Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

FC#6436				**Date: February 3, 2017**
St. Mary Healthcare and Rehab Center		**Survey dates: January 3-18,2017**		
800 E. Rusholme Street				
Davenport, Iowa 52803	**Ds/pc/kk**			
		Class	**Fine Amount**	**Correction Date**
56.6(1)	**481-56.6 (135C) Treble and double fines.** **56.6(1) Treble fines for repeated violations. The director of the department of inspections and appeals shall treble the penalties specified in rule 481-56.3(135C) for any second or subsequent class I or class II violation occurring within any 12-month period, if a citation was issued for the same class I or class II violation occurring within that period and a penalty was assessed therefor.**	**I**	**$30,000 (trebled fine $10,000 x 3)** **Held in suspension**	**Upon Receipt**
58.19(2)b	**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). **DESCRIPTION:** Based on record review, observations and staff interviews, the facility failed to timely assess and provide appropriate care and services to pressure ulcers and failed to provide timely interventions to prevent the development of avoidable ulcers, promote healing and prevent infection (Residents #1, #3, #4, #6 and #7). The sample consisted of 8 residents and 7 of the 8 residents had pressure			

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	ulcers. The facility identified a census of 56 residents. Findings include: 1. Review of the Admission Record for Resident #6 identified an admission into the facility on 10/29/16. The resident's diagnosis included a right hip arthroplasty (surgery to restore or replace a joint), muscle weakness, difficulty in walking. The Minimum Data Set (MDS) assessment, with a reference date of 11/15/16, identified Resident #6 had an admission into the facility from the hospital. The MDS identified the resident had memory problems and moderately impaired for daily decision making. The MDS indicated Resident #6 required total staff assistance with bed mobility and transfers. The MDS identified the resident had an indwelling catheter (tube in the bladder to drain urine into a bag) and experienced frequent episodes of bowel incontinence. The MDS indicated the resident came to the facility with 2 Stage II pressure ulcer. The MDS assessment identified the following definitions for staff to follow regarding types of pressures: **Stage II** is a partial thickness loss of dermis presenting as a shallow open ulcer with a red or pink wound bed, without slough. May also present as an intact or open/ruptured blister.			

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	Stage III is a full thickness tissue loss, subcutaneous fat may be visible but bone, tendon or muscle is not exposed. The slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling. **Stage IV** is a full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present on some parts of the wound bed. Often includes undermining and tunneling. **Unstageable**-Slough and or eschar and cannot assess the wound bed. The Initial Plan of Care #1 in use on 10/29/16 directed the staff to provide mobility with a walker to a wheelchair, an indwelling catheter, independent with eating, hair and nail care by staff, provide a bed bath, and provide physical and occupational therapy. The Braden Scale for Predicting Pressure Sore Risk Original, dated 11/5/16 at 3:20 p.m. identified the resident had a score 14. A score of l4 represented the resident had a moderate risk for the development of pressure ulcers. The Initial Nursing Assessment (Admission) dated 10/29/16 at 3:20 p.m. indicated Resident #6 needed to be admitted due to being post-surgery. had drowsiness, a temperature of 101.1 degrees Fahrenheit (normal is 98.6), pulse 81 (normal 60-100), respirations 20 (normal 16-20) and blood pressure 115/58 (normal). The assessment indicated the resident as agitated and drowsy. The			

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	resident had an indwelling catheter, chair fast (cannot bear own weight, must be assisted into chair), slides down in chair or bed and does not lift up completely during move. Resident #6 had an incision to the right hip with staples present, some discoloration to the right hip, skin tear to the right elbow and a purple area noted on the right side of the leg next to the perineal area (the assessment did not identify pressure ulcers). The Progress Note dated 10/31/16 at 10:00 a.m. indicated the resident continued to have fevers of various temperatures since admission. The note indicated the resident had a temperature of 100.3, pulse 92, respirations 18 and blood pressure 125/75 (normal). The note at 5:27 p.m. indicated the staff placed a pillow boot on the right foot and a heel riser placed on the bed. The resident used an abductor pillow (to keep legs from crossing). The Progress Note dated 11/1/16 at 12:41 p.m. identified the resident continued with physical and occupational therapies. The resident continued to be confused and the resident's urine was negative for a urinary tract infections. The resident would be getting out of bed tomorrow. The Progress Notes dated 11/1/16 1:54 p.m. identified the resident had a new onset/change in skin integrity as evidenced by an ulcer. Resident #6 had an open area on the left side of the coccyx and a blister on the right heel. The physician (facility medical director) was notified at 2:00 p.m.			

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	The Progress Notes dated 11/2/16 at 9:20 a.m. indicated the resident had no temperature today and the resident's lung sounds were clear. The Progress Note dated 11/3/16 at 11:12 a.m. revealed the Medical Director visited Resident #6 at the facility. The Medical Director documented Resident #6's skin had normal temperature, tone, texture, no rashes, lesions or ulcers. Review of the October and November 2016 Treatment Record identified the staff documented the first treatment to the coccyx and right heel on 11/12/16 [**pressure ulcers first identified 11 days ago**]. The November Treatment Record had a treatment dated 11/12/16 for Duoderm to the coccyx and buttocks and to change every three days and betadine to each heel twice a day. Review of the Skin Integrity Reports for Resident #6, revealed a sheet for the left buttock, a sheet for the right buttock, a sheet for the sacrum and a sheet for the coccyx. The sheets had assessments for 10/31/16 to 11/16/16. Resident #6 discharged to the hospital on 11/15/16. The sheets revealed the wound as a Stage II. Review of the Skin Integrity Reports revealed Resident #6 had two sheets for the right heel with assessment dates of 10/31/16, 11/2/16, 11/10/16 and 11/14/16 on one sheet and the other sheet had dates on 10/31/16, 11/10/16 and 11/16/16. Resident #6 discharged from the facility on 11/15/16. One sheet had an initial wound date of			

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	10/30/16 and the other sheet had a date of 10/31/16. Both sheets had assessments on 11/10/16. One sheet had measurements of 6.0 centimeters (cm) length x [by] 8.0 cm width. The other sheet had measurements of 11.0 cm length x 11.5 cm width. The sheets identified the wound as Stage II. The Wound Clinic visit dated 11/15/16 identified Resident #6 had an unstageable pressure injury obscured full thickness skin tissue loss pressure ulcer to the coccyx. The area measured 14.5 centimeters (cm) length x 12.0 cm width x 2.5 cm depth. The wound had adipose tissue exposed, the periwound (perimeter around wound) had signs and symptoms of infection and tan eschar present. The Wound Clinic visit dated 11/15/16 identified Resident #6 had an acute deep tissue pressure injury to the right heel. The pressure ulcer had persistent non-blanchable deep red, maroon or purple discoloration. The area measured 11.0 cm length x 13.0 cm width x 0.1 cm depth. No signs or symptoms of infection noted. The heel was debrided. The physician noted Resident #6 had sepsis with fever. The physician contacted the emergency department for expedited care. The History and Physical documentation dated 11/15/16 the resident received Acne (antibiotic and Tylenol along with 3 liters of intravenous fluid in the emergency department. The report indicated the physician ordered the resident to be admitted into the hospital due to sepsis from a large sacral			

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	decubitus ulcer [pressure ulcer]. Resident #6 admitted to the hospital with sepsis due to large sacral decubitus ulcer and transferred to the intensive care unit. The Certificate of Death filed on 1/3/17 identified Resident #6 died on 12/21/16 at 10:05 p.m. The immediate cause of death was sepsis due to or as a consequence of decubitus ulcer. On 1/5/17 at 1:29 p.m. Staff A (Rehab Director) was interviewed and stated Resident #6 was not able to follow commands. Staff A reported Resident #6 did not get out of bed for therapy until 11/2/16. Staff A stated the resident got out of bed on 11/2/16 and used the parallel bars. Staff A stated she saw a large blister located on the right foot on 11/11/16. On 1/5/17 at 12:48 p.m. Staff E (Licensed Practical Nurse) was interviewed and Resident #6 was not getting out of bed when he/she first admitted to the facility. Staff E reported when the staff note a skin issue they notify Staff B (Wound Nurse). Staff B then looks at the area and obtains a treatment order. Staff E reported Staff B doesn't always get to it and Staff B has to be told several times. Staff E went to the Director of Nursing with concerns about Staff B not getting an order for a skin treatment. On 1/5/17 at 6:41 p.m. Staff F (certified nursing assistant) was interviewed and stated Resident #6 did not get out of bed till physical therapy got him/her up. Staff F worked with Resident #6 on 10/29/16, 10/30/16, and 11/1/16. Staff F reported			

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	Resident #6 did not have an open area on his/her buttocks at the time of admission. Staff F reported Resident #6 had a blister on his/her heel on admit. Staff F reported this to a nurse. Staff F reported Resident #6 constantly moved the right leg and kicked the heel protectors off. On 1/5/17 at 11:54 a.m. Staff G (Registered Nurse) was interviewed and stated she completed the initial care card for Resident #6. Staff G reported Resident #6 had a abductor pillow. Staff G stated she never puts heel protectors or float the heels on the care card. Staff G reported Resident #6 did not get out of bed. Staff G reported Resident #6 had skin breakdown because he/she was not turned and repositioned. Staff G noted the skin breakdown on 11/1/16 and told Staff B (Wound Nurse). Staff G stated she put a heel riser in place on 11/1/16. Staff G stated she put a dry dressing on Resident #6's buttocks and changed it daily and Staff B did not get a treatment. Staff G reported weeks went by and Staff B did not do anything. Staff G asked Staff B about getting a treatment 4 to 5 times. Staff B told Staff G she would get to it. Staff G was concerned and talked to the Director of Nursing. Staff G reported the charge nurses do not obtain treatments for wounds. The wound nurse takes over when a resident has a skin issue. Staff G received an order for Betadine to the heel and Duoderm to the buttocks. Staff G stated she forgot to enter the order for the Betadine in the computer. On 1/5/17 at 1:45 p.m. and 2:01 p.m. the Director of Nursing was interviewed and stated the charge			

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	nurse completes a weekly skin check during the resident's bath. Any new or old concern is documented on the weekly check. On 11/8/16 a skin check was completed by Staff E. Staff E did not note the area on Resident #6's heel and buttocks. The Director of Nursing stated the staff are to notify Staff B when they note a new skin condition. Staff B looked at the area and obtained a treatment order. If Staff B is not in house, then the charge nurse obtains a treatment. On 1/5/17 at 2:12 p.m. and 4:35 p.m. Staff B (Wound Nurse) was interviewed and stated the charge nurse informed her of skin issues. Staff B reported she looks at the area right away and obtains an order for a treatment. Staff B reported she was aware Resident #6 had an area on the heel and buttocks on admission to the facility. Staff B reported she was at the facility when Resident #6 was admitted. Staff B stated she saw the areas but did not chart it. Staff B stated she waited to get an order for a treatment till Monday (10/31/16). Staff B reported she did not recall putting the order on the Treatment Record. The surveyor showed Staff B the Treatment Record with no treatment till 11/12/16. Staff B stated she completed assessments on 10/31/16, 11/10/16 and 11/16/16. Staff B reported she did not check the Treatment Record prior to completing an assessment. Staff B stated she placed a dry dressing on Resident #6's coccyx and Betadine on the heel. Staff B stated she completed the treatments without a physician's order. Staff B stated she also back charted skin assessments on Resident #6 and did not complete			

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	late entries. Staff B reported skin assessments were misplaced and she made duplicate assessment sheets. Staff B did not know the date the assessments were rewritten. An interview on 1/13/17 at 8:52 a.m. the Emergency Room Physician reported Resident #6's family reported Resident #6 had a bowel movement at the nursing home and it was not cleaned up. This contributed to the infection. The facility could have done a much better job. The facility could have provided prompt care and it would not have been so severe. The Physician could tell it advanced quickly. The physician identified the pressure ulcer as Stage IV. On 1/13/17 at 8:59 a.m. the Wound Clinic Physician was interviewed and stated she saw Resident #6 one time at the Wound Clinic. The Physician recalled looking at Resident #6's wounds and being appalled. The wounds were infected; Resident #6 had a temperature, had hypotension (low blood pressure) and needed immediate treatment. The physician had Resident #6 transported to the emergency department. The physician did not know how the wounds could be that bad unless Resident #6 was on his/her back the whole [entire] time. On 1/17/17 at 2:40 p.m. the facility Medical Director was interviewed and stated she received a fax from the facility on 11/1/16 which informed her of the area on the coccyx and heel. The Medical Director stated she faxed the facility back and informed them			

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	Resident #6 needed to be seen on rounds. The Medical Director alternated weekly visits at the facility with a Nurse Practitioner. The Medical Director did not know if she saw Resident #6 at the facility. 2. According to the Admission Record dated 1/6/17, Resident #1 had diagnoses of cerebrovascular disease, muscle weakness, convulsions, contracture of the hand and disruption of wound. The Minimum Data Set (MDS) assessment, with a reference date of 9/24/16, identified Resident #1 had severe cognitive impairments, and verbal and other behaviors. Resident #1 had total dependence on staff for all activities of daily living. Resident #1 had range of motion impairments bilaterally on the upper and lower extremities. The MDS revealed Resident #1 had 2 Stage III pressure ulcers. The current Care Plan and initiated on 9/9/16, identified the resident had the potential for skin breakdown related to contractures, impaired sensation, moisture/excessive perspiration, limited mobility and a history of breakdown. The interventions directed the staff to cleanse hands with soap and water daily and dry thoroughly, encourage to consume all meals, monitor for nonverbal signs of pain related to wound, monitor for skin breakdown, refer to restorative therapy, schedule orthopedic appointment, weekly skin assessments, The Braden Scale for Predicting Pressure Sore Risk			

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	dated 6/12/16 identified Resident #1 scored a "12". A score of 10-12 revealed the resident to be a "high risk". On 1/6/17 at 12:45 p.m. the Director of Nursing (DON) was interviewed and stated Resident #1 had an open area on the right thumb and the first finger in June of 2016. The DON reported the area healed 6/29/16. The area opened again 9/9/16. The July 2016 Treatment Record identified the staff placed a folded wash cloth in the right palm through the web of the first finger every shift An interview on 1/18/16 at 1:03 p.m. the Director of Nurses reported the July 2016 Restorative Nursing records could not be located. The August 2016 Treatment Record revealed the staff placed a folded wash cloth in the right palm through the web of the first finger every shift. The August 2016 Restorative Nursing Record sheet revealed the staff provided passive range of motion to both hands 22 out of 31 days. The sheet directed the staff to perform activities for 15 minutes or more each day. The September 2016 Treatment Record indicated the staff placed a folded wash cloth in the right palm through the web of the first finger every shift. The sheet identified the treatment was discontinued on 9/14/16. The September 2016 Restorative Nursing Record			

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	sheet revealed Resident #1 did not receive passive range of motion exercises from 9/1/16 to 9/9/16 when the area opened. Review of the Treatment Administration Record for August and September 2016 identified the facility had a folded wash cloth in the palm of the right hand through the web of the thumb and over the first finger. The staff checked the placement three times a day. The Skin Integrity Report revealed Resident #1 developed a Stage III pressure sore on the right thumb on 9/9/16. The Skin Integrity Report assessment dated 12/27/16 identified Resident #1 had a Stage III pressure ulcer to the right thumb that measured 0.4 cm length x 0.3 cm width. The facility did not provide an assessment of the other pressure ulcer. The Wound Clinic noted dated 12/28/16 revealed the Stage III pressure ulcer to the right medial anterior thumb measured 0.9 centimeters (cm) length x 0.3 cm width. The Stage III pressure ulcer to the right second finger measured 2.0 cm length x 0.8 cm width x 0.2 cm depth. On 1/6/17 at 11:10 a.m. Staff A (Rehab Director) reported Resident #1 received therapy from 6/23/16 to 7/14/16 for the right hand contracture. Staff A reported Resident #1 had a wound on the right hand at that time. Staff A reported Resident #1's contracture count not be measured due to the			

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	severity. Staff A reported a wash cloth could fit in Resident #1's hand to allow separation. Staff A reported the wound was due to pressure. Resident #1 did not have a hand splint in the last 3 years. Staff A reported a splint would have prevented the contracture from getting worse and preserved Resident #1's skin integrity. Staff A reported Resident #1 was discharged from therapy on 7/14/16 due to behaviors. Therapy made a recommendation for restorative program for stretching exercises. An interview on 1/6/17 at 12:45 p.m. the Director of Nurses reported she planned to look into a splint to prevent the area from breaking down again. 3. According to the Admission Record dated 1/6/17 Resident #4 admitted to the facility on 9/16/16 with diagnoses of hemophilia, chronic pain, and hepatitis C. The Minimum Data Set (MDS) assessment dated 9/23/16 revealed moderate cognitive impairments. The MDS revealed Resident #4 totally dependent on the staff for bed mobility and transfers. The Initial Plan of Care directed the staff to reposition Resident #4 if necessary every two hours to relieve pressure, weekly head to toe skin assessments, encourage to get out of bed as tolerated and pressure relieving devices as ordered and hospice care. The Braden Scale for Predicting Pressure Sore Risk			

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	Original dated 9/23/16 revealed Resident #4 scored a "16". A score 15 - 18 revealed a mild risk. The Progress Note dated 10/12/16 at 3:15 p.m. revealed Resident #4 had a pressure ulcer to the buttock area. The Progress Note revealed the physician was notified at 5:00 p.m. The Skin Check dated 10/12/16 revealed Resident #4 had a new pressure area to the buttock area. The assessment did not include measurements or staging. Review of the October Treatment Administration Record revealed no treatment to the area on Resident #4's buttocks. The electronic order dated 11/12/16 revealed an order to apply barrier cream to the buttocks and coccyx as needed for broken down skin. An interview on 1/6/17 at 9:46 a.m. Staff B (Registered Nurse/Wound Nurse) reported on 11/9/16 she was informed by the Director of Nurses that all residents needed assessed including hospice residents. Staff B reported he/she thought that the hospice nurse was assessing Resident #4's open area. Staff B reported she completed the first assessment on 11/9/16. Staff B did not obtain a treatment order. Staff B reported Resident #4 did not like to lie down. The staff allowed Resident #4 to sit up in the chair. An interview on 1/11/17 at 1:40 p.m. Staff D			

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	(Hospice Registered Nurse) reported Resident #4 was bed bound towards the end of life. Staff D reviewed the hospice notes and reported there was no documentation of the buttock wound. Staff D reported each time he/she visited Resident #4 was lying on his/her back. Staff D never observed Resident #4 on his/her side. An interview on 1/6/17 at 12:36 p.m. the Director of Nurses reported Staff B (Wound Nurse) is having a difficult time getting used to the facility documentation system and protocols. The DON reported the staff notify Staff B when they identify a wound. If Staff B is not in the facility the nurse notifies the physician and obtains an order for a treatment. Staff B does a separate skin assessment from the charge nurse. 4. According to the Admission Record dated 1/5/16, Resident #3 had an admission into the facility on 8/18/16 with diagnoses of lumbar discitis, osteomyelitis, difficulty walking, muscle weakness, diabetes, methicillin resistant staphylococcus aureus and peripheral vascular disease. The admission MDS assessment dated 8/25/16 revealed Resident #3 had no cognitive impairments. Resident #3 had total staff dependence for activities of daily living. The MDS assessment identified the resident at risk for pressure ulcers but had no pressure sores. The Care Plan dated 10/2/16 identified the resident had an actual skin breakdown and at risk for further			

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	breakdown due to decreased mobility and awareness. The interventions directed staff to use a heel riser, turn and reposition, educate and monitor with skin checks. The Braden Scale for Predicting Pressure Sore Risk Original sheet dated 8/25/16 revealed Resident #3 scored a "16". The sheet indicated a "16" as mild risk for pressure ulcers. The Progress Note late entry dated 9/16/16 at 11:22 a.m. identified a skin check performed and the staff found an open blister on the resident's right heel. Review of the September and October 2016 Treatment Record indicated the facility started a treatment to the right heel on 10/1/16 [14 days later]. The October 2016 Treatment Record directed the staff to cleanse the right heel with wound cleanser daily and apply a 4 X 4 gauze square and Kerlix [gauze roll]. The Skin Integrity Report indicated the facility had weekly skin assessments of the right heel starting 11/15/16 [2 months from identification]. The assessment dated 11/15/16, identified a Stage II pressure ulcer to the right heel. The area measured 3.5 centimeters (cm) length by 4.2 cm width by 0.3 cm depth. The heel had a moderate amount of serosanguinous (blood and serous) drainage. The Wound Clinic initial encounter dated 11/15/16 indicated an assessment of the right heel. The heel had a Stage IV pressure injury that measured 3.2 cm length x 4.8 cm width x 0.4 cm depth with			

Facility Administrator Date

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FC#6436				**Date: February 3, 2017**
St. Mary Healthcare and Rehab Center		**Survey dates: January 3-18,2017**		
800 E. Rusholme Street				
Davenport, Iowa 52803	**Ds/pc/kk**			
		Class	**Fine Amount**	**Correction Date**
	tendon and adipose tissue exposed. No signs or symptoms of infection present. A culture of the wound was obtained and the wound was debrided the note indicated the resident had a level 4 throbbing pain on a scale of 0-10. The resident stated the analgesics relieved the pain. The resident informed the clinic; she/he received a heel protector this morning from the facility. On 1/5/17 at 7:52 p.m. and 1/6/17 at 12:25 p.m. the Director of Nursing (DON) was interviewed and stated Staff C (Registered Nurse) noted Resident #1 had an open area on the heel on 9/16/16. Staff C did not complete a change of condition skin assessment. The DON reported Staff C did not contact the physician for a treatment. The DON reported a treatment was not started till 10/1/16. The DON reported the resident went to the hospital on 9/17/16 and returned on 9/21/16 and went to the hospital again on 9/24/16 and returned 9/30/16. The DON reported the treatment was overlooked when Resident #3 returned from the hospital on 9/21/16. The DON reported the facility did not initiate weekly skin assessments until 11/15/16. The DON reported Staff B began as wound nurse the second week of October 2016. The DON reported the staff received an order for Xerform, 4 by 4 and Kerlix daily on 10/1/16 and it was not transcribed on the Treatment Administration Record until 11/15/16. The Wound Clinic notes dated 1/3/17 indicated Resident #3 had a Stage IV pressure ulcer to the right heel. The area measured 3.5 cm length x 5.5			

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	cm width x 0.7 cm depth. The notes revealed tendon, bone and adipose exposed. On 1/4/17 at 6:58 a.m. Staff B was observed measuring the right heel pressure ulcer. Staff B incorrectly identified the ulcer as a Stage II. Staff B reported the heel measured 3.5 cm length x 5.0 cm width. Staff B did not measure the depth. The resident stated she/he obtained the wound from lying in bed here. The resident stated when first got here, she/he was in bed and could not move self in bed very well. On 1/17/16 at 2:22 p.m. the Medical Director was interviewed and stated on 10/25/16 to be the first time she had been informed of the heel pressure ulcer. The Medical Director stated this was the date of the order for Duoderm (moisture retentive dressing) to be placed on the heel. 5. According to the Admission Record dated 12/13/16, Resident #7 had an admission date of 12/13/16. admitted to the facility on 12/13/16. The admission MDS assessment, with a reference date of 12/21/16, identified Resident #7 had cognitive moderately impaired decision making. Resident #7 required extensive assistance of one staff with bed mobility and transfers. The MDS identified the resident had an unstageable pressure ulcer. The facility had pressure relieving devices for the chair and bed and had a turning/repositioning program. The resident received nutrition and hydration interventions to manage skin problems.			

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	The initial Plan of Care #2 dated 12/13/16, included and directed the staff to reposition if necessary every two hours, keep skin clean, dry and free of irritants and pressure relieving devices as ordered. The Progress Noted dated 12/14/16 at 5:54 p.m. revealed Staff B noted Resident #7 had a dark purple area on the sacrum that measured 1.8 centimeters (cm) length x 9.0 cm width. Resident #7 also had an area on the left heel 2.0 cm length x 1.0 cm width and 1.0 cm length x 1.0 cm width. Resident #7 had an area on the right that measured 1.3 cm length x 4.2 cm width. Dressings applied to all areas. The Hospice Skin assessment dated 12/17/16 identified Resident #7 had a coccyx wound that measured 10.5 (cm) length x 4.5 cm width. The assessment revealed the wound possibly a Kennedy ulcer (develops when nearing death and rapidly declines). A hydrocolloid dressing applied to the area. Resident #7 also had Stage II blisters to the left and right heel. A hydrocolloid dressing applied and heels elevated. Collaboration regarding the plan of care reviewed with Staff B at facility. The Hospice Physician Orders dated 12/17/16 identified a standing order for shallow dry wound to cleanse with wound cleanser and apply hydrocolloid dressing and change every 7 days until healed. Review of the December 2016 and January 2017 Treatment Records indicated Resident #7 had a			

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	treatment initiated to both heels and the coccyx on 1/4/17 (18 days from the hospice physician order). The Braden Scale for Predicting Pressure Sore assessment dated 12/20/16 indicated Resident #7 scored a "12". A score of 10 - 12 revealed a high risk for pressure ulcers. The Skin Pressure Ulcer assessment dated 12/14/16 at 11:00 a.m. revealed Staff B noted a untraceable deep tissue injury to the sacrum and heel. The Skin Integrity Report dated 12/14/16 revealed Resident #7 had a Stage II pressure ulcer to the sacrum that measured 1.8 centimeters (cm) length x 9.0 cm width. The Nursing Assessment - Initial (Admission) identified Resident #7 had a bruise to the right antecubital space and a bruise to the top of the right foot/ankle. On 1/11/17 at 12:37 p.m. Staff E (Licensed Practical Nurse) reported she admitted Resident #7 to the facility. Staff E completed Resident #7's admission nursing assessment within two hours of arrival to the facility. Staff E reported she checked Resident #7's coccyx and heels and did not note any issues. On 1/11/17 at 1:14 p.m. Staff D (Hospice Registered Nurse) was interviewed and stated she was present on admission. Staff D reported Resident #7 had a bruise on the coccyx that had the			

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St. Mary Healthcare and Rehab Center		**Survey dates: January 3-18,2017**		
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	shape of a butterfly. Staff D reported the area opened on 12/17/16 and hospice wrote a standing order for hydrocolloid dressing to change every 7 days. Hospice delivered the order to Staff B (Wound Nurse). Staff D reported Hospice does not recommend dry dressings. Staff D stated that hospice follows a written protocol for wound care. On 1/11/17 at 1:11 p.m. and 2:13 p.m. the Director of Nurses (DON) was interviewed and stated Resident #7 had all three areas on admission to the facility. The DON reported that hospice did not want any treatment to the areas. The DON stated the treatment on 12/17/16 did not get transcribed on the Treatment Record. The DON reported a treatment was not initiated until 1/4/17. The DON could not locate the order. The order was written on the Treatment Record by Staff B (Wound Nurse). The policy and procedures titled **Skin Integrity Management** identified the purpose is to provide safe and effective care to prevent reoccurrence of pressure ulcers, manage treatment and promote healing of all wounds. The policy directed the staff to review pre-admission information to plan for the resident's needs on admission, complete a comprehensive assessment on admission to the facility and complete a risk evaluation on admission and identify resident's skin integrity status and need for prevention intervention or treatment modalities through review of all appropriate assessment intervention The facility provided education to professional staff			

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Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

FC#6436				**Date: February 3, 2017**
St. Mary Healthcare and Rehab Center		**Survey dates: January 3-18,2017**		
800 E. Rusholme Street				
Davenport, Iowa 52803	**Ds/pc/kk**			
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	about wound management and prevention from 1/9/17 to 1/12/17. **FACILITY RESPONSE:**			

Facility Administrator Date

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