

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/29/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165271	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/14/2020
NAME OF PROVIDER OR SUPPLIER WESTWOOD SPECIALTY CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 4201 FIELDCREST DRIVE SIOUX CITY, IA 51104		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS Correction Date: 12-31-20 A Focused COVID-19 Infection Control Survey and investigation of Complaint #94657-C, #94711-C and #94728-C was conducted ending on 12/14/20 and resulted in the following deficiencies. Complaint # 94657 was substantiated Complaint# 94711 was substantiated. Complaint# 94728 was substantiated. The facility was found in compliance with CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. Total residents: 71 See Code of Federal Regulations (42CFR) Part 483, Subpart B-C.	F 000			
F 580 SS=D	Notify of Changes (Injury/Denial/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is,	F 580			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 580	<p>Continued From page 1</p> <p>a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or</p> <p>(D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).</p> <p>(ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.</p> <p>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15)</p> <p>Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9).</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, physician, responsible party/power of attorney (POA) and staff interviews, the facility failed to immediately inform the resident; consult with the resident's physician;</p>	F 580			

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F 580	<p>Continued From page 2</p> <p>and notify, consistent with his or her authority, the resident representative when there was a deterioration in a pressure sore and when a resident had a significant weight loss. (Resident #1) The facility reported a census of 71 residents.</p> <p>Findings Include:</p> <p>A Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 11/25/20 assessed Resident #1 with a Brief Interview of Mental Status score of "5" (severely impaired cognition). The resident had diagnoses that included: diabetes, hypertension, difficulty swallowing, and cognitive-communication disorder. The MDS identified the resident with a weight loss of 7.63% in 2 months and 10.53% in 5 months. The MDS indicates a weight loss of 5% or more in the last month or a loss of 10% or more in the last 6 months and not on a prescribed weight loss plan. The MDS revealed the resident had 1 Stage II pressure ulcer.</p> <p>Weight Loss:</p> <p>The resident's weight record revealed the resident weighed 259.4 pounds (lbs) on 9/24/20, 267.8 lbs on 6/26/20, and 239.6 lbs on 11/10/20 showing a weight loss of 7.63% in 2 months and a 10.53% weight loss in 5 months.</p> <p>A review of the current care plan showed the resident had difficulty with swallowing requiring full supervision of staff during oral intake to assist the resident with the act of eating as well as cueing to use compensatory strategies.</p> <p>A progress note dated 11/19/20 at 8:57 pm by the</p>	F 580			

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F 580	<p>Continued From page 3</p> <p>Dietary Manager (DM) revealed the resident showed a weight loss of 8% per quarter, and 180 days and no monthly weight recorded to compare to. The resident has pressure areas to left lower extremity (LLE) knee and heel.</p> <p>On 12/8/20 at 2:55 pm the resident's Power of Attorney (POA) denied receiving notification of any weight loss and the last report received from the facility was that the resident gained some weight.</p> <p>On 12/8/20 at 2:05 p.m. the Director of Nursing (DON) stated she expects the facility to inform a resident's responsible party/POA of a significant weight loss.</p> <p>Pressure Sore:</p> <p>A Pressure Injury Evaluation dated 10/26/20 completed by Staff A Licensed Practical Nurse (LPN) showed a pressure ulcer located on the left heel measuring 4.8 cm. X 2.7 cm. X 0.1 cm. Stage II, with no drainage, no tunneling, with pink/red granulation bed, normal surrounding skin, and no odor and marked as a new area. The facility notified the physician, the POA (power of attorney) and dietary. The facility made no care plan changes and the resident did not have pain related to the pressure sore.</p> <p>A fax communication dated 10/26/20 revealed the facility informed the physician of a blister on the left heel measuring 4.8 cm. X 2.7 cm. X 0.1 cm., no longer fluid filled and wound bed red. The facility asked for an order to cleanse area with wound cleaner, pat dry, paint the area with Betadine, cover with 4x4 gauze and wrap with kling, change twice a day and as needed until</p>	F 580			

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F 580	<p>Continued From page 4</p> <p>healed. The physician indicated yes to the order.</p> <p>A Pressure Injury Evaluation dated 11/2/20 completed by Staff B Registered Nurse (RN) showed a pressure ulcer present on the left heel measuring 4.2 cm. x 2.8 cm. x 0.1 cm. Stage II with small amount of serosanguineous drainage, no tunneling, hard black eschar of the wound bed and inflamed surrounding skin, no odor, progress marked as improved, continue treatment, no notification to physician or family.</p> <p>A Pressure Injury Evaluation dated 11/9/20 completed by Staff B RN showed a pressure ulcer present on the left heel measuring 4.2 cm. x 2.7 cm. x 0 cm. unstageable, small amount of serosanguineous drainage, hard black eschar to wound bed, normal surrounding skin, no odor, no change in condition, continue treatment, no notification to physician or family of previous changes in wound.</p> <p>A phone order dated 11/10/20 revealed Staff B RN asked the physician for a different treatment. New treatment ordered of clean left heel with wound cleanser, pat dry, apply absorbent dressing every day shift on Mondays. The Betadine was discontinued.</p> <p>On 12/8/20 at 12:45 am Staff B RN stated she had a conversation with the DON (Director of Nursing) about the changes in the pressure ulcer, but thought the wound was improving. The DON and Staff B agreed that a new dressing was appropriate and the request was made to the physician office on 11/10/20, but Staff B did not notify the physician of the red/ inflamed surrounding skin or hard black eschar.</p>	F 580			

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F 580	<p>Continued From page 5</p> <p>A Pressure Injury Evaluation dated 11/16/20 completed by Staff B RN showed a pressure ulcer on the left heel measuring 6 cm x 2 cm x 0 unstageable with moderate serosanguineous drainage, loose yellow /tan slough of wound bed, red/inflamed surrounding skin, no odor, marked as improved, to continue treatment with no notification to the physician or family about the changes in the wound.</p> <p>A Pressure Injury Evaluation dated 11/23/20 completed by Staff C LPN showed a pressure ulcer on the left heel measuring 5.5 cm. x 3.2 cm. x 0 unstageable with small amount of purulent yellow/tan drainage, loose yellow/tan slough of wound bed, red/inflamed surrounding skin, slight odor, odor after irrigation, continue treatment, and no notification to the physician or family about the changes in the wound.</p> <p>On 12/8/20 at 1:10 pm Staff C LPN stated she had a conversation with Staff B RN on 11/23/20 about the changes in the wound and Staff B RN directed Staff C to continue the current treatment. The facility did not inform the physician or the family about the changes in the wound.</p> <p>A Pressure Injury Evaluation dated 11/30/20 completed by Staff B RN showed a pressure ulcer to the left heel measuring 5.8 cm. x 3.4 cm. x unknown unstageable, small amount of serosanguineous drainage, soft black eschar to wound bed, normal surrounding tissue, slight odor, and odor after irrigation, condition deteriorated and physician contacted on 11/30/20.</p> <p>On 12/8/20 at 12:45 pm Staff B RN stated she did not contact the physician or family about the pressure ulcer until 11/30/20 when she had the</p>	F 580			

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F 580	<p>Continued From page 6</p> <p>charge nurse on duty call the Physician's office and requested an antibiotic for the left heel.</p> <p>Nurse Notes dated 11/30/20 at 2:00 pm showed Staff D LPN called the physician's office to request the antibiotic for the left heel.</p> <p>On 12/7/20 at 10:12 am the Resident Power of Attorney (POA) stated she received notification in October 2020 of a small blister located on the left heel. Approximately 2 weeks later the POA received notification of the blister getting worse and measuring approximately 2 cm x 3 cm.. The POA stated she was notified the physician requested to see the resident at an appointment prior to starting antibiotics for the pressure ulcer on the left heel. The resident's POA met the resident at the physician appointment on 12/1/20. The POA stated she was stunned at the sight of the wound and could not believe this was just a blister.</p> <p>On 12/8/20 at 1:20 pm the interview with the physician's nurse at MercyOne Specialty Clinic that cared for the resident during the appointment on 12/1/20 revealed the resident came to the office as requested by the physician due to the facility requesting an antibiotic for the wound on the residents left heel. The nurse stated when she went to the lobby to get the Resident, she could smell a foul odor coming from the resident. The nurse stated when the foot was uncovered and the dressing removed the area appeared large and black, and had a foul smell. The nurse stated the foot looked like it had gangrene. The nurse stated she reviewed all communications and faxes received from the facility and the only time their office was notified about the wound was on 10/26/20 when a new blister was reported and</p>	F 580			

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F 580	<p>Continued From page 7</p> <p>Betadine treatment was requested. The next communication was on 11/10/20 when the facility requested an absorbent dressing to replace the Betadine. The Facility gave no update on the wound condition. The nurse stated the resident had a telehealth appointment on 11/17/20 and there was no mention of any skin issues. The nurse identified another telehealth appointment on 11/24/20 and she was the nurse who took the nurse to nurse report from the facility as to what issues needed to be addressed during the visit and it was stated that the facility was doing weekly dressing changes to the heel and discussed the moisture area on the buttock requiring zinc. The facility reported that they were continuing with the dressing changes to the heel (that was all that was said about the heel) There was no mention to the physician about the pressure sore change in condition during this telehealth visit, and the pressure sore was not shown to the physician at this time. The nurse stated on 11/30/20 the facility contacted the office asking for an antibiotic for the heel wound and the physician requested a visit due to not understanding why the facility wanted an antibiotic for a blister. The physician was still under the understanding the heel are was a blistered area due to no communication regarding the appearance of the area since 10/26/20.</p> <p>On 12/9/20 at 2:55 pm the Physician at MercyOne Specialty Clinic stated that it is hard to know if a wound treatment is effective without seeing the wound. The Physician stated that if he would have been notified of changes so he could evaluate or even if the facility sent pictures or showed the heel during a telehealth appointment, then treatment would have been started sooner</p>	F 580			

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F 580	Continued From page 8 and a hospital stay and IV antibiotics could have been prevented. On 12/8/20 at 2:05 the DON stated she expects the physician and the family to be notified of all changes. Review of the Pressure Ulcer Skin Assessment protocol dated January 2015 revealed nursing is expected to notify the physician, notify the family member or responsible party, and include that information in the nurse 's notes.	F 580			
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR	F 656			

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F 656	<p>Continued From page 9</p> <p>recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interview, the facility failed to implement the careplan and failed to ensure they reported a residents pressure sore changes as the care plan directed and failed to provide adequate care plan interventions for pressure sores and failed to address weight loss for 1 out of 6 residents reviewed (Resident #1). The facility reported a census of 71 residents.</p> <p>Findings Include:</p> <p>A Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 11/25/20 for Resident #1 assessed the resident with a score "5" on the Brief Interview of Mental Status test indicating severe cognitive impairment. The resident had diagnoses that included: diabetes, hypertension, difficulty swallowing and cognitive communication disorder. The MDS identified the resident with a weight loss of 7.63% in 2 months and 10.53% in</p>	F 656			

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F 656	<p>Continued From page 10</p> <p>5 months. The MDS indicates a weight loss of 5% or more in the last month or a loss of 10% or more in the last 6 months and not on a prescribed weight loss plan. The MDS identified the resident with 1 Stage II pressure ulcer.</p> <p>Care Plan for pressure sore:</p> <p>The resident's care plan initiated 9/23/20 and revised 10/28/20 revealed the resident had pressure ulcers. The care plan directive dated 9/23/20 directed staff to monitor for changes in skin status that may indicate worsening of pressure ulcers and notify the physician. The care plan directive dated 10/28/20 directed staff to use proper fitting shoes, elevate bilateral lower extremities (BLE) due to edema and apply heel boots to BLE when in bed and recliner.</p> <p>The care plan did not direct staff to free float heels to keep them pressure free. The care plan did not address pressure reduction for the bed or repositioning for the resident when in bed.</p> <p>A Pressure Injury Evaluation dated 10/26/20 completed by Staff A Licensed Practical Nurse (LPN) showed a pressure ulcer located on the left heel measuring 4.8 cm. X 2.7 cm. X 0.1 cm. Stage II, with no drainage, no tunneling, with pink/red granulation bed, normal surrounding skin, and no odor and marked as a new area. The facility notified the physician, the POA (power of attorney) and dietary. The facility made no care plan changes and the resident did not have pain related to the pressure sore.</p> <p>A fax communication dated 10/26/20 revealed the facility informed the physician of a blister on the left heel measuring 4.8 cm. X 2.7 cm. X 0.1 cm.,</p>	F 656			

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F 656	<p>Continued From page 11</p> <p>no longer fluid filled and wound bed red. The facility asked for an order to cleanse area with wound cleaner, pat dry, paint the area with Betadine, cover with 4x4 gauze and wrap with kling, change twice a day and as needed until healed. The physician indicated yes to the order.</p> <p>A Pressure Injury Evaluation dated 11/2/20 completed by Staff B Registered Nurse (RN) showed a pressure ulcer present on the left heel measuring 4.2 cm. x 2.8 cm. x 0.1 cm. Stage II with small amount of serosanguineous drainage, no tunneling, hard black eschar of the wound bed and inflamed surrounding skin, no odor, progress marked as improved, continue treatment, no notification to physician or family.</p> <p>A Pressure Injury Evaluation dated 11/9/20 completed by Staff B RN showed a pressure ulcer present on the left heel measuring 4.2 cm. x 2.7 cm. x 0 cm. unstageable, small amount of serosanguineous drainage, hard black eschar to wound bed, normal surrounding skin, no odor, no change in condition, continue treatment, no notification to physician or family of previous changes in wound.</p> <p>A phone order dated 11/10/20 revealed Staff B RN asked the physician for a different treatment. New treatment ordered of clean left heel with wound cleanser, pat dry, apply absorbent dressing every day shift on Mondays. The Betadine was discontinued.</p> <p>On 12/8/20 at 12:45 am Staff B RN stated she had a conversation with the DON (Director of Nursing) about the changes in the pressure ulcer, but thought the wound was improving. The DON and Staff B agreed that a new dressing was</p>	F 656			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/29/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165271	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/14/2020
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F 656	<p>Continued From page 12</p> <p>appropriate and the request was made to the physician office on 11/10/20, but Staff B did not notify the physician of the red/ inflamed surrounding skin or hard black eschar.</p> <p>A Pressure Injury Evaluation dated 11/16/20 completed by Staff B RN showed a pressure ulcer on the left heel measuring 6 cm x 2 cm x 0 unstageable with moderate serosanguineous drainage, loose yellow /tan slough of wound bed, red/inflamed surrounding skin, no odor, marked as improved, to continue treatment with no notification to the physician or family about the changes in the wound.</p> <p>A Pressure Injury Evaluation dated 11/23/20 completed by Staff C LPN showed a pressure ulcer on the left heel measuring 5.5 cm. x 3.2 cm. x 0 unstageable with small amount of purulent yellow/tan drainage, loose yellow/tan slough of wound bed, red/inflamed surrounding skin, slight odor, odor after irrigation, continue treatment, and no notification to the physician or family about the changes in the wound.</p> <p>On 12/8/20 at 1:10 pm Staff C LPN stated she had a conversation with Staff B RN on 11/23/20 about the changes in the wound and Staff B RN directed Staff C to continue the current treatment. The facility did not inform the physician or the family about the changes in the wound.</p> <p>A Pressure Injury Evaluation dated 11/30/20 completed by Staff B RN showed a pressure ulcer to the left heel measuring 5.8 cm. x 3.4 cm. x unknown unstageable, small amount of serosanguineous drainage, soft black eschar to wound bed, normal surrounding tissue, slight odor, and odor after irrigation, condition</p>	F 656			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 656	Continued From page 13 deteriorated and physician contacted on 11/30/20. On 12/8/20 at 12:45 pm Staff B RN stated she did not contact the physician or family about the pressure ulcer until 11/30/20 when she had the charge nurse on duty call the physician's office and request an antibiotic for the left heel. Care plan for weight loss: Resident #1's care plan dated 11/1/19 and revised 6/25/20 identified the resident at nutritional risk related to BMI in morbid obese range with weight gains. History of diabetes, edema and diuretic. The care plan failed to identify the resident with a weight loss. The resident's weight record revealed the resident weighed 259.4 pounds (lbs) on 9/24/20, 267.8 lbs on 6/26/20, and 239.6 lbs on 11/10/20 showing a weight loss of 7.63% in 2 months and a 10.53% weight loss in 5 months.	F 656			
F 686 SS=G	Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii) §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent	F 686			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/29/2020
FORM APPROVED
OMB NO. 0938-0391

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F 686	<p>Continued From page 14</p> <p>new ulcers from developing. This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, staff, POA (power of attorney), physician and physician nurse interviews, the facility failed to provide care, consistent with professional standards of practice to prevent pressure ulcers and once pressure ulcers developed the facility failed to ensure the resident received the necessary treatment and services, consistent with professional standards of practice, to promote healing and prevent infection for 1 of 6 residents reviewed. (Resident #1). The facility reported a census of 71 residents.</p> <p>Findings Include:</p> <p>A Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 11/25/20 for Resident #1 assessed the resident with a score "5" on the Brief Interview of Mental Status test indicating severe cognitive impairment. The resident had diagnoses that included: diabetes, hypertension, difficulty swallowing and cognitive communication disorder. The MDS identified the resident with 1 Stage II pressure ulcer.</p> <p>Definition of Stage 2 Pressure Ulcer: Partial-thickness skin loss with exposed dermis Partial-thickness loss of skin with exposed dermis, presenting as a shallow open ulcer. The wound bed is viable, pink or red, moist, and may also present as an intact or open/ruptured blister. Adipose (fat) is not visible and deeper tissues are not visible. Granulation tissue, slough and eschar are not present. This stage should not be used to describe moisture associated skin damage including incontinence associated dermatitis,</p>	F 686			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 686	<p>Continued From page 15</p> <p>intertriginous dermatitis (inflammation of skin folds), medical adhesive related skin injury, or traumatic wounds (skin tears, burns, abrasions).</p> <p>A Weekly Pressure QA Meeting dated 12/3/20 revealed the resident had a lower left extremity unstageable pressure sore measuring 5.8 centimeters x 3.4 (cm.) with black eschar and foul smell. The resident went to physician and from the appointment was a direct admit for intravenous (IV) antibiotics. The previous physician visit date was 9/16/20.</p> <p>A Pressure Injury Evaluation dated 10/26/20 completed by Staff A Licensed Practical Nurse (LPN) showed a pressure ulcer located on the left heel measuring 4.8 cm. X 2.7 cm. X 0.1 cm. Stage II, with no drainage, no tunneling, with pink/red granulation bed, normal surrounding skin, and no odor and marked as a new area. The facility notified the physician, the POA (power of attorney) and dietary. The facility made no care plan changes and the resident did not have pain related to the pressure sore.</p> <p>A fax communication dated 10/26/20 revealed the facility informed the physician of a blister on the left heel measuring 4.8 cm. X 2.7 cm. X 0.1 cm., no longer fluid filled and wound bed red. The facility asked for an order to cleanse area with wound cleaner, pat dry, paint the area with Betadine, cover with 4x4 gauze and wrap with kling, change twice a day and as needed until healed. The physician indicated yes to the order.</p> <p>A Pressure Injury Evaluation dated 11/2/20 completed by Staff B Registered Nurse (RN) showed a pressure ulcer present on the left heel measuring 4.2 cm. x 2.8 cm. x 0.1 cm. Stage II</p>	F 686			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/29/2020
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F 686	<p>Continued From page 16</p> <p>with small amount of serosanguineous drainage, no tunneling, hard black eschar of the wound bed and inflamed surrounding skin, no odor, progress marked as improved, continue treatment, no notification to physician or family.</p> <p>A Pressure Injury Evaluation dated 11/9/20 completed by Staff B RN showed a pressure ulcer present on the left heel measuring 4.2 cm. x 2.7 cm. x 0 cm. unstageable, small amount of serosanguineous drainage, hard black eschar to wound bed, normal surrounding skin, no odor, no change in condition, continue treatment, no notification to physician or family of previous changes in wound.</p> <p>A phone order dated 11/10/20 revealed Staff B RN asked the physician for a different treatment. New treatment ordered of clean left heel with wound cleanser, pat dry, apply absorbent dressing every day shift on Mondays. The Betadine was discontinued.</p> <p>On 12/8/20 at 12:45 am Staff B RN stated she had a conversation with the DON (Director of Nursing) about the changes in the pressure ulcer, but thought the wound was improving. The DON and Staff B agreed that a new dressing was appropriate and the request was made to the physician office on 11/10/20, but Staff B did not notify the physician of the red/ inflamed surrounding skin or hard black eschar.</p> <p>A Pressure Injury Evaluation dated 11/16/20 completed by Staff B RN showed a pressure ulcer on the left heel measuring 6 cm x 2 cm x 0 unstageable with moderate serosanguineous drainage, loose yellow /tan slough of wound bed, red/inflamed surrounding skin, no odor, marked</p>	F 686			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 686	<p>Continued From page 17</p> <p>as improved, to continue treatment with no notification to the physician or family about the changes in the wound.</p> <p>A Pressure Injury Evaluation dated 11/23/20 completed by Staff C LPN showed a pressure ulcer on the left heel measuring 5.5 cm. x 3.2 cm. x 0 unstageable with small amount of purulent yellow/tan drainage, loose yellow/tan slough of wound bed, red/inflamed surrounding skin, slight odor, odor after irrigation, continue treatment, and no notification to the physician or family about the changes in the wound.</p> <p>On 12/8/20 at 1:10 pm Staff C LPN stated she had a conversation with Staff B RN on 11/23/20 about the changes in the wound and Staff B RN directed Staff C to continue the current treatment. The facility did not inform the physician or the family about the changes in the wound.</p> <p>A Pressure Injury Evaluation dated 11/30/20 completed by Staff B RN showed a pressure ulcer to the left heel measuring 5.8 cm. x 3.4 cm. x unknown unstageable, small amount of serosanguineous drainage, soft black eschar to wound bed, normal surrounding tissue, slight odor, and odor after irrigation, condition deteriorated and physician contacted on 11/30/20.</p> <p>On 12/8/20 at 12:45 pm Staff B RN stated she did not contact the physician or family about the pressure ulcer until 11/30/20 when she had the charge nurse on duty call the physician's office and request an antibiotic for the left heel.</p> <p>Nurse Notes dated 11/30/20 at 2:00 pm showed Staff D LPN called the physician's office to request the antibiotic for the left heel.</p>	F 686			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 686	<p>Continued From page 18</p> <p>On 12/7/20 at 10:12 am the Resident Power of Attorney (POA) stated she received notification in October 20202 of a small blister located on the left heel. Approximately 2 weeks later the POA received notification of the blister getting worse and measuring approximately 2 cm x 3 cm.. The POA stated she was notified the physician requested to see the resident at an appointment prior to starting antibiotics for the pressure ulcer on the left heel. The resident's POA met the resident at the physician appointment on 12/1/20. The POA stated she was stunned at the sight of the wound and could not believe this was just a blister.</p> <p>On 12/8/20 at 1:20 pm the interview with the physician's nurse at MercyOne Specialty Clinic that cared for the resident during the appointment on 12/1/20 revealed the resident came to the office as requested by the physician due to the facility requesting an antibiotic for the wound on the residents left heel. The nurse stated when she went to the lobby to get the Resident, she could smell a foul odor coming from the resident. The nurse stated when the foot was uncovered and the dressing removed the area appeared large and black, and had a foul smell. The nurse stated the foot looked like it had gangrene. The nurse stated she reviewed all communications and faxes received from the facility and the only time their office was notified about the wound was on 10/26/20 when a new blister was reported and Betadine treatment was requested. The next communication was on 11/10/20 when the facility requested an absorbent dressing to replace the Betadine. The Facility gave no update on the wound condition. The nurse stated the resident had a telehealth appointment on 11/17/20 and</p>	F 686			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 686	<p>Continued From page 19</p> <p>there was no mention of any skin issues. The nurse identified another telehealth appointment on 11/24/20 and she was the nurse who took the nurse to nurse report from the facility as to what issues needed to be addressed during the visit and it was stated that the facility was doing weekly dressing changes to the heel and discussed the moisture area on the buttock requiring zinc. The facility reported that they were continuing with the dressing changes to the heel (that was all that was said about the heel) There was no mention to the physician about the pressure sore change in condition during this telehealth visit, and the pressure sore was not shown to the physician at this time. The nurse stated on 11/30/20 the facility contacted the office asking for an antibiotic for the heel wound and the physician requested a visit due to not understanding why the facility wanted an antibiotic for a blister. The physician was still under the understanding the heel are was a blistered area due to no communication regarding the appearance of the area since 10/26/20</p> <p>Review of the Physician notes for the Telehealth visit on 11/17/20 lacked any documentation of skin issues. Notes from the visit identified the integumentary system review as negative for rash or skin lesions.</p> <p>Review of the Physician office visit notes for 12/1/20 revealed the reason for the office visit as wound. Documentation identified the wound was aggravated by local pressure. The wound measured 4 cm. by 8 cm. with black base to ulcer. Additional information: gangrenous pressure ulcer to left heel. The assessment/plan was: heel ulceration, left, with unspecified</p>	F 686			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 686	<p>Continued From page 20</p> <p>severity. Refer to wound center for further care today.</p> <p>Review of the wound center consultation report dated 12/1/20 at 5:23 pm revealed the resident had hip surgery in September and following that, the pressure ulcer of the left heel developed. The resident presented with a left heel ulcer consisting of eschar measuring 4.2 cm. by 6.2 cm. by 0.2 cm. surrounded by 5 to 10 cm. of redness without obvious purulent drainage. There was however a foul odor from the heel. The resident began experiencing pain from the pressure ulcer about 3 weeks ago. The wound center obtained a culture of the wound. The wound center identified the resident with an acutely infected left heel ulcer. It is malodorous with surrounding cellulitis. The ulcer did not require debridement at that time. The recommendation of hospital admission for treatment of the infected left heel was made. The resident will be admitted to the hospital and the expectation is the resident would receive IV antibiotics. Local wound care will consist of pressure relief and the use of Dakins soaked gauze dressings to suppress superficial bacteria and generally keep the heel dry. The resident will also be evaluated for peripheral vascular disease (PVD).</p> <p>Review of progress notes dated 12/2/20 at 11:35 revealed the Resident admitted to the hospital and started on intravenous antibiotics (IV). The preliminary culture report showed streptococcus and gram negative bacillus cultured from the heel. The gram stain showed gram positive cocci. The resident received antibiotics Vancomycin and meropenem. The physician thought the resident likely had PVD. While hospitalized the resident</p>	F 686			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 686	<p>Continued From page 21</p> <p>used a PRAFO boot to keep the heel off the bed. Progress notes also revealed if the resident had adequate blood supply, the ulcer should heal although would likely take months.</p> <p>On 12/9/20 at 2:55 pm the Physician at MercyOne Specialty Clinic stated that it is hard to know if a wound treatment is effective without seeing the wound. The Physician stated that if he would have been notified of changes so he could evaluate or even if the facility sent pictures or showed the heel during a telehealth appointment, then treatment would have been started sooner and a hospital stay and IV antibiotics could have been prevented.</p> <p>On 12/8/20 at 2:05 the DON stated she expected the physician and the family to be notified of all changes.</p> <p>Review of the Pressure Ulcer Skin Assessment protocol dated January 2015 revealed Nursing is expected to notify the physician, notify the family member or responsible party and include that information in the nurse's notes.</p> <p>On 12/8/20 at 2:05 pm the DON stated the expectation is for nursing staff to notify the physician and the resident's family of all changes in health status.</p> <p>A hospital history and physical dated 12/1/20 identified the resident with left heel ulcer with eschar, cellulitis mild to left leg, red warm to midshin, minimal. She complained of her left heel hurting.</p> <p>Hospital progress notes dated 12/6/20 revealed the resident was found to have severe PAD</p>	F 686			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 686	<p>Continued From page 22</p> <p>(peripheral artery disease) pending further peripheral angiogram with vascular on Monday.</p> <p>Hospital Progress notes stated 12/7/20 revealed the heel looked better with respect to the cellulitis resolving. The resident's white count was now normal. The resident will undergo a vascular procedure today that will hopefully improve blood supply to the heel.</p> <p>Hospital progress notes dated 12/8/20 revealed the resident underwent an angiogram yesterday with left peroneal angioplasty and removal of a clot from the left leg. The physician documented the resident's heel achieved most of what was wanted at this time. The cellulitis and infection of the foot and lower leg resolved. The black ulcer of the heel remains but with improved blood supply it will give it a chance to heal if the heel can keep pressure off of it. The most important part of the resident's care is to keep pressure off of the heel.</p> <p>The resident remained hospitalized during the investigation.</p> <p>Care Plan:</p> <p>The resident's care plan initiated 9/23/20 and revised 10/28/20 revealed the resident had pressure ulcers. The care plan directive dated 9/23/20 directed staff to monitor for changes in skin status that may indicate worsening of pressure ulcers and notify the physician. The care plan directive dated 10/28/20 directed staff to use proper fitting shoes, elevate bilateral lower extremities (BLE) due to edema and apply heel boots to BLE when in bed and recliner.</p> <p>The care plan did not direct staff to free float</p>	F 686			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165271	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/14/2020
NAME OF PROVIDER OR SUPPLIER WESTWOOD SPECIALTY CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 4201 FIELDCREST DRIVE SIOUX CITY, IA 51104		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 686	Continued From page 23 heels to keep them pressure free. The care plan did not address pressure reduction for the bed or repositioning for the resident when in bed	F 686			

F 580 Notification of Changes

Licensed nursing staff have been re-educated on informing the resident, notifying the attending physician and responsible party when there is an accident involving an injury, a significant change in condition and/or a need to change a treatment due to adverse consequences or to commence a new form of treatment. On 12/30/20 an inservice conducted with nurses. A weekly meeting between DON and skin nurse will be conducted to monitor pressure areas.

Completion date 12/30/20

F 656 Comprehensive Care Plans

This facility has developed and implemented a comprehensive person-centered care plan for each resident consistent with the resident rights that includes measurable objectives and time frames to meet a resident's medical, nursing, and mental and psychosocial needs. Any resident that has a pressure area or is at risk is to have an every two hour reposition schedule, Pressure reducing mattress and cushion in wheelchair. The MDS/care plan nurse will address in care plan upon admission or new pressure area and evaluate quarterly.

Completion date 12/31/20

F 686 Treatment/Services to prevent/heal Pressure ulcers.

Based on the comprehensive assessment of a resident, this facility does ensure that our residents receive care consistent with professional standards of practice to prevent pressure ulcers and do not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable. On 12/30/20 an inservice conducted with nurses. A weekly meeting between DON and skin nurse will be conducted to monitor pressure areas.

Completion date 12/30/20