STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILD	NG		C
		14E313	B. WING			8/2006
	ROVIDER OR SUPPLIER  E COUNTY NURSING	HOME		REET ADDRESS, CITY, STATE, ZIP CODE RURAL ROUTE 1 OTTAWA, IL 61350		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	CTION SHOULD BE O THE APPROPRIATE	
F 490	Continued From pa	ae 41	F 49	0		
		presented to all those in				
	Between Saturday of the 68 employee	ining staff were inserviced. and Sunday 's inservices 64 s were trained. The remaining e inserviced prior to working d shift.				
	by a consulting service v	nistrative staff was inserviced vice From this point on, the will provide ongoing oversight liance in the areas outlined in and F490.				
	investigation into th Formal 5 Day Final	ffice at the facility to begin an e abuse incident. Investigation Report was Public Health Office.				
F9999			F999	9		
	Licensure Violation	s				
	300.1210a) 300.3240a) 300.3240b) 300.3240d) 300.3240e)					
	Section 300.1210 0 Nursing and Person	General Reuirements for nal Care				
		provide the necessary care in or maintain the highest				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) M A. BU		IPLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED		
		14E313	B. WI	NG			C <b>8/2006</b>
	PROVIDER OR SUPPLIER E COUNTY NURSING	HOME		R	REET ADDRESS, CITY, STATE, ZIP CODE RURAL ROUTE 1 DTTAWA, IL 61350		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ACTION SHOULD BE O THE APPROPRIATE	
F9999	practicable physical well-being of the releach resident's complan of care. Adequation of care and poto each resident to personal care need Section 300.3240 At a) AN OWNER, LICEMPLOYEE OR ACT ABUSE OR NOT ABUSE OR NOT ABUSE OR NOT ARESIDENT SEPORT THE MATADMINISTRATOR.  d) A FACILITY ADMORAGENT WHO BECOMES AWARD OF A RESIDENT SEPORT THE MATADMINISTRATOR.  d) A FACILITY ADMORAGENT WHO BECOMES OR NEGLEALSO REPORT THE MATADMINISTRATOR.  e) EMPLOYEE AS WHEN AN INVEST SUSPECTED ABUINDICATES, BASEEVIDENCE, THATLONG-TERM CARPERPETRATOR OF EMPLOYEE SHALBARRED FROM AWITH RESIDENTS PENDING THE OUT.	I, mental, and psychosocial sident, in accordance with apprehensive assessment and late and properly supervised ersonal care shall be provided meet the total nursing and is of the resident.  Abuse and Neglect  CENSEE, ADMINISTRATOR, GENT OF A FACILITY SHALL EGLECT A RESIDENT.	F9:	999			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) N A. BU		IPLE CONSTRUCTION  IG	(X3) DATE SURVEY COMPLETED		
		14E313	B. WII	NG _			C <b>8/2006</b>
	PROVIDER OR SUPPLIER E COUNTY NURSING	HOME		F	REET ADDRESS, CITY, STATE, ZIP CODE RURAL ROUTE 1 DTTAWA, IL 61350		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	DISCIPLINARY ACEMPLOYEE. (Second Place of Second Place of Seco	iction 3-611 of the Act)  icon, interview and record staff physically and it of 1 resident (R1) by and doing a dressing change rated she did not want the efacility failed to recognize situation. It was not reported and an investigation was not the staff members involved intinue providing care to facility licensed nurses carried out a ressure sore after having by by the resident that she did ent done. This incident dent receiving a large bruise to a skin tear which required to forearm. R1 cried for two incident and was still fretfully slater. R1 states she no in trust these two staff refused medications and	F9'	999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		14E313	B. WIN	1G _			C <b>8/2006</b>
	PROVIDER OR SUPPLIER  E COUNTY NURSING	НОМЕ	<b>,</b>	F	REET ADDRESS, CITY, STATE, ZIP CODE RURAL ROUTE 1 DTTAWA, IL 61350		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F9999	them again that she bandage put back of they only wanted to that E3 rolled her of E2 could measure. (Director of Nursing started putting the she "fought with evonto my back to ke bandage on, but E3 she couldn't get on she was trying to process her watch steri strips to close yelling and crying fonot stop. R1 stated on her coccyx durir interview, R1 chokedown her face. It will stated that she criedays after that. R1 to think nurses woustated that she doe anymore.  R1 stated that on 7 the rest of the day. Service Director) caday. R1 stated that on her arm, the bruther that the nurse he bandage to her bottlet them put the addithat E4 told her that nurses to do her treatled her that it migh maybe she would be she w	ing. R1 stated that she told ing. R1 stated that she told in in. R1 said they assured her imeasure the area. R1 stated into her side and held her so R1 stated that after E2 in measured the area, she bandage on. R1 stated that it is held her arms so tight that it is her back. R1 stated that in her left arm free, but in the cut her arm, requiring four it. R1 stated that she was for them to stop but they would at that E2 applied the bandage in it is a couple of stated that she was very hurt in it is a couple of stated that she was very hurt in it is a couple of stated that she was very hurt in it is a couple of stated that she was very hurt in it is a couple of stated that she was very hurt in it is she showed E4 the bandage in into her room later on that it is she showed E4 the bandage in into her room later on that it is she showed E4 the bandage in into her room later on that it is she showed E4 the bandage in into her room later on that it is she showed E4 the bandage in into her room later on that it is she showed E4 the bandage in her right hand and told it is her needed to allow the interest if she moved, that it is he happier somewhere else. It is to the interest if she was allergic to the into the interest in the was allergic to the into the interest in the was allergic to the into the interest in the was allergic to the into the interest in the was allergic to the into the interest in the was allergic to	F99	999			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		TIPLE CONSTRUCTION  NG	(X3) DATE SURVEY COMPLETED	
		14E313	B. WIN	NG _			C <b>8/2006</b>
	PROVIDER OR SUPPLIER E COUNTY NURSING	НОМЕ	•	ı	REET ADDRESS, CITY, STATE, ZIP CODE RURAL ROUTE 1 OTTAWA, IL 61350		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F9999	off and that is why she told E4, "I have treatment."  R1 stated that she the incident and tol her out and she wa R1 said there was a going to move. R1 Ombudsman on 7/2 and asked her to re on 7/19/06, her grapack to move. R1 granddaughter to ta E2 (Director of Nurwas against the law According to R1's f. 86-year-old-female Heart Failure, Chro Disease, Arterial Sc Atrial Fibrillation an According to the ph 2006, R1 has a pas Vascular Accident and Neck. The admissi (a Federally manda 1/4/06, and the mos 6/14/06, show that making. On both M symptoms R1 is no days during the obs no other behaviors	riful when they pulled the tape she refused it. R1 said that a my rights and I can refuse called her granddaughter after d her the facility was kicking anted to go back to Streator. The bed available and she was stated that she spoke to the 20/06 regarding this incident aport it for her. R1 stated that inddaughter came to help her stated that she asked her aske pictures of her injuries, but sing) would not allow it, said it w.  The access heet, she is an with diagnoses of Congestive and Macular Degeneration. The index of the stated that the disease, Chronic and Macular Degeneration. The instance of the stated that she asked her also be a complete the stated that she asked her aske pictures of her injuries, but sing) would not allow it, said it w.  The access heet, she is an with diagnoses of Congestive and Fractured Verlebrae of the stated as a Cerebral and Fractured Vertebrae of the stated assessment) dated as the recent quarterly MDS dated R1 is independent in decision MDS's under behavior and the stated as resisting care 4 to 6 deservation week. There were exhibited.	F99	999			
	dated 1/06, updated Problem as Reside	nponent by Social Services d 3/06 and again on 6/06, lists ent non-compliant taking repositioning and personal					

# DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA

AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION  NG	(X3) DATE SURVEY COMPLETED	
		14E313	B. WIN	1G _			C <b>8/2006</b>
	PROVIDER OR SUPPLIER E COUNTY NURSING	НОМЕ	1	F	REET ADDRESS, CITY, STATE, ZIP CODE RURAL ROUTE 1 DTTAWA, IL 61350		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOIL CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	care. Approaches times, explain the in explain skin integrit resists care- staff warrangements with day. NOTE: (R1) oup until after TV proto personal cares a lunch. In this care mention of resident physically abusive behaviors are listed on 7/18/06. Z1 state emotionally hurt ov on 7/19/06 when sh R1 move, R1 told h Nursing) and E3 (Rand put a bandage refused two times t R1 showed her the bruise to her right h (Director of Nursin laceration to the left to hit the nurses du During this same in spent the day at the and E4 (Social Serincident and other t Z1 stated that E4 s that it might be bett say she was kicking this same day (7/18 pictures of her arm was against the law	include: offer medication three importance of medications, y issues, when resident vill leave room and make resident to approach later that does not like to get up or clean ogram is over. More receptive fter TV programs and before plan component there is no striking out at staff, or being or verbally abusive. No dexcept non-compliance.  AM, Z1 (granddaughter) was chone regarding the incident ted that R1 was physically and er this incident. Z1 stated that he went to the facility to help that E2 (Director of ehab Nurse) held her down on her coccyx after she to have it done. Z1 stated that bandage on her arm and the leand. Z1 stated that E2 (g) told Z1 that R1 got the to forearm when she was trying	F99	999			

# DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA

PRFFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPL	-	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		IPLE CONSTRUCTION  NG	COMPLETED	
NAME OF PROVIDER OR SUPPLIER  LASALLE COUNTY NURSING HOME  (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  (X5) COMPLETION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			14E313	B. WIN	1G _			
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETED TO THE APPROPRIATE DEFICIENCY)  CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			HOME		F	RURAL ROUTE 1	00,00	3/2000
F9999 Continued From page 47 F9999	PRÉFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR	JLD BE	(X5) COMPLETION DATE
emotionally upset over this incident. She cried for days." Z1 stated that her mother (R1's daughter) who is R1's Power of Attorney called her on 7/31/06 and told her that the facility is insisting that R1 have a psychiatric evaluation to determine her competency because of this investigation. Z1 stated that she knows her grandmother is of sound mind and is able to make her own decisions about her care. Z1 stated, "I am a nurse and I know that (R1) is alert and oriented and able to make her own decisions."  During an interview with E4 (Social Service Director) on 7/27/06 at approximately 3:30 PM, E4 stated that R1 told her she got the skin tear and the bruise to left arm trying to hit the nurses when they were putting a dressing that she had refused on her bottom. E4 stated that she had refused on her bottom. E4 stated that she talked with the resident and told R1 she needed to cooperate with the nurses. E4 stated that R1 was not combative with care, R1 just wanted the care done when she wanted it. E4 stated that R1 had certain programs that she watched and she didn't want to be bothered at these times. E4 stated that R1 shad that R1 shad certain programs that she watched and she didn't want to be dothered at these times. E4 stated that R1 she was the E4 stated that R1 she was aware of her non-compliance and "vindictive" ways. During this interview after E4 stated that R1 told her the nurses held her down and put a bandage on her bottom after she told them two times that she did not want it, E4 was asked if she did not consider this abuse? E4 stated "no, the physician ordered this treatment and the nurses were following the physician's orders. (R1) hurt herself when she tried to hit the nurses."  The Social Service notes in the chart from 12/05 until present state that R1 started refusing to go to dining room, refusing adhesive treatments to	F9999	emotionally upset of for days." Z1 stated daughter) who is R her on 7/31/06 and insisting that R1 had determine her cominvestigation. Z1 s grandmother is of smake her own decistated, "I am a nurs and oriented and a decisions."  During an interview Director) on 7/27/0E4 stated that R1 thand the bruise to least when they were purefused on her bottowith the resident are cooperate with the was not combative care done when shad certain program didn't want to be be stated that R1's danon-compliance and this interview after nurses held her do bottom after she to not want it, E4 was this abuse? E4 stated to hit the nurs.  The Social Service until present state to	ed that her mother (R1's and that she knows her sound mind and is able to sions about her care. Z1 are and I know that (R1) is alert belie to make her own  If with E4 (Social Service at approximately 3:30 PM, and her she got the skin tear of the arm trying to hit the nurses atting a dressing that she had and told R1 she needed to nurses. E4 stated that R1 with care, R1 just wanted the new wanted it. E4 stated that R1 and that she watched and she othered at these times. E4 uighter was aware of her and "vindictive" ways. During E4 stated that R1 told her the win and put a bandage on her lid them two times that she did as asked if she did not consider atted "no, the physician ordered the nurses were following the (R1) hurt herself when she es."	F99	999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IULT LDIN	TIPLE CONSTRUCTION  NG	(X3) DATE SURVEY COMPLETED	
		14E313	B. WIN	1G _			C <b>8/2006</b>
	PROVIDER OR SUPPLIER  E COUNTY NURSING	НОМЕ	•	F	REET ADDRESS, CITY, STATE, ZIP CODE RURAL ROUTE 1 DTTAWA, IL 61350		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	In these same note conversations with R1's noncompliance these notes that E4 refusing certain car.  On 7/27/06 at 1:00 that she was aware E1 stated that R1 reswung at two of her Nursing) and E3 (Retreatment to her prenot investigate the reason to R1 recent treatment to her concentration (RN/Rehab Nurse) E1 stated (in responsational talked to R1 almost on a context of the incident of the what she had report interview. R1 told Edown and forced a showed E1 the bruit hand and showed if from E3 holding on struggling to get awas that two nurses R1 how important if to the pressure sore getting death. R1 stated the but she knew her rirefuse treatment.	using cares before 10:30 AM. Is there is record of phone the daughter (POA) about the daughter is no evidence in asked R1 why she was the day of the incident on 7/18/06. The deceived a skin tear when she can have a same sore. E1 said she did incident because there was no dived a skin tear during a day. E2(DON) and E3 both filled out witness reports. The day of the incident that she talks the day of the incident that she talks that is a same day of the da	F99	999			

# DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SURPLIER/CLIA

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		IPLE CONSTRUCTION  NG	COMPLETED	
		14E313	B. WIN	IG _		08/08	C <b>8/2006</b>
	PROVIDER OR SUPPLIER  E COUNTY NURSING	HOME	•	F	REET ADDRESS, CITY, STATE, ZIP CODE RURAL ROUTE 1 OTTAWA, IL 61350		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F9999	After leaving R1's ribelieve that E2 and E1 stated "they are that she did not thir trying to treat the pordered. E1 stated and E3 would go in intent to harm her.  During an interview on 7/27/06 at 5:00 received a skin tea hit the other nurse when they tried to proceive a skin tea hit the other nurse when they tried to proceive and E3 continued with the resident "refuse and E3 continued with the resident "leexplanation as to wishe "let them do it."  During an interview 7/27/06 at 4:00 PM E2 (Director on Nurchange on R1 on 7 over on her side to wound. "When (E2 on (R1), she started allowed them to medidn't consider this R1's wishes. When notes of 7/18/06 that two times yet the tresident and hold her down that	oom E1 stated that she didn't E3 would purposely hurt R1. both good nurses." E1 stated ak it was abuse, that they were ressure sore as the physician that she did not think that E2 to the resident's room with the with E2 (Director of Nursing) PM, E2 stated that R1 on her left forearm when she (E3) and herself fighting them but adhesive bandage on her nent was ordered for R1 so E2 was asked about her wide in the nurses notes that ad treatment two times," yet E2 with the treatment. E2 stated at them do it." E2 had no why the resident was fighting if	F99	999			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED	
		14E313	B. WIN	IG _			C <b>8/2006</b>
	PROVIDER OR SUPPLIER E COUNTY NURSING	НОМЕ	•	R	REET ADDRESS, CITY, STATE, ZIP CODE PURAL ROUTE 1 DTTAWA, IL 61350		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	stated that she was covering the whole of th	in tear on her left forearm. E3 s unaware of any bruise back of her right hand.  arted in the nursing notes at is nurse approached (R1) to edication resident stated, 'I take those, I don't trust you.' d her she has the right to She stated, 'I'll take them, but I	F99	999			

STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		14E313	B. WIN	NG _			C <b>8/2006</b>	
	PROVIDER OR SUPPLIER  E COUNTY NURSING	HOME	•	F	REET ADDRESS, CITY, STATE, ZIP CODE RURAL ROUTE 1 DTTAWA, IL 61350			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPE DEFICIENCY)	ULD BE	(X5) COMPLETION DATE	
F9999	On 7/20/06, the treachanged again to F dressing with paper.  During an interview PM, when asked won 5/22/06 to Bag E started refusing the they were using hult was irritating her adhesive tape. R1 E4 (Social Service about refusing treat physician the reast changed the ordershe never refused the sore feel better. Ranurse told her that she told the numbeal." R1 stated she day and on the 15th pulled the dressing her skin sore around stated that "it felt like the tape." R1 said the 16th and 17th owny. On July 18th though she refused the treatment again using a non allerge she has been letting coccyx on the after refused some of the she does not trust to the treatment admits the	of 4x4 to coccyx once a day. Interest to R1's coccyx was ibracol 2x2 with Telfar tape only.  If with R1 on 7/28/06 at 3:00 by the treatment was changed Balm, R1 stated that she treatments because the tape of their when they pulled it off. It is allergic to stated that her physician and Director) came in to talk to her iment. R1 stated she told her in she refused and he to Bag Balm. R1 stated that the Bag Balm, it made the lastated that on 7/14/06, the she had a new treatment for a wound consultant. R1 stated rise, "good maybe it will finally the tried the new treatment that in, but it hurt awful when they off. The adhesive tape made d the pressure sore. R1 the skin was coming off with the she refused the bandage on if July and told the nurses the nurses put it on even. R1 stated that they changed on 7/20/06 to a bandage inc paper tape. R1 stated that g them do this dressing to her noon shift since, but she has a day shift nurses because	F99	999				