

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

Citation Number: 6678		Date: October 26, 2017		
Good Samaritan-Red Oak		Survey Dates: October 9-12, 2017		
201 Alix Ave. Red Oak, Iowa 51566	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:</p> <p>58.19(2) Medication and treatment.</p> <p>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, staff interviews, review of records and the facility policy and procedures, the facility failed to prevent an avoidable suspected deep tissue injury wound on the heel (Resident #4). The sample consisted of 2 residents and the facility reported a census of 51 residents.</p> <p>Findings include:</p> <p>1. Resident #4 had a quarterly Minimum Data Set (MDS) assessment with a reference date of 5/3/17. The MDS identified the resident had diagnosis including hip fracture, non-Alzheimer's dementia, anxiety, and depression. The MDS indicated the resident scored a 1 out of 15 on the Brief Interview for Mental Status (BIMS). A score</p>	I	\$2,000 Held in suspension	Upon Receipt

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Facility Administrator

Date

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	<p>of 1 identified the resident had a severe cognitive impairment. The MDS indicated the resident required extensive assistance of 2 staff members for bed mobility, and depended upon 2 staff members for transfers and toilet use. The MDS identified the resident at risk for pressure ulcers and had no pressure ulcers. The MDS indicated the resident used a pressure reducing device on the chair and bed. The MDS indicated the resident weighed 97 pounds.</p> <p>The Care Plan identified a focus area with activities of daily living (ADL) self-care performance deficit related to a hip fracture manifested by the resident required total care dated 7/31/14.</p> <p>The Care Plan indicated the resident's ADL preferences dated 6/30/17 included to be put back in bed after meals and [for staff] to turn [the resident] every 2 hours. The intervention on 8/10/17 identified the resident as totally dependent on staff to provide repositioning and turn in bed. The resident is totally dependent on staff for toilet use and is incontinent of bowel. The resident had a bladder indwelling catheter. The Care Plan intervention revision date of 5/26/15 indicated the resident required weight bearing support of 2 staff members with a full body lift.</p>			
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<p>The Care Plan identified a focus area with the potential for pressure ulcer development related to immobility dated 8/28/14. The Care plan directed the staff to turn/reposition the resident at least every 2 hours while in bed, use pillows to ensure proper body alignment, and reposition with 2 people and lifter, and initiated on 6/30/17. Another intervention initiated on 4/13/15 and revised on 8/9/17 directed a pressure relieving/reducing device air mattress on bed and cushion in wheelchair and recliner. The intervention for heel protectors were initiated on 8/9/17. The intervention initiated on 4/13/15 and revised on 6/30/17 and 8/9/17 directed staff to return the resident to bed after meals and turn every 2 hours.</p> <p>The Braden Scale for Predicting Pressure Sore Risk dated 4/26/17 revealed a score of seventeen indicating the resident at risk for skin break down.</p> <p>The Braden Scale for Predicting Pressure Sore Risk dated 7/26/17 revealed a score of seventeen indicating the resident at risk for skin break down.</p> <p>A Progress Note dated 7/20/17 revealed staff noted a 1.5 centimeter (cm) x 1 cm purple area on the left lateral heel. No open areas noted on heels. No erythema noted on periwound (around the wound) skin. Heel protectors applied to</p>				

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	<p>bilateral heels to off load heels off bed. Air mattress on bed.</p> <p>A document titled fax communication to physician dated 7/20/17, noted a 1.5 centimeter (cm) x 1 cm purple area on the left medial heel. No open area noted on heel or erythema. Air mattress on bed, heel protects bilateral heels to off load heels, may we apply skin prep to area twice a day (BID) and Arginaid 1 package by mouth BID. The physician responded yes to the above order request on 7/20/17.</p> <p>A document titled Wound Data Collection identified the following measurements:</p> <p>On 7/20/17, revealed a suspected deep tissue injury (SDTI) to the left lateral heel that measured 1.5 cm x 1 cm.</p> <p>On 7/25/17, revealed a SDTI to the left heel that measured 1 cm x 1 cm and 1 cm redness around purple area.</p> <p>On 7/27/17, revealed a SDTI to the left heel that measured 1 cm x 1 cm, unable to determine depth. 1 cm x 1 cm purple area with 1 cm x 1 cm light redness around purple.</p> <p>On 7/28/17, revealed a SDTI to the left heel that</p>			
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	<p>measured 1 cm x 1 cm, soft purple area in center with 1 cm x 1 cm redness around wound.</p> <p>On 8/3/17, revealed a SDTI to the left heel that measured 1 cm x 1 cm. 1 cm x 1 cm purple area with 1 cm x 1 cm purple/red area around center.</p> <p>8/8/17 revealed a SDTI to the left heel that measured 1 cm x 1 cm. 1 cm x 1 cm dark purple area on left heel with 1 cm x 1 cm purple/red around the center.</p> <p>On 8/13/17, revealed a SDTI to the left heel that measured 1 cm x 1 cm.</p> <p>On 8/15/17, revealed a SDTI to the left heel, area now calloused and measured 2 cm x 2 cm and area dark brown in color and 100 % eschar (dark and leathery, consisting of dead cells).</p> <p>On 8/18/17, a SDTI to the left heel measured 2 cm x 2 cm and area now a soft, partially calloused area.</p> <p>On 8/21/17, revealed a SDTI to the left heel and the area now calloused and measured 2 cm x 2 cm with 100% eschar.</p> <p>On 8/25/17, revealed a SDTI to the left heel that measured 2 cm x 2 cm with 100% eschar.</p>			

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	<p>On 8/29/17, revealed a SDTI to the left heel that measured 2 cm x 2 cm with 100% eschar.</p> <p>On 9/2/17, revealed a left heel intact with eschar and no measurements documented.</p> <p>On 9/5/17, revealed a SDTI to the left heel, area now calloused and measured 1.3 cm x 1.3 cm with a 100% eschar.</p> <p>On 9/8/17, revealed a SDTI to the left heel that measured 1.2 cm x 1.2 cm with 100% eschar.</p> <p>On 9/13/17, revealed a SDTI to the left heel that measured 1 cm x 1 cm calloused area.</p> <p>On 9/15/17, identified a SDTI to the left heel that measured 1 cm x 1 cm calloused and stable with 100% eschar.</p> <p>On 9/17/17, the left heel has half black eschar and half red healing.</p> <p>On 9/18/17, revealed a SDTI to the left heel that measured 1 cm x 1 cm calloused area with 100% eschar.</p> <p>On 9/23/17, revealed a SDTI to the left heel that measured 1 cm x 1 cm calloused area with 100% eschar.</p>			

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	<p>On 9/28/17, revealed a SDTI to the left heel that measured 1 cm x 1 cm stable callous.</p> <p>On 10/4/17, revealed a SDTI to the left heel, area light brown, stable callous that measured 0.5 cm x 0.5 cm.</p> <p>On 10/9/17, revealed a SDTI to the left heel which measured 0.5 cm x 0.5 cm calloused area.</p> <p>On 10/10/17 at 6:45 a.m., observation identified the resident had an approximate 1 cm (centimeters) x [by]1 cm callous on the left heel.</p> <p>The treatment record dated 7/1/17-7/31/17 directed staff to apply skin prep to the left medial heel BID with a start date of 7/21/17.</p> <p>The treatment record dated 8/1/17-8/31/17 directed staff to apply heel protects to bilateral heels, off load heels while in bed every shift with a start date on 8/8/17.</p> <p>On 10/12/17 at 8:13 a.m., the Director of Nursing (DON) was interviewed and stated Resident #4 was a full body lift prior to the suspect deep tissue heel injury. The resident was dependent on staff for transfers and repositioning. The DON doesn't recall any injury that caused the suspected deep tissue injury and feels it was developed by not</p>			
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	<p>suspending the heels and due to pressure.</p> <p>An interview on 10/12/17 at 9:30 a.m., Staff C licensed practical nurse (LPN), stated the resident has been a full body lift and dependent on staff prior to the injury and feels the suspected deep tissue injury was caused due to pressure.</p> <p>On 10/12/17 at 10:00 a.m., Staff D LPN/Wound Care Nurse, was interviewed and stated the resident had navy blue heel protectors on and had worn those for a long time. The navy blue heel protectors are a preventative and placed per nursing judgement. An order was obtained for a different heel boot that suspended the heels after the SDTI developed. Staff D stated the resident was a full body lift and depended on staff for bed mobility.</p> <p>The policy and procedures titled Pressure Ulcers, revised January 17, directed the staff that based on the resident's comprehensive assessment, the location will use prevention and assessment interventions to ensure that a resident entering the location without pressure ulcers does not develop a pressure ulcer unless the individual's clinical condition demonstrates that this was unavoidable.</p>			
FACILITY RESPONSE:				

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