Facility Name:		on February 27, 2020 pursuar Section (135C.43A)	it to iowa	Code	Septem	ber 20, 2018
Facility Name: Rock Rapids Health Center			Survey		2019	
Facility Address/City/State/Zip			Septenn	Dei 4-0, /	2010	
703 South Union Rock Rapids, Iowa 51246		MW				
Rule or Code Section	Nature	e of Violation	Class Fine Amount		Correction date	
58.19(2)b	of wounds, including	propriate care and treatment pressure sores, to promote ction, and prevent new sores	I	\$4400		UPON RECEIPT
	Based on observation staff interview the faci interventions were copromote healing of art for 1 of 1 resident revifacility reported a central Findings include: 1. The Minimum Data Resident #30 dated 8 of atrial fibrillation, conhypertension, arthritis Dementia. The MDS or required extensive as mobility, toilet use, trapersonal hygiene. The	mpleted to prevent or eas of altered skin integrity iewed (Resident #30). The sus of 39 residents. Set (MDS) assessment for /03/18, included diagnoses ronary artery disease, and non-Alzheimer's documented the resident sistance of two for bed				

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Date

Citation Number: 6848		Fine Amount reduced by 35% on February 27, 2020 pursual Section (135C.43A)			Date: Septem	ber 20, 2018
Facility Name: Rock Rapids Health Center			Survey I	Dates:		
Facility Address/City/State/Zip			Septemb	oer 4-6,	2018	
703 South Union Rock Rapids, Iowa 51246		MW				
Rule or Code Natur Section		e of Violation	Class	Fine A	Amount	Correction date
	occasionally incontinent of bowel. The resident's Brief Interview for Mental Status (BIMS) score was a 3 which indicated severe cognitive impairment. The care plan dated 1/5/2016 included a problem of potential for impaired skin integrity related to incontinence of urine and age related skin changes. The goal was resident's skin will remain intact with interventions placed should problems be identified. Interventions included medications and treatments per physician's orders, treat as needed and ordered, and pressure relieving mattress on bed. A Braden Scale for predicting pressure sore risk dated 8/05/18 documented the resident scored a 14, which identified the resident to be at risk for developing a pressure sore. A Nursing Home Resident Report document dated 8/31/18 that had been faxed to the residents physician noted that the resident had an open area to left buttock that measured 0.5 centimeters (cm) by 1.5 cm. The fax was returned dated 9/1/18 with a physician's order for Calazime cream (a skin protective cream) two times per day and as needed until healed. A review on 9/5/18 of the resident's August and September treatment and medication					Page 2 of

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703 South Union Rock Rapids, Iowa 51246		MW				
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	administration records showed the physician ordered treatment had not been placed on the record and the resident had not received the treatment. A Nursing Home Resident Report document dated 9/03/18 that had been faxed to the resident's physician requested an order for 2 oz of med pass (high protein liquid supplement) two times a day related to skin impairment and increased weight loss. It was returned dated 9/04/18 with the physician note "OK". A Skin Grid for Pressure Ulcers was started on 9/03/18. It documented a facility acquired pressure ulcer on residents coccyx, stage 2 (Partial thickness skin loss presenting as a shallow open ulcer) 3 cm by 3 cm with blood drainage and a purple wound bed. The resident's treatment record documented that an order was added on 9/04/18 for Optifoam AG (a foam wound dressing) one time a day every three days for pressure ulcer, apply at bedtime. During an observation of care on 9/05/18 at 10:00 AM Staff D, Certified Nurse's Aide (CNA) assisted the resident to the toilet. The CNA stated she was unable to visualize pressure area at this					Page 3 of

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Citation Number: 6848		Fine Amount reduced by 35% on February 27, 2020 pursual Section (135C.43A)			Date: Septem	ber 20, 2018
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703 South Union		MW				
Rock Rapids, Iowa 51246		MIVV				
Rule or Code Section	Nature of Violation		Class			Correction date
	time she was unsure where it was and thought it may be resolved. When she wiped the resident buttock she reported there was blood on the wipe and she stated the pressure area was at the top of the resident's buttock crease. The area was open with no wound treatment in place. The CNA then assisted the resident to sit in her recliner chair. She stated the resident only lies down at night to go to bed; she prefers to sit in her recliner chair. There was no pressure relieving cushion in the recliner chair. During an observation on 9/05/18 at 2:30 PM the Registered Nurse Wound Care Certified (RNWCC) measured the areas on the resident's coccyx and buttocks. The coccyx wound was now a stage 3 (Full thickness skin loss involving damage of subcutaneous tissue, presenting as a deeper open ulcer) and the measurement was 4.5 cm by 4.5 cm that included the outer skin area involved with the open area 1.4 cm by 1.5 cm and a depth of 0.4 cm. The wound on the left buttock, stage 2, measured 1.0 cm by 1.5 cm and less than .5 cm deep. The RNWCC stated she had just started at this facility one week ago. She would be doing skin rounds one time a week. She would expect the charge nurses to be able to accurately assess wounds when she is not here. She stated a dressing had been ordered for the					Page 4 of

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Date

Citation Number: 6848		Fine Amount reduced by 35% to \$2,860.00 on February 27, 2020 pursuant to lowa Code Section (135C.43A)				ber 20, 2018
Facility Name: Rock Rapids Health Center			Survey I	Dates:		
Facility Address/City/State/Zip			Septemb	oer 4-6,	2018	
703 South Union Rock Rapids, Iowa 51246		MW				
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	Nature of Violation area but it was not completed on the date it should have been applied and she does not know why as the supplies were here and there was no documented rationale for it not being applied and no nurse notes were found. She would expect that a chair cushion would have been added to the resident's recliner. A review of the resident's treatment record showed no signature to document completion of the treatment ordered to start on 9/4/18 for the pressure area. On 9/05/18 at 3:58 PM, the RNWCC reported she had ordered a cushion for the resident's chair, notified the resident's son and the physician of the skin issues, and set up an in-service with a wound care specialist to educate the staff on wound care and treatment. During an interview on 9/05/18 at 5:32 PM the Director of Nursing stated she would expect new orders to be transcribed on to the medication record or treatment record. She would expect a resident with pressure skin condition to be provided with a pressure reducing cushion for relief while up in a chair, especially for resident that spends majority of time in her recliner chair. She would also expect orders on the treatment					Page 5 of

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Citation Number: 6848		Fine Amount reduced by 35% to \$2,860.00 on February 27, 2020 pursuant to lowa Code Section (135C.43A)				nber 20, 2018	
Facility Name: Rock Rapids Health Center Facility Address/City/State/Zip 703 South Union Rock Rapids, Iowa 51246			Survey Septeml		2018		
		MW		- Coptomisor 4 0, 2010			
Rule or		re of Violation	Class	Class Fine Amount Correct date			
		or a documented entry to appleted to be found in the SE:					
						Page 6 of 6	
Facilit	ty Administrator		Date				

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