

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

Citation Number: 7097		Date: January 29, 2020		
Facility Name: Dunlap Spec Care		Survey Dates: January 12 – 15, 2020		
Facility Address/City/State/Zip 1403 Harrison Rd. Dunlap, IA 51529		JM		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

58.28(3)e	<p>481—58.28(135C) Safety. The licensee of a nursing facility shall be responsible for the provision and maintenance of a safe environment for residents and personnel. (III)</p> <p>58.28(3) Resident safety.</p> <p>e. Each resident shall receive adequate supervision to protect against hazards from self, others, or elements in the environment. (I, II, III)</p> <p>DESCRIPTION:</p> <p>Based on observation, staff interviews, record review, and facility guideline and procedure review, the facility failed to provide adequate supervision to protect against hazards from self, others, or elements in the environment for 2 of 2 residents reviewed (Resident #11 & #29). Resident #11 exhibited severe cognitive impairment and required assist of one staff for surface-to-surface transfers and ambulation (walking). On 10/1/19, staff heard a yell and a moan from the resident's room and found the resident on the floor. The resident had sustained a skin tear and her right leg appeared externally rotated and shortened. Staff called an ambulance via 911 to take the resident to the Emergency Room (ER) for evaluation. X-rays taken at the hospital revealed Resident #11 sustained a non-displaced right fibular neck (hip) fracture. During the</p>	I	\$5,000	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: 7097		Date: January 29, 2020		
Facility Name: Dunlap Spec Care		Survey Dates: January 12 – 15, 2020		
Facility Address/City/State/Zip 1403 Harrison Rd. Dunlap, IA 51529		JM		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>fall investigation, facility staff discovered a housekeeper had mopped the floor in the resident's room while the resident sat in her recliner and left the floor wet. When the resident attempted to transfer herself from the recliner, she slipped on the wet floor and fell. The facility also failed to place Resident #29's fall mat next to her bed while she was in it in an attempt to avoid injury as directed on the care plan. The facility reported a census of 54 residents.</p> <p>Findings include:</p> <p>According to the annual Minimum Data Set (MDS) assessment tool dated 8/29/19, Resident #11 had diagnoses that included renal failure, dementia, and pain. The MDS documented the resident displayed severe cognitive impairment. The MDS also documented Resident #11 required limited assist of one staff for transfers and ambulation in her room, and required extensive assistance of 2 staff for toilet use.</p> <p>According to the significant change MDS dated 10/22/19, Resident #11 had diagnoses that included renal failure, dementia, and pain. The MDS documented the resident displayed severe cognitive impairment for daily decision making. The MDS also documented Resident #11 as totally dependent on 2 staff for transfers and locomotion, and extensive assistance of two staff for toilet use.</p> <p>The care plan with a revision date of 11/13/19 documented Resident #11 as at risk for falls due to weakness and poor safety awareness and noted she</p>			
--	---	--	--	--

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: 7097		Date: January 29, 2020		
Facility Name: Dunlap Spec Care		Survey Dates: January 12 – 15, 2020		
Facility Address/City/State/Zip 1403 Harrison Rd. Dunlap, IA 51529		JM		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>used to get up and walk without assistance. The care plan also documented the resident had an unwitnessed fall in her room and sustained a right hip fracture. The care plan instructed staff to attach her call light to a blanket on her lap when she was in her room (initiated on 10/1/19), encourage her to use her call light for assistance (initiated on 1/5/19), provide a safe environment without clutter (initiated on 01/05/2019), ensure she had appropriate footwear (initiated on 01/05/2019), and implement an electric hi/low bed (initiated on 1/15/19).</p> <p>Review of Resident #11's Electronic Health Record (EHR) revealed the following progress notes:</p> <p>-10/1/2019 at 11:15 AM: staff heard a yell and a moan from Resident #11's room. When staff arrived, they found her on the floor with her back to the bed, sitting on her buttock. Staff noted a skin tear to her right elbow; hypafix applied. The resident then grabbed her right hip and stated, "I think I hurt myself worse than I thought." The record documented her right leg as shortened and externally rotated. Staff called the resident's daughter and physician, left messages for both, and then dialed 911.</p> <p>-10/1/2019 12:46 PM: Resident had been incontinent and stated to staff "it's my own fault." Staff noted the floor was wet at the time of the fall.</p> <p>-10/1/2019 1:37 PM: the Emergency Room (ER) called to report Resident #11 had sustained a non-displaced right fibular neck fracture and was transferred to</p>			
--	--	--	--	--

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: 7097		Date: January 29, 2020		
Facility Name: Dunlap Spec Care		Survey Dates: January 12 – 15, 2020		
Facility Address/City/State/Zip 1403 Harrison Rd. Dunlap, IA 51529		JM		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>another hospital for possible surgical repair.</p> <p>-10/4/2019 3:29 PM the hospital called and reported Resident #11 had transferred out of the Intensive Care Unit (ICU) today, was doing well, and planned to return Monday.</p> <p>-10/7/19 Resident #11 returned to the facility</p> <p>Record review revealed a hospital History and Physical (H&P) for Resident #11 dated 10/1/19. The H & P documented a pelvis x-ray that showed a non-displaced right femoral neck fracture.</p> <p>Record review revealed an operative report dated 10/2/19 that revealed Resident #11 underwent a right hip hemiarthroplasty (surgical procedure that involved replacing half of the hip joint).</p> <p>Review of the facility's five minute meeting for employees dated 10/2/19 revealed staff educated regarding mopping resident room floors. During the education, the facility directed staff not to mop the floor in a resident's room with an ambulatory resident in the room. The facility directed staff to return later after the resident left the room to ensure the resident's safety to keep them from slipping and falling. The facility also directed staff to thoroughly ring out the mops when mopping floors to prevent leaving a large amount of water on the floor while it dried. Staff were instructed to consider the resident's cognitive level as many of the residents had some form of cognitive decline or dementia, which could hinder their judgment.</p>			
--	--	--	--	--

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: 7097		Date: January 29, 2020		
Facility Name: Dunlap Spec Care		Survey Dates: January 12 – 15, 2020		
Facility Address/City/State/Zip 1403 Harrison Rd. Dunlap, IA 51529		JM		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>Resident's might potentially attempt to transfer themselves, which could result in a fall. The facility directed if staff questioned if they should mop the floor of a resident's room, they should stop and speak to their supervisor for clarification. Meeting documentation showed Staff C attended the meeting and signed in.</p> <p>Review of the facility's Environmental Guidelines and Protocols, March 2013 Edition revealed no information about resident safety when mopping resident room floors.</p> <p>An observation on 01/14/2020 at 9:03 AM revealed Staff E Certified Nursing Assistant (CNA) and Staff F CNA had transferred Resident #11 from her wheelchair to her bed using a Hoyer lift.</p> <p>During a staff interview on 1/13/2020 at 9:22 AM, Staff A Licensed Practical Nurse (LPN) stated she was in the Director of Nursing's (DON) office when she heard Resident #11 yell. When Staff A arrived in Resident #11's room she stated Resident #11 sat on the floor with her back against the bed. An assessment revealed a skin tear. Staff B Certified Nursing Assistant (CNA) entered Resident #11's room to assist. Staff A stated Resident #11 then complained of hip pain. Staff A stated the resident had been incontinent of bowel and possibly bladder and she believed the resident had tried to walk to the bathroom at the time of the fall. Staff A stated Resident #11 required the assistance of 1 staff with a gait belt and walker prior to her fall, although on occasion, Resident #11 would get up on</p>			
--	---	--	--	--

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: 7097		Date: January 29, 2020		
Facility Name: Dunlap Spec Care		Survey Dates: January 12 – 15, 2020		
Facility Address/City/State/Zip 1403 Harrison Rd. Dunlap, IA 51529		JM		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>her own to go to the bathroom. Staff A stated she did not notice if the floor was wet or if there was a wet floor sign at the resident's doorway, but did see Resident #11 wore non-skid socks on at the time of the fall.</p> <p>During an interview on 1/13/2020 at 9:46 AM, Staff B stated she heard a crash from Resident #11's room and went to see what had happened. When she arrived, she found Resident #11 on the floor kind of facing the door with her back against the bed, and she then yelled for help. When asked if she noticed Resident #11's floor was wet or if there had been a wet floor sign placed outside the door, she stated yes, because the housekeeper had just finished mopping. Staff B reported Resident #11 wore gripper socks. Staff B stated prior to the fall, Resident #11 required limited staff assistance, a gait belt and her walker for ambulation, toilet use, and walking to and from meals. When asked, Staff B reported she did not remember if the wet floor sign had been placed in the doorway, but did remember Staff C, Housekeeper in the hall with her cleaning cart. Staff B added Resident #11 had been known to get up on her own without using the call light.</p> <p>During a staff interview on 1/13/2020 at 9:53 AM Staff C, Housekeeping stated Resident #11 was in her recliner when she entered her room to clean. She also stated she mopped the resident's floor because that was what she was taught to do upon hire in April 2019. Staff C reported as she left Resident #11's room, she reminded her to use her call light if she needed help, and also told the resident she had just mopped her floor. Staff C stated she had placed the wet floor sign</p>			
--	---	--	--	--

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: 7097		Date: January 29, 2020		
Facility Name: Dunlap Spec Care		Survey Dates: January 12 – 15, 2020		
Facility Address/City/State/Zip 1403 Harrison Rd. Dunlap, IA 51529		JM		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>next to the doorway. After Staff C left the resident's room, she heard her fall, and returned to the room. When asked she had been directed to mop a resident's room if the resident was non-ambulatory and in bed, she stated she had not been given specifics. Staff C stated she was trained right away (after Resident #11's fall) not to mop a resident's floor if the resident was in the room, and said she felt horrible after it happened.</p> <p>When asked during an interview on 1/13/2020 at 11:30 AM if the facility had guidelines for new housekeeping staff to follow with regard to when it was safe to mop the floor in a resident's room, the Administrator stated they did not have specific guidelines. He added it should be common knowledge to not mop a resident's room floor with the resident in the room.</p> <p>During a staff interview on 1/13/2020 at 11:58 AM, Staff D, Housekeeping Supervisor, stated the day of the fall she noticed Staff C had just finished sweeping, dusting, mopping, and cleaning the bathroom in Resident #11's room. Staff D reported she did train Staff C regarding the Environmental Guidelines and Protocols, which included housekeeping staff were allowed to spot mop if they noticed it needed it if a resident was in the room. She clarified when staff spot mop, they mop a small area, place the wet floor sign over the area, and wait for the spot to dry. Staff D also reported if a resident is wheelchair bound, housekeeping staff could mop the resident's rooms. Staff D stated Resident #11 was able to get up and down by herself and staff should not have mopped her</p>			
--	--	--	--	--

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: 7097		Date: January 29, 2020		
Facility Name: Dunlap Spec Care		Survey Dates: January 12 – 15, 2020		
Facility Address/City/State/Zip 1403 Harrison Rd. Dunlap, IA 51529		JM		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>room while she was in there because the resident had dementia. She added she did not think about not mopping a room with the resident was in it because she forgot Resident #11 had dementia. Staff D reported after the resident fell, the facility immediately educated housekeeping staff to not mop a resident's room with a resident present. Staff D stated when she arrived at Resident #11's room after the fall, the floor was noticeably wet, as if staff had not wrung out the mop head.</p> <p>When asked during a staff interview on 01/15/20 at 9:03 AM if an ambulatory resident was in their room and their floor needed to be mopped how she would proceed, Staff G Housekeeping Aide stated she would wait until the resident left the room.</p> <p>2) The quarterly MDS dated 11/21/19 documented Resident #29 required extensive assist of 2 staff for bed mobility and transfers. The MDS also documented she had two falls with injury since the last assessment and she was unable to complete the Brief Interview for Mental Status.</p> <p>The Face Sheet for Resident #29 documented diagnoses that included vascular dementia and repeated falls.</p> <p>The Safe Bed Environment Evaluation dated 11/21/19 documented the resident with a landing mat next to the bed.</p>			
--	---	--	--	--

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: 7097		Date: January 29, 2020		
Facility Name: Dunlap Spec Care		Survey Dates: January 12 – 15, 2020		
Facility Address/City/State/Zip 1403 Harrison Rd. Dunlap, IA 51529		JM		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>The Care Plan with revision date of 1/20/20 documented the resident as at risk for falls and with multiple falls in the last year. The Care Plan directed staff to provide a high/low bed, keep walker in reach at all times, place a landing mat next to the bed.</p> <p>Observation on 1/12/20 at 10:00 AM revealed the resident lay in bed with a half rail up on both sides of the bed. The fall mat lay completely under the bed.</p> <p>During an observation on 1/13/19 at 2:30 PM the resident yelled for help. Upon entering the room, observation revealed the resident attempted to transfer herself out of bed. She sat up, leaned on her right elbow, and had placed her legs over the side of the bed. Staff were alerted and they attended to her needs.</p> <p>On 1/14/20 at 8:24 AM, staff entered the resident's room to assist her to bed. After staff left the room, observation revealed the resident lay in bed with the top half of the mat fall mat under the bed and the walker in the closet.</p> <p>Observation on 1/14/20 at 10:42 AM and 11:08 AM revealed the walker remained in the closet. The resident lay in bed and the top half of the fall mat remained under her bed. A nurse aide went in during the observation to freshen the resident's ice water, but did not adjust the mat.</p> <p>Observation on 1/14/20 at 2:28 PM revealed the resident rested in bed after lunch with the fall mat</p>			
--	--	--	--	--

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: 7097		Date: January 29, 2020		
Facility Name: Dunlap Spec Care		Survey Dates: January 12 – 15, 2020		
Facility Address/City/State/Zip 1403 Harrison Rd. Dunlap, IA 51529				
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>under her bed and the walker in the closet.</p> <p>In an interview on 01/15/20 at 8:55 AM, the DON stated that she expected the staff to follow the care plan to ensure all fall interventions were in place.</p>			
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><i>b.</i> Provision of the appropriate care and treatment of wounds, including pressure sores, to promote healing, prevent infection, and prevent new sores from developing; (I, II)</p> <p>DESCRIPTION:</p> <p>Based on record review and staff interview the facility failed to provide care consistent with professional standards of practice to prevent pressure ulcers and ensure the resident does not develop pressure ulcers unless the individual's clinical condition demonstrates</p>	I	\$3,000	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: 7097		Date: January 29, 2020		
Facility Name: Dunlap Spec Care		Survey Dates: January 12 – 15, 2020		
Facility Address/City/State/Zip 1403 Harrison Rd. Dunlap, IA 51529		JM		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>that they were unavoidable for 1 of 2 residents reviewed (Resident #50). On 12/17/19, Resident #50 admitted to the facility with diagnoses that included a femur fracture, malnutrition, and malignant neoplasm of the esophagus. Upon admission, the resident had three open areas on her buttock. Although the facility assessed the resident as at high risk for pressure ulcers and identified the resident had multiple risk factors, the facility failed to implement additional interventions in an attempt to address the resident's risk of developing pressure ulcers until the resident developed one on 12/28/19. The facility reported a census of 54 residents.</p> <p>Findings include:</p> <p>Review of the Braden Scale completed upon admission to the facility on 12/17/19 revealed Resident #50 scored 15. A score of 15 indicated the resident was at risk for pressure related skin breakdown.</p> <p>The admission Minimum Data Set (MDS) dated 12/24/19 documented Resident #50 required extensive assist of 2 staff for bed mobility. The MDS also documented the resident did not have a pressure ulcer.</p> <p>The resident's Face Sheet documented medical diagnoses that included right femur fracture, malnutrition, difficulty walking, weakness, dysphagia (swallowing difficulties), and malignant neoplasm of the esophagus.</p>			
--	---	--	--	--

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: 7097		Date: January 29, 2020		
Facility Name: Dunlap Spec Care		Survey Dates: January 12 – 15, 2020		
Facility Address/City/State/Zip 1403 Harrison Rd. Dunlap, IA 51529		JM		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>The Progress Notes contained an Admit/Re-Admit Note documented 12/17/19 at 10:59 a.m. The noted contained an area to address skin condition that had been completed as follows:</p> <p>Skin/Wound (left blank) Pressure Injury: No Non-Pressure Wound: Yes Skin Temperature: Warm Dry Skin Color: Normal</p> <p>A Progress Note dated 12/17/19 at 11:15 a.m. documented the facility received report from a nurse at the hospital. The nurse stated the resident had moderate swelling in both lower extremities and 2 open areas on her buttocks that appeared to be from shearing (Shearing wounds occur when forces moving in opposite directions are applied to tissues in the body. This can occur when the skin is stuck to a surface, such as a bed, while gravity forces the body downward on the bed. https://study.com/academy/lesson/shearing-friction-wounds-definitions-treatments.html)</p> <p>A Progress Note dated 12/18/19 by the dietician documented the resident experienced weight loss, triggered for malnutrition, and had been receiving medpass (a nutritional supplement) 2 ounces four times per day.</p> <p>A Progress Note dated 12/18/19 at 3:53 p.m. documented:</p>			
--	---	--	--	--

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: 7097		Date: January 29, 2020		
Facility Name: Dunlap Spec Care		Survey Dates: January 12 – 15, 2020		
Facility Address/City/State/Zip 1403 Harrison Rd. Dunlap, IA 51529		JM		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>Skin/Wound Pressure Injury: No Non-Pressure Wound: No Skin Temperature: Warm Dry Skin Color: Pale</p> <p>A Progress Note dated 12/19/19 at 12:30 p.m. documented:</p> <p>Skin/Wound Pressure Injury: No Non-Pressure Wound: Yes, right hip incision healing well with no signs and symptoms of infection Skin Temperature: Warm Dry Skin Color: Normal</p> <p>A Progress Note dated 12/21/19 at 9:44 a.m. documented:</p> <p>Skin/Wound Pressure Injury: No Non-Pressure Wound: No Skin Temperature: Warm Dry Skin Color: Normal</p> <p>A Progress Note dated 12/22/19 at 3:24 p.m. documented:</p> <p>Skin/Wound Pressure Injury: No Non-Pressure Wound: No Skin Temperature: Warm Dry</p>			
--	--	--	--	--

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: 7097		Date: January 29, 2020		
Facility Name: Dunlap Spec Care		Survey Dates: January 12 – 15, 2020		
Facility Address/City/State/Zip 1403 Harrison Rd. Dunlap, IA 51529		JM		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>Skin Color: Pale</p> <p>A Progress Note dated 12/24/19 at 1:21 a.m. documented resident lying in bed at this time, rolled to apply Sensi to bottom, does not roll easily, and total assist of 1 staff. Incontinent of urine, briefs worn.</p> <p>Skin/Wound Pressure Injury: Yes Coccyx Non-Pressure Wound: No Skin Temperature: Warm Dry Skin Color: Pale</p> <p>A Progress Note dated 12/24/19 at 11:15 a.m. documented:</p> <p>Skin/Wound Pressure Injury: No Non-Pressure Wound: No Skin Temperature: Cool Dry Skin Color: Normal</p> <p>A Progress Note dated 12/25/19 at 12:01 p.m. documented:</p> <p>Skin/Wound Pressure Injury: No Non-Pressure Wound: No Skin Temperature: Warm Dry Skin Color: Normal</p> <p>A Progress Note dated 12/26/19 at 11:18 a.m. documented:</p>			
--	---	--	--	--

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: 7097		Date: January 29, 2020		
Facility Name: Dunlap Spec Care		Survey Dates: January 12 – 15, 2020		
Facility Address/City/State/Zip 1403 Harrison Rd. Dunlap, IA 51529		JM		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>Skin/Wound Pressure Injury: No Non-Pressure Wound: Yes, coccyx with 3 open areas. Sensi applied Skin Temperature: Warm Dry Skin Color: Normal</p> <p>A Progress Note dated 12/26/19 at 7:39 p.m. documented the resident transferred with assist of 2 staff and was incontinent of bowel and bladder. Staff applied cream to coccyx.</p> <p>The Progress Notes contained an Administration Note dated 12/27/19 at 10:03 p.m. documented the resident complained of coccyx pain and requested pain pill. The nurse administered 1 tablet of Oxycodone-Acetaminophen Tablet 5-325 MG.</p> <p>A Progress Note dated 12/27/19 at 12:53 a.m. documented:</p> <p>Skin/Wound Pressure Injury: Yes, coccyx. Unstageable due to slough. Coversite applied. Non-Pressure Wound: No Skin Temperature: Warm Dry Skin Color: Pale</p> <p>A Progress Note dated 12/28/19 at 11:48 a.m. documented slough noted in sore on coccyx when staff applied Sensi to the resident's buttock. Sores present upon admission, but coccyx deteriorated. Staff</p>			
--	--	--	--	--

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: 7097		Date: January 29, 2020		
Facility Name: Dunlap Spec Care		Survey Dates: January 12 – 15, 2020		
Facility Address/City/State/Zip 1403 Harrison Rd. Dunlap, IA 51529		JM		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>assisted the resident to lay in bed as much as possible and repositioning the resident on her sides to keep pressure off area. Coversite applied.</p> <p>The Pressure Injury Evaluation form dated 12/28/19 documented the resident had a pressure injury to her coccyx (tailbone) which measured 2.4 cm long by 1.9 cm wide. The ulcer was unstageable due to loose, yellow/tan slough, with surrounding tissue red and inflamed. The resident rated the resident's pain in her sacrum (a shield shaped, bony structure between the last vertebrae and the tailbone) at 5 on a scale of 0-10.</p> <p>A Progress Note dated 12/29/19 at 11:52 p.m. documented:</p> <p>Skin/Wound Pressure Injury: No Non-Pressure Wound: No Skin Temperature: Warm Dry Skin Color: Normal</p> <p>The Progress Notes contained a Care Plan Conference Summary dated 12/30/19 at 10:30 a.m. which documented the resident required assist of two staff with all cares and experienced both bowel and bladder incontinence. The note also documented Certified Nursing Assistant (CNA) stated they are assisting the resident to lay in bed to assist in healing the sore on her buttocks.</p> <p>A progress note dated 12/30/19 at 1:20 p.m. documented when the resident admitted to the facility,</p>			
--	--	--	--	--

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: 7097		Date: January 29, 2020		
Facility Name: Dunlap Spec Care		Survey Dates: January 12 – 15, 2020		
Facility Address/City/State/Zip 1403 Harrison Rd. Dunlap, IA 51529		JM		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>she had 3 superficial areas on her coccyx from shearing in the hospital that measured 2.5 x 7 cm and Sensi initiated. On 12/25/19, area measured 7 x 7 cm with areas joined with slough in center that measured 2.4 x 1.9 cm with treatment changed to Coversite. Staff attempting to encourage the resident to stay off her back although that is her most comfortable position.</p> <p>A progress note dated 1/3/20 at 12:23 p.m. documented staff spoke with the resident's family regarding weight loss, decline in therapy, wound worsening, and discussed hospice.</p> <p>Labs drawn on 12/31/19 documented a hemoglobin (a red protein responsible for transporting oxygen in the blood) of 10.2, a hematocrit (the proportion, by volume, of the blood that consists of red blood cells expressed as a percentage) of 32.3 and an albumin level of 2.2.</p> <p>Albumin, the main protein produced in the liver, has numerous functions in the body, the most important of which is maintaining intravascular colloid osmotic pressure (COP). COP helps fluid stay within the vasculature instead of leaking into tissue. https://www.vetfolio.com/learn/article/the-role-of-albumin-and-fluids-in-the-body</p> <p>Low albumin levels can be seen in inflammation, shock, and malnutrition. https://labtestsonline.org/tests/albumin</p> <p>The Pressure Injury Evaluation form dated 1/2/20 documented the coccyx pressure injury had</p>			
--	---	--	--	--

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: 7097		Date: January 29, 2020		
Facility Name: Dunlap Spec Care		Survey Dates: January 12 – 15, 2020		
Facility Address/City/State/Zip 1403 Harrison Rd. Dunlap, IA 51529		JM		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>deteriorated, had odor after irrigation, and the surrounding tissue was red and inflamed. It measured 2.5 cm length by 2.5 cm width.</p> <p>The MDS dated 1/5/20 documented the resident had one unstageable pressure ulcer.</p> <p>The Care Plan for Resident #50 lacked documentation of any pressure relieving devices in place to prevent skin breakdown. The Care Plan was not updated with the pressure ulcer until 12/30/19.</p> <p>The Pressure Injury Evaluation form dated 1/8/20 documented the coccyx pressure injury had deteriorated, had odor after irrigation, had hard black eschar present and measured 3 cm length by 2.8 cm width by 2.2 cm depth. The resident rated the sacrum pain at 5 on a scale of 0-10.</p> <p>The Weight Record for the resident recorded an admit weight of 129.3 pounds on 12/17/19 and 114.6 pounds on 1/10/2020.</p> <p>A Care Communications Sheet dated 12/25/19 contained an undated, handwritten note that directed staff to assist Resident #50 out of bed last and back to bed first: lay on sides.</p> <p>The facility policy Assessments - Residents at Risk dated January 2015 documented its purpose was to identify residents at risk that need prevention interventions and the specific factors placing them at risk. The policy directed staff, in part:</p>			
--	---	--	--	--

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: 7097		Date: January 29, 2020		
Facility Name: Dunlap Spec Care		Survey Dates: January 12 – 15, 2020		
Facility Address/City/State/Zip 1403 Harrison Rd. Dunlap, IA 51529		JM		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<ul style="list-style-type: none"> - Address Risk Factors and preventative measures upon admission to include non-compliance and diagnoses. - Document use of protective measures according to policy - Identify problem: include diagnosis, pre-existing conditions, nutrition, and past history of ulcers. - Provide information to assure staff are aware of preventative measures. <p>In an interview on 01/14/20 at 11:34 AM, the Director of Nursing (DON) reported the facility implemented interventions implemented to prevent the development of pressure ulcers. She reported they used a positioning wedge and also put an air mattress in place when they noticed the breakdown. She stated the chart contained documentation regarding those interventions.</p> <p>In a subsequent interview on 01/14/20 at 01:32 PM, the DON stated the air mattress was ordered on 1/6/20 and delivered on 1/7/20. She also stated the facility policy directed staff to complete a Braden Scale (a tool used to gauge pressure ulcer risk in residents) upon admission and then weekly for the first 4 weeks. She also stated reported if the resident is at risk interventions, staff are to put interventions in place to prevent (skin) breakdown. The DON reported the resident had some areas of the shearing on admission, but they didn't expect it to get so bad so quickly because the resident had a good rehab potential and was expected to go home soon. She added that she</p>			
--	---	--	--	--

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: 7097		Date: January 29, 2020		
Facility Name: Dunlap Spec Care		Survey Dates: January 12 – 15, 2020		
Facility Address/City/State/Zip 1403 Harrison Rd. Dunlap, IA 51529				
		JM		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>sent a fax to the physician asking if the pressure ulcer was unavoidable and the physician responded it was likely due to malnutrition.</p> <p>FACILITY RESPONSE:</p>			
--	---	--	--	--

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: 7097		Date: January 29, 2020		
Facility Name: Dunlap Spec Care		Survey Dates: January 12 – 15, 2020		
Facility Address/City/State/Zip 1403 Harrison Rd. Dunlap, IA 51529		JM		
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).

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

Citation Number: 7097		Date: January 29, 2020		
Facility Name: Dunlap Spec Care		Survey Dates: January 12 – 15, 2020		
Facility Address/City/State/Zip 1403 Harrison Rd. Dunlap, IA 51529		JM		
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).