STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345442	A. BUILDING _____ B. WING _____	C 05/06/2022

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FORREST OAKES HEALTHCARE CENTER	620 HEATHWOOD DRIVE ALBEMARLE, NC 28001

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E 000	Initial Comments An unannounced COVID-19 Focused Emergency Preparedness Survey was conducted from 4/26/2022 through 5/6/2022. The facility was found to be in compliance with 42 CFR §483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID# UOX611	E 000		
F 000	INITIAL COMMENTS A complaint survey was conducted from 4/26/2022 through 5/6/2022. The following intakes were investigated NC00181117, NC00181172, NC00181621, NC00184163, NC00184828, NC00185003, NC00186516, NC00186923, and NC00188561. 3 of the 36 complaint allegations were substantiated but did not result in a deficiency. Immediate Jeopardy was identified at: CFR 483.25 at tag F697 at a scope and severity (J) The tag F697 constituted Substandard Quality of Care. Immediate Jeopardy began on 4/26/22 and was removed on 4/28/22. A Partial extended survey was conducted.	F 000		
F 697 SS=J	Pain Management CFR(s): 483.25(k) §483.25(k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by:	F 697		5/6/22

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

Electronically Signed | 05/23/2022

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F 697	Continued From page 1 Based on observations, record review, resident, staff, Wound Care Physician and Medical Director (MD) interviews, the facility failed to provide pain management prior to surgical debridement of Resident #1's pressure ulcers. Surgical debridement is a procedure to remove debris or infected/dead tissue from a wound. The procedure lasted forty-five minutes. Resident #1 expressed pain, cried, grimaced, cringed, became nauseated and requested cessation of the procedure. Resident #1 experienced pain at a level of 9 on a scale of 0 to 10 and was not provided pain management consistent with her comprehensive person-centered care plan or her goals and preferences. This deficient practice affected 1 of 1 resident reviewed for pressure ulcers. Immediate Jeopardy began on 4/26/2022 when the facility failed to pre-medicate Resident #1 prior to a painful procedure and continued the procedure when she expressed pain, verbally, to the Wound Care Nurse and the Wound Care Physician. Immediate Jeopardy was removed 4/28/2022 when the facility implemented a credible allegation of immediate jeopardy removal. The facility will remain out of compliance at a lower scope and severity of D (no actual harm with a potential for minimum harm that is not Immediate Jeopardy) to ensure the monitoring of the systems put into place and to complete facility employee and new certified wound physician training. The findings included: Resident #1 was admitted to the facility on 1/5/2022 with diagnoses that included Diabetes mellitus type II, peripheral vascular disease, pain,	F 697	Resident #1 has been assessed by the Wound Care nurse on 4-26-22 and pain medication was administered. Wound Care Nurse notified Resident #1's Physician concerning pain management, new orders received and transcribe to the Medication Administration Record, Resident #1 was notified of current medication changes made. Resident #1's Plan of Care has been updated on 4-26-22 by the Director of Nursing to reflect resident's problem, goal, and interventions. Resident #1 was notified of the current medication changes that were made to her plan of care. Current Residents with wounds (13) had Pain Assessments completed by a Licensed Nurse on 4-26-22 using a Pain Assessment to determine those that are at risk for pain. Current residents with wounds (13) were reviewed to ensure current orders included pain management. These Residents had interventions put into place by a Licensed Nurse and their Plans of care were updated on 4-27-22. Current Residents with wounds (13) had orders for pain management received for wound care prior to treatment. Pain Evaluations performed by a Licensed Nurse on 4-26-22 to ensure that resident with wounds have been addressed and appropriate interventions are in place. These affected Residents had interventions put into place by a Licensed Nurse and their Plans of care were updated, accordingly on 4-27-22. The residents and/or Responsible Party was	

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F 697	Continued From page 2 and multiple pressure ulcers. The Minimum Data Set assessment dated 1/12/2022 revealed Resident #1 was cognitively intact. The assessment indicated the Resident had pain during the lookback period that was a 6 on a scale of 0 to 10 with 10 being the worst pain ever and 0 being no pain. No behaviors were exhibited during the lookback period. The assessment identified one stage 3 pressure ulcer and two stage 4 pressure ulcers present on admission with treatments that included the application of nonsurgical dressings, ointments and medications, a pressure reducing device to the bed and nutritional support. Resident #1's care plan, dated 1/21/2022, revealed a focused area that read, the Resident was at risk for pain with a goal to have minimal interruption in normal activities due to pain through the review date. The intervention was to anticipate the Resident's need for pain relief and respond immediately to a complaint of pain. A review of the physician orders revealed orders for the following medications: -Oxycodone-Acetaminophen (an opioid pain medication) 5 mg/325 mg give two tablets by mouth every 4 hours as needed for severe pain, initiated 1/5/2022 and discontinued on 4/23/2022. - Oxycodone-Acetaminophen (an opioid pain medication) 5mg/325 mg give two tablets by mouth every 6 hours as needed for pain, written on 4/23/2022 by the Primary care physician. - 75 mcg/hour Fentanyl Patch (a potent, long-acting opioid medication) to be applied to the skin every 72 hours, date initiated 3/26/2022.	F 697	notified of changes made with current orders to include pain medications and plan of care. The Facility has a contract with a Certified Wound Company with Physicians who makes rounds weekly for consultation, assessment, and treatment orders. The Certified Wound Physician is available by phone and via telehealth for consultation, assessment and treatment orders. Previous Certified Wound Physician was terminated on 4/26/2022. A new Certified Wound Physician will be starting on 5/2/2022 and will be educated during orientation to center related to assessing pain before, during and after wound care is provided. Physician will be included in updating resident’s plan of care to include pharmacological and non-pharmacological pain interventions are being offered prior to wound care management. On 4-26-2022, the Director of Nursing conducted education with the Nurse Manager/Wound Care Nurse to ensure the following Licensed Nursing Staff; assess pain before, during and after wound care is provided, to verify that pharmacological pain interventions are offered prior to wound care management, will communicate with wound care provider of any pain management changes, pain medications are to be administered as per physician orders for residents with documentation in the medical record, according to the plan of care. Wound care education will be	

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F 697	Continued From page 3 - 325 mg Acetaminophen (an analgesic pain medication) give 2 tablets by mouth as needed every 4 hours for pain or increased temperature, date initiated 2/26/2022. The Wound Care Physician notes, dated 4/19/2022, revealed Resident #1 had the following identified wounds: Site 1. Stage 4 pressure wound of the left ischium Site 2. Stage 4 pressure wound of the sacrum Site 3. Stage 4 pressure wound of the left lateral calf. Site 4. A full thickness shear wound of the right buttock. Site 5. A full thickness shear wound of the left buttock. Site 6. A full thickness shear wound of the right upper thigh. Site 7. An unstageable deep tissue injury of the right calf with partial thickness. The Resident's electronic Medication Administration Record for April 2022 revealed documentation that Resident #1 received Oxycodone-Acetaminophen 5 milligrams (mg)/325 mg on 4/25/2022 at 11:06 p.m. and was not documented as administered on 4/26/2022 prior to the procedure. The documentation revealed the Fentanyl 75 mg transdermal patch was changed and reapplied on 4/25/2022. A review of the narcotics log for Resident #1, for the Oxycodone-Acetaminophen 5 mg/325 mg, 2 tablets every 6 hours as needed for pain, revealed the medication was signed out on 4/26/2022 at 6:00 a.m. by the night shift nurse, Nurse # 3. This medication was administered and	F 697	provided by the Nurse Manager during orientation for newly hired nurses and ongoing. On 4-27-2022, the Director of Nursing conducted education with the Nurse Manager/Wound Care Nurse to ensure the following Nurse Aides were provided education related to reporting pain to the nurse based on the request or observation of the patient according to the plan of care. • On 4-26-2022, the Director of Nursing and/or Nurse Manager conducted re-education with Licensed Nursing Staff to ensure the following: a. Licensed Nursing Staff – assess pain before, during and after wound care is provided. b. Licensed Nursing staff – education provided to verify that pharmacological pain interventions are offered prior to wound care management. c. Licensed Nursing staff – will communicate with wound care provider of any pain management changes. Wound care education will be provided by the Nurse Manager during orientation for newly hired nurses and ongoing d. Licensed Nursing Staff- pain medications are to be administered as per physician orders for residents with documentation in the medical record, according to the plan of care. e. Starting on 4/27/2022 Nurse Aides were provided education related to reporting pain to the nurse based on the request or observation of the patient according to the plan of care.	

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F 697	Continued From page 4 not documented on the Medication administration record. On 4/26/2022 at 12:42 p.m. Resident #1 was observed lying in the bed on her right-side crying tears, with her face lying on the bedside table, grimacing, and clenching the bed linens in her fist. The Wound Care Physician and the Treatment Nurse were present at the bedside. The Resident had wound dressings removed, that included wound packing (a dressing used to treat large, open or deep wounds with material to absorb drainage and protect the area), from 7 wounds. At this time, the physician was observed to step outside of the Resident room to gather additional supplies. Upon discovering Resident #1 crying tears and grimacing on 4/26/2022 at 12:45 p.m., an interview was conducted while the Wound Care Nurse was standing at the doorway of the room. Resident #1 revealed she had informed the Wound Care Nurse when she came to her room to begin the dressing changes that she had not received her pain medication. Resident #1 was not sure if they were due yet, or if the next administration was closer to 2:00 p.m. when she could have them again. Resident #1 revealed she had received her last dose of pain medication from the night shift nurse (Nurse #3) prior to her leaving in the morning. She added that she requested to wait for the treatments but was told the physician had to go somewhere else. The Resident stated the Physician stated he had no other residents to provide care for and had another facility to go to. She revealed her as needed pain medications had been adjusted this past week and she was not sure why, but she now received less pain medication.	F 697	f. Staff not educated prior to 4/27/2022 will be educated prior to working their next shift. The Executive Director will validate the staff education was completed prior to the staff member working their next shift g. Certified Wound Physician will be starting on 5/2/2022 and will receive education by the Director of Nursing related to assessing pain before, during and after wound care is provided according to the plan of care. h. Newly hired nursing staff will be educated by the Nurse Manager during the orientation period going forward. Starting on 4/28/2022 the Director of Nursing and/or designee to complete Quality Improvement monitoring for assess pain before, during and after wound care is provided. Ensure that pain medication order is verified prior to administering. Pain medications are to be administered as per physician orders and documentation in the medical record, according to the plan of care. Ensure follow up for effectiveness of pain management. Monitoring to be completed using random audits on 4 residents 2x weekly for 4 weeks, then 1x weekly for 2 months, then 1x a month for 3 months. All audits will go to monthly QAPI meeting for review. The Director of Nursing and Executive Director introduced the plan of correction to the Quality Assurance Performance Improvement Committee on 4/28/22. The Director of Nursing is responsible for	

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F 697	Continued From page 5 The Wound Care Physician re-entered the room at 12:47 p.m. and an ongoing observation was conducted at this time. Upon discovering that pain medication had not been provided prior to the treatment, the Wound Care Nurse and the Wound Care Physician were asked if pain medication was provided. The Wound Care Nurse stated the Resident received a scheduled medication, via Fentanyl patch and was not due any medication at the time. The Wound Care Physician stated he was providing the Benzocaine spray (a topical anesthetic pain reliever) for local anesthetic. The Wound Care Physician was standing on the window side of the bed. He began cleansing the wound and removing a previous dressing, calcium alginate (a natural fiber dressing designed to absorb wound secretions and form a gel like covering over the wound), and the Wound Care Physician was told by the Resident that it hurt, and she was nervous. The Wound Care Physician replied, "It's alright, you will do well." The Wound Care Physician asked the Resident if the pain resolved last time (referring to another day of treatment). The Resident responded, "awhile later after you stopped" and he replied, "Good, then you will do fine." The Resident let out a cry and the Wound Care Physician stated, "You are doing fine, and we need to get a little more goop out." The Resident then asked, "Can we please wait for next week?" The Wound Care Physician replied, "We can't." The resident then requested additional benzocaine spray and the Wound Care Physician stated, "you have been sprayed." The Wound Care Physician then looked at everyone in the room and provided the additional spray. When asked if the Resident's pain was assessed using a pain scale prior to beginning the	F 697	implementing this plan. Findings will be reviewed by QAPI committee monthly and Quality monitoring (audit) updated if changes are needed based on findings. The Quality Assurance Performance Improvement Committee consists of but not limited to the Executive Director, Director of Nursing, Assistant Director of Nursing, Social Services Manager, Business Office Manager, Activities Director, Human Resources, Pharmacist, Medical Director, CNA, Dietary Manager, Maintenance Director, Housekeeping Supervisor, Admissions, Medical Records, and MDS Nurse. The Quality Assurance Performance Improvement Committee meets monthly and quarterly at a minimum.	

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treatment, the Wound Care Nurse stated the Resident's pain medication timing was not considered because she received scheduled pain medication that was extended release via a fentanyl patch. The Wound Care Physician stated the Resident had scheduled pain medication and was doing good (while she was observed to continue crying tears). The Wound Care Physician began to debride the right buttock with a sharp instrument used to remove tissue. He then began to cut tissue from the wound with scissors. The Resident was observed to cringe, grimace, and cry tears. At 1:12 p.m. the Resident stated she wanted it to be done. She did not ask them to stop when she stated she wanted to be done. The Wound Care Nurse provided a touch on the Resident's arm. The Resident was then rolled onto her back for the Wound Care Physician to view the right calf wound. The Resident gripped the bed and bedside table and was told by the Wound Care Physician, you must let go now. The Resident informed the Wound Care Nurse and the Wound Care Physician that she felt sick to her stomach at 1:15 p.m. At this time, the Surveyor had to request if someone could pause to see if the Resident required something for pain and a basin. The Wound Care Physician then stated, please get her a basin, but no one asked her if she desired pain medication. The Wound Care Physician asked if someone could get the Resident a Zofran, a nausea prevention medication, but did not stop to allow anyone to administer a Zofran prior to continuing the treatment. The nurse did not go for Zofran or a basin and the Resident finally stated to just forget it. The Wound Care Physician informed the Resident if the pain became too much for her, then he would stop. He sprayed the right calf wound with benzocaine spray. When the Wound

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Care Physician began to debride the wound, the Resident stated, "Ouch, aww and stop." The Wound Care Physician stopped without the debridement of the wound. The wound care procedure ended at 1:28 p.m.

An interview was conducted with the Wound Care Physician on 4/26/2022 at 1:41 p.m. and he revealed he felt the Resident was putting on a little because additional people were in the room during the procedure. He added that he had stronger topical pain medications he could have used, and he would have used the pain medication if he felt she needed it. He was referring to a stronger concentration of topical benzocaine ointment. He stated she did exhibit more anxiety than usual today, 4/26/2022. When asked if he was aware she had a change to her pain medication on 4/23/2022 and that she no longer received her as needed pain medication every 4 hours, he stated he was unaware, and this was important information that he would like to have known prior to the procedure.

An interview was conducted on 4/26/2022 at 3:02 p.m. with Nurse #2, the hall nurse for Resident #1. Nurse #2 revealed she began her shift on 4/26/2022 at 7:00 a.m. and had not been asked by the Wound Care Nurse or the Wound Care Physician to provide a pre-procedure pain medication prior to the wound care being started. She added Resident #1 had not received an as needed (PRN) pain medication on her shift and was able to have Oxycodone-acetaminophen 5 mg/325 mg, two tablets, prior to the procedure taking place because her last dose was at 6:00 a.m. by Nurse # 3. She revealed she entered the room, after the wound care had taken place, (she was unsure of the time) to answer a call light for

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Resident #1's roommate and observed Resident #1 required something for nausea and pain. The Resident rated her pain a 6 on a scale of 0 to 10.

On 4/26/2022 at 3:20 p.m. an interview was conducted with the Wound Care Nurse, and she revealed it was her standard nursing practice to request the hall nurse to provide pain medication, if needed, prior to a procedure for wound care. She stated she would ask the Resident their pain level on a scale of 0 to 10 or do an assessment scale. The Wound Care Nurse reviewed the Medication Administration Record for Resident #1 and the narcotic signature log sheet and revealed the Resident could have pain medication prior to the procedure that took place on 4/26/2022. She stated she did not request Nurse #2 to provide pain medication prior to the procedure because she did not know the Resident had pain medication available and was not sure if the Wound Care Physician could wait. She added that based on the visual nursing assessment (she did not provide a pain scale number) during the wound care treatment on 4/26/2022 the Resident had an increase in pain and anxiety compared to the wound care treatment she performed on 4/25/2022 when she had received pain medication before the procedure. She stated Resident #1 informed her she had pain during the procedure on 4/26/2022. The Wound Care Nurse stated she did not assess Resident #1's pain scale prior to the treatment because the Resident told her she could not have pain medication until 2:00 p.m. She stated the Resident was usually aware of her orders and when she can receive medication.

An interview was conducted with Resident #1 on 4/26/2022 at 4:08 p.m. and she revealed the pain

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level during the wound care treatment on 4/26/2022 had been a 9 on a scale of 0 to 10, with 10 being the worst pain she had ever felt and 0 being no pain. She added the Wound Care Physician told her he could not wait for her to receive her pain medication. She added this made her feel like she would just need to bear it and made her nervous causing her anxiety to get worse. She revealed when the nurses and doctors refuse to get her pain medication before her treatment it makes her feel like they do not understand the pain she endures during a treatment. She added that her pain medication had been changed on 4/23/2022 from every 4 hours as needed to every 6 hours as needed and she did not receive notification from the staff until she requested the medication. The Resident revealed she had not been told she could request medication prior to treatment and had gone without pretreatment on a few occasions with the Wound Care Physician only.

An interview was conducted on 4/26/2022 at 5:18 p.m. with the Director of Nursing and she revealed it was her expectation that a resident be treated prior to wound care if there was pain reported and an order in place for an as needed medication.

An interview was conducted with the facility Medical Director on 4/28/2022 at 10:43 a.m. and he revealed Resident #1 had been on prescription narcotics for chronic pain for an extended amount of time with 7 wounds. He indicated a sign of a resident experiencing pain would be movement during care, grimacing, crying, and taking deep breaths. He added that when he conducts a pain assessment of a resident, he uses the verbal statement from a

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resident combined with the visual cues from the body. He stated a Resident stating they have pain combined with grimacing, crying, and clenching the bed linens would indicate the resident was having the pain they revealed of a 9 out of 10 and he would take that at the face value. He stated a resident with multiple deep pressure ulcers has a reason to have significant pain during manipulation of the wound bed. He revealed if during the wound care, a resident indicated pain, he would expect a physician to stop, provide pain medication and then make another effort to try again.

The Administrator was notified of immediate jeopardy on 4/27/2022 at 5:09 p.m.

The facility provided a credible allegation of immediate jeopardy removal dated 4/28/2022.

* Identify those recipients who have suffered, or are likely to suffer, a serious adverse outcome as a result of the noncompliance; and
Based on observations, record reviews, and State Surveyor and staff interviews, the facility failed to assess a resident's pain prior to, during and after wound care treatment provided, failed to verify and administer pain medication prior to wound care treatment (Resident 1).

* Resident #1 has been assessed by the Wound Care nurse on 4-26-22 and pain medication was administered. Wound Care Nurse notified Resident #1's Physician concerning pain management, new orders received and transcribe to the Medication Administration Record, Resident #1 was notified of current medication changes made. Resident #1's Plan of Care has been updated on 4-26-22 by the Director of

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	345442	A. BUILDING _____ B. WING _____	C 05/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FORREST OAKES HEALTHCARE CENTER	620 HEATHWOOD DRIVE ALBEMARLE, NC 28001

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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Nursing to reflect resident's problem, goal, and interventions. Resident #1 was notified of the current medication changes that were made to her plan of care.

* Current Facility Residents with wounds have the potential to be affected.

a. Current Residents with wounds (13) had Pain Assessments completed by a Licensed Nurse on 4-26-22 using a Pain Assessment to determine those that are at risk for pain.

a.i. Current residents with wounds (13) were reviewed to ensure current orders included pain management. These Residents had interventions put into place by a Licensed Nurse and their Plans of care were updated on 4-27-22.

b. Current Residents with wounds (13) had orders for pain management received for wound care prior to treatment. Pain Evaluations performed by a Licensed Nurse on 4-26-22 to ensure that resident with wounds have been addressed and appropriate interventions are in place.

b.i. These affected Residents had interventions put into place by a Licensed Nurse and their Plans of care were updated, accordingly on 4-27-22. The residents and/or Responsible Party was notified of changes made with current orders to include pain medications and plan of care.

b.ii. The Facility has a contract with a Certified Wound Company with Physicians who makes rounds weekly for consultation, assessment, and treatment orders. The Certified Wound Physician is available by phone and via telehealth for

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consultation, assessment and treatment orders. Previous Certified Wound Physician was terminated on 4/26/2022. A new Certified Wound Physician will be starting on 5/2/2022 and will be educated during orientation to center related to assessing pain before, during and after wound care is provided. Physician will be included in updating resident's plan of care to include pharmacological and non-pharmacological pain interventions are being offered prior to wound care management.

* Specify the action the entity will take to alter the process or system failure to prevent a serious adverse outcome from occurring or recurring, and when the action will be complete.

* On 4-26-2022, the Director of Nursing conducted education with the Nurse Manager/Wound Care Nurse to ensure the following; assess pain before, during and after wound care is provided, to stop providing wound care if the resident says to stop as related to pain or discomfort, to verify that pharmacological pain interventions are offered prior to wound care management, will communicate with wound care provider of any pain management changes, pain medications are to be administered as per physician orders for residents with documentation in the medical record, according to the plan of care. Wound care education will be provided by the Nurse Manager during orientation for newly hired nurses and ongoing.

* On 4-27-2022, the Director of Nursing conducted education with the Nurse Manager/Wound Care Nurse to ensure Nurse Aides were provided education related to reporting pain to the nurse based on the request

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F 697	Continued From page 13 or observation of the patient according to the plan of care. * On 4-26-2022, the Director of Nursing and/or Nurse Manager conducted re-education with Licensed Nursing Staff to ensure the following: a. Licensed Nursing Staff - assess pain before, during and after wound care is provided. b. Licensed Nursing Staff -- to stop providing wound care if the resident says to stop as related to pain or discomfort. c. Licensed Nursing staff - education provided to verify that pharmacological pain interventions are offered prior to wound care management. d. Licensed Nursing staff - will communicate with wound care provider of any pain management changes. Wound care education will be provided by the Nurse Manager during orientation for newly hired nurses and ongoing e. Licensed Nursing Staff- pain medications are to be administered as per physician orders for residents with documentation in the medical record, according to the plan of care. f. Starting on 4/27/2022 Nurse Aides were provided education related to reporting pain to the nurse based on the request or observation of the patient according to the plan of care. g. Staff not educated prior to 4/27/2022 will be educated prior to working their next shift. The Executive Director will validate the staff education was completed prior to the staff member working their next shift. The Executive Director was	F 697		

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notified of the responsibility of validating staff education on 4/27/2022.

h. Newly hired nursing staff will be educated by the Nurse Manager during the orientation period going forward.

The Executive Director is responsible for the implementation of this credible allegation F-697.

Alleged IJ removal date is 04/28/2022

Onsite validation was completed on 4/28/2022 through staff and resident interviews, observation, and record review. Staff were interviewed to validate in-service completion on pain management before, during and after wound care. Staff development education signature logs were reviewed. Resident #1 was interviewed to see if pain was assessed prior to wound care being provided if pain medication was offered and if time was allowed for the medication to take effect. Observations were conducted of wound care with pain assessments conducted. A review of the medical record for 13 residents with identified wounds revealed pain management orders were in place if identified pain was assessed and a review of Resident #1's medical record revealed a pain management order was provided to be given prior to wound care, as needed. The facility's Immediate jeopardy removal was validated to be completed as of 4/28/2022.