Printed: 05/13/2025 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365084	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 06/29/2023
NAME OF PROVIDER OR SUPPLIER Pleasantview Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7377 Ridge Rd Parma, OH 44129	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 - Actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS IN Based on closed medical record re the facility failed to develop and im program to prevent and timely ider.  Actual harm occurred on 01/31/23 extensive/dependence on staff for unstageable (full thickness tissue le green or brown) and/or eschar (tar suspected deep tissue injury (SDT blood-filled blister due to damage of the left heel. The ulcers deteriorate to the emergency room related to the copious drainage with a foul odor in diagnosed and treated for heel ulcer.  This affected one resident (#165) of Findings include:  Review of Resident #165's closed [DATE], discharged to the hospital 05/31/23. Resident #165 had diagrit to thrive.  A plan of care dated 12/20/22 reversignosis of failure to thrive (FTT), abnormal labs, decreased circulating for malnutrition and incontinence. I treatments as ordered, Braden scobruising, monitor labs, offload heel	AVE BEEN EDITED TO PROTECT Coview, hospital record review, policy amplement a comprehensive and individuatify bilateral heel pressure ulcers for Rewhen Resident #165, who was cognitive bed mobility and activities of daily living loss in which the base of the ulcer is conditive to the property of underlying soft tissue due to pressure dand on 05/23/23 the resident's daughe condition of the heel ulcers, the ulcerty of the tresident was subsequently are wound infection.  In three residents reviewed for pressure the medical record revealed the resident word in 12/21/22, readmitted on [DATE] and noses including essential hypertension, alled the resident had the potential for a easily bruising, history of a skin tear don/oxygenation, vitamin deficiency, monterventions included to administer means as tolerated, pressure redistribution of the heal.	ONFIDENTIALITY** 34297  d procedure review and interview, alized pressure ulcer prevention esident #165.  vely impaired required g (ADL) care, was found to have an vered by slough (yellow, tan, gray, essure ulcer to the right heel and a f discolored intact skin or e and/or shear) pressure ulcer to her requested the resident be sent ers had moderate amounts of admitted to the hospital and e ulcers.  vas admitted to the facility on d discharged to the hospital on muscle weakness and adult failure altercation in skin integrity due to a ue to fragile skin condition, nod/behavior status and being at risk edications as ordered, administer ecommendations, monitor for

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

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID: 365084

If continuation sheet Page 1 of 4

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365084	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 06/29/2023	
NAME OF PROVIDER OR SUPPLI	NAME OF PROVIDER OR SUPERIOR		STREET ADDRESS, CITY, STATE, ZIP CODE	
Pleasantview Care Center		7377 Ridge Rd Parma, OH 44129	T COSE	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 - Actual harm	Review of Resident #165's admission assessment and baseline care plans form dated 12/30/22 revealed Resident #165 was at high risk for skin breakdown and no skin concerns or pressure areas were identified			
Residents Affected - Few	on the document.  Review of Resident #165's Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed the resident had moderate cognitive impairment and required extensive two person assist for bed mobility and toilet use. The assessment also revealed the resident required total dependence with two-person assist for transfers and toilet use as well as total dependence one person assist for dressing, personal hygiene, and bathing.			
	Review of Resident #165's medication administration records (MAR) and treatment administration records (TAR) from 01/01/23 to 01/31/23 revealed the low air loss mattress was implemented on 01/03/23.			
	Review of Resident #165's Shower Sheet Forms dated 01/16/23, 01/19/23 and 01/23/23 did not reveal skin concerns or evidence of pressure ulcers.			
	Review of Resident #165's progress note dated 01/25/23 at 2:26 P.M. revealed no new skin issues identified.			
	Review of Resident #165's Shower Sheet Form dated 01/26/23 revealed her right and left heels were dry, and her shower sheet form dated 01/30/23 revealed nothing new was documented on the form.			
	Review of Resident #165's progress note authored by Registered Nurse (RN) Wound Nurse #817 dated 01/30/23 at 11:15 A.M. revealed the resident was alert and responsive. Resident #165 required extensive assistance from one person for bed mobility and extensive assist from one person for transfers and toilet use. The note documented the resident's skin was within normal limits (WNL) and a treatment was in place. However, the progress note did not identify the type of treatment or the location of the treatment.			
	Review of Resident #165's shower sheet form dated 01/31/23 revealed no skin issues were noted on the form.			
	Review of Resident #165's progress note dated 01/31/23 at 7:39 A.M. revealed the resident had a SDTI (a purple or maroon localized area of discolored intact skin or blood-filled blister due to damage of underlying soft tissue due to pressure and/or shear) to the left heel and the wound bed was not visible with no drainage noted. The note also reflected the resident had a right heel pressure ulcer with the wound bed partially visible, 50% granulation tissue and scant drainage. (The right heel pressure ulcer was not staged by the facility per this note and the facility did not document wound measurements at this time).			
		reration Incident Report Dated 01/31/23 M. and Certified Nurse Practitioner (CN lcers.		
	(continued on next page)			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (XI) PROVIDER OR SUPPLIER Pleasantview Care Center  State of PROVIDER OR SUPPLIER Pleasantview Care Center  STATE ADDRESS, CITY, STATE, ZIP CODE TATT Ridge Rd Parma, OH 44129  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 TAC  SUMMARY STATEMENT OF DEFICIENCIES [Each deficiency must be preceded by full regulatory or LSC identifying information]  Review of Resident #1655 facility Weekly Ulcer/Wound Documentation form dated 02/01/23 revealed a left heel of Harm - Actual harm Residents Affected - Few Residents Affected				No. 0938-0391
Pleasantview Care Center  7377 Ridge Rd Parma, OH 44129  For Information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.  824 SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)  Residents Affected - Few  825 Review of Resident #165's facility Weekly Ulcer/Wound Documentation form dated 02/01/23 revealed a left heel SDTI measuring 5.1 centimeters (cm) length by 7.1 cm width with no cm depth which was a dark colored, non-blanching area. Resident #165's also had a right heel unstageable pressure ulcer (full thickness) are sold in which the base of the ulcer is covered by slough yellow, tan, green or brown) and/or eschar (tan, brown or black) in the wound bed) which measured 2.3 cm by 6.1 cm by 0.1 cm depth. Resident #165's and store to have 50% granulation tissue and 50% dark discolored arch at bratement in place.  Review of the treatment administration records for February 2023 revealed no evidence the treatments were provided as ordered for the left heel on 02/06/23 or for the right heel on 02/05/23, 02/10/23, 02/10/23, 02/10/23, 02/20/28/23.  Prior to the development of the pressure ulcers, there was no documented evidence of offloading for the resident's bilateral heels or turning and repositioning.  Following the development of the bilateral heel pressure ulcers, the facility implemented the use of heel lift suspension boots to be used at all times. The use of the heel boots was reflected on the administration records.  Record review revealed the facility completed weekly wound measurements from 02/01/23 through 05/23/23.  Review of Resident #165's avoid Certified Nurse Practitioner (CNP) #801's Wound Note form dated 02/14/23 revealed a left heel unstageable pressure ulcer which measured 2.6 cm bength by 5.5 cm width with no depth and a right heel unstageable pressure ulcer which measured 2.6 cm bength by 5.6 cm width with no depth and a right heel unstageable pressure ulcer w		IDENTIFICATION NUMBER:	A. Building	COMPLETED
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.  SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)  F 0888  Review of Resident #165's facility Weekly Ulcer/Wound Documentation form dated 02/01/23 revealed a left heel SDTI measuring 5.1 centimeters (cm) length by 7.1 cm width with no cm depth which was a dark colored, non-blanching area. Resident #165 also had a right heel unstageable pressure ulcer (full thickness tissue loss in which the base of the ulcer is covered by slough (yellow, Lan, gray, green or brown) and/or eschar ((an, brown or black) in the wound bed) which measured 2.3 cm by 6.1 cm by 0.1 cm depth. Resident #165 as noted to have 50% granulation tissue and 50% dark discolored area with a freatment swere provided as ordered for the left heel on 02/06/23 or for the right heel on 02/06/23, 02/10/23, 02/10/23, 02/10/23.  Prior to the development of the pressure ulcers, there was no documented evidence of offloading for the resident's bilateral heels or turning and repositioning.  Following the development of the bilateral heel pressure ulcers, the facility implemented the use of heel lift suspension bools to be used at all times. The use of the heel bools was reflected on the administration records.  Record review revealed the facility completed weekly wound measurements from 02/01/23 through 05/23/23.  Review of Resident #165's wound Certified Nurse Practitioner (CNP) #601's Wound Note form dated 02/14/23 revealed a left heel SDTI and a right heel unstageable pressure ulcer which measured 2.6 cm length by 5.5 cm width with no depth and a right heel unstageable pressure ulcer which measured 2.6 cm length by 5.5 cm width with no depth and a right heel unstageable pressure ulcer which measured 2.6 cm length by 5.5 cm width with no depth and a right heel unstageable pressure ulcer which measured 2.6 cm by 4.4 cm by 0.3 cm with a wound base of 50% granulat			7377 Ridge Rd	
SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)  Review of Resident #165's facility Weekly Ulcer/Wound Documentation form dated 02/01/23 revealed a left heed SDTI measuring 5.1 centimeters (cm) length by 7.1 cm width with no cm depth which was a dark colored, non-blanching area. Resident #165 also had a right heel unstageable pressure ulcer full thickness tissue loss in which the base of the ulcer is covered by slough yellow, tan, gray, green or brown) and/or eschar (tan, brown or black) in the wound bealy which measured 2.3 cm by 6.1 cm by 0.1 cm depth. Resident #165 was noted to have 50% granulation tissue and 50% dark discolored area with a treatment in place.  Review of the treatment administration records for February 2023 revealed no evidence the treatments were provided as ordered for the left heel on 02/06/23 or for the right heel on 02/06/23, 02/10/23, 02/10/23, 02/214/23 or 02/28/23.  Prior to the development of the pressure ulcers, there was no documented evidence of offloading for the resident's bilateral heels or turning and repositioning.  Following the development of the bilateral heel pressure ulcers, the facility implemented the use of heel lift suspension boots to be used at all times. The use of the heel boots was reflected on the administration records.  Record review revealed the facility completed weekly wound measurements from 02/01/23 through 05/23/23.  Review of Resident #165's wound Certified Nurse Practitioner (CNP) #601's Wound Note form dated 02/14/23 revealed a left heel SDTI and a right heel unstageable pressure ulcer.  The Weekly Wound Note, dated 03/28/23 at 11:27 A.M. revealed the resident had a left heel unstageable pressure ulcer which measured 5.0 cm length by 5.5 cm width with no depth which had 90% slough/necrosis present and a scant amount of thin, straw-colored drainage.  Review of Resident #165's CNP #601's Weekly Wound Note dated 05/23/23 revealed the CNP was in to assess and freat. The left heel wa	For information on the nursing home's	plan to correct this deficiency, please con		agency.
Level of Harm - Actual harm  Residents Affected - Few  Review of the treatment administration records for February 2023 revealed no evidence the treatments were provided as ordered for the left heel on 02/06/23 or for the right heel on 02/06/23, 02/10/23, 02/14/23 or 02/28/23.  Prior to the development of the pressure ulcers, there was no documented evidence of offloading for the resident's bilateral heels or turning and repositioning.  Following the development of the bilateral heel pressure ulcers, the facility implemented the use of heel lift suspension boots to be used at all times. The use of the heel boots was reflected on the administration records.  Record review revealed the facility completed weekly wound measurements from 02/01/23 through 05/23/23.  Review of Resident #165's wound Certified Nurse Practitioner (CNP) #601's Wound Note form dated 02/14/23 revealed a left heel SDTI and a right heel unstageable pressure ulcer.  The Weekly Wound Note, dated 03/28/23 at 11:27 A.M. revealed the resident had a left heel unstageable pressure ulcer which measured 2.6 cm length by 5.5 cm width with no depth which had 90% slough/necrosis present and a scant amount of thin, straw-colored drainage.  Review of Resident #165's facility Weekly Ulcer/Wound Documentation form dated 05/23/23 revealed the CNP was in to assess and treat. The left heel was noted to have an unstageable pressure ulcer which measured 2.5 cm by 4.4 cm by 0.3 cm depth. Resident #165 sho had a right heel unstageable pressure ulcer which measured 2.5 cm by 2.8 cm by 0.4 cm. Both heels were debrided at that time.  Review of Resident #165's CNP #601's Weekly Wound Note dated 05/23/23 at 2.49 P.M. indicated the resident had an unstageable press	(X4) ID PREFIX TAG			on)
requested the resident to be sent to the emergency room due to the ulcers to her heels. Wound care was provided, and moderate amounts of copious drainage was noted with a foul odor.  (continued on next page)	Level of Harm - Actual harm	Review of Resident #165's facility wheel SDTI measuring 5.1 centimeter colored, non-blanching area. Residitissue loss in which the base of the eschar (tan, brown or black) in the #165 was noted to have 50% grant. Review of the treatment administral provided as ordered for the left heel 02/28/23.  Prior to the development of the precession beautiful prior to the development of the beautiful prior to be used at all trecords.  Record review revealed the facility. Review of Resident #165's wound 02/14/23 revealed a left heel SDTI. The Weekly Wound Note, dated 03 pressure ulcer which measured 5.0 pressure ulcer which measured 5.0 present and a scant amount of thin. Review of Resident #165's facility which measured 2.5 cm by 4.4 cm by 0.3 ulcer which measured 2.2 cm by 2. Review of Resident #165's CNP #6 resident had an unstageable pressing a wound base of 50% granulation to straw-colored drainage and a debrif wound) was completed. Resident #0 cm by 2.8 cm by 0.4 cm with a worthin, straw-colored drainage and a Review of Resident #165's progress requested the resident to be sent to provided, and moderate amounts of the provided, and moderate amounts of the provided in the provided and moderate amounts of the provided in the provided and moderate amounts of the provided in the provided and moderate amounts of the provided in the provided and moderate amounts of the provided in the provided in the provided in the provided in the provided and moderate amounts of the provided in the provi	Weekly Ulcer/Wound Documentation for ers (cm) length by 7.1 cm width with no ent #165 also had a right heel unstage ulcer is covered by slough (yellow, tar wound bed) which measured 2.3 cm by alation tissue and 50% dark discolored tion records for February 2023 revealed on 02/06/23 or for the right heel on 02 ssure ulcers, there was no documented and repositioning.  Illateral heel pressure ulcers, the facility times. The use of the heel boots was recompleted weekly wound measurement of the facility times. The use of the heel boots was recompleted weekly wound measurement of the facility times. The use of the heel boots was recompleted weekly wound measurement of the facility times. The use of the heel boots was recompleted weekly wound measurement of the length by 5.5 cm width with no depart of the length by 3.8 cm width with no depart of the left heel was noted to have an unstace of the left heel was noted to have an unstacem depth. Resident #165 also had a risk cm by 0.4 cm. Both heels were debricated to the left heel which measured issue and 50% slough/necrotic tissue with the factor of the left heel which measured to the left he	arm dated 02/01/23 revealed a left cm depth which was a dark able pressure ulcer (full thickness a, gray, green or brown) and/or y 6.1 cm by 0.1 cm depth. Resident area with a treatment in place.  In o evidence the treatments were 2/06/23, 02/10/23, 02/14/23 or devidence of offloading for the properties of the elliptic effected on the administration and the stream of the elliptic effected on the administration are graphs. The elliptic effected on the elliptic effected elliptic effetted elliptic effetted elliptic effected elliptic effetted elliptic elliptic effetted elliptic

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (XI) PROVIDER OR SUPPLIER Pleasant/lew Care Center Pleasant/lew Care Center  (X4) ID PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)  Residents Affected - Few  Residents A		1	1	T
Pleasantview Care Center  For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.  SUMMARY STATEMENT OF DEFICIENCIES  (Each deficiency must be preceded by full regulatory or LSC identifying information)  Review of Resident #165's progress note dated 05/24/23 at 7:19 A.M. indicated the resident was admitted to the hospital for an infection.  Review of Resident #165's emergency room visit note dated 05/24/23 at 1.46 A.M. indicated during an exam, Resident #165 was noted to have approximately grade three ulcerations of her bilateral heels, with the left worse than the right. There was foul smelling, purland discharge with ambilications of where these paper infection.  Interview on 08/16/23 at 10:07 A.M. with CNP #601 indicated Resident #165's bilateral heels did have an odor but she did not feel it was an infections of bet by the did not feel it was an infections of the bilateral heels did have an odor but she did not feel it was an infection of the bilateral heels were officeaded and the resident was being turned and repositioned prior to the development of the left heel SDT1 heel pressure ulcer as well as the right heel unstageable pressure ulcer, although staff were not required to document the officading or turning and repositioning in the resident #165's bilateral heels were officeaded and the resident was being turned and repositioned prior to the development of the left heel SDT1 heel pressure ulcer as well as the right heel unstageable puncy and state of the hospital had purulent, foul-smelling drainage to her bilateral heels and she was hospitalized with a diagnosis of infection.  Interview on 06/29/23 at 91.44 A.M. with Registered Nurse (RN) Wound Nurse #817 revealed the treatment in place that she documented in the progress note on 01/30/23 was barrier cream used to the resident's buttocks associated with innorthmence.  Interview on 06/29/23 at 11.46 A.M. with Registered Nurse (RN) Wound Nurse #817 revealed the treatment in place		IDENTIFICATION NUMBER:	A. Building	COMPLETED
Pleasantview Care Center  For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.  SUMMARY STATEMENT OF DEFICIENCIES  (Each deficiency must be preceded by full regulatory or LSC identifying information)  Review of Resident #165's progress note dated 05/24/23 at 7:19 A.M. indicated the resident was admitted to the hospital for an infection.  Review of Resident #165's emergency room visit note dated 05/24/23 at 1.46 A.M. indicated during an exam, Resident #165 was noted to have approximately grade three ulcerations of her bilateral heels, with the left worse than the right. There was foul smelling, purland discharge with ambilications of where these paper infection.  Interview on 08/16/23 at 10:07 A.M. with CNP #601 indicated Resident #165's bilateral heels did have an odor but she did not feel it was an infections of bet by the did not feel it was an infections of the bilateral heels did have an odor but she did not feel it was an infection of the bilateral heels were officeaded and the resident was being turned and repositioned prior to the development of the left heel SDT1 heel pressure ulcer as well as the right heel unstageable pressure ulcer, although staff were not required to document the officading or turning and repositioning in the resident #165's bilateral heels were officeaded and the resident was being turned and repositioned prior to the development of the left heel SDT1 heel pressure ulcer as well as the right heel unstageable puncy and state of the hospital had purulent, foul-smelling drainage to her bilateral heels and she was hospitalized with a diagnosis of infection.  Interview on 06/29/23 at 91.44 A.M. with Registered Nurse (RN) Wound Nurse #817 revealed the treatment in place that she documented in the progress note on 01/30/23 was barrier cream used to the resident's buttocks associated with innorthmence.  Interview on 06/29/23 at 11.46 A.M. with Registered Nurse (RN) Wound Nurse #817 revealed the treatment in place	NAME OF PROVIDER OR SUPPLIE	NAME OF PROVIDED OR SUPPLIED		P CODE
F 0886 Level of Harm - Actual harm Residents Affected - Few Resident #165's emergency room visit note dated 05/24/23 at 7:19 A.M. indicated the resident was admitted to the hospital for an infection.  Review of Resident #165's emergency room visit note dated 05/24/23 at 1:46 A.M. indicated during an exam, Residents Affected - Few Residents Affe			7377 Ridge Rd	
F 0886 Level of Harm - Actual harm Residents Affected - Few Residents A	For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
the hospital for an infection.  Revident Affected - Few  Residents Affected - Few  Resident #165's emergency room visit note dated 05/24/23 at 1:46 A.M. indicated during an exam, Resident #165's was noted to have approximately grade three ulcerations of her bilateral heels, with the left worse than the right. There was foul smelling, purulent discharge with antibotics initiated. No systemic symptoms or evidence of sepsis and radiographs showed no evidence of osteomyelitis or other deep space infection.  Interview on 06/16/23 at 10:07 A.M. with CNP #801 indicated Resident #165's bilateral heels did have an odor but she did not feel it was an infectious odor but rather the odor of necroit bissue. There was no evidence the resident's heel ulcers had ever been cultured while the wounds were being treated in the facility.  Interview on 06/28/23 at 1:29 P.M. with the Director of Nursing (DON) revealed she believed Resident #165's bilateral heels were offloaded and the resident was being turned and repositioned prior to the development of the left heel SDT1 heel pressure ulcer as well as the right heel unstageable pressure ulcer, although staff were not required to document the offloading or turning and repositioning in the resident's medical record. The DON confirmed Resident #165's hospital paperwork reflected the resident, upon admission to the hospital had purulent, foul-smelling drainage to her bilateral heels and she was hospitalized with a diagnosis of infection.  Interview on 06/29/23 at 9:54 A.M. with Registered Nurse (RN) Wound Nurse #817 revealed the treatment in place that she documented in the progress note on 01/30/23 was barrier cream used to the resident's buttocks associated with incontinence.  Interview on 06/29/23 at 11:46 A.M. with Resident #165's power of attorney (POA) for care revealed wound care concerns. The POA revealed there were multiple times the family would wist the resident and her heels would be directly on the bed and multiple times the dressings were not changed as ordered. He stated	(X4) ID PREFIX TAG			
OH00143241.	Level of Harm - Actual harm	the hospital for an infection.  Review of Resident #165's emerge Resident #165 was noted to have a worse than the right. There was for symptoms or evidence of sepsis ar infection.  Interview on 06/16/23 at 10:07 A.M odor but she did not feel it was an invidence the resident's heel ulcers facility.  Interview on 06/28/23 at 1:29 P.M. bilateral heels were offloaded and in the left heel SDTI heel pressure uld were not required to document the The DON confirmed Resident #165 hospital had purulent, foul-smelling of infection.  Interview on 06/29/23 at 9:54 A.M. place that she documented in the puttocks associated with incontiner linterview on 06/29/23 at 11:46 A.M care concerns. The POA revealed would be directly on the bed and memoral Emergency Contact #2 had visited the resident's bilateral feet had a for resident did not return following her linterview on 06/29/23 at 12:31 P.M #165's bilateral heel pressure wour Review of the facility policy titled Prevealed a resident's level of risk for admission or readmission taking in were considered HIGH risk when a pressure ulcer wounds which the rescore less than or equal to 12. Presincluding to offloading the resident'.  This deficiency represents non-considered represents non-con	ancy room visit note dated 05/24/23 at 1 approximately grade three ulcerations of a smelling, purulent discharge with antial dradiographs showed no evidence of the infectious odor but rather the odor of ne had ever been cultured while the wour with the Director of Nursing (DON) revide resident was being turned and reposer as well as the right heel unstageable offloading or turning and repositioning is hospital paperwork reflected the residentage to her bilateral heels and she with Registered Nurse (RN) Wound Nurgorgess note on 01/30/23 was barrier of the were multiple times the family wo multiple times the dressings were not chance.  I. with Resident #165's power of attorned there were multiple times the family wo multiple times the dressings were not chance.  I. with Resident #165 prior to her discharge from odor. The POA indicated the facility of most recent hospitalization.  I. with the DON confirmed the facility dinds at any point following the development ressure Ulcer Prevention Protocols/Risport pressure ulcer development would in the consideration the nature of risk to incomit definited with any pressure ulcers, any headent has physician order(s) addressing sure ulcer preventative/supportive pressure ulcer preventative/supportive pressure ulcer preventative/supportive pressure ulcers, and the pressure ulcer preventative/supportive pressure ulcers.	1:46 A.M. indicated during an exam, of her bilateral heels, with the left ibiotics initiated. No systemic osteomyelitis or other deep space  65's bilateral heels did have an excrotic tissue. There was no nods were being treated in the ealed she believed Resident #165's estitioned prior to the development of the pressure ulcer, although staff in the resident's medical record. In the resident's medical record. In the ealed was hospitalized with a diagnosis the earn used to the resident's earn used to the resident's earn used to the resident's earn used to the resident and her heels anged as ordered. He stated from the facility (on 05/24/23), and neglect was the reason why the earn of the ulcers.  It is a continued to the time of clude underlying causes. Residents instory of pressure ulcers, any ing treatment(s), or a Braden Scale cautions would be implemented