

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/02/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165209		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/18/2017	
NAME OF PROVIDER OR SUPPLIER SOUTHRIDGE SPECIALTY CARE				STREET ADDRESS, CITY, STATE, ZIP CODE 309 WEST MERLE HIBBS BOULEVARD MARSHALLTOWN, IA 50158			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
F 000	INITIAL COMMENTS			F 000			
	Correction date <u>6/11/17</u>						
	The following deficiencies relate to the facility's annual health survey. (See Code of Federal Regulations (42CFR) Part 483, Subpart B -C).						
	Facility reported incident #68140 was not substantiated.						
F 226 SS=D	483.12(b)(1)-(3), 483.95(c)(1)-(3) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES			F 226			
	483.12 (b) The facility must develop and implement written policies and procedures that:						
	(1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property,						
	(2) Establish policies and procedures to investigate any such allegations, and						
	(3) Include training as required at paragraph §483.95,						
	483.95 (c) Abuse, neglect, and exploitation. In addition to the freedom from abuse, neglect, and exploitation requirements in § 483.12, facilities must also provide training to their staff that at a minimum educates staff on-						
	(c)(1) Activities that constitute abuse, neglect, exploitation, and misappropriation of resident property as set forth at § 483.12.						

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

05/30/2017

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 226	Continued From page 1 (c)(2) Procedures for reporting incidents of abuse, neglect, exploitation, or the misappropriation of resident property (c)(3) Dementia management and resident abuse prevention. This REQUIREMENT is not met as evidenced by: Based on personnel record review, facility policy review and staff interview, the facility failed to ensure one of five staff files reviewed received mandatory 2 hour dependent adult abuse training within six months of hire date (Staff A). The facility census was 67 residents. Findings include: 1. Review of Staff A's personnel file revealed a hire date of 8/5/16, as a Certified Nurse Aide, CNA. The personnel file contained a certificate of completion for a program titled "Mandatory Reporter Training in Recognition and Reporting of Child and Dependent Adult Abuse" with no contact hours, dated 3/9/16. During interview on 5/16/17 at 10:20 a.m., the Business Office Manager acknowledged the training was a combined dependent adult/child course and was the only certificate the facility had on file. During interview on 5/18/17 at 10:17 a.m., the administrator acknowledged the combined dependent adult/child course did not meet the requirement for 2 hours of dependent adult abuse training. Review of a document titled "Abuse Training of Employees, with a revised dated May 2016,	F 226			

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F 226	Continued From page 2 revealed in part. "Staff Members ... Receive two (2) hours of mandatory reporter training related to the identification and reporting of Dependent Adult Abuse within six (6) months of initial hire date ..."	F 226			
F 314 SS=G	483.25(b)(1) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES (b) Skin Integrity - (1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interviews, the facility failed to develop interventions to prevent the development of pressure ulcers for 1 of 4 residents reviewed with pressure ulcers (Resident #9). The facility reported a census of 67 residents. Findings included: Resident #9 had a Minimum Data Set (MDS) assessment with a reference date of 3/17/17. The	F 314			

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F 314	Continued From page 3 MDS identified the resident had a BIMS (Brief Interview of Mental Status) score of 15. A score of 15 indicated the resident had no cognitive problems. The MDS indicated Resident #9 required extensive assistance of two or more staff persons with bed mobility, transfer, dressing, toilet use, and bathing. The MDS identified the resident had upper extremity range of motion impairment on one side, lower extremity impairment on one side, and used a wheelchair for mobility. The resident's diagnoses included hip fracture, atrial fibrillation (irregular heart beat disorder), heart failure, coronary artery disease, and diabetes mellitus. The MDS indicated the resident had no unhealed pressure ulcers, and not identified as at risk for developing. A Braden Scale for Prediction of Pressure Sore Risk completed on 3/11/17, documented the resident's score of 14 (error in addition and should be 16). A score of 16 indicated the resident to have a mild risk for the development of pressure ulcers. The MDS identified the following Stages of Pressure Ulcers. Stage I- An observable, pressure-related alteration of intact skin, whose indicators as compared to an adjacent or opposite area on the body may include changes in one or more of the following parameters: Skin temperatures (warmth or coldness); Tissue consistency (firm or boggy); Sensation (pain, itching); and/or A defined area of persistent redness in lightly pigmented skin, whereas in darker skin tones, the ulcer may appear with persistent red, blue, or	F 314			

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F 314	Continued From page 4 purple hues. Stage II -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. 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-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. A Care Plan identified a problem with an onset date of 3/11/17. The staff identified the resident to be a pressure ulcer risk related to dependence for transfers related to non-weight bearing (NWB) status. The approaches included and directed the staff to do the following: Staff to encourage resident to float left leg on a pillow while in bed or sitting in recliner, Apply treatments as ordered, Pressure relieving cushion used in wheelchair Pressure relieving mattress on the bed, Resident will sit in recliner during the day per request. An intervention added on 4/24/17 directed staff to apply heel protectors and [keep] on at all times.	F 314			

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F 314	Continued From page 5 On 3/18/17, an intervention of compression stockings on both lower extremities and off for bathing only (added under a risk for dehydration problem). A form titled, Wound/Skin Healing Record identified the following: Wound #1: On 4/2/17, staff first observed a dark pink area, intact, non-bleeding Stage I pressure ulcer on the right heel. The area measured 5.0 cm. (centimeter) by 5.0 cm. with a superficial depth. The heel protectors were added as a preventative measure. The nurse notified the physician. On 4/4/17, staff documented the area remained 5.0 cm. by 5.0 cm. On 4/11/17, the nurse documented the area as a Stage II open area and measured 1.0 cm. x [by] 1.0 cm. with a depth of 10.1 cm. The wound bed had granulation tissue, small amount of serous exudate, surrounding skin color pink and black. The nurse documented the surrounding tissue normal and no odor present. Preventive measures included Podus boots (to lift the heel and prevent pressure) at all times. On 4/18/17, the nurse documented the area as a Stage II, open area that measured 1.5 cm. x 1.0 cm. with a depth of 10.1 cm. The wound bed had granulation tissue, small amount of serous exudate, surrounding skin, pink and black in color. The nurse documented the surrounding tissue normal and no odor present. Preventative measures included Podus boots at all times and pressure reduction mattress.	F 314			

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F 314	Continued From page 6 On 4/25/17, the area was documented as a Stage III area that measured 3.0 cm. x 2.0 cm. with a depth of 10.1 cm. The nurse documented the wound bed slough, small amount of serous exudate, surrounding skin color pink and black, and surrounding tissue normal with maceration with no odor present. Preventative measures included Podus boots at all times and pressure reduction mattress. On 5/2/17, the area was documented as unstageable (unable to observe wound bed). The area measured 2.5 cm. x 2.0 cm. with slough, moderate amount of serous exudate, surrounding skin color pink and black without odor. Preventative measures included Podus boots at all times and pressure reduction mattress. On 5/9/17, the area was documented as an unstageable area that measured 2.0 cm. x 2.0 cm with wound bed slough and black/brown eschar present. The nurse documented a small amount of serous exudate, surrounding skin color pink and black and no odor present. Preventative measures included Podus boots at all times and pressure reduction mattress. On 5/16/17, the area continued to be unstageable that measured 1.5 cm. x 0.5 cm. with slough and granulation tissue, small amount of serous exudate, surrounding skin color pink and black. Preventative measures included Podus boots at all times and pressure reduction mattress. Wound #2: A Wound/Skin Healing Record, dated 5/2/17, documented an unstageable pressure ulcer on the end of the second toe, right foot measuring 1.0 cm. by 1.0 cm. The wound bed black, no exudate, surrounding skin color normal,	F 314			

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F 314	Continued From page 7 The resident had Podus boots, gauze between toes and a pressure relieving mattress. On 5/9/17, the area measured 1.0 cm. by 0.5 cm. unstageable, no exudate, surrounding skin color normal. The nurse notified the physician. Preventative measures did not change as above. On 5/16/17, the area measured 0.5 cm. by 0.4 cm. unstageable, wound bed black, no exudate, surrounding skin color normal. The preventative measures included Podus boots at all times and pull stockings off of toes. Wound #3: A Wound/Skin Healing Record dated 5/5/17, documented an unstageable pressure ulcer on the left great toe which measured 0.2 cm. by 0.2 cm. black eschar covering wound bed. The physician and dietician notified. On 5/9/17, the area measured 1.0 cm. by 1.5 cm. and remained unstageable due to wound bed black. On 5/16/17, the area measured 1.5 cm. by 1.5 cm. and unstageable. The preventive devices continue to be Podus boots at all times and for staff to pull stockings off of toes. Observations identified the following: On 5/16/17 at 7 a.m., Staff B, LPN (Licensed Practical Nurse/Wound Nurse) observed completing treatments to resident's pressure areas. The resident lay in bed positioned on back, blue Podus boots on both feet. The resident had a 1.5 cm. by 0.5 cm open area on the right heel. The nurse applied a treatment of calcium alginate. The area, measuring 1.5 cm. by 1.5 cm.	F 314			

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F 314	Continued From page 8 on the left great toe and the nurse swabbed the area with Betadine and left open to air [no dressing]. The pressure ulcer located on the right second toe measured 0.5 cm. by 0.4 cm. was also swabbed with Betadine and left open to air. The nurse placed gauze placed between great toe and second toe. During an observation of morning cares on 5/16/17 from 10:10 a.m. to 10:35 a.m., the staff transferred the resident a Hoyer lift from the bed to the toilet. While on the toilet, Staff C and Staff D, CNAs (certified nursing assistant) assisted the resident to dress. Staff C applied compression stockings to both feet. The staff transferred the resident to a recliner in his/her room. Observation at 10:10 a.m. on 5/17/17 identified the resident sitting in the wheelchair wearing non-skid socks. Podus boots were lying on the resident's bed. Observation at 10:50 a.m. on 5/17/17 identified the resident wearing compression stockings on both feet. On 5/16/17, at 7:05 a.m. Staff B, LPN/Wound Nurse, stated the cause of resident's open areas on both toes was thought to be the compression stockings being pulled up too tight and so they stopped using them until the toes heal. At 7:45 a.m., Staff A stated resident's supplement products had been discontinued as he/she didn't like them and refused to take them. Prostat was discontinued on 4/10/17 and Boost Breeze supplemental drink was discontinued on 4/14/17. During an interview with the Acting Director of Nursing, (ADON) at 10:10 a.m. on 5/17/17, stated the resident is to be wearing compression	F 314			

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F 314	Continued From page 9 stockings and they do not float the resident's heels off of the bed with pillows as he/she is to wear the Podus boots at all times which float the heels. During an interview with the ADON at 2:25 p.m., she stated they had gotten an order on this date to discontinue the compression stockings and elevation of the left leg as it was no longer needed. Stated she completed education with staff on following the care plan and if they are not to let someone know so they can get clarification on why not. At 3:20 p.m., the ADON and Consultant RN stated in an interview, the heel protectors/Podus boots were not initiated right away upon the resident's admission as they were already elevating the left leg on a pillow to decrease swelling so that heel was off of the bed. Staff B, LPN/Wound nurse stated during an interview on 5/18/17 at 9:35 a.m. the facility has standing orders for wounds that consist of the initiation of Vitamin C 500 milligrams (mg.) daily and Zinc 50 mg. daily. LPN stated she did not contact the physician with all wound deteriorations and did not notify the physician when the left heel area deteriorated on 4/18/17 and 4/25/17. The LPN stated all pressure areas were identified on the plan of care. Staff B stated the facility is working on getting an appointment with the Wound Care Specialist for further evaluation of the open areas on resident's toes. Staff B stated she did not notify the physician on 5/9/17 or 5/16/17 that the left great toe open area had worsened. During an interview on 5/18/17 at 11:45 a.m. the Nurse Practitioner stated she did not take over care at this facility until 5/8/17 but she would expect staff notify her of worsening wounds, increased size of wounds and for clarification of	F 314			

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F 314	Continued From page 10 orders regarding interventions the facility feels is impeding wound healing. The Nurse Practitioner stated she would have discontinued the compression stockings after the first wound developed.	F 314			
F 371 SS=E	483.60(i)(1)-(3) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY (i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. (i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. (i)(3) Have a policy regarding use and storage of foods brought to residents by family and other visitors to ensure safe and sanitary storage, handling, and consumption. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain clean and sanitary kitchen equipment. The facility census was 67 residents.	F 371			

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F 371	Continued From page 11 Findings include: 1. On 5/15/17 at 10:20 a.m., the following unsanitary conditions were identified: a. The 4 shelf stainless steel shelving unit had a green vinyl coating coming off exposing a brown like substance. b. The 4 sprinkler heads above the stove had a grayish substance hanging down. c. The gray microwave on a stainless steel cart had red, brown dried debris on the inside plastic cover. d. The stand up mixer on a stainless steel counter top had black, dark brown substance around the edges of the base. During interview on 5/16/17 at 12:16 p.m., the dietary manager confirmed the areas list above needed to be cleaned and stated they would add that to the cleaning schedule.	F 371			

Southridge Specialty Care
Survey Exit Date 5/18/2017

Preparation and/or execution of this plan of correction does not constitute admission or agreement by this provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of Correction is prepared and/or executed solely because it is required by the provisions of federal and/or state law.

F226 – All staff employed at Southridge Specialty Care will complete the 2 hour Dependent Adult abuse training within 6 months of employment. Business office manager has been re-educated to this requirement. The facility will perform monthly audits of recently hired staff to assure appropriate dependent adult abuse training has been completed. Ongoing monitoring will become part of facility QAPI process. This will be corrected by June 1, 2017.

F314 - All residents at Southridge Specialty Care will have interventions in place to prevent the development or worsening of pressure ulcers. Physician will be notified if a pressure area develops or deteriorates. Nursing staff, prior to working scheduled shift will be re-educated regarding pressure reduction standards and notification of Physician. The facility will assure pressure reduction interventions are in place every shift. Audits by QA team will be conducted daily. Ongoing monitoring will become part of the facility QAPI process. This will be corrected by May 30, 2017.

F371- Southridge Specialty Care will maintain clean and sanitary kitchen equipment. The 4 shelf stainless steel shelving unit has been replaced. The gray microwave and stand up mixer has been cleaned and sanitized. The sprinkler heads have been cleaned. Dietary staff will be re-educated to appropriate cleaning standards to be maintained daily. The facility will perform daily audits and ongoing monitoring will become part of the facility QAPI process. This will be corrected by June 1, 2017.