

**Iowa Department of Inspections and Appeals
Health Facilities Division
Citation**

Citation Number: 6565		Date: June 22, 2017		
Facility Name: Urbandale Health Care Center		Survey Dates: May 31, 2017 to June 8, 2017		
Facility Address/City/State/Zip 4614 NW 84th Street Urbandale, IA 50322-7307		HL		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

58.19(2)j	<p>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. 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) [ARC 1398C, IAB 4/2/14, effective 5/7/14; ARC 2560C, IAB 6/8/16, effective 7/13/16]</p> <p>DESCRIPTION:</p> <p>Based on observation, clinical record review, resident, staff and physician and wound care nurse interviews and facility policy review, the facility failed to provide timely resident assessments and interventions to maintain the resident's highest physical well being for 1 of 4 residents reviewed (Resident #3). The facility identified a census of 81 residents.</p> <p>Findings include:</p> <p>A Minimum Data Set (MDS) assessment form dated 3/28/17 indicated Resident #3 had diagnosis that included anemia, peripheral vascular disease (PVD), multi-drug resistant organisms, wound infection,</p>	I	\$8000.00 Held In Suspension	Upon Receipt
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Facility Administrator

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	<p>quadriplegia, abnormal posture, adult failure to thrive and chronic pain. The assessment revealed he/she scored 13 out of 15 on the Brief Interview for Mental Status (BIMS) indicating intact cognition. The MDS assessment revealed the resident as dependent on staff with bed mobility, with impairments on both sides of his/her upper and lower extremities, at risk for pressure ulcers and with 2 stage 3 pressure ulcers and 1 stage four and as not on a turning and repositioning program.</p> <p>A Care Plan initiated 12/11/16 indicated the resident had focus areas that included an activities of daily living (ADL) self care performance deficit and with impaired skin related to having been a quadriplegic, preferred to stay up in wheel chair all day, with a chronic stage 4 sacral/coccyx ulcer, a chronic stage 3 left ischial ulcer and left scapula ulcer and an unstageable right thumb wound with surgical repair. The approaches included the following:</p> <ul style="list-style-type: none"> a. Assistance of 2 staff with bed mobility. b. Administer treatments as ordered and monitor for effectiveness. c. Blue/green positioning pillow under the right arm when in bed. The Occupational Therapy (OT) would have liked the pillow placed at all times but the resident refused to use the pillow when up in the wheelchair. d. Encourage the resident to lay down between meals. 			
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	<p>Position side to side. No laying on his/her back when in bed as resident tolerated and allowed. Resident often had been non complaint and stayed up in the wheelchair for long periods of time and refused repositioning (revised 3/17/17).</p> <p>e. Padded mitt with velcro for positioning of the right arm when in the wheel chair.</p> <p>f. The resident required a pressure reducing mattress and wheel chair cushion.</p> <p>A Injury/Incident Report form dated 2/22/17 at 10 a.m. indicated the resident rubbed his/her right thumb on the call light multiple times and obtained an open area.</p> <p>Review of the facilities Progress Notes form dated 2/17/17 at 7:48 p.m. through 2/22/17 at 2:48 p.m. revealed no assessment of the resident's right thumb.</p> <p>Review of the facilities Progress Notes form dated 2/22/17 at 3:40 p.m., revealed the resident obtained an open area on his/her right thumb by rubbing the thumb on his/her call light and the Physician had been notified at that time. The documentation revealed no measurements or a thorough assessment of the wound.</p> <p>According to a N*Weekly Nursing Skin Assessments form dated 2/20/17 at 6 a.m., the facility staff observed a 3 centimeter (cm) x (by) 2 cm open area on the</p>			
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	<p>resident's right thumb.</p> <p>A Physician's Order form dated 2/23/17 at 4 p.m., revealed a Nurse Practitioner directed the staff the resident required assistance of staff with trimming of his/her finger nails.</p> <p>According to N-Non Pressure Wound Sheet forms the Resident had a right thumb ulcer that measured as follows:</p> <p>a. 2/28/17 - 2.0 cm x 2.8 cm, no depth, tunneling or undermining, a moderate amount of serosanguinous drainage, beefy red granulation and normal surrounding skin.</p> <p>b. 3/7 - 1.7 x 2.2 - no depth, tunneling or undermining, a moderate amount of serosanguinous drainage, beefy red granulation, epithelial cells filling in at the edges, and with the entire thumb as edematous.</p> <p>c. 3/14 - 1.8 x 2.2 - no depth, tunneling or undermining, a moderate amount of serosanguinous drainage, beefy red granulation and with the entire thumb as edematous.</p> <p>d. 3/20 - 2.0 x 2.9 - no depth, tunneling or undermining, a large amount of serous drainage, beefy red granulation and with the entire thumb as edematous.</p> <p>A History and Physical form dated 3/15/17 at 10 a.m.</p>			
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	<p>documented the resident's symptoms to his/her right thumb began on 2/20/17 with what had been then at an open wound the IP joint (end joint of the thumb) exposed and necrotic bone. The Physician discussed treatment options and the resident agreed to a partial amputation of the right thumb.</p> <p>An Operative Report form dated 3/21/17 indicated the Physician performed a right thumb amputation.</p> <p>A Pathology Report form dated 3/23/17 at 5:42 p.m. indicated the resident received a right thumb amputation with diagnosis that included the following:</p> <ul style="list-style-type: none"> a. A necrotic ulcer with underlying acute osteomyelitis. b. Excision margins grossly free of the ulcer. <p>During an interview 6/6/17 at 2:45 p.m., the resident indicated he/she received a skin tear while he/she used a call light and did not know it because he/she felt no pain and the next thing he/she knew the wound had been to the bone and the physician took of the thumb.</p> <p>During an interview 6/7/17 at 12:00 p.m., the resident stated in a way he/she had been upset about the amputation of the right thumb and in a way he/she had to accept it.</p> <p>During an interview 6/7/17 at 11:16 a.m., the Director of Nursing (DON) confirmed Staff A, Licensed Practical Nurse (LPN) observed the abrasion on the resident's</p>			
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	<p>right thumb on Friday 2/17/17, placed a Band-Aid to the site but failed to perform a nursing assessment of the area and/or report the area to any other staff member. On 2/22/17 the resident's granddaughter asked Staff B, LPN to change the dressing on the resident's thumb. The DON confirmed the first assessment had been performed on 2/22/17 with proper follow-up.</p> <p>During an interview 6/7/17 at 12:24 p.m., Staff A confirmed she could not remember the day but it had been a Friday when an aide told her the resident had blood on his/her shirt. The staff member assessed the resident and found a small, (as she pointed to the end of a pen which measured 0.4 and 1/2 cm) superficial skin tear with no drainage on the resident's anterior right thumb which she covered with a Band-Aid. The staff member stated she failed to assess the area and follow through per facility policy because she had been unaware of the policy. The staff member also confirmed she failed to report the incident to the next shift.</p> <p>During an interview 6/7/17 at 9:54 a.m., Staff B confirmed the resident's granddaughter found the bandage and requested she look at the area. The staff member felt there had been a white telfa pad that covered the area but really could not recall however she remembered there had been sanguineous drainage present, no treatment ordered for the area</p>			
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	<p>and she had been unaware who placed the bandage.</p> <p>During an interview 6/7/17 at 8:08 a.m., a Physician confirmed the following:</p> <p style="margin-left: 20px;">a. The resident had predisposing factors that may have contributed to the amputation such as contractures and his/her medical condition however, the facility staff should have assessed the area immediately and notified the office as a means to properly treat the area immediately</p> <p style="margin-left: 20px;">b. He/she had not been aware if the amputation could have been avoided however the resident would have had a better chance to save his/her thumb if assessed and treated when the area had been first observed.</p> <p>During an interview 6/8/17 at 12:44 p.m., a wound care nurse practitioner confirmed the following:</p> <p style="margin-left: 20px;">a. He/she would have expected staff to report the resident's skin tear to a Physician and/or himself/herself as the area may have started as a skin tear however over any bony prominence could change to pressure related. So, in light of the location and the resident's medical condition the area should have been reported. He/she had been unaware if it would have changed the outcome but at least there would have been eyes on the area.</p> <p style="margin-left: 20px;">b. The first time he/she observed the area had been on 2/23/17.</p> <p style="margin-left: 20px;">c. Any medical change with the resident warranted</p>			
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	<p>medical attention right away. d. He/she had been concerned because the resident's finger nails had been long, rough and jagged and with the resident's compromised medical condition and contractures that put him/her at risk for pressure related injuries.</p> <p>According the facilities Policy and Procedure Manual form dated 1/09, the purpose had been to assure each resident with a pressure ulcer/wound received the necessary treatment and services to promote healing, prevent infection and prevent new ulcers/wound from developing. The protocol included the following:</p> <p>a. An initial assessment would have been performed by a designated wound nurse at admission or if the ulcer/wound had not been present at admission, at the time of the discovery of the ulcer/wound. The assessment included the following:</p> <ol style="list-style-type: none"> 1. Type 2. Location 3. Peri-wound condition 4. Size <ol style="list-style-type: none"> i. Length ii. Width iii. Depth 5. Undermining 6. Sinus tracts 7. Tunneling 8. Exudates 9. Odor 			
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	10. Necrotic tissue 11. Pain 12. Presence or absence of granulation tissue and epithelialization. FACILITY RESPONSE:			
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58.19(2)b	<p>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)</p> <p>DESCRIPTION:</p> <p>Based on observation, clinical record review, resident, staff and physician interview, facility policy review, the facility failed to promote the healing of current pressure sores for 1 of 4 residents reviewed and failed to provide measures to reduce the potential for the development of additional or worsening pressure ulcers for 1 of 4 residents reviewed with pressure sores (Resident #3). The facility identified a census of 81 residents.</p> <p>Findings include:</p> <p>A Minimum Data Set (MDS) assessment form dated 3/28/17 indicated Resident #3 had diagnosis that included anemia, peripheral vascular disease (PVD), multi-drug resistant organisms, wound infection,</p>	I	\$2000.00 Held In Suspension	Upon Receipt
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	<p>quadriplegia, abnormal posture, adult failure to thrive and chronic pain. The assessment revealed he/she scored 13 out of 15 on the Brief Interview for Mental Status (BIMS) indicating intact cognition. The MDS assessment revealed the resident as dependent on staff with bed mobility, with impairments on both sides of his/her upper and lower extremities, at risk for pressure ulcers and with 2 stage 3 pressure ulcers and 1 stage four and as not on a turning and repositioning program.</p> <p>A Care Plan initiated 12/11/16 indicated the resident had focus areas that included an activities of daily living (ADL) self care performance deficit and with impaired skin related to having been a quadriplegic, preferred to stay up in wheelchair all day, with a chronic stage 4 sacral/coccyx ulcer, a chronic stage 3 left ischial ulcer and left scapula ulcer and an unstageable right thumb wound with surgical repair. The approaches included the following:</p> <ul style="list-style-type: none"> a. Assistance of 2 staff with bed mobility. b. Administer treatments as ordered and monitor for effectiveness. c. Blue/green positioning pillow under the right arm when in bed. Occupational Therapy (OT) would have liked the pillow placed at all times but the resident refused to use the pillow when up in the wheel chair. d. Encourage the resident to lay down between meals. Position side to side. No laying on his/her back when in bed as resident tolerated and allowed. Resident 			
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	<p>often had been non complaint and stayed up in the wheel chair for long periods of time and refused repositioning (revised 3/17/17). e. Padded mitt with velcro for positioning of the right arm when in the wheel chair. The resident required a pressure reducing mattress and wheel chair cushion.</p> <p>A Weekly Wound Assessment MGM form from a previous facility dated 11/29/17 indicated the resident's wounds measured as follows:</p> <p>a. Left gluteal fold - 2 centimeters (cm) x (by) 0.5 cm and 1.3 cm deep, erythema, maceration, no tunneling or undermining and a small amount of serosanguinous drainage. b. Coccyx - 5 cm x 3 cm and 2 cm deep, 1.0 cm undermining at 2 o'clock and 0.5 cm at 5 o'clock, no tunneling or exudate.</p> <p>A N-Nursing Admission Assessment - V 1 form dated 12/7/16 indicated the resident had a coccyx and left buttock wound area that required an assessment by the Nurse Practitioner or the wound care nurse.</p> <p>Review of the facilities Progress Notes dated 12/7/17 at 8:40 p.m. failed to reveal an assessment of the resident's coccyx and/or left buttock ulcerated areas.</p>			
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	<p>Review of the facilities N-Pressure Ulcer Wound Sheet - V2 forms revealed the following:</p> <p>a. 12/12/16 at 6:30 a.m. - A left ischial ulcerated area that measured 2.5 cm x 1.0 cm and 1.8 cm deep, tunneling at 1.8 cm in the crevice of the wound, a moderate amount of serosanguinous drainage, no tissue description and normal surrounding skin.</p> <p>b. 12/12/16 at 6:30 a.m. - A coccyx ulcerated area that measured 6.0 cm x 2.5 cm and 2.2 cm deep, undermining 1.0 cm along all edges of the wound, a moderate amount of serosanguinous drainage, no tissue description and normal surrounding skin.</p> <p>During an interview 6/6/17 at 3:30 p.m., the Director of Nursing (DON) confirmed there had been no admission nursing assessment of the resident's ulcerated areas and she would have expected the staff to assess the areas if not that day the next day.</p> <p>A Physician's Order form dated 2/23/17 at 4 p.m., revealed a Nurse Practitioner directed the staff the resident required rest periods in bed 1-2 times daily.</p> <p>During an interview 6/6/17 at 2:45 p.m., the resident stated some of the night shift staff only repositioned him/her every 3 to 4 hours and he/she wanted repositioned more often at times. The resident</p>			
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	<p>indicated he/she called out for staff assistance as he/she had been unable to use the call light however, there had been times no staff responded and he/she had not been on a routine repositioning program.</p> <p>During an interview 6/7/17 at 12:00 p.m., the resident stated the repositioning at night remained a problem up until last night because he/she received a new call light. The resident confirmed there had been times he/she refused to be repositioned in bed because he/she had been comfortable however, there had also been times there had been only 1 staff member who worked at night on his/her hallway and one person could not reposition him/her up in bed and get a pillow properly behind the back so repositioning had not occurred on those nights.</p> <p>During an interview 6/7/17 at 3:18 p.m., the resident stated he/she allowed the facility staff to reposition him/her in the wheelchair in fact he/she had been the one that asked the staff to pull him/her back in the wheelchair.</p> <p>During an interview 6/8/17 at 8:08 a.m., a Physician confirmed he/she expected staff to reposition the resident as needed (PRN) when in bed and certainly upon the resident's request. The Physician also confirmed staff should have properly assessed the resident's ulcerated areas upon admission to the facility</p>			
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	<p>especially with his/her compromised medical condition.</p> <p>During an interview 6/8/17 at 12:44 p.m., a wound care nurse practitioner confirmed the following:</p> <ul style="list-style-type: none"> a. He/she expected staff to reposition the resident every 2 hours even if the resident had been positioned on the alternating air flow mattress. b. He/she confirmed there had been times the resident refused to go to bed during the day however, the staff should have still repositioned him/her in the wheelchair and/or shift positions. c. Any medical change warranted medical attention right away for the resident. d. He/she had been concerned related to the resident's compromised medical condition and contractures long finger nails put him/her at risk for pressure related injuries. <p>According the facilities Policy and Procedure Manual form dated 1/09, the purpose had been to assure each resident with a pressure ulcer/wound received the necessary treatment and services to promote healing, prevent infection and prevent new ulcers/wound from developing. The protocol included the following:</p> <ul style="list-style-type: none"> a. An initial assessment would have been performed by a designated wound nurse at admission or if the ulcer/wound had not been present at admission, at the time of the discovery of the ulcer/wound. The assessment included the following: 			
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	<ol style="list-style-type: none"> 1. Type 2. Location 3. Peri-wound condition 4. Size <ol style="list-style-type: none"> i. Length ii. Width iii. Depth 5. Undermining 6. Sinus tracts 7. Tunneling 8. Exudates 9. Odor 10. Necrotic tissue 11. Pain 12. Presence or absence of granulation tissue and epithelialization. <p>FACILITY RESPONSE:</p>			
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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 (2015).