Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: #10237		Date: March 12, 2024
Facility Name: Bishop Drumm Retirement Center		Survey Dates: February 15, 2024 – February 27, 2024
Facility Address/City/State/Zip 5837 Winwood Drive Johnston, Iowa 50131-1651	LG	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
58.19(2)b **58.19(2)j**	**481—58.19(135C) Required nursing services for residents.** The resident shall receive and the facility shall provide, as appropriate, the following required nursing services under the 24-hour direction of qualified nurses with ancillary coverage as set forth in these rules: **58.19(2) Medication and treatment.** b. Provision of the appropriate care and treatment of wounds, including pressure sores, to promote healing, prevent infection, and prevent new sores from developing; (I, II) j. Provision of accurate assessment and timely intervention for all residents who have an onset of adverse symptoms which represent a change in mental, emotional, or physical condition. (I, II, III) **DESCRIPTION:** Based on observations, clinical record review, staff interviews, provider interviews and facility policy review the facility failed to provide skin assessments per policy and provide treatments per physician's orders to prevent the development and worsening of a facility acquired pressure ulcer which required the physician to complete a debridement of a Stage IV pressure ulcer to the coccyx for 1 of 3 residents (Resident #11) reviewed for pressure ulcers. The facility reported a census of 110 residents. Findings include:	**I**	**$8250.00 Held in Suspension**	**Upon Receipt**

Facility Administrator   Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: #10237		Date: March 12, 2024
Facility Name: Bishop Drumm Retirement Center		Survey Dates: February 15, 2024 – February 27, 2024
Facility Address/City/State/Zip 5837 Winwood Drive Johnston, Iowa 50131-1651	LG	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	The MDS (Minimum Data Set) assessment identifies the definition of pressure ulcers: Stage I is an intact skin with non-blanchable redness of a localized area usually over a bony prominence. Darkly pigmented skin may not have a visible blanching; in dark skin tones only it may appear with persistent blue or purple hues. Stage II is partial thickness loss of dermis presenting as a shallow open ulcer with a red or pink wound bed, without slough (dead tissue, usually cream or yellow in color). May also present as an intact or open/ruptured blister. Stage III Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle is not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling. Stage IV is full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar (dry, black, hard necrotic tissue). may be present on some parts of the wound bed. Often includes undermining and tunneling or eschar. Unstageable Ulcer: inability to see the wound bed. Other staging considerations include: Deep Tissue Pressure Injury (DTPI): Persistent non-blanchable deep red, maroon or purple discoloration.			

______________________________ ______________________________
Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Citation Number: #10237		**Date:** March 12, 2024
Facility Name: Bishop Drumm Retirement Center		**Survey Dates:** February 15, 2024 – February 27, 2024
Facility Address/City/State/Zip 5837 Winwood Drive Johnston, Iowa 50131-1651	**LG**	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	Intact skin with localized area of persistent non-blanchable deep red, maroon, purple discoloration or epidermal separation revealing a dark wound bed or blood-filled blister. Pain and temperature change often precede skin color changes. Discoloration may appear differently in darkly pigmented skin. This area may be preceded by tissue that is painful, firm, mushy, boggy, warmer or cooler as compared to adjacent tissue. This injury results from intense and/or prolonged pressure and shear forces at the bone-muscle interface. The wound may evolve rapidly to reveal the actual extent of tissue injury, or may resolve without tissue loss. If necrotic tissue, subcutaneous tissue, granulation tissue, fascia, muscle or other underlying structures are visible, this indicates a full thickness pressure injury (unstageable, stage 3, or stage 4). Do not use DTI to describe vascular, traumatic, neuropathic, or dermatologic conditions. The admission Minimum Data Set (MDS) assessment tool with a reference date of 12/11/23 documented Resident #11 had a Brief Interview of Mental Status (BIMS) score of 9. A BIMS score of 9 suggested she had mild cognitive impairment. An admission date was documented at 12/7/2023. Resident #11 did not exhibit rejection of care during the 7-day review period. The MDS indicated Resident #11 was at risk for the development of pressure ulcers/injuries and had no unhealed pressure ulcers/injuries. Resident #11 had moisture associated skin damage (MASD), had a pressure reducing device for her chair and bed, was not on a turning/repositioning program, did not utilize nutrition or hydration interventions to manage skin			

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Citation Number: #10237		**Date:** March 12, 2024
Facility Name: Bishop Drumm Retirement Center		**Survey Dates:** February 15, 2024 – February 27, 2024
Facility Address/City/State/Zip 5837 Winwood Drive Johnston, Iowa 50131-1651	LG	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	problems and had ointments/medication other than to her feet. The MDS documented her weight in pounds was 327 and was 64 inches tall. The following diagnoses were listed: stroke, cancer, diabetes mellitus, hemiplegia, seizure disorder, anxiety, morbid obesity, and body mass index (BMI) 50.0-59.9. The discharge-return anticipated MDS assessment tool with a reference date of 2/16/24 documented Resident #11 had severely impaired cognitive skills for daily decision making. She did not exhibit rejection of care during the 7-day review period. She was dependent on staff for toileting hygiene, showering, dressing, chair/bed to chair transfer. The MDS documented she had an unhealed stage 4 pressure ulcer/injury that was not present upon admission. The active diagnoses portion of the Electronic Health Record (EHR) of Resident #11 documented diagnoses of: hemiplegia (paralysis of one side of the body) affecting left dominant side, muscle weakness, reduced mobility, need for assistance with personal care, seizures, malignant neoplasm of endometrium, anxiety disorder, atrial fibrillation, lymphedema, morbid obesity, obstructive sleep apnea, BMI 50-59.9, spinal stenosis, type 2 diabetes mellitus, vitamin D deficiency, cerebral infarction due to thrombosis of right cerebellar artery. The Baseline Care Plan for Resident #11 dated 12/7/2023 documented the following skin integrity issues: slight redness to groin, abdominal folds, and			

Facility Administrator   Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Citation Number: #10237		**Date:** March 12, 2024
Facility Name: Bishop Drumm Retirement Center		**Survey Dates:** February 15, 2024 – February 27, 2024
Facility Address/City/State/Zip 5837 Winwood Drive Johnston, Iowa 50131-1651	**LG**	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	groin. Her bilateral lower extremities and feet dry and scaly. The Comprehensive Care Plan of Resident #11 initiated 12/13/2023, identified a Focus Area of an Activities of Daily Living (ADL) self-care performances deficit related to hemiplegia, impaired balance, limited range of motion and stroke. The Care Plan indicated she required two staff members to reposition and turn in bed. Staff directed to use a mechanical lift for transferring and two staff members. She is totally dependent on staff for bathing and toileting. A second Focus Area documented she is at risk for skin breakdown due to diabetes, immobility, and incontinence. Staff directed to administer treatments as ordered and monitor for effectiveness. Staff also encouraged to follow facility protocols for prevention/treatment of skin breakdown. The care plan documented she had a pressure reducing cushion in her chair and mattress on her bed. A Focus Area with an initiated date of 2/18/24 documented she had a stage IV pressure ulcer to her coccyx. Staff directed to measure length, width, and depth where possible. Assess and document the status of wound perimeter, wound bed and healing progress and report improvements and declines to the physician. Staff to consult the wound specialist as ordered and his physician will see her in the facility. Staff to encourage frequent repositioning. Resident #11 will require supplemental protein, amino acids vitamins, minerals as ordered to promote wound healing. While completing dressing changes staff to monitor the wound for signs and symptoms of infection/worsening			

Citation Number: #10237		**Date:** March 12, 2024
Facility Name: Bishop Drumm Retirement Center		**Survey Dates:** February 15, 2024 – February 27, 2024
Facility Address/City/State/Zip 5837 Winwood Drive Johnston, Iowa 50131-1651	**LG**	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	(redness, increased pain/tenderness/drainage, edema, warmth). Resident #11 had a low air loss mattress placed. The following Braden scales for predicting pressure sore risk completed as following: -On 12/7/23 at 7:37 PM documented a score of 13, indicating Resident #11 was at moderate risk for developing pressure sores -On 2/14/24 at 10:00 PM documented a score of 13, indicating resident #11 was at moderate risk for developing pressure sores -On 2/15/24 at 1:01 PM documented a score of 10, indicating Resident #11 was at high risk for developing pressure sores The Admission Assessment dated 12/7/23 at 5:21 PM documented slight redness to abdominal folds, bottom and groin with treatment in place. Bilateral lower extremities and feet dry and scaly. The admission Skin One Time Observation Tool dated 12/7/23 at 7:39 PM documented the following impaired skin areas: slight redness to her groin, abdominal folds and bottom; bilateral lower extremities and feet dry and scaly. The total body skin assessments completed on 12/22/23, 12/29/23, 1/5/24, 1/9/24, 1/12/24, 1/19/24, 1/26/24, and 2/2/24 documented "0" when asked to enter the # of new wounds.			

________________________________ ________________________________

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Citation Number: #10237		Date: March 12, 2024
Facility Name: Bishop Drumm Retirement Center		Survey Dates: February 15, 2024 – February 27, 2024
Facility Address/City/State/Zip 5837 Winwood Drive Johnston, Iowa 50131-1651	LG	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	The plan of care response history review completed on 1/29/24, 2/4/24, 2/5/24, 2/6/24, 2/7/24, 2/8/24, 2/11/24, 2/12/24, 2/13/24, and 2/15/24 instructed staff to complete skin observations and notify the nurse immediately of any new areas of skin breakdown: redness, blisters, bruises, discoloration noted during bath or daily care. Staff documented yes when asked if an observation of resident's skin completed. The Skin and Wound Evaluation dated 2/15/24 at 9:21 AM documented it was still in progress. The evaluation documented Resident #11 had a new Stage III: full-thickness skin loss, pressure ulcer on her intergluteal cleft (butt crack) that was acquired in-house with the following measurements 43.9 centimeters (cm) x 10.2 cm x 6.9 cm. The depth, undermining, and tunneling were not applicable. Review of Resident #11 orders revealed the following order with a start date of 12/7/23 and end date of 2/15/23: cleanse resident's buttocks with soap and water, apply a layer of Z-guard paste every shift for skin integrity. The paste is to be applied during the day, evening and night shifts. Review of the December 2023 Treatment Administration Record (TAR) revealed the order not signed out as being completed on: a. 12/10/23 day shift b. 12/13/23 night shift c. 12/15/23 day and evening shifts d. 12/16/23 evening shift e. 12/17/23 day shift			

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Citation Number: #10237		Date**:** March 12, 2024
Facility Name: Bishop Drumm Retirement Center		**Survey Dates:** February 15, 2024 – February 27, 2024
Facility Address/City/State/Zip 5837 Winwood Drive Johnston, Iowa 50131-1651	**LG**	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	f. 12/20/23 day shift g. 12/21/23 day shift h. 12/22/23 day shift i. 12/26/23 day, evening and night shifts j. 12/27/23 night shift k. 12/28/23 day shift l. 12/29/23 evening shift m. 12/30/23 evening and night shifts Review of the January 2024 TAR revealed the order not signed out as being completed on: a. 1/2/24 evening shift b. 1/3/24 day shift c. 1/4/24 day and evening shifts d. 1/5/24 day and evening shifts e. 1/9/24 day and evening shifts f. 1/12/24 day shift g. 1/13/24 evening shifts h. 1/15/24 day shift i. 1/16/24 evening shift j. 1/18/24 evening shift k. 1/19/24 evening shift l. 1/20/24 day shift m. 1/22/24 day shift n. 1/23/24 day shift o. 1/26/24 evening shift Review of the February 2024 TAR revealed the order not signed out as being completed on: a. 2/14/24 night shift The Occupational Therapy (OT) Discharge Summary with a date of service of 12/8/23-1/4/24 documented			

Facility Administrator ____________________ Date ____________________

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Citation Number: #10237			**Date:** March 12, 2024
Facility Name: Bishop Drumm Retirement Center		**Survey Dates:** February 15, 2024 – February 27, 2024	
Facility Address/City/State/Zip 5837 Winwood Drive Johnston, Iowa 50131-1651	**LG**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	an Assessment and Summary of Skilled Services: trialed multiple interventions to promote out of bed activity. Resident able to tolerate an average of 15 minutes of sitting in her wheelchair before requesting to go back to bed. Trialed sitting unsupported, averaging about 5 minutes of sitting with minimum to moderate assistance. Resident dependent with peri cares and toileting due to inability to tolerate out of bed activity. Discharge Recommendations and Status: recommend 15-20 minutes of sitting in wheelchair with the use of the mechanical lift to transfer. The Physical Therapy (PT) Discharge Summary with a date of service of 12/8/23-1/4/24 documented a Discharge Recommendations and Status: resident requires assistance for all ADL's and is dependent on staff for all functional mobility to prevent skin breakdown. The Progress Notes documented the following: a) On 2/14/24 at 10:00 PM the charge nurse called asking this nurse to come to Resident #11's hall right away. The charge nurse for unit stated that she had a skin issue she would like for this nurse to look at. They entered the resident's room and two Certified Nursing Assistants (CNAs) were present providing peri cares to resident. Resident turned on her left side. Charge nurse stated that she would like for this nurse to see resident's bottom. This nurse assessed peri-rectal area. Resident had a pressure area the size of a baseball with undetermined depth/tunneling to coccyx site. Edges are irregular and macerated. Wound bed with dark red, black tissue present. Serosanguinous			

Facility Administrator ____________ Date ____________

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Citation Number: #10237			**Date:** March 12, 2024
Facility Name: Bishop Drumm Retirement Center		**Survey Dates:** February 15, 2024 – February 27, 2024	
Facility Address/City/State/Zip 5837 Winwood Drive Johnston, Iowa 50131-1651	**LG**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	(bloody drainage) drainage noted to site with other areas of excoriation surrounding wound. Current treatment regimen that has been in place to site since admission is Z-guard ointment to site. Z-guard treatment discontinued as it was no longer effective for deteriorated site. Treatment initiated as follows to coccyx: (1) cleanse site; (2) apply skin prep to intact skin surrounding site; (3) pack wound with saline soaked gauze; (4) cover with protective dressing every shift and as needed (PRN). Order written to have wound assessed/followed by the physician who will be in house tomorrow. Resident not on an air mattress and will need one due to the wound. Staff educated that resident is to be turned and repositioned frequently off-loading off of bottom as much as possible and is also to be checked and changed frequently. Resident incontinent of urine and consideration may need to be suggested for a Foley catheter placement for wound management. Note left for Accredited Registered Nurse Practitioner (ARNP) regarding area who will be in house on rounds tomorrow. Attempted to notify emergency contact with no answer. Message left requesting returned call to facility. Will continue to monitor for any change in status. b) E-signed by ARNP on 2/15/24 at 3:22 PM notified by nursing this morning of newly discovered wound to resident's coccyx. On assessment she has a decubitus ulcer, stage 3 to intergluteal cleft. Gauze packing present with gauze covering dressing. Wound with mild serosanguinous drainage. Second open more superficial wound to about 4:00. Peri wound with redness to deep purple discoloration. Wound is painful			

______________________________ ______________________________

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Citation Number: #10237			**Date:** March 12, 2024
Facility Name: Bishop Drumm Retirement Center		**Survey Dates:** February 15, 2024 – February 27, 2024	
Facility Address/City/State/Zip 5837 Winwood Drive Johnston, Iowa 50131-1651	**LG**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	to resident with dressing change. Orders left in facility for dressing changes. Resident is incontinent of urine, order given for Foley catheter for wound care. Consult placed for physician for wound care. She is planning to see resident tomorrow morning. Date wound was identified 2/15/24 on her coccyx, stage 3, measured at 10.17 cm x 6.94cm, 3.08cm x 1.76cm with moderate amount of serosanguinous drainage, no odor. Orders left in facility for: wet to dry dressing pack with gauze soaked in Dakin's (clean infected wounds) solution. Cover with boarder Mepilex (absorbent foam dressing). Change BID. Skin prep to peri wound. Insert Foley catheter for wound care, liquicel (liquid protein) twice a day (BID), consult dietician for nutritional support for wound healing, consult Doctor of Osteopathic medicine (DO) for continuing wound care, complete blood count (CBC) with differential, sedimentation rate (look for inflammation in body), basic metabolic panel (BMP) today, air mattress, and frequent repositioning of patient. c) On 2/16/24 11:07 AM resident seen by DO today for an assessment of her coccyx wound, wound debrided during today's visit. Wound measured 14cm x 13cm x 3.5cm, moderate serosanguinous drainage noted, noted redness to surrounding skin area, resident tolerated procedure well, no complaints of pain, treatment orders in place, family updated and plan of care ongoing. An Initial Wound Evaluation and Management Summary dated 2/16/24 documented by DO. The following was documented: resident present with a wound on her coccyx. At the request of the referring			

______________________________ ______________________________

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Citation Number: #10237		**Date:** March 12, 2024
Facility Name: Bishop Drumm Retirement Center		**Survey Dates:** February 15, 2024 – February 27, 2024
Facility Address/City/State/Zip 5837 Winwood Drive Johnston, Iowa 50131-1651	**LG**	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	provider a thorough wound care assessment and evaluation performed today. Focused wound exam (site 1): stage 4 pressure wound that measured 14 cm x 13 x 3.5cm with a surface area of 182cm. There was moderate serosanguinous drainage with 70% thick adherent devitalized necrotic tissue, 20% slough and 10% other viable tissue (muscle, bone). Site 1 Surgical Excisional Debridement Procedure: to remove necrotic tissue. The wound cleansed with normal saline and anesthesia achieved using topical benzocaine. Then with clean surgical technique, 15 blade, pick-ups used to surgically excise 36.4cm of devitalized tissue and necrotic periosteum and bone along with slough and biofilm were removed at a depth of 4 cm and healthy bleeding tissue observed. As a result of this procedure, the nonviable tissue in the wound bed decreased from 90 percent to 70 percent. Hemostasis achieved and a clean dressing applied. Observation on 2/21/24 at 2:45 PM revealed resident had an air mattress on her bed. There was a pair of Prevalon boots in her chair, a black wedge, two chair cushions and a U-shaped chair cushion in her room. Only two pillows noticed in her room, rested on her bed. On 2/22/24 at 1:45 PM resident remained at the hospital. On 2/21/24 at 4:12 PM Staff K Registered Nurse (RN) called. The number stated the party was unavailable, please try again later and the call ended. On 2/21/24 at 4:18 PM Staff M LPN stated total body skin assessments are usually completed in the			

Facility Administrator ____________ Date ____________

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: #10237		Date: March 12, 2024
Facility Name: Bishop Drumm Retirement Center		**Survey Dates:** February 15, 2024 – February 27, 2024
Facility Address/City/State/Zip 5837 Winwood Drive Johnston, Iowa 50131-1651	**LG**	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	morning or evenings and when there is a new skin area of concern. They do have a wound physician that will come in and assess and complete the treatments if the wounds are chronic or in bad shape. When asked how she completes the skin assessment she stated she usually goes in while they are getting their shower to check everything. She will also let staff know so she can do a skin check during cares, then they will come get her. She did take care of Resident #11 and when she did care for her she spent most of her days in bed. When staff would get her up in her wheelchair she instantly wanted to go to bed. Staff M added the resident was incontinent of urine and bowel. Since she met her she could tell her cognition had decreased due to her brain tumor. At the beginning of her time at the facility, Resident #11 was more active with movement but now she does not move at all. When asked how Resident #11 would reposition, Staff M stated she would do little movements but would not roll over on to her side for offloading, staff would do that. When asked if she noticed her offloading she stated she's not sure because she was a bigger lady and would flatten the pillows or anything they put under her to offload. She does not remember seeing positioning wedges or body pillows of any kind in her room. When asked if Resident #11 had skin issues, Staff M stated just on her buttocks, they were putting triad cream on it for a little while. Then they started to discontinue a lot of the treatments because it was too expensive so they either changed to no treatment or to A&D ointment, creams like that. Her bottom had a pinkish tint to it but did not know how long ago it started. Staff M stated she had a regular mattress and that did not make sense to her			

Facility Administrator ______________________ Date ______________________

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	since she was a bigger woman. The last few times they repositioned her, staff went to pull the sheets from under her and they found a big wound on her buttock that required cleansing and packing. She indicated this was found on the morning of February 15th. She believed staff had known about it for a day or two before that. Staff M was asked if she felt the facility did everything they could to prevent this wound from developing she stated she was unsure but felt they could have done more. When asked what she would have done differently she stated for a woman her size she would get overlooked. Staff would not want to do cares on the bigger residents because they were harder to do. Plus, when they run short on the overnight shifts it's harder for staff to do cares like they would like to do. Once the wound was discovered they inserted a Foley catheter, repositioned her more and an air mattress was put in place. On 2/21/24 at 4:34 PM Staff B Licensed Practical Nurse (LPN) stated the Director of Nursing (DON) makes a list on paper of what skin assessments she wants checked, then leaves it at the nurse's station for the nurses to complete. When asked how those assessments are completed she stated the nurse goes in and checks the skin, then will go to the computer and chart in the Electronic Health Record (EHR) this includes any new areas. She likes to do them while the residents are in bed before they get dressed. Staff B stated she was recently educated to look at every skin area, separate the buttocks and lift folds to see if there are any wounds. When asked why this education was provided she stated they recently had a large woman			

Facility Administrator _______________ Date _______________

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Citation Number: #10237		**Date:** March 12, 2024
Facility Name: Bishop Drumm Retirement Center		**Survey Dates:** February 15, 2024 – February 27, 2024
Facility Address/City/State/Zip 5837 Winwood Drive Johnston, Iowa 50131-1651	**LG**	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	that had a wound but all she knew she had was an area where they were putting cream on it. She admitted before she was not separating the skin to look for wounds, she would just turn the resident side to side, not open up the buttocks to see if there were wounds. She never saw the wound that was developed but was told it was between her buttocks and since she was obese you would have to separate the butt cheeks. Other staff members told they would have to lift the excess skin to see the wound. Staff B stated nobody noticed that wound, not even the DON when she went in to her room, no one noticed it because she was a bigger lady. Staff B stated when she would work on Resident #11's hall, she was always in bed, was not up in her wheelchair but when they tried to get her up she would cry to go back to bed. She could not recall what kind of bed the resident had and indicated she was not sure if the CNAs were turning her or not. Staff B stated Resident #11 was incontinent of urine and bowel. When asked if the resident was ever in bed offloading, she acknowledged when she would go in to do the cream treatment she never saw pillows under her. When asked if she felt the facility could have done more to prevent the pressure ulcer from developing she stated she felt bad that no one noticed it. She felt there was too much to do with what staff they had on the floor working. She felt staff are over worked and under staffed. She added Resident #11 was on the skilled unit and they need more staff on that unit. She felt if they been staffed well, this would not have been an issue but everyone is rushed there.			

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: #10237			**Date:** March 12, 2024
Facility Name: Bishop Drumm Retirement Center		**Survey Dates:** February 15, 2024 – February 27, 2024	
Facility Address/City/State/Zip 5837 Winwood Drive Johnston, Iowa 50131-1651	**LG**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	On 2/21/24 at 4:59 PM Staff C LPN stated skin assessments are completed dependent on what resident the DON tells nurses that need an assessment completed. When asked how they are completed she stated she will go to their rooms to complete the skin assessment while they are in bed. When asked to talk about Resident #11 she stated she liked to spend most of her time in bed, and did not recall if she got out of bed. When the resident was first admitted she was working with therapy and got her up maybe one time. She would get up to shower maybe twice. Staff C was asked if staff assisted Resident #11 with repositioning and she stated the resident could not do that herself, staff would have to do it but was unsure how they repositioned her. When asked what she meant she stated that floor is busy but when she would go in there she would see her on her side, not sure for how long those. When staff are busy they can't pay attention to everything. Staff C unsure what kind of bed the resident had because she was always in it. She recalled Resident #11 had superficial areas on her bilateral buttocks that they were applying creams to. Staff C added only nurses could apply those creams and would be signed out on the TAR every shift. When asked if Resident #11 had any open wound, she stated they were not open just superficial, and two areas. She did not see anything else, she couldn't see anything else. When asked what she meant by that she stated unless you were looking for something or aware of it, you would need to separate her butt cheeks. She indicated Resident #11 was a big lady and when she would lie down the skin lays over itself making it hard to see anything. To see anything, you have to move			

______________________________ ______________________________

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: #10237		Date: March 12, 2024
Facility Name: Bishop Drumm Retirement Center		Survey Dates: February 15, 2024 – February 27, 2024
Facility Address/City/State/Zip 5837 Winwood Drive Johnston, Iowa 50131-1651	LG	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	the area, lift the buttocks with two hands to see the superficial areas. On 2/21/24 at 6:19 PM Staff L Certified Medication Aide (CMA) stated she never assisted with any personal cares and was unsure what kind of bed she had. When asked if she noticed Resident #11 being repositioned she stated she had not noticed her being repositioned on her sides. She had witnessed some CNAs telling nurses that Resident #11's bottom needed attention but that was it. On 2/22/24 at 8:14 AM Staff F CNA stated Resident #11 would get out of bed with therapy and with staff. Once she was up she would not want to stay up long because she complained of back pain. She had a regular mattress, no air mattress but did get an air mattress after they found the wound. Resident #11 required staff assistance for positioning because of her left sided weakness. Staff F stated when she would go in to Resident #11's room she would put a pillow under her arm or lower back because she would not roll on her own. It usually took 3-4 staff to do this. When asked if she noticed any skin issues Staff F stated she had one open area by her tailbone but it was not big. Staff F stated she was off when the bigger wound was discovered but when she came back to work they told her about it. She indicated the resident was incontinent of bowel and bladder. When the resident first came to the facility she would let staff know when she needed changed but when she started to decline she would not use her call light to be changed so they would just check and change her.			

_______________________________ _______________________________

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: #10237		Date: March 12, 2024
Facility Name: Bishop Drumm Retirement Center		Survey Dates: February 15, 2024 – February 27, 2024
Facility Address/City/State/Zip 5837 Winwood Drive Johnston, Iowa 50131-1651	LG	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	On 2/22/24 at 8:40 AM the ARNP stated she was not aware that Resident #11 had wounds prior to the wound found on her buttock. When asked on the day she went to the facility to assess the wound what kind of mattress Resident #11 was laying on she indicated a regular mattress. She added after she completed her assessment she did order an air mattress for the resident as well as an order to insert a Foley catheter. The ARNP indicated the wound was located on Resident #11's coccyx and could be seen if you separated her butt cheeks. If they were not separated you could see there was something there but could not see the entire wound that way. She was unsure how long it took for the wound to develop but added Resident #11 has poor nutrition, would refuse cares at times which included repositioning but she could not speak for what took place the week prior to finding it. She added since she was incontinent of urine a catheter was inserted to promote wound cleaning. When asked if she felt the facility did what they could to prevent this wound from developing she indicated she was not sure what they were doing to prevent it from happening since she was admitted. On 2/22/24 on 9:21 AM the DO stated when she went to the facility February 16th that was the first time she saw Resident #11 and the first time she was aware of any skin issues. She was asked if you could see the wound without separating her butt cheeks, she stated it was a large wound and once the dressing was removed you could see it. The wound was not small and it's not hidden. She has had patients of that size			

_______________________________ _______________________________

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Citation Number: #10237		**Date:** March 12, 2024
Facility Name: Bishop Drumm Retirement Center		**Survey Dates:** February 15, 2024 – February 27, 2024
Facility Address/City/State/Zip 5837 Winwood Drive Johnston, Iowa 50131-1651	**LG**	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	with the same wound and would need to separate the fatty tissue to see it. She added this wound did not just happen, it was past that point because it was advanced. She added she was unsure when it started. When she went to see the resident on February 16th, she was lying on her side, uncovered and staff had her butt cheeks separated. With the size of the wound she believed you could see it if you went in to do cares. Once she assessed the wound she debrided it, she was concerned about Resident #11 being in pain but she slept through it. When asked what stage the wound was she stated stage IV because she could probe bone during the treatment. Her assessment note would be in the resident's medical record. When asked if this wound was avoidable or unavoidable she indicated she does not use those terms. She has seen a lot of residents in situations where they are prone to the development of wounds or susceptible to pressure ulcers because they are bed bound, hardly out bed, does not move themselves, or needs to be repositioned. The resident was immobile, had chronic medical conditions and at high risk of pressure wounds so it's not black and white when it comes to avoidable and unavoidable. On 2/22/24 at 9:34 AM and 2/26/24 at 10:27 AM attempts were made to speak with Staff I Unit Manager. At the conclusion of the survey, no return call received. On 2/22/24 at 11:31 AM the DON stated total body skin assessments are completed upon admission and once a week. When asked how they are completed			

Facility Administrator   Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Citation Number: #10237		**Date:** March 12, 2024
Facility Name: Bishop Drumm Retirement Center		**Survey Dates:** February 15, 2024 – February 27, 2024
Facility Address/City/State/Zip 5837 Winwood Drive Johnston, Iowa 50131-1651	**LG**	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	she stated whenever they have time to do them, they are to do a head to toe to look at all the skin either in the shower or before getting out of bed. The DON indicated when Resident #11 was admitted the assessment documented redness to her buttock but unsure what interventions were put in place and she would have to look. When asked about offloading she stated Resident #11 would be repositioned frequently, with pillows to keep pressure at a minimum. They would attempt to get her up in the wheelchair throughout the day but did not do well with that. She believed they would attempted to get her up for an hour a day. She had a standard pressure relieving mattress prior to getting the air mattress. Resident #11 weighed 318 pounds and felt the pressure relieving mattress was sufficient for her because it was wider than a standard mattress. When asked where the skin assessments were from 12/7/23-12/22/23 she obtained daily skin assessment sheets from her office. She was able to find assessments on 12/8/23: groin was red with treatment in place and 12/22/23: no new skin issues noted. The DON shown the TARs that lacked documentation of the Z-guard being signed out as completed and she stated awesome. When asked who completes those treatments, she stated the nurses do. When asked about the new wound she stated once her butt cheeks were separated you could see it was there: sacrum, coccyx, buttocks but was not sure on exact measurements. There was redness like shearing on her butt cheeks that were visible during cares and baths. When asked if the wound was visible during cares she stated not the entire area, would, had to lift the skin up but you could see there was			

______________________________ ______________________________

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Citation Number: #10237		Date: March 12, 2024
Facility Name: Bishop Drumm Retirement Center		Survey Dates: February 15, 2024 – February 27, 2024
Facility Address/City/State/Zip 5837 Winwood Drive Johnston, Iowa 50131-1651	LG	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	excoriated areas. When asked what her expectations were while the nurses completed skin assessments she stated staff should be lifting the breasts and folds, looking between toes and spreading the resident's butt cheeks to look for any skin issues. When she spoke with nurses about what had happened they acknowledged they were not separating the resident's butt cheeks to look for any skin breakdown. She educated nurses on how to complete skin assessments, did a facility skin sweep on all residents. Education also went out to the CNAs and CMA's. They put an air mattress on her bed, inserted a Foley catheter, labs, started supplements as well. They will do random skin checks 4 times a week with the wound nurse. The DO came to the facility to assess the wound. When asked if she felt the facility did enough to prevent this wound from developing she acknowledged that if staff would have opened Resident #11's butt cheeks during their assessment they would found it sooner. However, she is questioning if it's a Kennedy ulcer since she will be returning to the facility on hospice, so that makes her wonder if that is what is was. On 2/22/24 at 6:21 PM Staff J CNA stated Resident #11 liked to stay in bed. When they would get her up in her chair, she would only be up for 5 minutes because she would complain of pain and want to go back to bed. In the beginning Resident #11 would let them know when she was wet or needed to be changed. After she started to decline, she would be checked and changed by staff. One night they tried to put a pillow under her she saw the sore on her bottom. She gets			

Facility Administrator   Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Citation Number: #10237		**Date:** March 12, 2024
Facility Name: Bishop Drumm Retirement Center		**Survey Dates:** February 15, 2024 – February 27, 2024
Facility Address/City/State/Zip 5837 Winwood Drive Johnston, Iowa 50131-1651	**LG**	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	cream but this was past that stage, she needed a dressing. On Wednesday the 14th she told the nurse and the nurse told her she would look at it later. The nurse told her to get the cream but she refused to do it because it needed more than cream. On the 14th, Staff J stated they were doing cares on her and noticed blood on her brief, cream was not going to help bleeding she needed a dressing. She told the nurse they were not going to dress her, they needed to come look at it. Staff J refused to do anything until the nurse came in. Staff I came in and looked at it. The nurse on duty that night was Staff K RN. When asked if she could see the wound if she was just looking at her buttock, she stated you had to separate her butt cheeks to see it. When she did that she saw the sore and blood. They were completing cares and Resident #11 kept saying ow, ow and that's when they saw the wound. She stated everyone had to have known about it, "how could you not." The Pressure Injury Prevention and Management Policy with an implemented date of 10/24/2022 documented the facility is committed to the prevention of avoidable pressure injuries, unless clinically unavoidable, and to provide treatment and services to heal the pressure ulcer/injury, prevent infection and the development of additional pressure ulcers/injuries. The policy defined pressure ulcer/injury refers to localized damage to the skin and/or underlying soft tissue usually over a bony prominence or related to a medical or other device. Policy Explanation and Compliance Guidelines:			

________________________________ ________________________________
Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: #10237			Date: March 12, 2024
Facility Name: Bishop Drumm Retirement Center		Survey Dates: February 15, 2024 – February 27, 2024	
Facility Address/City/State/Zip 5837 Winwood Drive Johnston, Iowa 50131-1651	LG		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	1. There are multiple terms used to describe this type of skin damage, including pressure ulcer, pressure injury, pressure sore, decubitus ulcer, and bed sore. For purposes of this policy, pressure injury, as the current standard terminology, will be used. 2. The facility shall establish and utilize a systematic approach for pressure injury prevention and management, including prompt assessment and treatment; intervening to stabilize, reduce or remove underlying risk factors; monitoring the impact of the interventions; and modifying the interventions as appropriate. 3. Assessment of Pressure Injury Risk a. Licensed nurses will conduct a pressure injury risk assessment, using the Braden Risk Assessment Score, on all residents upon admission/re-admission, weekly x four weeks, then quarterly or whenever the resident's condition changes significantly. b. The tool will be used in conjunction with other risk factors not captured by the risk assessment tool. Examples of risk factors include, but are not limited to: i. Impaired/decreased mobility and decreased functional ability: ii. Co-morbid conditions, such as end stage renal disease, thyroid disease, or diabetes mellitus; iii. Drugs such as steroids that may affect healing; iv. Impaired diffuse or localized blood flow, for example, generalized atherosclerosis or lower extremity arterial insufficiency; v. Resident refusal of some aspects of care and treatment; vi. Cognitive impairment; vii. Exposure of skin to urinary and fecal incontinence;			

_______________________________ _______________________________

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Citation Number: #10237		Date: March 12, 2024
Facility Name: Bishop Drumm Retirement Center		Survey Dates: February 15, 2024 – February 27, 2024
Facility Address/City/State/Zip 5837 Winwood Drive Johnston, Iowa 50131-1651	LG	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	viii. Under nutrition, malnutrition, and hydration deficits; and ix. The presence of a previously healed pressure injury. c. Licensed nurses will conduct a full body skin assessment on all residents upon admission/re-admission, weekly, and after any newly identified pressure injury. Findings will be documented in the medical record. d. Assessments of pressure injuries will be performed by a licensed nurse, and documented on the Weekly Wound Tracking UDA/Skin Wound Note The staging of pressure injuries will be clearly identified to ensure correct coding on the MDS. e. Nursing assistants will inspect skin during bath and will report any concerns to the resident's nurse immediately after the task. f. Training in the completion of the pressure injury risk assessment, full body skin assessment, and pressure injury assessment will be provided as needed. 4. Interventions for Prevention and to Promote Healing a. After completing a thorough assessment/evaluation, the interdisciplinary team shall develop a relevant care plan that includes measurable goals for prevention and management of pressure injuries with appropriate interventions. b. Interventions will be based on specific factors identified in the risk assessment, skin assessment, and any pressure injury assessment (e.g., moisture management, impaired mobility, nutritional deficit, staging, wound characteristics). c. Evidence-based interventions for prevention will be implemented for all residents who are assessed at risk			

Facility Administrator ______________________ Date ______________________

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: #10237		**Date:** March 12, 2024
Facility Name: Bishop Drumm Retirement Center		**Survey Dates:** February 15, 2024 – February 27, 2024
Facility Address/City/State/Zip 5837 Winwood Drive Johnston, Iowa 50131-1651	**LG**	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	or who have a pressure injury present. Basic or routine care interventions could include, but are not limited to: i. Redistribute pressure (such as repositioning, protecting and/or offloading heels, etc.); ii. Minimize exposure to moisture and keep skin clean, especially of fecal contamination; iii. Provide appropriate, pressure-redistributing, support surfaces; iv. Provide non-irritating surfaces; and v. Maintain or improve nutrition and hydration status, where feasible. d. Evidence-based treatments in accordance with current standards of practice will be provided for all residents who have a pressure injury present. i. Pressure injuries will be differentiated from non-pressure injuries, such as arterial, venous, diabetic, moisture or incontinence related skin damage. ii. Treatment decisions will be based on the characteristics of the wound, including the stage, size, exudate (if present), presence of pain, signs of infection, wound bed, wound edge and surrounding tissue characteristics. e. The goals and preferences of the resident and/or authorized representative will be included in the plan of care. f. Interventions will be documented in the care plan and communicated to all relevant staff. g. Compliance with interventions will be documented in the weekly summary charting. 5. Monitoring a. The RN Unit Manager, or designee, will review all relevant documentation regarding skin assessments, pressure injury risks, progression towards healing, and			

________________________________ ________________________________

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: #10237		**Date:** March 12, 2024
Facility Name: Bishop Drumm Retirement Center		**Survey Dates:** February 15, 2024 – February 27, 2024
Facility Address/City/State/Zip 5837 Winwood Drive Johnston, Iowa 50131-1651	**LG**	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	compliance at least weekly, and document a summary of findings in the medical record. b. The attending physician will be notified of: i. The presence of a new pressure injury upon identification. ii. The progression towards healing, or lack of healing, of any pressure injuries weekly. iii. Any complications (such as infection, development of a sinus tract, etc.) as needed. c. A Focused Incident Review will be performed on each pressure injury that develops in the facility. Findings will be reported in the monthly QAA Committee Meeting. d. The effectiveness of current preventative and treatment modalities and processes will be discussed in accordance with the QA Committee Schedule, and as needed when actual or potential problems are identified. 6. Modifications of Interventions a. Any changes to the facility's pressure injury prevention and management processes will be communicated to relevant staff in a timely manner. b. Interventions on a resident's plan of care will be modified as needed. Considerations for needed modifications include: i. Changes in resident's degree of risk for developing a pressure injury. ii. New onset or recurrent pressure injury development. iii. Lack of progression towards healing. iv. Resident non-compliance. v. Changes in the resident's goals and preferences, such as at end-of-life or in accordance with his/her rights.			

____________________________ ____________________________

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Citation Number: #10237		Date: March 12, 2024
Facility Name: Bishop Drumm Retirement Center		**Survey Dates:** February 15, 2024 – February 27, 2024
Facility Address/City/State/Zip 5837 Winwood Drive Johnston, Iowa 50131-1651	**LG**	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	The facility's Skin Assessment with an implemented dated of 2/14/22 documented it is the facility's policy to perform a full body skin assessment as part of their systematic approach to pressure injury preventions and management. This policy includes the following procedural guidelines in performing the full body skin assessment. Policy Explanation and Compliance Guidelines: 1.A full body, or head to toe, skin assessment will be conducted by a licensed or registered nurse upon admission/re-admission, daily for three days, and weekly thereafter. The assessment may also be performed after a change of condition or after any newly identified pressure injury. 2. Procedure: a. Wash hands. b. Explain the procedure to the resident. c. Provide privacy and adequate lighting. d. Put on gloves. e. Begin head to toe, thoroughly examining the resident's skin for conditions. Pay close attention to pressure points, bony prominence, and underneath medical devices. f. Remove any special garments or devices, if not contraindicated or ordered to remain in place. g. Remove any dressings, using clean technique, unless contraindicated or ordered to remain in place, and note findings. h. Note any skin conditions such as redness, bruising, rashes, blisters, skin tears, open areas, ulcers, and lesions. i. Dispose of contaminated items safely.			

____ ____
Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Citation Number: #10237		Date: March 12, 2024
Facility Name: Bishop Drumm Retirement Center		**Survey Dates:** February 15, 2024 – February 27, 2024
Facility Address/City/State/Zip 5837 Winwood Drive Johnston, Iowa 50131-1651	**LG**	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	j. Remove gloves and perform hand hygiene prior to leaving room. 3. Consider the general status of the resident's skin. a. Color. b. Temperature. c. Moisture status. d. Sensory perception. e. Skin texture/turgor. f. Perfusion. 4. Considerations for a resident with darkly pigmented skin: a. It is not always possible to identify redness on darkly pigmented skin. b. Indicators of early pressure damage: i. Localized heat ii. Edema iii. Bogginess iv. Induration v. Temperature differences of surrounding skin vi. Skin discoloration 5. Considerations for a bariatric resident: a. Perform assessment with at least one other staff member to assist with mobility and positioning of body parts. b. Approach resident in a manner that promotes dignity and respect. c. Thoroughly inspect each surface of a skin fold. d. Consider moisture and weight exerted by opposing skin and/or body parts (i.e. abdominal pannus) when determining pressure versus moisture related etiology. Pressure injuries may result from tissue pressure of high concentration of adipose tissue, and may be in areas other than bony prominence's.			

Facility Administrator ____________________ Date ____________________

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: #10237		**Date:** March 12, 2024
Facility Name: Bishop Drumm Retirement Center		**Survey Dates:** February 15, 2024 – February 27, 2024
Facility Address/City/State/Zip 5837 Winwood Drive Johnston, Iowa 50131-1651	**LG**	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	6. Differentiating the extent of redness a. Blanchable erythema (redness) loses its redness when a finger is pressed on the erythema for 3 seconds and released. Blanching is assessed following the removal of the finger. b. Non-blanchable erythema (redness) persists when touched. 7. Documentation of skin assessment: a. Include date and time of the assessment, your name, and position title. b. Document observations (e.g. skin conditions, how the resident tolerated the procedure, etc.). c. Document type of wound. d. Describe wound (measurements, color, type of tissue in wound bed, drainage, odor, pain). e. Document if resident refused assessment and why. f. Document other information as indicated or appropriate. **FACILITY RESPONSE:**			

Facility Administrator ______________________ Date ______________________

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: #10237		Date: March 12, 2024
Facility Name: Bishop Drumm Retirement Center		**Survey Dates:** February 15, 2024 – February 27, 2024
Facility Address/City/State/Zip 5837 Winwood Drive Johnston, Iowa 50131-1651	**LG**	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

Facility Administrator ______________________ Date ______________________

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).