Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 6833			**Report Date:** August 10, 2018
Facility Name: Granger Nursing and Rehabilitation		**Survey Dates:** June 28 to July 30, 2018	
Facility Address/City/State/Zip **2001 Kennedy Street** **Granger, IA 50109**	**SS & MW**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
58.19(2)j	**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) Based on clinical record review and physician and staff interviews, the facility failed to appropriately intervene after a resident exhibited physical signs/symptoms of a decline in status over a two week period (#3) and failed to assure another resident received physician ordered interventions to promote wound healing (#2) of 9 total residents reviewed. The facility reported a census of 61 residents. Findings include: 1. According to the 2/28/18 Minimum Data Set (MDS) assessment, Resident #3 had diagnoses that included Alzheimer's disease, high blood pressure, cognitive communication deficit, respiratory failure, atrial fibrillation (abnormal/irregular heart rhythm) and muscle weakness. The MDS documented the resident required the assistance of 2 staff for activities of daily living (ADLs).	**I**	**$ 5500.00**	**Upon Receipt**

_____ _____

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

Citation Number: 6833				**Report Date:** August 10, 2018
Facility Name: Granger Nursing and Rehabilitation		**Survey Dates:** June 28 to July 30, 2018		
Facility Address/City/State/Zip **2001 Kennedy Street** **Granger, IA 50109**	**SS & MW**			

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	The 4/11/18 revised Care Plan identified return to the community as deemed not feasible as Resident #3 had a history of respiratory failure and has become more dependent upon staff. The facility's Change of Condition Process dated 9/15 instructed that assessment and intervention will vary depending on the extent of a change in resident's condition and the involvement of the interdisciplinary team when necessary. The nursing process of Assessment, Plan, Intervention and Evaluation will be used to ensure the optimal outcome for the resident. The process also noted that the physician's involvement is always required as is a follow-up assessment. Final test results dated 3/30/18 at 5:40 p.m. documented the lab notified the resident's doctor of elevated blood sodium results on 3/30/18 at 5:38 p.m. The physician then ordered Resident #3 to transfer to the ER (Emergency Room) for evaluation and treatment of a critical sodium level of 163. A nurse's note dated 3/30/18 at 6:23 p.m. documented Resident #3 transferred to the ER. A nurse's note dated 3/30/18 at 11:08 p.m. documented that Resident #3 admitted to the Critical Care Unit (CCU) with diagnoses of sepsis (a life threatening response to infection), low blood pressure, cystitis (bladder inflammation), acute kidney failure and elevated sodium.			

_____ _____

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

Citation Number: 6833		Report Date: August 10, 2018
Facility Name: Granger Nursing and Rehabilitation		Survey Dates: June 28 to July 30, 2018
Facility Address/City/State/Zip 2001 Kennedy Street Granger, IA 50109	SS & MW	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	A nurse's note dated 4/6/18 at 3:15 p.m. documented Resident #3 returned to the facility from the hospital. The nurse's assessment revealed Resident #3 had a regular heart rate with diminished lung sounds and audible wheezes in his lungs. A nurse's note dated 4/9/18 at 11:17 a.m. documented Resident #3 was weak with irregular lung sounds throughout and an irregular, thready (weak) pulse. The nurse also noted Resident #3's skin felt cool to the touch, his left grip as being stronger than his right and he leaned more towards his right side. A nurse's note dated 4/10/18 at 1:52 a.m. documented Resident #3 had an irregular, thready pulse, diminished lung sounds throughout, an inability to comply with instruction to grip his hands and a respiratory rate of 24 breaths per minute. A telephone order dated 4/11/18 instructed staff to obtain a basic metabolic panel (BMP; a lab test) at the next lab draw. A nurse's note dated 4/12/18 at 3:40 a.m. documented Resident #3 with a pulse of 141, diminished lungs sounds throughout with inspiratory and expiratory wheezes. Final test results dated 4/12/18 at 9:40 p.m. documented lab staff notified the facility on 4/12/18 at 9:35 p.m. of Resident #4's elevated potassium levels. A telephone order dated 4/12/18 at 10:30 p.m. instructed the facility to send Resident #3 to the ER			

_____ _____

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

Citation Number: 6833				**Report Date:** August 10, 2018
Facility Name: Granger Nursing and Rehabilitation		**Survey Dates:** June 28 to July 30, 2018		
Facility Address/City/State/Zip 2001 Kennedy Street Granger, IA 50109	**SS & MW**			

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	due to a critical potassium level. A nurse's note dated 4/13/18 at 3:55 a.m. documented that Resident #3 returned from ER. A recheck of his potassium level in ER and came back normal. A nurse's note dated 4/13/18 at 10:59 a.m. documented Resident #3 had diminished lung sounds throughout, an irregular and thready pulse, a pulse of 145, a blood pressure of 87/55, unequal grips and weak and skin cool to the touch. A nurse's note dated 4/15/18 at 3:03 a.m. documented Resident #3 had diminished lung sounds throughout with an irregular, thready pulse and weak, unequal grips. At 2:54 p.m. Resident #3 had diminished lung sounds throughout, an irregular, thready pulse with weak, unequal grips and skin cool to the touch. A nurse's note dated 4/16/18 at 3:38 a.m. documented Resident #3 had diminished lung sounds throughout, an irregular, thready pulse and weak, unequal grips. A telephone order dated 4/17/18 directed to check Resident #3's potassium in 1 week. A nurse's note dated 4/18/18 at 11:12 a.m. documented Resident #3 had diminished lung sounds throughout, an irregular, thready pulse with weak, unequal grips, skin cool to the touch and a blood pressure of 96/58. A nurse's note dated 4/19/18 at 4:31 a.m. documented Resident #3 had a blood pressure of 98/55,			

_____ _____

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

Citation Number: 6833		Report Date: August 10, 2018
Facility Name: Granger Nursing and Rehabilitation		Survey Dates: June 28 to July 30, 2018
Facility Address/City/State/Zip 2001 Kennedy Street Granger, IA 50109	SS & MW	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	respirations of 24 breaths per minute, pulse of 112 beats per minute, cold hands with gray nail beds. A nurse's note dated 4/20/18 at 4:29 a.m. documented Resident #3 had a pulse of 117. On 4/21/18 at 3:44 a.m. Resident #3 had a pulse of 116, respirations of 26 and gray nail beds. On 4/22/18 at 3:40 a.m. Resident #3's blood pressure measured 98/80 and he had audible inspiratory and expiratory wheezes. A nurse's note dated 4/22/18 at 3:40 a.m. documented Resident #3 had continued audible inspiratory and expiratory wheezes. A nurse's note dated 4/26/18 at 10:55 a.m. recorded Resident #3's lungs sounded diminished throughout and he had dyspnea (difficulty breathing) with activity. Final test results dated 4/26/18 at 8:43 p.m. noted Resident #3's potassium measured at the upper limits of the normal range (5.1). A nurse's note dated 4/27/18 at 6:50 a.m. recorded Resident #3 had continued diminished lung sounds throughout, a fever with a temperature of 99.1 F (Fahrenheit), a pulse of 123 and respirations of 26. At 12:16 p.m. Resident #3 continued with diminished lung sounds throughout and now had a persistent non-productive cough. The nurse wrote Resident #3 sometimes had labored breathing, an irregular and tachy (fast) pulse of 126 and tended to be sleepy, even at the table while eating. On 4/28/18 at 3:38 p.m., nurse's notes recorded			

_____ _____

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

Citation Number: 6833				**Report Date:** August 10, 2018
Facility Name: Granger Nursing and Rehabilitation		**Survey Dates:** June 28 to July 30, 2018		
Facility Address/City/State/Zip 2001 Kennedy Street Granger, IA 50109	**SS & MW**			

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	continued diminished lung sounds throughout, a persistent non-productive cough, labored breathing and an irregular, tachy pulse. The nurse also wrote that Resident #3 tended to be sleepy at the table when eating and had a pulse rate of 142. A nurse's note dated 4/29/18 1:32 p.m. documented Resident #3 as being sleepy, even at meals. The nurse also documented the resident's pulse rate measured 122. A telephone order dated 4/29/18 documented that Resident #3 should be sent to ER for further evaluation and treatment of respiratory distress. On 4/30/18 at 12:26 a.m. a nurse's note documented Resident #3 sounded awful with audible congestion heard from the doorway at about 9:00 p.m. that evening. The resident had labored breathing at rest at a rate of 38 breaths per minute. Resident #3's skin was pale, cool and diaphoretic (sweaty) to the touch. Staff contacted the on-call physician who ordered the resident to the ER for further evaluation and treatment. A Discharge summary noted that Resident #3 presented in ER on 4/29/18 at 11:01 p.m. with an altered mental status, severe sepsis (infection) with septic shock, pneumonia due to hemophilus influenza, acute kidney injury secondary to pneumonia and acute respiratory failure with hypoxia (lack of oxygen). ER notes on 4/29/18 at 11:10 p.m. recorded the doctor's assessment of pertinent positives including blood pressure 83/63, pulse 160, temperature 100.8 F,			

_____ _____

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

Citation Number: 6833			Report Date: August 10, 2018
Facility Name: Granger Nursing and Rehabilitation		Survey Dates: June 28 to July 30, 2018	
Facility Address/City/State/Zip 2001 Kennedy Street Granger, IA 50109	SS & MW		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	respirations 56 with severe respiratory distress, diffuse rhonchi (abnormal lung sounds) with upper airway noise, tachycardic with irregular rhythm and unresponsiveness to painful stimuli. According to an untitled document, the doctor noted he pronounced Resident #3 dead on 5/2/18 at 10:10 a.m. with dysrhythmia (abnormal heart rhythm) secondary to hyperkalemia (elevated potassium levels) which occurred as a result of septic shock with acute renal failure as the direct cause of death. An interview on 7/9/18 at 3:50 p.m. with Staff A, RN revealed that she wanted to cry when she looked back at Resident #3's situation. Staff A said she last saw Resident #3 on 4/25/18. Staff A said if you looked at his charting, you can see that he gradually got sicker and sicker. Staff A said nobody called the doctor about his signs and symptoms at any point before he got sent out and died from respiratory failure. On 7/16/18 at 12:42 p.m., when asked if staff notified the doctor of their assessment findings between 4/9/18 and 4/29/18, the Director of Nursing (DON) stated she submitted all the doctor's notifications that she could find. The DON said she thought someone should have called the doctor about the resident's change in status and/or notified him while at the facility. An interview on 7/26/18 at 11:25 a.m. with Resident #3's doctor revealed he expected the facility to notify him and keep him informed if their documentation included assessments of an elevated pulse of 140 and hand grips weaker on one side. The doctor said if their			

_____ _____

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).

Citation Number: **6833**				**Report Date:** **August 10, 2018**
Facility Name: **Granger Nursing and Rehabilitation**		**Survey Dates:** **June 28 to July 30, 2018**		
Facility Address/City/State/Zip **2001 Kennedy Street** **Granger, IA 50109**	**SS & MW**			

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	assessments included an elevated pule and weak hand grips, the facility missed some opportunities to intervene sooner and should have been more vigilant in light of their findings and Resident #3's history. 2. According to the 1/17/18 MDS assessment, Resident #2 had diagnoses that included heart failure, high blood pressure, peripheral vascular/arterial disease, diabetes and difficulty walking. The resident required the assistance of 2 with transfers, the assistance of one with dressing, toilet use and personal hygiene and did not walk during the assessment period. The MDS recorded Resident #2 had 7 venous or arterial ulcers, diabetic foot ulcer/s and open lesion/s on his foot. The 1/22/18 Care Plan instructed Resident #'2 needs would be anticipated and met by staff every day for 90 days due to the potential for impaired cognition. The Care Plan also instructed staff to administer medication as ordered, to promote adequate nutrition and hygiene due to Resident #2's risk for impaired skin integrity and documented a right leg amputation on 1/31/18. The Medication Discharge Report dated 1/31/18 at 7:33 a.m. documented that all necrotic wounds on Resident #2's right foot should be painted with Betadine, covered with gauze and woven around and between each toe every day (QD). The Patient Care Order Sheet dated 1/31/18 at 11:51 a.m. directed staff to place a dry dressing with Kerlix to the right lower extremity (RLE) QD.			

_____ _____

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

Citation Number: 6833			**Report Date:** August 10, 2018
Facility Name: Granger Nursing and Rehabilitation		**Survey Dates:** June 28 to July 30, 2018	
Facility Address/City/State/Zip 2001 Kennedy Street Granger, IA 50109	**SS & MW**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	A nurse's note dated 1/31/18 at 1:54 p.m. recorded Resident #2 re-admitted to the facility following hospitalization for a right below the knee amputation (BKA). Physician orders on 2/1/18 authorized the facility's request to discontinue the wound dressing to Resident #2's right leg. A cardiology note dated 2/13/18 recorded Resident #2 had been seen by a physician that day who ordered the incision site of the below the knee amputation to be cleansed with Betadine and then wrapped BID (twice a day). A nurse's note dated 2/13/18 at 12:05 p.m. documented Resident #2 returned from a vascular appointment with a new order to paint Betadine to the right leg surgical incision, wrap it with Kerlix and change it QD. A Peripheral Vascular note dated 2/23/18 documented the resident with lower peripheral arterial disease and a right BKA. Resident #2 had a large eschar (dead tissue) medially (inside of the leg) and a smaller one laterally (the side of the leg). After removal of the gangrenous (dead) skin, the physician identified a small amount of purulence (fluid caused by infection) medially and an old hematoma (localized collection of blood) laterally. The doctor documented the resident's middle staples as intact, but his medial and lateral incision staples had been removed in the areas where			

_____ _____

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).

Citation Number: **6833**				**Report Date:** **August 10, 2018**
Facility Name: **Granger Nursing and Rehabilitation**		**Survey Dates:** **June 28 to July 30, 2018**		
Facility Address/City/State/Zip **2001 Kennedy Street** **Granger, IA 50109**	**SS & MW**			
Rule or Code Section	**Nature of Violation**	**Class**	**Fine Amount**	**Correction date**
	there was a wound care issue. The doctor thought the wound should heal with daily packing with wet to moist dressings and debridement (removal of unhealthy tissue) in a couple of weeks. The plan included a subsequent visit for re-debridement in 2 weeks. The February 2018 TAR (Treatment Administration Record) documented staff cleansed the resident's RLE incision with an unspecified cleanser, covered it with clean 4x4s (gauze) and secured the gauze with Kerlix QD from 2/2/18 through 2/16/18, even though the 2/1/18 order discontinued the wound dressing to the right leg and another order had not been obtained for treatments until 2/13/18 with Betadine BID. The TAR also documented staff cleansed the RLE incision with an unspecified cleanser, covered it with clean 4x4s (gauze) and secured with Kerlix BID from 2/16/18 through 2/22/18, despite the 2/13/18 order specifying that the incision should be cleansed with Betadine and wrapped BID. The TAR also documented staff packed Resident #2's stump with gauze strips moistened in normal saline and wrapped with gauze BID from 2/24/18 through 2/28/18, despite the 2/23/18 order instructed a daily treatment instead. The Peripheral Vascular note dated 3/7/18 documented the 2 week follow up for peripheral arterial disease and lower right BKA. The physician recommended operative debridement to the right medial and lateral incision with necrotic tissue. The doctor also noted the need to "get a handle on the infection" to make sure Resident #2 did not lose his BKA stump and convert it to above the knee			

_____ _____

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

Citation Number: 6833		Report Date: August 10, 2018
Facility Name: Granger Nursing and Rehabilitation		Survey Dates: June 28 to July 30, 2018
Facility Address/City/State/Zip 2001 Kennedy Street Granger, IA 50109	SS & MW	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	amputation. The doctor wrote that Resident #2 may be a candidate for a wound vac (vacuum device used to heal wounds) and at this point there is too much infection, but after a couple days of wound changes in the hospital it might be a possibility. The Vascular Discharge Summary noted that Resident #2 admitted to the hospital on 3/14/18 and discharged on 3/17/18. The resident's had diagnoses of a past right BKA with medial and lateral incision dehiscence (rupture along the incision) with infection. The resident had debridement of the right stump and placement of a wound vac to be utilized after being discharged. The discharge order also indicated the stump should continue to be packed with gauze strips moistened in normal saline and wrapped with roll gauze BID. The plan included a follow up appointment in 2 weeks for a wound check. A nurse's note dated 3/17/18 at 6:58 p.m. noted that Resident #2 re-admitted to the facility after hospital stay for debridement. New orders accompanied the resident for a wound vac on 3 areas of his stump. The Peripheral Vascular recheck note of 3/21/18 documented a post-hospital and 3/14/18 debridement follow up. Resident #2 presented with a mild low-grade infection and also clotted blood on the wound surface, rendering the wound vac ineffective. The doctor ordered to discontinue the wound vac and initiate wet to dry dressings BID, to wash the wound thoroughly in the shower with water QD to keep the bacterial count down and a 2 week follow up appointment.			

_____ _____

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

Citation Number: 6833				**Report Date:** August 10, 2018
Facility Name: Granger Nursing and Rehabilitation		**Survey Dates:** June 28 to July 30, 2018		
Facility Address/City/State/Zip 2001 Kennedy Street Granger, IA 50109	**SS & MW**			
Rule or Code Section	**Nature of Violation**	**Class**	**Fine Amount**	**Correction date**
	The Physician Progress Notes dated 3/21/18 ordered staff to apply wet to dry dressings 3 times a day (TID) and a follow up appointment scheduled on 4/6/18 at 10:10 a.m. A nurse's note dated 3/25/18 entered late for 3/21/18 recorded Resident #2 had been seen for a follow up to the wound debridement. Staff received new orders to discontinue the wound vac and begin wet to dry dressings TID. The nurse's late entry lacked documentation the doctor also ordered the wound to be washed thoroughly with water in the shower every day. The March 2018 TAR documented staff packed Resident #2's stump with gauze strips moistened in normal saline and wrapped with gauze BID from 3/1/18 through 3/13/18, despite the 2/23/18 order stipulating QD instead of BID. The TAR also documented the right stump had been treated with a wound vac on 3/19/18 and 3/21/18, although the 3/17/18 hospital discharge ordered use of the wound vac and also said the stump should continue to be packed with gauze strips moistened in normal saline and wrapped with roll gauze BID. Facility staff failed to clarify the order. The TAR documented staff dressed the resident's right stump with wet to dry dressings moistened with normal saline TID from 3/21/18 through 3/31/18. The Peripheral Vascular Recheck dated 4/6/18 noted a 2 week follow up for a wound check as the reason for Resident #2's appointment. The doctor commented on			

_____ _____

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

Citation Number: 6833				**Report Date:** August 10, 2018
Facility Name: Granger Nursing and Rehabilitation		**Survey Dates:** June 28 to July 30, 2018		
Facility Address/City/State/Zip 2001 Kennedy Street Granger, IA 50109	**SS & MW**			

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	the much improved BKA wound and ordered to continue wet to moist dressings BID (down from TID) and cleansing in the shower at least QD. The physician also ordered a 1 month follow up appointment. The Physician Progress Notes dated 4/6/18 ordered wet to moist dressing to be changed BID to the right below the knee amputation wounds and a follow up appointment in 1 month. The nurse's noted dated 4/6/18 at 3:48 p.m. recorded Resident #2 returned from an appointment with a new order for a wet to dry dressing to be changed BID using normal saline, despite the 4/6/18 order directing application of wet to moist dressings instead of wet to dry. The April 2018 TAR documented staff dressed Resident #2's right stump with a wet to dry dressing moistened with normal saline TID on 4/1/18 through 4/6/18. The TAR recorded staff dressed his right stump with a wet to dry dressing moistened with normal saline BID on 4/6/18 through 4/30/18, despite the 4/6/18 order for wet to moist dressing instead of wet to dry. Correspondence dated 5/4/18 notified Resident #2's primary care provider that Resident #2's right leg stump wound had slightly increased in size and they would continue with current wet to dry dressing and monitoring. The document also noted the next vascular appointment scheduled on 5/7/18.			

_____ _____

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

Citation Number: 6833				**Report Date:** August 10, 2018
Facility Name: Granger Nursing and Rehabilitation		**Survey Dates:** June 28 to July 30, 2018		
Facility Address/City/State/Zip 2001 Kennedy Street Granger, IA 50109	**SS & MW**			

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	The Physician Progress Notes dated 5/7/18 indicated the wound/s looked good. The doctor ordered wet to moist dressing to be changed BID to the right BKA wounds and a follow up appointment in 3 months. The order also recommended a rehab consult. A nurse's note dated 5/7/18 at 1:47 p.m. noted that Resident #2 returned from an appointment for wet to moist dressings to the right BKA twice a day, his current treatment order. Tentatively, there will be a 3 month follow up appointment. The May 2018 TAR recorded staff dressed Resident #2's right stump with a wet to dry dressing moistened with normal saline BID on 5/1/18 through 5/30/18, despite the 4/6/18 and 5/7/18 orders for wet to moist dressing instead of wet to dry. During interview on 7/10/18 at 12:15 p.m., Staff C, LPN (Licensed Practical Nurse) recalled going into Resident #2's room one morning when he came in early as the wound nurse. Staff C noticed litter on the resident's floor that nobody cleaned up. The litter and a couple other things caused him to be irritable. He suspected Resident #2's right stump dressing had not been changed for the second time that day, so he checked on it. Staff C said his initials and date stamp were still on it from the day before, indicating it had not been done for the second time that day. Staff C said he approached the overnight nurse responsible for completing the dressing change and had her do the change before she left that morning. Staff C recalled a			

_____ _____

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).

Citation Number: 6833		Report Date: August 10, 2018
Facility Name: Granger Nursing and Rehabilitation		Survey Dates: June 28 to July 30, 2018
Facility Address/City/State/Zip 2001 Kennedy Street Granger, IA 50109	SS & MW	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	similar situation with another nurse. He found his own initials and date he last changed Resident #2's dressing, indicating the other nurse failed to change the dressing on his shift. Staff C said he wrote the staff member up the next morning. On 7/12/18 at 11:00 a.m., the DON stated the resident's February TAR as of 2/13/18 stipulated that staff should cleanse Resident #2's incision site with Betadine before wrapping the BKA BID. Due to a transcription error, the February TAR simply instructed staff to cleanse the incision site, but did not stipulate what to cleanse it with. Instead of correcting the TAR to reflect the order, the DON said she expected each person to go to the chart and refer to the order. When asked if she could see how by not correcting the TAR, the potential for error increased, the DON agreed that it seemed reckless and she expected someone to notice the mistake and correct it. A subsequent interview on 7/18/18 at 8:15 a.m. with Staff C revealed more details about the time he discovered that a nurse failed to complete a dressing change. When asked about the possibility the offgoing nurse still had time and the intention to change the dressing before the end of the shift, Staff C said he approached the nurse about 6:05 a.m. standing at the nurse's station with her coat on and about to leave the building. Staff C said he made her take off her coat and change the dressing before she left.			

_____ _____

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

Citation Number: 6833			**Report Date:** August 10, 2018
Facility Name: Granger Nursing and Rehabilitation		**Survey Dates:** June 28 to July 30, 2018	
Facility Address/City/State/Zip **2001 Kennedy Street** **Granger, IA 50109**	**SS & MW**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
58.19(2)b	**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 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) Based on clinical record review and physician and staff interviews, the facility failed to administer treatments as prescribed to promote pressure ulcer healing for 1 of 3 residents sampled for wound treatments (Resident #1). The facility reported a census of 61 residents. Findings include: 1. According to the 3/9/18 Minimum Data Set (MDS) assessment, Resident #1 had diagnoses that included heart failure, diabetes, stroke, chronic kidney disease and cognitive communication deficit. The MDS documented the resident required extensive assistance of 1 to 2 staff for all activities of daily living (ADLs). The assessment also noted Resident #1 had the risk for developing pressure ulcers. The MDS indicated Resident #1 received pressure ulcer care for one existing ulcer, a Stage 4 ulcer measuring 4.0 by 4.4 centimeters.	**I**	**$ 6,250.00**	**Upon Receipt**

_____ _____

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

Citation Number: 6833		Report Date: August 10, 2018
Facility Name: Granger Nursing and Rehabilitation		Survey Dates: June 28 to July 30, 2018
Facility Address/City/State/Zip 2001 Kennedy Street Granger, IA 50109	SS & MW	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	The MDS identified the following descriptions of pressure ulcers: **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. **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. **Stage III Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle is not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling. **Stage IV 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. The 1/25/18 Care Plan recorded Resident #1 had a pressure ulcer to his right heel and treatment changes on 2/15/18, 3/8/18 and 3/29/18. The Care Plan instructed staff to promote adequate nutrition and hygiene and to report symptoms of infection to the doctor and responsible party as needed. The Care Plan also documented Resident #1 had the risk for infection related to poor nutrition and the pressure ulcer. The undated Wound Care Management policy documented the facility's standard as the promotion of			

_____ _____

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

Citation Number: 6833		Report Date: August 10, 2018
Facility Name: Granger Nursing and Rehabilitation		Survey Dates: June 28 to July 30, 2018
Facility Address/City/State/Zip 2001 Kennedy Street Granger, IA 50109	SS & MW	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	healing of any wounds that are present on admission or acquired in the facility. Physician's Order dated 2/1/18 documented a new order for Betadine to be applied to Resident #1's right heel, covered with gauze and secured with roll gauze and tape twice a day (BID). A telephone order dated 2/6/18 indicated that Resident #1 should be sent to ER to be evaluated. A Nurse's Note dated 2/6/18 at 5:38 p.m. documented an order to transfer Resident #1 to Emergency Room (ER) for fluids and an evaluation for treatment. The resident left for ER via ambulance at 4:50 p.m. A Nurse's Note dated 2/10/18 at 1:49 p.m. documented that Resident #1 returned to the facility after being hospitalized for dehydration. The nurse noted the resident still had an ulcer to his right heel. The hospital Discharge Summary dated 2/10/18 at 4:35 p.m. recorded Resident #1 admitted on 2/6/18 and discharged on 2/10/18 with a principal problem of dehydration and a resolved acute kidney injury. The resident presented from the skilled nursing facility (SNF) with a chief complaint of dehydration. Resident #1 admitted to the hospital, received IV fluids with improvement and was cleared to go back to the SNF. The discharge orders did not include any treatments to Resident #1's wound/s. Admission Orders dated 2/10/18 lacked any orders to treat Resident #1's wound/s.			

_____ _____

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

Citation Number: 6833				**Report Date:** August 10, 2018
Facility Name: Granger Nursing and Rehabilitation		**Survey Dates:** June 28 to July 30, 2018		
Facility Address/City/State/Zip 2001 Kennedy Street Granger, IA 50109	**SS & MW**			
Rule or Code Section	**Nature of Violation**	**Class**	**Fine Amount**	**Correction date**
	The resident's clinical did not contain an order for Resident #1's right heel wound treatment after readmission to the facility on 2/10/18, nor did the Treatment Administration Record (TAR) reflect that staff completed any treatments from 2/11/18 through 2/15/18. However, a Nurse's Note dated 2/11/18 at 2:31 a.m. documented staff completed a treatment to the right heel as ordered. A Physician's Order dated 2/15/18 at 2:00 p.m. instructed to apply Betadine to the resident's right heel, but changed to BID. The order also instructed the wound should be covered with gauze and secured with roll gauze and tape. The February 2018 TAR documented staff applied a Betadine 10% solution to the resident's right heel wound, covered it with gauze wrap and secured it with roll gauze and tape BID from 2/2/18 through 2/6/18. Beginning on 2/16/18, staff documented application of Betadine 10% solution to the right heel wound, covering it with gauze wrap and then secured with Kerlix and tape BID through 2/28/18. A Physician's Order dated 3/8/18 instructed staff to paint the resident's right heel wound with Betadine, apply skin prep to the wound margins, apply an ABD dressing over the wound and secure and tape the dressing with roll gauze BID. An Employee Counseling/Disciplinary Report dated 3/23/18 documented Staff C , LPN received a second			

_____ _____

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).

Citation Number: **6833**			**Report Date:** **August 10, 2018**
Facility Name: **Granger Nursing and Rehabilitation**		**Survey Dates:** **June 28 to July 30, 2018**	
Facility Address/City/State/Zip **2001 Kennedy Street** **Granger, IA 50109**	**SS & MW**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	written warning and final notice for documenting that he completed dressing changes he had not on 3/21 and 3/24/18. Physician's Order dated 3/29/18 instructed staff to cleanse Resident #1's right heel with 0.25% acetic acid and patted dry. Next, the wound surface should be painted with Betadine with a piece of gauze wet with Betadine the size of the wound, applied to it and changed daily (QD). The Wound Center Final Report dated 3/29/18 documented the progress notes of the Nurse Practitioner's (NP) assessment of Resident #1 and subsequent plan. The NP opened the resident's Stage 3 pressure ulcer on the right heel and obtained a culture. The NP documented her plan included applying Betadine to the wound, covering it with gauze and securing it with roll gauze and tape. Skin prep should be applied to the wound margins prior to applying the wound dressing; change BID. The March 2018 TAR documented staff applied Betadine 10% solution to Resident #1's right heel wound, covered it with gauze wrap and secured the wrap with Kerlix and tape BID that month with the exception of treatments only being administered once on 3/12/18, 3/13/18, 3/23/18 and 3/27/18 and neither of the treatments provided on 3/26/18 and 3/29/18. The TAR indicated the treatment order had been discontinued on 3/29/18. The TAR noted a new treatment order beginning on 3/29 to cleanse Resident #1's right heel with 0.25% acetic acid, pat dry, paint the			

_____ _____

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

Citation Number: 6833		Report Date: August 10, 2018
Facility Name: Granger Nursing and Rehabilitation		Survey Dates: June 28 to July 30, 2018
Facility Address/City/State/Zip 2001 Kennedy Street Granger, IA 50109	SS & MW	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	site with Betadine, apply a soaked gauze dressing the size of the wound and secure it with Kerlix twice a day. The March 2018 Administration Record documented staff did not complete the treatments scheduled for 3/12/18 and 3/13/18 and 3/29/18 at 6:00 p.m. due to the resident being asleep. Staff did not apply the treatments on 3/26/18 and 3/27/18 at 6:00 p.m. because the resident refused. The record contained no documentation that staff re-approached the resident at a later time. The TAR documented no provision of the 6 a.m. treatment on either 3/29 or 3/31/18. Physician's Order dated 4/2/18 instructed staff to inject Rocephin (an antibiotic) with Lidocaine 1% (for pain) QD for 5 days. The resident's MAR documented staff administered the medication from 4/2 - 4/6/18. A nurse's note dated 4/2/18 at 1:55 p.m. noted a new order had been obtained for an antibiotic to be injected QD for 5 days for an infection to Resident #1's heel. An Employee Counseling/Disciplinary Report dated 4/17/18 recorded Staff D, RN received a written warning for not effectively doing treatments on 4/9/18 and 4/15/18. The warning documented Staff D signed for having completed treatments that he had not. The wound nurse took off the treatments from a previous day shift with the employee's initials on it when it was understood the treatments were to be done BID. A nurse's note dated 4/18/18 at 11:10 a.m. recorded Resident #1 continued to have a Stage 4 pressure			

_____ _____

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

Citation Number: 6833			**Report Date:** August 10, 2018
Facility Name: Granger Nursing and Rehabilitation		**Survey Dates:** June 28 to July 30, 2018	
Facility Address/City/State/Zip **2001 Kennedy Street** **Granger, IA 50109**	**SS & MW**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	wound to the bottom of his heel and the wound nurse stated it appeared to be deteriorating. A nurse's note dated 4/21/18 at 12:43 p.m. noted that Resident #1 had purulent drainage with a foul odor dripping onto the floor. Resident #1 complained of increased pain from deep inside. The nurse documented that the resident requested to go to ER and he wanted to get it cut off. Staff obtained orders to transport Resident #1 to ER via ambulance. The nurse later spoke with hospital staff and learned Resident #1 might have osteomyelitis (a bone infection) according to an X-ray. An entry at 3:30 p.m. documented Resident #1 admitted to the hospital with diabetic foot ulcer and probable osteomyelitis. The April 2018 TAR documented the administration of the resident's right heel treatment. The treatment orders instructed to cleanse Resident #1's right heel with 0.25% acetic acid, pat it dry, paint the site with Betadine, apply a soaked gauze dressing the size of the wound and secure it with Kerlix - Change daily. The TAR noted that staff administered the treatment every other day, instead of daily as ordered, from 4/1/18 and 4/21/18, at which time they discontinued the treatment. The Hospitalist's Discharge Summary dated 5/7/18 at 10:26 a.m. documented that Resident #1 admitted on 4/21/18 and discharged on 5/7/18. The summary noted the resident's principal problem as a diabetic ulcer of the ankle with the fat layer exposed. Resident #1's active problems included post above right knee			

_____ _____

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

Citation Number: 6833			Report Date: August 10, 2018
Facility Name: Granger Nursing and Rehabilitation		Survey Dates: June 28 to July 30, 2018	
Facility Address/City/State/Zip 2001 Kennedy Street Granger, IA 50109	SS & MW		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	amputation, heart failure, high blood pressure, diabetes, chronic kidney disease and peripheral artery disease. Resolved problems included osteomyelitis of the right foot. According to the summary, Resident #1 admitted from the facility for a non-healing right heel ulcer with increased drainage and a MRSA (bacteria) infection. An MRI (imaging test) showed heel osteomyelitis and a ruptured Achilles tendon; which ultimately resulted in an above the knee amputation on 4/30/18. The doctor noted that Resident #1 was stable and ready to be discharged to skilled care. During an interview on 7/9/18 at 3:50 p.m. with Staff A, RN stated she came to work one time and saw the dressing she put on the resident 3 days before her return to work. Staff A said her initials and the date she changed it were written on the dressing. Resident #1's right heel wound definitely got worse, it went from a stable wound to one you could smell down the hallway. Staff A stated the Director of Nursing (DON) makes lists of things that show on the computer as not completed and tells them to "clear the reds". When asked, Staff A said that means charting at a later time and/or date that a task was completed. Staff A stated she returned to work another time after having some days off and found 3 vials of Rocephin intended for Resident #1's use in the top drawer of the med cart, after the antibiotic should have been completed. Staff A told the DON about it and witnessed her throw the vials away in the trash container on the medication cart. Staff A thought it was possible that they pulled the antibiotic from the emergency medication kit, which could account for the 3 remaining vials, but she			

_____ _____

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

Citation Number: 6833		Report Date: August 10, 2018
Facility Name: Granger Nursing and Rehabilitation		Survey Dates: June 28 to July 30, 2018
Facility Address/City/State/Zip 2001 Kennedy Street Granger, IA 50109	SS & MW	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	suspected the antibiotics were not given. An interview on 7/10/18 at 9:15 a.m. with the facility's Pharmacist revealed that Resident #1 had an order for Rocephin 1 gram (gm) to be given intramuscular injection (IM) QD for 5 days. The Pharmacist said they sent the medication on 4/2/18 and Rocephin had not been taken out of their emergency kit for administration. An interview on 7/10/18 at 12:15 p.m. with Staff C, LPN revealed that one of his duties as a wound nurse was to track the TAR and present a list of incomplete treatments and/or dressings to the appropriate staff person and instruct them to "clear the reds". Staff C said nobody ever told him they did not remember completing a task or refuse to chart a late entry. Staff C stated they just took the list and did it and he has had to reconcile things as long as 2 weeks old, but he has a good memory. Staff C mentioned seeing a dressing he put on Resident #1's foot one day, after it should have been changed again on the evening shift that followed him. Staff C could not remember the name of the person that failed to change the dressing, but recalled they charted they did it when they did not. When asked how he knew for sure that they did not do the dressing change, Staff C said his name and the date he changed it marked the dressing. Staff C believed it was one of two people because they frequently failed to change dressings. An interview on 7/11/18 at 8:00 a.m. with the DON revealed that Resident #1 went to the hospital on			

_____ _____

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

Citation Number: 6833				**Report Date:** August 10, 2018
Facility Name: Granger Nursing and Rehabilitation		**Survey Dates:** June 28 to July 30, 2018		
Facility Address/City/State/Zip 2001 Kennedy Street Granger, IA 50109	**SS & MW**			

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	2/6/18 and re-admitted on 2/10/18 without treatment orders. As a result, the record lacked documentation to verify that staff treated Resident #1's foot between 2/11/18 and 2/15/18. The DON checked to see if the wound nurse or re-admitting nurse called about orders, but she did not find any documentation to verify that. The DON said they should have at least called the hospital to see what they wanted to do after Resident #1 discharged on 2/10/18, but ideally they should have called the wound clinic. Resident #1 went to the Wound Clinic on the 2/15/18 or 2/16/18 and they faxed orders after the appointment. When asked about the times in March the TAR indicated Resident #1's treatments were not done, the DON said they write an explanation of why it was not done elsewhere. The DON said the resident refused 3 times. When asked about the lack of treatment because the resident was sleeping, the DON stated the nurse should have tried waking the resident, administered the treatment or contacted the doctor. An interview on 7/11/18 at 9:25 a.m. with the Administrator revealed that Staff C had previously been reprimanded and demoted to floor nurse because he charted he did some dressing changes, when in fact he had not. The Administrator said other staff reported the dressing they found on a resident did not have the LPN's initials and date as he documented, but another staff's initials from the dressing change they did before Staff C charted he completed it. On 7/11/18 at 9:35 a.m. the DON stated the wound			

_____ _____

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).

Citation Number: 6833		Report Date: August 10, 2018
Facility Name: Granger Nursing and Rehabilitation		Survey Dates: June 28 to July 30, 2018
Facility Address/City/State/Zip 2001 Kennedy Street Granger, IA 50109	SS & MW	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	clinic ordered the 3/29/18 Betadine dressing change daily and the nurse entered the order incorrectly. As a result, Resident #1 received treatments every other day instead of every day. The facility has a triple check system. The receiving nurse processes the order and has another nurse double check her. The DON did not know if the receiving nurse attempted to get the second check or if the second nurse didn't contact a nurse manager for the third check like they should have. The DON said that system fell apart. An interview on 7/17/18 at 11:57 a.m. with Staff B, RN revealed the facility always tells staff to make the 'reds go away'. They get a list of things like medications, treatments or tasks that are highlighted to indicate they have not been completed during their shift. Sometimes the list might be for something missed up to a week ago. There were times she didn't know if she completed some of the things on the list or just marked it completed to make the red go away. Staff B did not know what she should actually do and did not ask for an explanation; she does it to satisfy the facility because when they give each person the list, they want each employee to make it go away. Staff B did not think it's OK to sign off on something if staff are not sure whether they did it or not. Staff B believed everyone did it the same way she did, but it was not always possible to remember what you've done after having a few days off. An interview on 7/19/18 at 1:55 p.m. with the physician that discharged Resident #1 from the hospital on 5/7/18 after an above the knee amputation revealed			

_____ _____

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

Citation Number: 6833				**Report Date:** August 10, 2018
Facility Name: Granger Nursing and Rehabilitation		**Survey Dates:** June 28 to July 30, 2018		
Facility Address/City/State/Zip 2001 Kennedy Street Granger, IA 50109	**SS & MW**			

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	the potential for the wound to get worse if dressings are not changed as frequently as they should be or if doctor's orders are not followed as prescribed. Depending on the circumstances, the doctor said "of course it could lead to amputation" if the wound was not properly cared for and the condition warranted amputation. The physician said he expected staff to follow doctor's orders. He said he expected them to notify him if his orders were not followed for any reason, even if another doctor thought a different treatment should be used. An interview on 7/19/18 at 2:20 p.m. with the Wound Center Triage RN revealed that if dressing changes are not done appropriately, as frequently as they are supposed to be, or if doctor's orders are not being followed then wounds can get worse. She also said depending on the amount of drainage and if the appropriate products are not being used, surrounding tissue can macerate and break down. The RN said wounds can also get contaminated and infected without proper hand hygiene. An interview on 7/19/18 at 4:20 p.m. with the Wound Center ARNP (Advanced RN Practitioner) revealed she saw Resident #1 once on 5/16/18. The ARNP said he had circulatory issues, renal disease and diabetes and that is why they treated him with an antimicrobial like Betadine; daily treatments can be very effective. The resident had osteomyelitis, but could not go through an MRI (magnetic resonance imaging) due to claustrophobia. If they were not doing treatments/dressing changes daily it could have			

_____ _____

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

Citation Number: 6833				**Report Date:** August 10, 2018
Facility Name: Granger Nursing and Rehabilitation		**Survey Dates:** June 28 to July 30, 2018		
Facility Address/City/State/Zip 2001 Kennedy Street Granger, IA 50109	**SS & MW**			
Rule or Code Section	**Nature of Violation**	**Class**	**Fine Amount**	**Correction date**
	caused his wounds to get worse and caused complications. Staff should have been following orders. The ARNP concluded if they invested the resources to have him sent to us, the facility would have had a vested interest in following our orders. The orders should have been followed to promote healing. An interview on 7/24/18 at 10:09 a.m. with Wound Center Medical Director revealed that if a dressing change does not get completed as often as it should, or if doctor's orders are not followed as prescribed, a chronic wound could get infected, develop osteomyelitis and ultimately require amputation if necessary. **Facility Response:**			

_____ _____

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

Citation Number: 6833				**Report Date:** August 10, 2018
Facility Name: Granger Nursing and Rehabilitation		**Survey Dates:** June 28 to July 30, 2018		
Facility Address/City/State/Zip 2001 Kennedy Street Granger, IA 50109	**SS & MW**			
Rule or Code Section	**Nature of Violation**	**Class**	**Fine Amount**	**Correction date**

_____ _____

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).