Citation Number: 6586		Amended on 7/31/17. ds	Date: July 27, 2017		
Facility Name	: Caza DePaz		Survey l	Dates: June 14-J	luly 12, 2017
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Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date
58.19(2)b	residents. The resident facility shall provide, a required nursing served direction of qualified recoverage as set forth 58.19(2) Medication as b. Provision of the apport of wounds, including healing, prevent infection developing; (I,II) DESCRIPTION: Based on observation review and review of the facility failed to as pressure ulcers received and prevent for 5 of 5 residents re #11, #13 and #16). The folionistic facility failed to as pressure ulcers received and prevent for 5 of 5 residents. Findings include: 1. Resident #7 had a assessment with a resident for the facility failed to as pressure ulcers received and prevent for the facility failed to as pressure ulcers received and prevent for the facility failed to as pressure ulcers received and failed and	in these rules: and treatment. propriate care and treatment pressure sores, to promote stion, and prevent new sores . n, staff interviews, record the policy and procedures, sure all residents with we appropriate care and	I	\$8,000 (Held in suspension)	Upon Receipt

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Facility Administrator

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 lowa Code section 135C.43A (2013).

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	x City, Iowa 51103 Ule or Code Nature of Violation				Page 2 of

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Date

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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 lowa Code section 135C.43A (2013).

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Facility Administrator

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Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date
	x 5 cm x 2.0 cm with a drainage with tissue to and wound bed color odor. On 5/10/17-full thickness to compare the full thickness wound with the serosanguinous drain bed that is red in color. The next assessment full thickness wound with thickness wound with the serosanguinous drain bed red in color with the serosanguinous drain bed red in color with the serosanguinous drain bed red in color with the Skin Grid for Prethe following measure area: On 5/3/17-full thickness cm x 6.0 cm x 1.8 cm yellow drainage with general transports.	age with granular wound in with no odor. I dated 6/2/17 documented a which measured 23.5 cm x moderate amount of lage with a granular wound no odor. These wound measuring 14 m moderate amount of lage with a granular wound mage with a granular wound			

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	in color with no odor				
		granular and slough tissue base that is red and yellow			

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		DS				
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Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date
	6/15/17 documented measures 7.7 cm x 12 ischial ulcer measure with a small secondar cm x 1.8 cm x 01. cm measured 7.7 cm x 4 documented all areas and there were some were small and debried. The hospital Progress documented the residentified positive for staphylococcus group species. The resident's clinical clinic documentation obtained wound clinic 5/11/17, 5/25/17 and The Treatment Admir June, 2017 directed is sacrum/coccyx, butto saline, and apply Dak cover with gauze and and to cleanse the rigulcers with normal sa	s Notes dated 6/15/17 dent's wound culture proteus mirabilis, b B and Corynebacterium I record contained no wound since 4/27/17. The surveyor b Progress Notes dated 6/15/17. histration Record (TAR) for			

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Facility Addre	ss/City/State/Zip				
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Sioux City, Iov	va 51103	DS			
Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date
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	2121 W. 19 th Street Sioux City, Iowa 51103 Rule or Code Nature of Violation				Page 9 of

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 lowa Code section 135C.43A (2013).

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Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date	
	whether or not gloves blood body fluid contaminated items excretions secretions 2. Wash hands promafter gloves removed between resident/paties indicated to avoid to other resident/paties between tasks and president/patient to predifferent body sites Gloves 3. Apply clean gloves membranes or non-ind. change gloves between the same resident material that may confide microorganisms 5. remove gloves produching non-contaminaterial microorganisms	are worn: aptly: ient contact transfer of microorganisms ent or environments rocedures on the same event cross-contamination of as before touching mucous atact skin ween tasks and procedures /patient after contact with atain high concentration of comptly after use, before inated items and e, and before going to				

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	when he did not do th	nem.			
	resident stated his/he get done 2 times a da The resident stated s wound care doctor eathe doctor has said he as ordered. Review of the June, 2 resident's sacral/cocc signed off as complet 6/13 and in the morni 2. Resident #11 had of 4/26/17. The MDS diagnoses that includ diabetes mellitus, and and chronic obstructive disease). The MDS in BIMs score of 15. As cognitive problems. A resident required extermobility, locomotion, dependence with trarethe resident had 1 un present upon admissingurers. The resident	a MDS with a reference date identified the resident had ed neurogenic bladder, kiety disorder, depression we pulmonary disease (lung dentified the resident had a score of 15 represented no according to the MDS the ensive assistance with bed dressing, toilet use and total asfers. The MDS identified stageable pressure area ion and had diabetic foot			Page 14 of A

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 lowa Code section 135C.43A (2013).

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	hydration intervention The Care Plan dated encourage and assist repositioning while in Monitor/document lookin injury and report heal, signs/symptoms to the physician. Preswheel chair. Review of the History indicated the resident diabetic ulcer and christ hospital record identif MRSA. Review of the Order I through 6/30/17 indicated the resident diabetic ulcer and christ hospital record identif MRSA. Cleanse sacrublot dry, then into opening a gauze to creat type dressing, wound care.	•			

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	ulcer with wet plain, dress w Change daily: Review of the Skin Gridentified a Stage III of present on admission wound documented a On 5/3/17-1.5 cm by Tunneling 11 o'clock of On 5/10/17-1.5 cm by Tunneling 11 o'clock of On 6/2/17 1.3 cm by Tunneling 11 o'clock of Tunneling 11 o'clock of Tunneling 11 o'clock of The facility failed to a on a weekly basis. Review of the TAR darevealed the following completed: Coccyx wound cleans pack tunneling with gabacitracin. Cover with	The measurements for the is follows: 1.3 cm with depth of 2 cm. to 2 o'clock 4.7 cm 7.1.3 cm with depth of 3 cm. 6.5 cm to 2 o'clock 7 cm. 7.6.6 cm with depth of 3.7 cm.			

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Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date
			<u> </u>	<u> </u>	
	PM. Left heel cleanse with normal saline, apply betadine, non-adherent dressing and wrap with Karli 2 times a day and as needed. 6/6 AM 6/7 AM 6/9 AM & PM, 6/10 AM 6/13 PM and 6/15 AM & PM. Observation on 6/30/17 at 3:35 PM identified the acting DON (Director of Nursing) complete wound care for the resident. The wounds measured with the following results: Left heel ulcer-5.4 cm by 4.8 cm and depth 1.4 cm				
	moist tissue surround cm. During an interview wat 1:30 PM, she state times no dressing wawounds. Staff J state to get out of bed if no Staff J stated she tells dressing is present as she could not comple	with 4 by 6 cm macerated ling wound and depth 2.2 with Staff J, CNA on 6/22/17 and there had been several sepresent on the resident's and the resident did not want dressing was on wound. It is the nurses when no and Staff D, RN has told her to it and did not have time.			

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	resident's room and it allow the dressing ch do treatments until af passed [administered During an interview w 6/27/17 at 8:45 AM sl dressings were found always changed. The resident did develop a the foot. Some of the changes are done an 3. According to the M #13 had diagnoses the vascular disease, hypand depression. The had a BIMs score of cognition. According required extensive as transfers, dressing ar the MDS the resident and 2 venous and an MDS identified the rereducing device for cl device for bed, applice	with the resident's family on the/he stated the resident's at to not be in place and not be family member stated the can infection in the wound on nurses ensure the dressing discome refuse to do it. IDS dated 2/23/17 Resident that included peripheral pertension, hyperlipidemia MDS identified the resident at the MDS the resident the tothe MDS the resident the sistance with bed mobility, and toilet use. According to the MDS the resident to the MDS the resident the sistance with bed mobility, and toilet use. According to the MDS the resident required pressure ulcer arterial ulcer present. The sident required pressure thair, pressure reducing the redication and applications			Page 18 of 4

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Date

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Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date
	acquired 1/17/17 meadepth of 0.2 cm. The wound as a Stage III and a medium amour and serous fluid) red bed had granulation (tissue in the amount and red, pink, friable size (small) with 1-33 tissue). The note incluacquired 12/15/16 to wound measured 0.6 cm classified as a State Review of the Skin G 5/10/17 revealed the with the following mean on 5/10/17 0.6 cm by and granulation tissue pink. On. 6/1/17 6.5 cm by serosangoiness drain On 6/14/17 7.4 cm by serosangouness drain pink wound bed. Review of the Skin G Impairments dated 5/10/17 means a stage of the Skin G Impairments dated 5/10/17 means a stage III and a medium amount and serous fill a stage III and a	rid for Pressure Ulcers dated left heel had pressure areas asurements: v 0.3 cm with no drainage e present and would bed 2.5 cm with minimal rage and pink wound bed. v 4.5 cm with minimal rage, granulation tissue and			Page 20 of 48

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	drainage. On 5/10/17- 0.5 cm b had no drainage. On 6/1/17- 1 cm by 0 scant amount serous pink. On 6/14/17- 0.7 cm b drainage and wound Review of the Skin G Impairments dated 5/calcaneus wound ide following measureme On 5/3/17 4.4 cm by moderate serous san slough and red/yellow On 5/10/17- 4.2 by 1. serosanguinous drain pink wound bed. On. 6/1/17 4.5 cm by serosanguinous drain pink wound bed. On 6/14/17 4.5 cm by drainage, tissue and vassessed.	0.5 cm with depth 0.2 cm no y 0.3 cm with depth 0.1 cm .5 cm with depth 0.2 cm, drainage and wound bed y 0.7 cm no depth, serous bed pink. rid for Other Skin 3/17 identified the right ntified on 1/17/17 had the nts: 1.5 cm with 0.2 depth had guineous drainage and y wound bed. 3 with depth 0.1 moderate rage with granulation and 1.6 cm moderate amount rage with granulation and y 2 cm and no depth. wound bed color not			

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Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date
	The document failed impairment and failed impairment and failed Review of the Wound document dated 5/10 the left and right heel cleanse the wounds very Dakin's 0.125% and of tape. The order for the included a treatment of times a day. Review of the Physici 6/14/17 indicated the must be changed dail revealed the order for Santyl and cover with foot included to apply 3rd and 4th webspace with Betadine daily, a 3rd and 4th toe and control Review of the Wound dated 6/21/17 includer right and left heel and Santyl, apply Dakin 0 then ABD dressing ar	I to complete weekly. I Clinic Patient Instructions /17 identified an order for and left lateral foot to with normal saline, apply cover with gauze, kling and e 3rd and 4th web space of Betadine (antiseptic) 2 I an Clinic Sheet dated order for the foot dressings ly. The Patient Instructions or right and left heel apply white foam. The left lateral Dakin's 0.125%. The left e included the order to paint pply white foam between the			Page 22 of

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Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date
	an order to cleanse the heel with normal salin soaked gauze, 4 by 4 a day. The TAR also cleanse the left 3rd an normal saline and appropriate treatment not do 6:00 AM-5/20, 5/23-5/12, 5/17, 5/20, 5/23 The TAR also identificate the left heel with normal soaked gauze 2 times sleep) The treatment following: a. AM-5/20, 5/23-5/26 b. Hour of sleep-5/23 The TAR dated 6/1/11 the order for the left a 6/22/17: cleanse with then cover with foam gauze, Kling and taped. The left lateral foot or directed to cleanse with the soaked to cleanse with the soaked salies and taped.	and 4th toe web spaces with ply Betadine 2 times a day. Cumented on the following: /26, 5/28-5/31/17. 2:00 PM-1, 5/24, 5/26 and 5/31/17. Bed the order to cleanse the saline, apply Dakin's 0.125% is a day. (AM and hour of not documented on the saline on the saline of not documented on the saline of saline, apply Santyl dressing and cover with edaily. Solution of the saline of saline			Page 23 of 4 8

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Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date
	S, RN completed a wresident's pressure ure wound measured 1.5 calcaneus measured lateral heel measured cleansed the left lateral saline. She applied a 4 by 4 inched Dakin's and ABD drecleansed the right calcansed the right calcansed the right calcansed the right calcansed dressing. She dressing and Kerlix. Scart. On 6/23/17 at 1:30 printerviewed and state not been completed 2 the wound clinic wrote The dressing change The resident stated the changed on Friday, Second Monday until a nurse	ral wound and left heel with oplied Santyl with a gloved all wound and used the same Santyl to the left heel. She gauze square soaked with ssing and Kling. She leaneus wound with normal to the wound and a Daking then applied an ABD She disinfected the treatment am., Resident #13 was ad the wound treatment had a times a day as ordered and the the facility a note about it. It is are now 1 time a day.			Page 24 of 48

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Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date
	did oomo to the recess	and abanasa the disease of	1		
	after he/she asked.	and changes the dressings			
	on 7/5/17 at 8:00 AM wound on the left calc from 2.35 cm by 1.2 cd. 4.8 cm by 0.4 cm. The ordered treatment and been potentially prevention of the properties of the resistant and has no family 4. Resident #8 had a of 4/21/17. The MDS diagnoses that include hypertension (elevated pneumonia (lung inferdiabetes mellitus, and pulmonary disease (legidentified the resident score of 11 represent moderate cognitive in MDS the resident required with bed mobility, dredependence with transport the resident had impalable to the resident had impalable t	ed blood pressure), ction), septicemia (infection), d chronic obstructive ung condition). The MDS had a BIMs score of 11. A led the resident had a pairment. According to the uired extensive assistance ssing, toilet use and total afters. The MDS identified airments on both sides of the cording to the MDS the of developing pressure ulcers			Page 25 of 48

. ..9. _-

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	assessment.				
	The Care Plan dated 4/11/17 directed staff to monitor/document location, size and treatment of skin injury and report abnormalities, failure to heal, signs/symptoms of infection and maceration. The Care Plan also directed staff to use a pressure reduction cushion to the wheelchair and an air mattress to the bed. Staff also directed to assist the resident with repositioning frequently throughout each shift and as needed and to provide treatments per physician orders.				
	5/30/17, directed the change 3 times a wee	ian Telephone Order dated nurse to apply Mepilex and ek and as needed every and Friday to the left heel			
	5/18/17, indicated the by 4 cm blister intact Review of the Skin G	rid for Pressure Ulcers dated back left heel with 8.5 cm and dark purple in color. rid for Pressure Ulcers dated outer left heel with 9 cm by d dark purple in color.			
	T, RN and Staff L, LP	17 at 8:05 PM revealed Staff N completed wound care for heel measured 6 cm by 7.3			

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Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date
	During an interview won 7/5/17 at 8:00 AM family report several treated per physician ensured the treatment stated some residents speak for them. 5. Resident #16 had date of 6/13/17. The had diagnosis which indicated no continuous content in the MDS, the resident with bed mobility, transport with bed mobility, transport identified the resident reducing device for clost dressing to feet with medications. The Care Plan dated	with the Wound Clinic ARNP In the stated the resident had times the wound care not its order. The advocate its completed. He further is did not have advocates to its did not have advocat			

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2121 W. 19 th Stro Sioux City, Iowa		DS			
Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date
	skin impairment or woo Review of the Braden indicated the resident development of press Review of the hospital indicated a soft tissue metatarsal joint. There loss density) and appochange within the 1st behind the big toe), so impression included for destruction in the 1st consistent with osteon Review of the Hospital (physician orders) data following wounds: Ulceration to the med granular base with no such as drainage, pur lymphangitis, probing	Scale dated 6/12/17 at low risk for the sure ulcers. Il x-ray report dated 6/1/17 ulcer medial to the 1st e is focal osteopenia (bone arent mild destructive metatarsal head (bone uggesting osteomyelitis. The ocal osteopenia mild metatarsal head, a finding myelitis (bone infection). Il Podiatry Consult ted 6/2/17 identified the ial hind foot completely acute signs of infection rulence, cellulitis, ascending, tracking or undermining. ridement, the ulceration by 0.1 cm. The area ssure.			Page 28 of 48

Facility Administrator

Facility Administrator

Date

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Facility Name	: Caza DePaz		Survey I	Dates: June 14-July 12, 2017		
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2121 W. 19 th S Sioux City, lov		DS				
Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date	
	tissue prior to debride signs of infection note the ulceration measu. The area identified et thickness ulceration for the right 1st metata foot bandaged with B ace bandage. The resoperative shoe at all the dressings are to be commanner. The note directly defice, 1 week after directly defined aily: a. Betadine to both ulb. Cover with 4 by 4 [c. Wrap with ACE wrap with ACE wrap and age to tight) Review of the TAR darevealed the order for the right foot 1 time directly and the right foot 1 time directl	Summary Report dated 7 revealed the order for ections to right foot wounds 1 decrations on right foot. Idea of the foot bandage to tight). Idea bandage. (do not leated 6/1/19 through 6/30/17 or wound care to wounds on aily:			Page 29 of 48	

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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 lowa Code section 135C.43A (2013).

Date

Facility Administrator

Citation Number: 6586		Amended on 7/31/17. ds		Date: J	uly 27, 2017
Facility Name: Caza DePaz			Survey	Dates: June 14-J	uly 12, 2017
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2121 W. 19 th S Sioux City, Io		DS			
Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date
	and documented com 6/14/17. Review of the Progres 9:23 PM revealed door no skin issues noted ace wrap on it from the 7:13 AM the resident per his/her request. During an interview was 2:40 PM he stated the further stated he never remembered. The resident per his/her stated he never remembered. The resident per his/her stated he never remembered. The resident per his/her stated the further stated he never remembered. The resident per his/her stated he never remembered. The resident per his/her stated the stated to the stated the stat	ctive on the TAR on 6/12/17 inpleted on 6/13/17 and inside the second of 6/13/17 at cumentation the resident had except the right foot had an ine hospital. On 6/16/17 at discharged home with family with Staff C, RN on 6/20/17 at it areas had hard eschar. He is areas had hard eschar. He is aw open wounds that he is ident had orders for wrap ok it off and looked at it he it ted it somewhere. With the DON on 6/8/17 at the medical record did not of the wound on the right with the Physician on 6/20/17 at the resident had a recent			

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Facility Administrator

Date

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Facility Addre	ss/City/State/Zip				
2121 W. 19 th S	treet				
Sioux City, lov	va 51103	DS			
Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date
	told them they forgot	according to the facility they to write down the time. He ident at risk for amputation. SE:			
					Page 31 of 4
 Faci	lity Administrator	D	ate		

Citation Number: 6586		Amended on 7/31/17. ds		Date: .	July 27, 2017
Facility Name	: Caza DePaz		Survey I	Dates: June 14-	July 12, 2017
	ss/City/State/Zip				
2121 W. 19 th S Sioux City, lov		DS			
Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date
58.19(2)j	residents. The resident facility shall provide following required in 24-hour direction of ancillary coverage as 58.19(2) Medication as i. Provision of accurating intervention for all residuerse symptoms with mental, emotional, or DESCRIPTION: Based on record revireview of the policy as failed to assure timely intervention for residence condition for 3 of 22 (Resident #3, #15, #1 census of 56 resident Findings include: 1. Resident #3 had as assessment with a resident for the MDS identified the that included anemia gastroesophageal refine in the MDS identified the that included anemia gastroesophageal refine in the MDS identified the that included anemia gastroesophageal refine in the MDS identified the that included anemia gastroesophageal refine in the MDS identified the that included anemia gastroesophageal refine in the MDS identified the that included anemia gastroesophageal refine in the MDS identified the that included anemia gastroesophageal refine in the MDS identified the that included anemia gastroesophageal refine in the MDS identified the matter in the MDS identified the that included anemia gastroesophageal refine in the MDS identified the matter in the MD	te assessment and timely sidents who have an onset of hich represent a change in physical condition. (I, II, III) ew, staff interviews and and procedures, the facility assessment and ents with adverse changes of residents reviewed 7). The facility identified a res. Minimum Data Set (MDS) ference date of 4/20/17. The resident had diagnoses	I	\$3,000 Held in suspension	Upon Receipt

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Facility Administrator Date

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	ess/City/State/Zip					
		DS				
Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date	
	le or One Nature of Violation				Page 33 of	

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 lowa Code section 135C.43A (2013).

Date

Facility Administrator

Citation Number: 6586		Amended on 7/31/17. ds		Date: J	uly 27, 2017	
Facility Name	: Caza DePaz		Survey I	l urvey Dates: June 14-July 12, 201		
	ss/City/State/Zip					
2121 W. 19 th S Sioux City, lov		DS				
Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date	
	RN, on 5/13/17 at 9:1 resident's medication in the shift. The resident's bowel the resident had a lar 5/13/17 at 9:59 PM The Progress Notes on 5/14/17 at 5:02 AN pale in color, warm to confusion and weakn temperature recorded blood pressure 140/4 resident's abdomen whowel sounds sluggist complained of pain in notified the physician send the resident to the emergent ambulance at 5:40 AM. The After Visit Summa documented the diagolife-threatening conditions body's response to in own tissue and organ urinary tract infection	d at 101.4 degrees, pulse 90, 0 and blood sugar 430. The was firm and distended with the abdomen. Staff H and received an order to he emergency room by non. The resident left the facility				

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Facility Administrator

Date

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2121 W. 19 th Street Sioux City, Iowa 5 ^r		DS			
Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date
ret Du sta res se sta ac sta ga Du sta vo se oc be be res as res as un loc mo ap	turned to the facility uring interview on 6, ated he did not know sident to the hospita and the resident if votated he believed he knowledged he did ated the resident hastrointestinal bleed uring interview on 6, ated she did not knowledged he did ated the resident to the curred. She did how ated after Staff C and the resident to the cause she knew the fore she came on a sident had vomited sess the resident usident to the hospital sistants (CNA's) did usual with the resident in on the	/20/17 at 2:35 PM Staff C w why he did not send the al after he had the order to miting continued. He assessed the resident but not document it. Staff C ad a history of ing. /22/17 at 9:40 AM Staff H bw that the resident had had obtained the order to he hospital if vomiting ld the resident's medications at she had vomited the day duty. Staff C told her the several times but did not ntil right before she sent the al as the certified nursing d not report anything dent. Staff H stated she lent while passing early and noted the s/he did not			
		ated 6/2015 directed the			Page 35 of

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Facility Administrator

Date

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Facility Name:	: Caza DePaz		Survey Dates: June 14-July 12, 20		
Facility Addre	ss/City/State/Zip		_		
2121 W. 19 th S Sioux City, lov		DS			
Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date
	identify and manage experiencing a change observation and comidentifying changes in requires further investigation. Daily observation including the participation in daily rephysical assessment respiratory, mental stabehavior mobility comfort level response to medication. Clinical care manage assessment, evaluating clinical condition and resident/patients and parties. Procedure: 1. Assess the residents	munication is important in a resident/patient that tigation. ludes but is not limited to outines (i.e. cardiovascular, atus, neurological) ons ment includes routine on, response to changes in communication with /or families/responsible ont/patient clinical status addition is identified. This			Page 36 of 4 8

Facility Administrator Date

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Facility Address/City/State/Zip 2121 W. 19 th Street			-		
Sioux City, lov		DS			
Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date
	including but not limite primary diagnosis and lab work medication changes changes in nutritional advanced directives allergies 4. contact the physic and information about condition. Document response in the reside Initiate any new physics. Document on the Collection Tool. 6. Document resident location on the 24 horizontal primary diagnostics.	nt/patient medical record ed to: d medical history status ian and provide clinical data the resident/patient notification and physician ent/patient medical record. ician orders. Change of Condition Data at/patient condition and ur report.			

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Date

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	ess/City/State/Zip		_		
2121 W. 19 th S Sioux City, lo		DS			
Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date
	Condition Data Collectindicated. 2. Complete evaluation change of condition. may include, but are Abdominal pain, discrabdominal palpation, description of vomit/or blood. The Progress Notes of RN, on 6/1/17 at 21:11 the resident vomited no other emesis this contained no assessing regarding the episor The Progress Notes of dated 6/2/17 at 13:55 resident had an extra emesis and a large some resident's temper pulse 96, respirations 148/80 and the reside blood glucose measure physician and sent the 5:35 AM. the Progress	omfort, distension to assess bowel sounds, quantity and liarrhea, hemocult if possible entry competed by Staff G, 9 (9:19 PM) documented up all medications but had shift. The clinical recordment of the resident by Staff			

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Date

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2121 W. 19 th S Sioux City, lov		DS				
Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date	
	gastrointestinal bleed to the facility on 6/6/1 The Progress Notes of licensed practical nurstaffing agency, on 6/1 documented the residence bowel sounds progress Notes of Staff P, RN from a term of 6/15/17 at 8:41 AM descripted to her the residence sit (indicative of Staff P held the residence sit (indicative of Staff P held the residence to the resident of the resident with abdominal palpathe resident to be seen the Progress Notes on 6/15/17 at 5:52 PN readmitted to the facing diagnosis of gastroint During an interview of the progress of the Progress Notes on 6/15/17 at 5:52 PN readmitted to the facing diagnosis of gastroint During an interview of the facing the progress of the progress of gastroint puring an interview of the facing th	entry completed by Staff O, se(LPN) from a temporary /12/17 at 12:56 PM dent assessed and noted to resent in all 4 abdominal dominal distension. entry dated completed by emporary staffing agency, on ocumented the night nurse sident had a coffee-ground gastrointestinal bleeding). ent's morning dose of aspirint aff P assessed the resident of the heart rate elevated at a complained of tenderness tion. The physician ordered en in the emergency room.				

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Facility Administrator

Date

Facility Name: Caza Facility Address/Cit 2121 W. 19 th Street Sioux City, Iowa 51 th Rule or Code	ty/State/Zip		Survey D	ates: June 14-Ju	uly 12, 2017
2121 W. 19 th Street Sioux City, Iowa 51 th Rule or Code			-		
Sioux City, Iowa 51 ² Rule or Code	103				
Code		DS			
Section	Natur	e of Violation	Class	Fine Amount	Correction date
before what were registre report to the resistre report conduction assets to the resistre report to the resistre report registre report registre report registre registration registration registre registration reg	ore her shift ended at time it would han to the resident's istered nurse, was facility. She did not because it worted it to Staff P (and the content of the	ee-ground emesis right don 6/15/17, but not sure we been. Staff O stated she room and Staff D, already there so she left not chart anything on the as time for her to go, but registered nurse-agency). Itaff on 6/24/17 at 7:00 PM on vacation and not able to be no documented D or Staff P on 6/15/17 prior bital. In MDS with a reference MDS identified the resident ocluded a fracture and curological disorder). The sident had a BIMs score of presented no cognition g to the MDS, the resident esistance with bed mobility, all hygiene and total ensers and toilet use. So, the resident had no the application of ointments			Page 40 of 4

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).

Date

Facility Administrator

Citation Number: 6586		Amended on 7/31/17. ds		Date: J	uly 27, 2017
Facility Name:	Caza DePaz		Survey	Dates: June 14-J	uly 12, 2017
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Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date
	monitor residents skir showers and update residents skin integrit also directed staff to passessments per faci. Review of the Physici 5/4/17 identified the resurgical wound. Review of the Skin G Impairments dated 4/1eg surgical wound hameasurements: a. 4/26/17 - 1.4 cm by moderate drainage and b. 5/3/17 - 2.2 cm by amount yellow drainac. 5/10/17 - 2.0 cm by clear drainage and yed. 6/1/17 - 2.3 cm by with yellow wound be e. 6/14/17 - 2.2 cm by The facility failed to a weekly basis. Review of the Physici revealed the following	lity policy. Ian Visit document dated esident had a non- healing rid for All Other Skin 26/17 revealed a lower right ad the following I 1.0 cm by 0.3 cm had and yellow bed wound. I.4 cm by 2.2 cm scant ge and yellow wound bed I.2 cm by 2.2 cm scant ellow wound bed. I.5 cm scant clear drainage d. I.1 cm wound. Issess the wound on a			

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Facility Administrator

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 lowa Code section 135C.43A (2013).

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Facility Name: Caza DePaz			Survey I	Dates: June 14-J	uly 12, 2017
Facility Addre	ss/City/State/Zip				
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Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date
	y, Iowa 51103 DS Nature of Violation				Page 42 of 48

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Facility Administrator

Date

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Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date
	included diabetes me bladder, hyponatremi identified the resident The score of 13 represimpairments. According required extensive as transfers, dressing an identified the resident present and required application of ointmer The Care Plan dated administer treatments clinic orders. Review of the Braden revealed the resident development of pressimples. Review of the Hospita 5/22/17 revealed the ulcer of the left foot in removal of external fit osteomyelitis. Orders a. right foot wound carold dressing. Clean wasaline. Pat dry with sti	ing to the MDS, the resident is istance with bed mobility, and toilet use. The MDS is had surgical wounds surgical wound care and into and dressings to the feet. 5/16/17, directed staff to is per physician and/or wound in Scale dated 4/21/17 at low risk for the sure ulcers. al Visit Summary dated resident admit on 5/16/17 for incision and drainage and exator on 5/18/17 and			Page 43 of

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 lowa Code section 135C.43A (2013).

Date

Facility Administrator

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	ess/City/State/Zip				
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Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date
	dressing loosens or be 1) cleanse area with 12) cover the area with 12) cover the area with 12) cover the area with 15. Vancomycin HCL (15. Sodium chloride 15. Vancomycin HCL (15. Sodium chloride 15. Vancomycin HCL (15. Sodium chloride 15. Vancomycin to 15. Vancomyci to 15. Vanco	normal saline and pat dry. Mepilex foam with border. antibiotic) 1000 mg and mg IV (intravenous) daily an Verbal Orders dated order to cleanse the left and normal saline, apply nt, cover with non-adherent with king and ace wraps daily e dated 6/15/17 revealed the ngs intact and call office if es. Left heel-leave dressing nge right heel dressing. Summary Report dated order for Vancomycin HCL use 1 gram intravenously meropenem solution intravenously every 12			

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Facility Addre	ess/City/State/Zip				
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Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date
	by 4's, ABD, Kerlix ar Review of the Physici revealed the order for sorbart to left heel an daily and as needed. 5th toe and deep dress Review of the Skin G Impairments revealed measurements: a. identified 5/22/17 5 cm by 1 cm; 6/14/17-b. diabetic ulcer night 0.3 cm scabbed; 5/14 scabbed. c. lateral right foot opem depth 0.5 cm. 6/14 cm. d. left lateral distal legom by 0.8 cm,5/30/17 by 0.9 cm scabbed. c. left medial foot at g site: 5/22/17-5.2 by 2 cm by 2.8 cm by 1 cm d. left Achilles tendon cm by 4 cm, 6/14/17-	If the following wound If the following wound If the toe right foot: 5/14/17- 1 If cm by 1 cm. If great toe: 5/3/17- 0.8 cm by 4/17- 0.6 cm 0.3 cm If the following wound If the following wound			

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Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date
	2.0 cm by 0.6 cm. f. right Achilles: 5/3/1 5/30/17- 5 cm by 2 cr g. left foot bottom- 5/3 5/21/17- 14 cm by 11 cm, 6/14/17- not mean entire bottom of foot of the control o	n, 6/14/17- 4 cm by 2 cm. 3/17, 12 by 11 cm by 0.2 cm, cm, 5/30/17- 15 cm by 12 sured and wound covered with granulation present. dressings from 5/6/17 ated 5/1/17 through 5/31/17 g orders not documented as etadine soaked 4 by 4. Cover ich ace to foot and 6 inch to 5/4 & 5/5/17. dine soaked 4 by 4's, ABD, nee daily. 4 inch ace to foot up to knee: 5/4 & 5/5/17. st thigh every other day and area with normal saline and with Mepilex foam with			Page 46 of 48

Facility Advisorable

Facility Administrator

Date

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Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date
	revealed the following completed: a. left & right heel: Sa Sorbact to left heel. Cas needed. Wrap with wrap: 6/1, 6/3 and 6/5 b. right foot, 5th digit 6/1, 6/3, 6/9 and 6/17 c. left posterior thigh and pat dry, cover are border every other da 6/12, 6/16/17. d. Mupirocin ointment topical 2 times a day: 6/6/17. 10:00 PM-6/1/17. to left heel. e. Continue to change facility. Cleanse, applicated and ace wrap daily and 6/17/17. Review of the Progre 3:28 PM revealed the van from the physicial change the foot dress	Cover with nuprilix daily and not have some some substitution of the cover with ace apply Betadine to toe daily:			Page 47 of 4 8

J

Facility Administrator

Date

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2121 W. 19 th S Sioux City, lov	treet va 51103	DS				
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	FACILITY RESPONSE					
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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 (2013).

Date

Facility Administrator