

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 146170	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/18/2020
NAME OF PROVIDER OF SUPPLIER ASBURY GARDENS NSG & REHAB		STREET ADDRESS, CITY, STATE, ZIP 212 AIRPORT ROAD NORTH AURORA, IL 60542	
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	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and record review, the facility failed to implement pressure injury interventions for a resident with pressure injuries. This applies to 1 of 4 (R4) residents reviewed for pressure injuries in the sample of 6. The findings include: R4's Face sheet showed an original admission date of [DATE] with [DIAGNOSES REDACTED]. R4's 8/8/2020</p> <p>Minimum Data Set (MDS) showed him to be cognitively impaired (Basic Interview for Mental Status = 5) and to require extensive assistance of one person for bed mobility and dressing. The MDS showed unhealed pressure injuries and at risk for developing pressure injuries. On 9/17/2020 at 1:50 PM, R4 was supine in bed, covered with bedding, and heels resting on mattress (not off-loaded). At 2:05 PM, V3 (Assistant Director of Nursing/Wound Nurse) removed R4's dressing to the right heel. R4's wound was approximately the size of a marble, without drainage, without slough, and without necrotic tissue. After V3 applied R4's dressing, V3 opened R4's closet, and stated to V7, Certified Nursing Assistant, We need to find his (R4's) heel protectors. The heel protectors were not in R4's bed, on the floor, or in his closet. On 9/17/2020 at 2:15 PM, V3 stated, He (R4) should have had his heel protectors on to protect his heels from breakdown. V3 said, if his heel protectors were being laundered, they (staff) should have off-loaded his heels with a pillow or by another means. R4's 9/15/2020 Skin and Wound Evaluation showed a facility acquired pressure injury to the right heel that measured 0.6 centimeters by 0.7 centimeters. The evaluation showed, under treatment, heel suspension/protection device. R4's Care Plan showed, .pressure ulcer on his right heel and has further potential for pressure ulcer development .Float heels when in bed.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.