

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

AMENDED ON 10/30/17 with fine held in suspension and payment of \$3,900 returned due to CMP issuance

Citation Number:6577		Date: July 14, 2017	
Facility Name: Atlantic Specialty		Survey Dates: June 22-28, 2017	
Facility Address/City/State/Zip 1300 E. 19 th street Atlantic, Iowa 50022		DS	
Rule or Code Section	Nature of Violation	Class	Fine Amount
			Correction date

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. <i>b.</i> 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, record review, interviews with staff, family and a wound care nurse and review of the facility policy and procedures, the facility failed to promote healing of a pressure sore 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 #5). The facility identified a census of 75 residents.</p> <p>Findings include:</p> <p>Resident #5 had a Minimum Data Set (MDS) assessment with a reference date of 4/5/17. The MDS indicated Resident #5 had diagnosis that</p>	I	\$4000 Held in Suspension	Upon Receipt
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Facility Administrator

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	<p>included diabetes mellitus (DM), hemiplegia or hemiparesis and with multiple sclerosis (MS). The assessment indicated the resident had a Brief Interview for Mental Status (BIMS) score of 15. A score of 15 identified no problems with cognition. The MDS indicated the resident required extensive assistance of staff with bed mobility, transfers and personal hygiene and did not ambulate. The assessment indicated the resident had a bladder indwelling catheter, occasionally incontinent of bowels and at risk for pressure ulcers. The resident had no current ulcer areas and the resident did not have a turning/repositioning program.</p> <p>A Care Plan dated 4/19/17 indicated the resident had problems that included a chronic excoriation to his/her buttock area and at risk for other skin breakdown because of limited mobility and required assistance with his/her activities of daily living (ADL's) because of limited mobility from a diagnosis of MS. The approaches included the following:</p> <ul style="list-style-type: none"> a. I liked to sleep in my recliner, but I had a bed in my room that may have been used for repositioning. b. I had a pressure reduction cushion on my bed and in my wheel chair (w/c). c. I liked to sit in my recliner after lunch. 			
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	<p>d. ROHO cushion to the recliner. e. I required 2 staff assistance to reposition frequently. f. I used adaptive devices per physical therapy (PT) and occupational therapy (OT) recommendations.</p> <p>Review of Non-Pressure Skin Condition Report forms revealed the following documentation as dated:</p> <p>Right buttock: On 4/26/17 – area closed On 5/3/17 - closed On 5/10/17 - closed On 5/17/17 - closed On 5/24/17 - 2.0 centimeters (cm) by (x) 2.0 cm, superficial depth, no exudate, tunneling or odor, wound bed with epithelial and granulation tissue and pink surrounding skin and normal surrounding wound edges. On 5/31/17 - 0.3 cm x 0.3 cm, superficial depth, no exudate, tunneling or odor, wound bed with granulation tissue and pink surrounding skin and normal surrounding wound edges. On 6/7 - 2.6 cm x 2.4 cm, superficial depth, no exudate, tunneling or odor, wound bed with epithelial and granulation tissue and pink surrounding skin and normal surrounding wound edges.</p>			
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	<p>On 6/14/17- 13.0 cm x 7.4 cm, superficial depth, a small amount of serosanguinous (blood and serum) exudate, no tunneling or odor, wound bed with epithelial and granulation tissue and pink surrounding skin and normal surrounding wound edges.</p> <p><u>Left buttock:</u></p> <p>On 5/24/17- 2.2 cm x 2.0 cm, superficial depth, no exudate, tunneling or odor, wound bed with epithelial and granulation tissue and pink surrounding skin and normal surrounding wound edges.</p> <p>On 5/31 - 1.7 cm x 0.4 cm, superficial depth, no exudate, tunneling or odor, wound bed with granulation tissue and pink surrounding skin and normal surrounding wound edges.</p> <p>On 6/7 - 2.8 cm x 1.0 cm, superficial depth, no exudate, tunneling or odor, wound bed with granulation tissue and pink surrounding skin and normal surrounding wound edges.</p> <p>On 6/14 - 8.0 cm x 3.5 cm, superficial depth, a small amount of serosanguinous exudate, no tunneling or odor, wound bed with granulation tissue with pink surrounding skin and normal surrounding wound edges.</p> <p>Review of a Wound Care Consult note dated 6/19/17 at 11 a.m. included the following</p>			
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	<p>documentation:</p> <p>The resident had a 13 cm x 13 cm unstageable pressure ulcer on his/her sacrum with the right side having had the most involvement of necrotic tissue. There had been more superficial open areas on the periphery but the 13 cm measured the entire area involved. Staff reported the ulcer area came on very quickly.</p> <p>The patient reported he/she sat in his/her chair much of the time and slept in his/her recliner. The resident had a ROHO cushion in both of the chairs; however, the ROHO cushion in the recliner had been flat in the back right corner of the cushion. Staff reported the cushion flat for a while.</p> <p>Review of a Wound Care Consult note dated 6/19/17 from 11:15 a.m. until 12:00 p.m. included the following documentation:</p> <p>The wound care nurse consulted with 2 physicians upon her/his return to the hospital. One physician felt the resident needed a gastrointestinal and plastic surgery consult but it had been more than he wanted to take on due to the possible involvement of the rectal mucosa. The wound care nurse then spoke with another physician who felt the resident needed a</p>			
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	<p>specialist to take care of the issue and felt the patient should have been brought to the emergency room at the local hospital in preparation for a transfer to a larger facility.</p> <p>An Emergency Physician Documentation form dated 6/19/17 at 1:52 p.m. included the following documentation: A 65 year old male/female presented to the emergency department (ED) day with a large decubitus ulcer on the buttocks and the perit rectal area. He/she stated that area had gone from a small area of breakdown to the large area of breakdown in about a week. Apparently the area healed up and doing well prior. Not only had there been breakdown of the skin surrounding the rectal area, there appeared to have been involvement of the rectal mucosa as it almost looked like the anus and rectum had been dissected away from the surrounding tissue. Due to his/her MS he/she had been confined to a wheelchair. He/she slept in a recliner at night. The resident also had a ROHO cushion present in both of the chairs but 1 had been partially deflated.</p> <p>A wound assessment in the ED dated 6/19/17 at 1:12 p.m. included the following documentation: A necrotic pressure ulcer that measured 13 cm x 13 cm, depth at full thickness and a scant amount of yellow/tan drainage.</p>			
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	<p>The MDS described pressure sores as the following:</p> <p>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.</p> <p>Stage II is 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.</p> <p>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.</p> <p>Stage IV is 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.</p> <p>During an interview on 6/23/17 at 12 p.m., the wound care nurse confirmed the following: The wound care nurse received a call on 6/19/17 and reported the resident had a black area on</p>			
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	<p>his/her bottom so she asked the staff to lay the resident down. She arrived at the facility, observed the large, black eschar covered wound and felt the area significant and she knew she could not treat the area. The nurse took a picture to show the physicians at the hospital. She then returned to the hospital and consulted with physicians who both agreed the resident needed to have been treated. It was determined the pressure areas could have started 10 days to 2 weeks prior. The wound nurse stated the area had been avoidable as she thought the deflated ROHO cushion caused the injury. She indicated where the right posterior portion of the ROHO cushion had been deflated caused a ridge which resulted in the tissue damage to the anal area and the increase in size of the pressure area. Because of the resident's neuropathy related to the MS, the resident had a decline in pain receptors at the site so the facility should have intervened.</p> <p>During an interview 6/27/17 at 2:30 p.m., the Administrator, Director of Nursing (DON), Corporate Nurse Consultant and Staff A, Registered Nurse (RN) conducted a re-enactment of positioning on a ROHO cushion with a deflated right posterior quadrant at which time the Corporate Nurse Consultant felt the pressure would have been on the resident's left buttock not</p>			
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	<p>the right.</p> <p>During an interview 6/27/17 at 2:34 p.m., the wound care nurse confirmed she did not agree with the facilities theory because the resident would have been leaning towards the right side and sitting funny with his/her left side up and right side down which would have caused pressure on the sacral area. The wound care nurse reiterated the cause of the deterioration in the pressure ulcer area had been caused from the deflated ROHO cushion.</p> <p>During an interview 6/28/17 at 11:16 a.m., a Physician confirmed if the wound care nurse stated the cause of the pressure ulcer had been from the deflated ROHO cushion she believed what she said as the wound care nurse had been right on it and she trusted her judgement.</p> <p>During an interview on 6/23/17 at 11:05 a.m., the DON stated the resident frequently requested the Physical Therapist Assistant (PTA) to check and inflate his/her ROHO cushion in the wheelchair but not the recliner.</p> <p>During an interview 6/27/17 at 1:29 p.m., the Occupational Therapist (OT) confirmed she had not checked the inflation rates on the ROHO cushions utilized in the facility and that it had been the nursing departments responsibility.</p>			
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	<p>During an interview 6/27/17 at 12:35 p.m., the PTA confirmed the resident had gone into the therapy room when he/she felt the ROHO cushion in his/her wheelchair had been getting low and he inflated the device, however, he never checked the ROHO in the resident's recliner and had not known he/she had one.</p> <p>The ROHO group shape fitting technology form (not dated) identified "Caution" areas as follows:</p> <p>a. Deflation: Failure by you to protect cushion or misuse of the cushion could have caused loss of air and resulted in bottoming out and/or pressure sores if not immediately fixed.</p> <p>b. Bottoming out: Failure by you to determine if any part of the individual had been touching the cushion base (too much air released) would decrease therapeutic value of the cushion and could have caused pressure sores. The product must have been adjusted to 1/2 inch (1 cm) of air laid between the support surface and lowest bony prominence.</p> <p>According to a Pressure Ulcer Skin Assessments form dated January 2015, the purpose included the following:</p> <p style="padding-left: 40px;">a. To promote the healing of pressure ulcers.</p>			
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	FACILITY RESPONSE:			
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58.28(3)e	<p>481—58.28(135C) Safety. The licensee of a nursing facility shall be responsible for the provision and Maintenance of a safe environment for residents and personnel. (III) 58.28(3) Resident safety. e. Each resident shall receive adequate supervision to protect against hazards from self, others, or elements in the environment. (I, II, III)</p> <p>DESCRIPTION:</p> <p>Based on observation, record review, resident and staff interviews and review of the policy and procedures, the facility failed to transfer Resident #1 in a safe and secure manner and failed to protect against hazards in the environment which resulted in multiple skin tears and bruising. The sample consisted of 4 residents and the facility reported a census of 75 residents. The Care Card directed the staff to use a Hoyer (mechanical) lift and 2 staff members to transfer the resident. The facility staff member manually lifted the resident from the wheelchair and the resident became uncooperative and obtained skin tears and bruising on the bed side rails of the bed.</p> <p>Findings include:</p>	I	\$2,000 Held in Suspension	Upon Receipt
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	<p>Resident #1 had a Minimum Data Set (MDS) assessment with a reference date of 4/19/17. The assessment identified the resident had diagnosis that included muscle weakness, difficulty walking and dysphonia (difficulty speaking due to a physical disorder). The assessment indicated the resident had a Brief Interview for Mental Status (BIMS) score of 5. A score of 5 indicated the resident had a severe cognitive impairment. The MDS indicated the resident required extensive assistance of 2 staff members with transfers and did not ambulate.</p> <p>A Care Plan dated 2/15/17 identified the resident at risk for falls. The approaches included the following:</p> <p>The resident required 2 staff to assist with transfers. The resident uses a Hoyer lift (mechanical left) device as needed (PRN).</p> <p>On 6/22/17 (time unknown), observation identified a Care Card hanging in the resident's closet in his/her room. The documentation on the card identified the resident required a Hoyer lift for transfers and the assistance of 2 staff members.</p> <p>An Incident/Accident/Unusual Occurrences Form dated 6/8/17 at 9 p.m. documented the resident was raised with a Hoyer lift device but when the</p>			
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<p>device stopped, he/she started to kick and fight (per the Certified Nursing Assistant (CNA). This resulted in 2 skin tears to the right knee and U shaped. One measured 1 centimeters (cm) X (by) 3.5 cm and the other 1 cm x 6 cm. On 6/9/17 (time unknown) the Assistant Director of Nursing (ADON) spoke with Staff B, CNA who stated the resident was fine until he/she began lifted up in the Hoyer lift. The resident then started freaking out, yelling and flailing his/her arms and kicking his/her legs. The staff member was positioned behind the resident and then went to the side to try and provide safety to the resident. The resident was laid in bed and staff noticed the skin tear to the right knee. The staff indicated the skin tear was from falling.</p> <p>During an interview 6/22/17 at 12:36 p.m., Staff B, CNA confirmed he self transferred the resident independently from the wheel chair (w/c) to the bed without the use of a Hoyer lift device. The staff member stated as he started to transfer the resident, he/she became uncooperative and tried to kick him but ultimately ended up kicking the side rail on the bed which caused the skin tears to the right knee. The resident began to yell help so Staff C entered the room and assisted to position the resident in bed. Staff B stated he was informed the resident utilized a Hoyer lift device PRN and otherwise the resident required 2</p>				
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	<p>person staff assistance with transfers.</p> <p>During an interview on 6/22/17 at 3:25 p.m., Staff C, CNA confirmed she heard the resident yelling for help so she opened the resident's door and observed Staff B as he self transferred the resident to bed without the use of a Hoyer lift device. When the resident observed Staff C he/she kept saying help me, help me. Staff C placed her hands under the resident's thighs and calves as Staff B supported the resident's upper body and positioned the resident in bed at which time she noticed 3 skin tears on the resident's right knee. The staff member confirmed the resident had been strictly a Hoyer lift with all transfers.</p> <p>During an interview on 6/22/17 at 3:25 p.m., Staff C, CNA confirmed the resident as strictly a Hoyer lift for all transfers.</p> <p>During an interview on 6/28/17 at 1:18 p.m., Staff D, CNA confirmed the resident required a Hoyer lift for all transfers.</p> <p>During an interview on 6/28/17 at 4:23 p.m., Staff E, CNA confirmed the resident required a Hoyer lift for all transfers.</p> <p>Review of Non-Pressure Skin Condition Report</p>			
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	<p>forms identified the following documentation as dated:</p> <p>On 6/8/17- A skin tear on the resident's right knee measured 6 cm, with no depth, a scant amount of serosanguinous drainage, no odor, normal skin in the wound bed and normal surrounding skin and wound edges.</p> <p>On 6/8/17- A skin tear on the resident's right knee that measured 3.5 cm, with no depth, a scant amount of serosanguinous drainage, no odor, normal skin in the wound bed and normal surrounding skin and wound edges.</p> <p>On 6/9/17- A skin tear on the resident's right middle knee that measured 2.5 cm x 0.1 cm, with no depth, no drainage, no odor, bruised surrounding skin and peripheral tissue edema on the wound edges.</p> <p>On 6/9/17- A bruise on the resident's left inner forearm measured 7.8 cm x 8.6 cm, with no depth, drainage or odor and normal surrounding skin and wound edges.</p> <p>On 6/9/17- a bruise on the resident's left upper arm measured 5.4 cm x 4.1 cm, with no depth, drainage or odor and normal surrounding skin and wound edges.</p>			
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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**

AMENDED ON 10/30/17 with fine held in suspension and payment of \$3,900 returned due to CMP issuance

Citation Number: 6577	Date: July 14, 2017		
Facility Name: Atlantic Specialty	Survey Dates: June 22-28, 2017		
Facility Address/City/State/Zip 1300 E. 19 th street Atlantic, Iowa 50022	DS		
Rule or Code Section	Nature of Violation	Class	Fine Amount
			Correction date

	<p>On 6/9/17- A bruise on the resident's left inner wrist measured 1.6 cm x 4.0 cm, with no depth, drainage or odor and normal surrounding skin and wound edges.</p> <p>On 6/12/17- A bruise on the resident's left shin measured 20.6 cm x 25.2 cm, with no depth, drainage or odor and normal surrounding skin and wound edges.</p> <p>On 6/12/17 - A bruise on the resident's right upper arm that measured 1.9 cm x 3.9 cm, with no depth, drainage or odor and normal wound bed, surrounding skin and wound edges.</p> <p>On 6/12/17- A bruise on the resident's posterior upper right leg that measured 5.9 cm x 0.8 cm, with no depth, drainage or odor and normal wound bed, surrounding skin and wound edges.</p> <p>On 6/12/17- A bruise on the resident's right shin that measured 10.5 cm x 4.3 cm, with no depth, drainage or odor and normal wound bed, surrounding skin and wound edges.</p> <p>On 6/12/17- A bruise on the resident's right lower wrist measured 3.9 x 3.9 cm, with no depth, drainage or odor and normal wound bed, surrounding skin and wound edges.</p>			
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Facility Administrator

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

AMENDED ON 10/30/17 with fine held in suspension and payment of \$3,900 returned due to CMP issuance

Citation Number: 6577	Date: July 14, 2017		
Facility Name: Atlantic Specialty	Fine amount reduced by 35% to \$3,900.00 total on August 1, 2017 pursuant to Iowa Code Section 135C.43A	Survey Dates: June 22-28, 2017	
Facility Address/City/State/Zip 1300 E. 19 th street Atlantic, Iowa 50022	DS		
Rule or Code Section	Nature of Violation	Class	Fine Amount
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	<p>During an interview on 6/28/17 at 12:45 p.m., the Director of Nursing (DON) confirmed she felt all bruising from 6/9/17 and 6/12/17 had been a result of the staff member self transferring the resident on 6/8/17.</p> <p>The facility policy and procedures titled <u>Lift – Mechanical</u>, dated January 2015, the purpose of the mechanical lift is to provide a safe transfer for non-ambulatory residents.</p> <p>FACILITY RESPONSE:</p>			
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Facility Administrator

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