falls included some type of head injury and/or implementation of neuro checks. R4's "Nursing care notes" lacked follow-up documentation including neuro check assessments post fall, vital signs, and post fall observations. Interview on 01/15/25 at 03:59 PM Licensed Nurse C reported the facility had an incident form that is completed by the nurse and the certified aide on the floor at the time of the fall. Thirty days later the nurse is to document on that same form if they had any additional falls or if the intervention put in place were effective. Licensed Nurse C reported administration had told them they did not need to document the fall in the nursing notes. Licensed Nurse also reported if a resident had hit there head the nurse should complete neuro checks for three days and document those in the nursing notes. Review of the "On Call Nurse Duties and Responsibilities", under "Falls/injury/illness: included a hands-on assessment is to be completed by the on-call nurse if the resident hit their head, unwitnessed fall and resident reliability is questionable to report if head was hit, and neuro checks to be included if potential for head injury. The policy lacked any direction for nurse documentation post fall.	S5251		

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S5251	Continued From page 19 The operator failed to ensure R4's record included complete documentation related to R4's falls, and post fall assessments, including neuro checks when the resident had potential head injury. - Review of R7's medical record revealed he moved into the facility on 10/05/23 with a diagnosis of heart failure. R7's functional capacity screen dated 10/04/24 revealed he needed physical assistance with toileting and eating and was unable to participate in bathing, dressing, transfers, and walk/mobility. It also identified he was unable to manage his medications or medical treatments and was at risk for falls and had impaired cognition. Interview on 01/14/25 at 01:23 PM with Administrative Staff A reported the "Negotiated Service Agreement" and the "Health Care Service Plan" (NSA/HCSP) were one document. R7's NSA/HCSP revealed he needed assist of 1 with most ADLs but used a mechanical lift with assist of two staff for transfers and medications/medical treatments would be administered by qualified staff. Review of Hospice order notes revealed the following: 10/05/23 identified the resident had a Stage 1 (localized injury to the skin that remains intact and is non-blanchable) wound on both heels. 10/25/23 identified the right heel remained a stage 1 wound, the left heel had worsened to a stage 3 (localized injury to the skin that includes full thickness tissue loss) wound, and the coccyx	S5251		

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S5251	Continued From page 20 ulcer was a stage 2 (localized injury to the skin that involves partial thickness loss and may appear as a shallow open ulcer o a shallow open wound) ulcer. Review of R7's "Nursing Notes" included the following: 10/05/23 - admission nursing note that did not include any mention of resident's skin or concerns identified. 10/10/23 - new order for wound care by Hospice. The documentation lacked where the wound was, treatment ordered, when first identified, what the wound looked like, including size and if resident had any pain. 10/13/23 - documentation included wound care orders to left heel twice a week done by Hospice staff and resident was not to wear shoes or slippers until the wound healed. 10/16/24 - documentation included left heel wound measurement and a new order obtained by Hospice. The documentation lacked documentation of what the new order was. 10/23/23 - documentation included measurement of left heel and a description of the wound bed. 10/25/23 - documentation included new orders from Hospice for wound care to both heels and coccyx. The record lacked documentation of description of new wounds to right heel and coccyx. 11/10/23 - documentation identified a round on residents right inferior heel that measured 4 centimeters (cm) x 2mc x 0.5 cm. 11/24/23 - documentation identified the resident had a wound to left inferior heel that is managed by Hospice. The documentation lacked a description of the	S5251		

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S5251	Continued From page 21	S5251		

wound and if it was healing or worsening.
12/19/23 - documentation identified the Left heel wound measured 2 cm x 1 cm and had scant yellow drainage, and stable.
12/21/23 - documentation included new order to discontinue skin prep to left heel daily.
12/26/23 - documentation identified resident had a wound to left heal that Hospice managed.

The record lacked complete documentation by the facility nurse assessing the residents left heel wound, lacked documentation of the facility nurse assessing R7's right heel wound and his coccyx wound, including a what the wounds looked like, measurements, type, when it initially appeared, color, if the resident had any pain from the wound, healing or worsening, and documentation the physician was informed.

Interview on 01/15/25 at 03:44 PM Licensed Nurse (LN) C reported the nurse documents in the nursing care notes at least monthly and then if there is something different that happens. LN C reported "Nursing Notes" should include documentation of wounds including measurements and what they looked like.

Review of the facilities "Chart Audit Checklist" provided by Administrative Nurse/Owner B revealed review of the Care Notes should include wound care and measurements must be documented monthly.

The operator failed to ensure designated staff documented on R7's bilateral heel and coccyx wounds to include when wound initially appeared, location, description including color and size, treatment plan, if any pain associated

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S5251	Continued From page 22 with wound and physician notification of wound.	S5251		