Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: **9057**			**Date:** **March 10, 2021**
Facility Name: **Azria Health Winterset**		**Survey Dates:** **January 6 – February 8, 2021**	
Facility Address/City/State/Zip **1015 W Summit Winterset, IA 50273**	**JM**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
58.10(8)	**481—58.10(135C) General policies.** **58.10(8)** Infection control program. Each facility shall have a written and implemented infection control and exposure control program with policies and procedures based on the guidelines issued by the Centers for Disease Control and Prevention, U.S. Department of Health and Human Services. (I, II, III) CDC guidelines are available at www.cdc.gov/ncidod/dhqp/index.html. **DESCRIPTION:** Based on interview and record review, the facility failed to implement CMS and CDC recommended infection control practices in order to control and prevent the potential spread of COVID-19 between residents and staff. The facility allowed staff to work and provide care to residents after they reported signs and symptoms of COVID-19 and subsequently tested positive for COVID-19. Additionally, the facility failed to ensure all staff were thoroughly screened before beginning their scheduled shifts, failed to ensure staff adhered to facility policy which prohibited staff from screening themselves, and failed to ensure all staff completed education regarding proper screening for COVID-19. The facility reported a census of 43 residents. Findings Include:	**I**	**$8,500** **Held in Suspension**	**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: **9057**				**Date:** **March 10, 2021**
Facility Name: **Azria Health Winterset**		**Survey Dates:** **January 6 – February 8, 2021**		
Facility Address/City/State/Zip **1015 W Summit Winterset, IA 50273**	**JM**			
Rule or Code Section	**Nature of Violation**	**Class**	**Fine Amount**	**Correction date**
	Record review of facility document titled COVID-19 Guideline, dated 9/9/20, documented the purpose of the guideline is to provide clarification for steps the facility will take regarding the Novel Coronavirus (COVID-19), minimize exposures to respiratory pathogens, and promptly identify residents with clinical features and risk for COVID-19. The objective is to decrease the prevalence and incidence of a resident coming into contact with anyone presenting with cold-like signs and symptoms as well as anyone who has traveled outside the country. In addition, the policy directed team members who become symptomatic during work hours, are required to immediately leave the facility and included a symptom-based strategy for determining when Health Care Providers (HCP) can return to work. HCP with mild to moderate illness who are not severely immunocompromised: At least 10 days have passed since symptoms first appeared and at least 24 hours have passed since last fever without the use of fever-reducing medications. Symptoms (e.g., cough, shortness of breath) have improved. A facility document titled Screening In/Out, date unreadable, documented: Everyone will be trained on screening in/out. An attached employee list for staff to sign related to education demonstrated 37 of 79 staff signed to indicate they were trained on screening in/out. The education directed:			

_____ _____

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: **9057**			**Date:** **March 10, 2021**
Facility Name: **Azria Health Winterset**		**Survey Dates:** **January 6 – February 8, 2021**	
Facility Address/City/State/Zip **1015 W Summit Winterset, IA 50273**	**JM**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	Everyone must push the doorbell and wait for someone to come to the door to screen you in the service hall. Once you have been screened in and the person screening you in had completed the screening in form and initialed it, you may enter the facility as usual. All the questions on the screening in form must be asked and answered. If someone answers "yes" to a question, the Assistant Director of Nursing (ADON), the Director of Nursing (DON), or the MDS Coordinator must get involved to see if the person can enter the building. The person doing the screening in must initial to the right of the line info is entered on. In an interview on 1/7/21 at 7:35 AM, Certified Nursing Assistant, (CNA) Staff A reported she had tested positive for Covid-19 on 12/31/20 and experienced mild symptoms at that time. When asked if she had been restricted to any particular areas of the facility or is had any interaction with the only resident that still tested negative for Covid-19, she answered she had not been restricted from entering any areas and affirmed she had assisted Staff E to care for the only resident in the facility with a negative COVID-19 status. On 1/7/21 at 7:40 AM Staff AA, CNA reported Staff A and Staff E gave the resident with a negative COVID-19 test a bed bath. Staff AA reported she had tested positive for Covid-19 on 12/28/20 and she continued to work with a runny nose and headache. She added 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: **9057**			**Date:** **March 10, 2021**
Facility Name: **Azria Health Winterset**		**Survey Dates:** **January 6 – February 8, 2021**	
Facility Address/City/State/Zip **1015 W Summit Winterset, IA 50273**	**JM**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	had been told she could only work in the front hall with residents that had a Covid-19 positive status. In an interview on 1/7/21 at 2:20 PM, the DON was asked why Staff A provided care to the only resident that had tested negative for COVID-19 in the facility, the DON reported all of the staff that are here have tested positive for COVID-19. When the DON was informed that several staff members had been beyond the 10 day recovery period, the DON reported she would look into why that situation had occurred. In an interview with the DON on 1/7/21 at 2:30 PM, she said the facility had initially planned to put any residents with positive COVID-19 tests in the 500 hallway because it had 7 rooms (14 beds). However, so many residents tested positive on 12/23/20 that they decided to move them into the 100 hallway where there are 14 rooms (24 beds). A review of the Covid testing results and the electronic record census page revealed the following room changes: a. Resident #14 tested positive on 12/23/20 and moved to room 116. The facility moved the resident back to room 402 after 8 days. b. Resident #15 tested positive on 12/23/20 and moved to room 115. The facility moved the resident back to 405 after only 3 days. c. Resident #16 tested positive on 12/23/20 and moved to room 106. The facility moved the resident back to room 414 after 5 days.			

_____ _____

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: **9057**			**Date:** **March 10, 2021**
Facility Name: **Azria Health Winterset**		**Survey Dates:** **January 6 – February 8, 2021**	
Facility Address/City/State/Zip **1015 W Summit Winterset, IA 50273**	**JM**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	d. Resident #7 tested positive on 12/23/20 and moved to room 105. The facility moved the resident back to room 411 after 5 days. e. Resident #17 tested positive on 12/23/20 and stayed in room 412. f. Resident #13 tested positive on 12/24/20 and stayed in room 412. g. Resident #18 tested positive on 12/27/20 and stayed in room 403. h. Resident #19 tested positive on 12/27/20 and stayed in room 407. i. Resident #21 tested positive on 12/31/20 and stayed in room 406. j. Resident #20 tested positive on 12/31. The resident stayed in room 408 and was in the 400 hallway with other residents who had not passed their 10 day recovery period. Resident #20 passed away from Covid-19 on 1/4/21. In an interview on 1/14/21 at 10:44 AM, Staff T, Business Office Manager (BOM) stated that she had been responsible for documenting the room changes during the Covid-19 outbreak. She said she entered the room change in the electronic record as soon as she either heard from the nurses or from the Assistant Director of Nursing (ADON). She added she also walked up and down the hallway at the end of the day to see if she had missed any changes and had several checks in place to keep on top of it. She explained that with the first positive residents, they had initially planned to put positive residents in the 500 hallway but because they had so many right away they chose the 100 hallway and kept the double doors closed. When			

_____ _____

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: **9057**			**Date:** **March 10, 2021**
Facility Name: **Azria Health Winterset**		**Survey Dates:** **January 6 – February 8, 2021**	
Facility Address/City/State/Zip **1015 W Summit Winterset, IA 50273**	**JM**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	asked if some residents had been moved to the 100 hallway when they tested positive and then back to the 400 hall within 3-5 days, she replied she thought that could be accurate. On 1/7/21 at 9:00 AM, Staff C, Certified Nursing Assistant (CNA), reported she screened herself and added that leadership checked the log daily. She also reported she had tested positive for COVID-19 and worked while she had symptoms: a headache and shortness of breath. In an interview on 1/7/21, the Director of Nursing (DON) stated COVID-19 positive staff could work if they were asymptomatic. She added that if staff circle "yes" on the screening log, they should notify the Infection Preventionist (IP) who would then explore whether or not the symptoms were new to them. The DON said staff are allowed to screen themselves at the start of their shift and should notify leadership with any issues. During an interview on 1/7/21 at 1:46 pm, Staff C stated nobody had told her to call in prior to work if symptomatic. She said a long time ago, the facility told staff to stay home, but most recently they instructed that staff could work with symptoms. Staff C reported she worked with symptoms because she did not want to let down the facility. During an interview on 1/7/21 at 2:11 pm, Staff B, Licensed Practical Nurse (LPN), reported she knew 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: **9057**			**Date:** **March 10, 2021**
Facility Name: **Azria Health Winterset**		**Survey Dates:** **January 6 – February 8, 2021**	
Facility Address/City/State/Zip **1015 W Summit Winterset, IA 50273**	**JM**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	staff that worked that had not only tested positive for COVID-19, but had also had symptoms. During an interview on 1/11/21 at 10:50 am, the Assistant Director of Nursing (ADON) and IP reported if staff circle "yes" on the screening log she spoke with them about the symptom, although she did not review the screening log daily or keep a log of staff signs/symptoms. She reported the Business Office Manager (BOM) reviewed the logs daily prior to scanning them to the corporate office. In an interview on 1/12/21 at 3:39 pm, Staff S, MDS Coordinator stated staff with symptoms of COVID-19 should not work, and added staff should not screen or temperature check themselves in prior to start of shift. On 1/12/21 at 3:51 pm, Staff T, BOM reported she screens herself in daily and also gathers screening logs daily to scan to the corporate office. She stated if staff circles "yes" she informs the ADON or DON, but does not keep a log. She said staff should not work if symptomatic of COVID-19 and added that facility nurses would not work if they were ill. During an interview on 1/13/21 at 9 am, with the Administrator, she stated staff were adults and they do not have enough staff to be at the door at all times, so they may screen themselves prior to start of the shift. The Administrator stated if staff have a symptom they need to have a nurse check them prior to working, and added that COVID-19 positive staff are separated from negative staff and if staff have symptoms they are to			

_____ _____

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: **9057**			**Date:** **March 10, 2021**
Facility Name: **Azria Health Winterset**		**Survey Dates:** **January 6 – February 8, 2021**	
Facility Address/City/State/Zip **1015 W Summit Winterset, IA 50273**	**JM**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	go home. The Administrator said she shares updates with staff verbally and does not talk to everyone. She said the IP follows up with staff if they circle yes on the Screening logs and Staff Q, corporate nurse, also receives daily Screening logs. During an interview on 1/13/21 at 11:08 am, the DON verified staff screen themselves in prior to start of shift. The DON stated when she was out of work status due to illness in December she realized "a lot of things got missed," but did not know any staff that worked while ill. She stated she worked when ill with vomiting, diarrhea, headache, and shortness of breath on 1/3/21, 1/5/21, 1/6/21, and 1/7/21. She reported she was evaluated at Urgent Care and they told her they would still call her symptoms "COVID," as she had tested positive on 12/11/20. The DON said Staff Q cleared her to continue working. During an interview on 1/13/21 at 1:09 pm, Staff Q, she reported the facility had staff stationed by the service entrance to screen staff into work, and they should notify nursing leadership if any staff circle "yes." She stated staff can work if asymptomatic, but that did not mean the signs/symptoms would be completely gone, but they should be improved. Staff Q added they would send staff home with nausea /vomiting. Staff Q clarified she allowed the DON to work while ill because she had bronchitis and had started antibiotic therapy, and she allowed Staff C to work with headaches because she had a history of migraines. She said staff should not screen themselves because the nurses do this.			

_____ _____

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: **9057**			**Date:** **March 10, 2021**
Facility Name: **Azria Health Winterset**		**Survey Dates:** **January 6 – February 8, 2021**	
Facility Address/City/State/Zip **1015 W Summit Winterset, IA 50273**	**JM**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	On 1/13/21 at 2:30 pm, Staff E, Shower Aide, reported she tested COVID-19 positive on 12/23/20 and had 12/24/20 off and returned on 12/25/20 because the facility said she could come back to work. She stated she had a headache on 12/26/20 and again did not work, but returned to work on 12/27 as she received a text that indicated the facility really needed her. She reported she had a headache, sore throat, loss of smell, and a backache while she worked. During an interview on 1/13/21 at 3 pm with Staff R, Scheduler, she stated staff that test COVID-19 positive must be symptom free for 10 days, or 14 days if they had symptoms, before they can work. She stated positive staff were approved by Staff Q, who received approval from Public Health before they can work again. Staff R said she did not maintain a log of positive staff. The facility form titled, "Prevent COVID-19 Essential Visitor/Essential Vendor Screening log" revealed prior to Entry, Staff C (positive COVID-19 test 12/28/20) recorded the following symptoms at start of her shift: a. On 12/30/20-headache and, new loss of taste and smell. b. On 1/3/21- cough or new shortness of breath, muscle pain, headache, sore throat, and new loss of taste and smell. c. On- 1/5/21- cough or new shortness of breath, muscle pain, headache, and new loss of taste or smell.			

_____ _____

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: **9057**				**Date:** **March 10, 2021**
Facility Name: **Azria Health Winterset**		**Survey Dates:** **January 6 – February 8, 2021**		
Facility Address/City/State/Zip **1015 W Summit Winterset, IA 50273**	**JM**			
Rule or Code Section	**Nature of Violation**	**Class**	**Fine Amount**	**Correction date**
	She also documented she also had a COVID-19 exposure. d. On 1/6/21-cough or new shortness of breath, muscle pain, headache, new loss of taste or smell, and COVID-19 exposure. e. On 1/7/21-muscle pain, headache, and new loss of taste of smell. The Time Card Report for Staff C documented she worked the following dates after she documented in the screening log she had symptoms: 1/3/21, 1/5/21. The Time Card Report for Staff E, documented she worked on the following dates she reported she had symptoms from a positive COVID-19 test on 12/23/20: 12/27/20, 12/28/20, 12/29/20, and 12/31/20. The Prevent COVID-19 Essential Visitor/Essential Vendor Screening log showed that prior to entry, Staff K, Certified Nursing Assistant (CNA), documented symptoms (tested COVID-19 positive on 12/29/20) screened in with the following symptoms at start of her shift: a, On 12/29/20-cough or new shortness of breath, vomiting or diarrhea, headache, muscle ache, and sore throat. b. On 1/3/21-cough or new shortness of breath, vomiting and/or diarrhea, headache, and new loss of taste or smell. c. On 1/5/21- cough or new shortness of breath, headache, new loss of taste or smell.			

_____ _____

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: **9057**				**Date:** **March 10, 2021**
Facility Name: **Azria Health Winterset**		**Survey Dates:** **January 6 – February 8, 2021**		
Facility Address/City/State/Zip **1015 W Summit Winterset, IA 50273**	**JM**			
Rule or Code Section	**Nature of Violation**	**Class**	**Fine Amount**	**Correction date**
	The Time Card Report for NA 2 documented she worked on the following dates when she documented symptoms: 1/3/21, 1/5/21. The Prevent COVID-19 Essential Visitor/Essential Vendor Screening log revealed Staff L, CNA documented the following symptoms at start of her shift on 1/4/21-headache, new loss of taste or smell, and COVID exposure. The Time Card Report for Staff L documented she worked on the following date: 1/4/21. The Prevent COVID-19 Essential Visitor/Essential Vendor Screening log revealed prior to entry, the DON documented the following symptoms at start of her shift: a. On 12/28/20- cough/new shortness of breath, vomiting/diarrhea, headache, and exposure to COVID b. On 1/3/21-vomiting/diarrhea, headache, exposure to COVID-19. c. On 1/5/21-cough/new shortness of breath, vomiting/diarrhea, headache, and exposure to COVID. d. On 1/6/21-cough, vomiting/diarrhea, and headache. e. On 1/7/21-cough, vomiting/diarrhea, headache, and exposure to COVID. **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: 9057			**Date:** March 10, 2021
Facility Name: Azria Health Winterset		**Survey Dates:** January 6 – February 8, 2021	
Facility Address/City/State/Zip 1015 W Summit Winterset, IA 50273	**JM**		

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 qualified nurses 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) **DESCRIPTION:** Based on observation, interview and record review, the facility failed to adequately provide wound care to prevent worsening of ulcers for 4 of 5 residents reviewed (Residents #10, #12, #11 and #24.) The facility failed to implement a consistent system for communication between staff for monitoring wounds for residents of residents that were at risk or had developed ulcers and there were gaps in the record	**I**	**$5,000** **Held in Suspension**	**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: **9057**				**Date:** **March 10, 2021**
Facility Name: **Azria Health Winterset**		**Survey Dates:** **January 6 – February 8, 2021**		
Facility Address/City/State/Zip **1015 W Summit Winterset, IA 50273**	**JM**			
Rule or Code Section	**Nature of Violation**	**Class**	**Fine Amount**	**Correction date**
	that failed to contain required information related to wound measurements, assessments, and descriptions. The facility reported a census of 43 residents. The Minimum Data Set (MDS) Assessment tool 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. 1) The MDS staff completed upon Resident #10's admission on 10/1/20 revealed the resident scored 15			

_____ _____

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: **9057**				**Date:** **March 10, 2021**
Facility Name: **Azria Health Winterset**		**Survey Dates:** **January 6 – February 8, 2021**		
Facility Address/City/State/Zip **1015 W Summit Winterset, IA 50273**	**JM**			

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	out of a possible 15 points on the Brief Interview for Mental Status (BIMS) test, which meant the resident demonstrated intact cognitive abilities The MDS documented the resident required extensive assist of 2 staff for bed mobility, transfers, ambulation (walking), dressing, and toilet use. The care plan dated 11/30/20 documented Resident #10 experienced physical limitations related to spina bifida and fracture of the right femur, was at risk for falls, and had a Stage 2 pressure area on the right heel and left ankle. The care plan directed staff to administer treatments as ordered and monitor for effectiveness. A nursing note dated 11/30/20 at 2:39 PM, revealed Staff Y, Registered Nurse (RN) sent Resident #10 to the emergency room for an infected wound on the left ankle that measured 3 centimeters (cm) x 3 cm. The nurse documented the wound bed as necrotic with a hard scab and described the wound as red, warm to touch, with drainage that consisted of blood and pus. In an interview on 1/26/20 at 8:30 AM, the Physician's Assistant (PA) that saw the resident in the emergency room stated she had been very familiar with the resident because she had seen him in the clinic a couple of weeks earlier, and expressed surprise regarding his significant decline in health. She reported she called the nursing home to discuss her concerns about the wound on his left foot. She added staff said the resident had some areas on his left foot that were treated previously, but those areas had healed. Staff			

_____ _____

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: 9057			Date: March 10, 2021
Facility Name: Azria Health Winterset		Survey Dates: January 6 – February 8, 2021	
Facility Address/City/State/Zip 1015 W Summit Winterset, IA 50273	JM		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	reported the nursing home had no current orders for a wound treatment for the resident's left foot. An emergency room note dated 11/30/20 at 1:19 PM documented the resident had a significant ulcer to left lateral foot; the PA suspected osteomyelitis, which an X-ray later confirmed. The note documented that blood cultures and lactic acid levels were concerning and the doctor made the decision to transfer the resident to a larger hospital due to the resident's unstable medical condition and the need for podiatry and infectious disease experts. According to a wound care note from the larger hospital dated December 11 at 2:20 PM, the resident had a partial 5th ray resection of the left foot and sharp excisional debridement of full-thickness skin, subcutaneous tissue, deep fascia, and left lateral malleolus ulcer. A review of the facility nursing notes and skin assessments for Resident #10 from 10/5/20 until his hospitalization on 11/30/20 revealed the following: a. On 10/15/20, skin assessments identified an area on the resident's left lower leg that measured 5.9 centimeters (cm) x 3.0 cm. b. On 10/15/20, the area on the left ankle measured 2.3 cm x 1.4 cm. c. On 10/25/20 at 12:44 AM, documentation of a head-to-toe assessment revealed the resident continued to have an area to back of the left calf, outer left ankle, and right heel with no measurements identified.			

_____ _____

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: **9057**			**Date:** **March 10, 2021**
Facility Name: **Azria Health Winterset**		**Survey Dates:** **January 6 – February 8, 2021**	
Facility Address/City/State/Zip **1015 W Summit** **Winterset, IA 50273**	**JM**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	d. On 10/25/20 at 5:44 PM, staff noted the resident experienced a new onset of confusion. e. On 10/28/20, the left lower leg ulcer measured 3 cm x 1.9 cm with no exudate or odor and the surrounding tissue remained normal. f. On 10/28/2, the left ankle ulcer measured 2.3 cm x 1.4 cm. g. On 11/4/20, Staff H, LPN sent a fax to the physician that documented the blister/open area on the resident's left heel and left calf healed/resolved. May we discontinue the Betadine order? The area on the resident's right heel remains but is dry; continue with Betadine until healed. The physician signed the fax on 11/4/20. h. On 11/4/20, a skin assessment to left lower leg documented the area had resolved. i. On 11/4/20, a skin assessment documented by Assistant Director of Nursing (ADON) revealed a left ankle area that measured 2.3 cm x 1.4 cm with no exudate, no odor, and the surrounding skin color remained normal. j. On 11/12/20 5:48 PM, staff documented the resident as confused and not wanting to eat or take medications. k. On 11/11/20, the left ankle measured 1.1 cm x 0.9 cm with no exudate, no odor, and normal skin color. l. On 11/18/20 5:15 PM, the left ankle measured 1.1 cm x 0.8 cm no odor, scant exudate, scabbed and dry. Normal skin color. m. On 11/25/20 at 3:29 PM, the left outer ankle again measured 1.1 x 0.8 cm area and remained scabbed with no noted exudate or odor. The area was left open to air.			

_____ _____

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: **9057**				**Date:** **March 10, 2021**
Facility Name: **Azria Health Winterset**		**Survey Dates:** **January 6 – February 8, 2021**		
Facility Address/City/State/Zip **1015 W Summit Winterset, IA 50273**	**JM**			
Rule or Code Section	**Nature of Violation**	**Class**	**Fine Amount**	**Correction date**
	n. On 11/30/20 at 2:39 PM, the nurse transferred Resident #10 was transferred to the emergency room for an infected wound on the left ankle that measured 3 centimeters (cm) x 3 cm. The nurse described the area as warm to touch, erythematous, with discharge that contained blood and pus and described the wound bed as necrotic with a hard scab. The electronic record contained an order that had been entered on 11/4/20 at 11:46 PM which directed staff to discontinue treatment to the left foot and continue Betadine treatment to the right heel. In an interview on 1/26/21 at 1:30 p.m., Staff H, LPN reported before she contacted the physician to request the discontinuation of the treatment to the resident's left leg, she had discussed it with the Assistant Director of Nursing (ADON). On 2/4/21 at 8:30 a.m., the ADON stated she could not recall the (above) conversation. In an interview on 1/26/21 at 9:20 AM, Staff Y, RN reported she worked at the nursing home on an as-needed basis, and found Resident #10's cognition had declined since she had worked at the facility approximately a month before. She stated she worked two days in a row (11/29 and 11/30), and on the first day she applied the treatment to the resident's right heel as ordered and found the area almost completely healed with no open areas. She added the protective boot he wore contained a great deal of blood she had thought about that until the next day when she worked,			

_____ _____

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: **9057**				**Date:** **March 10, 2021**
Facility Name: **Azria Health Winterset**			**Survey Dates:** **January 6 – February 8, 2021**	
Facility Address/City/State/Zip **1015 W Summit** **Winterset, IA 50273**		**JM**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	so she checked his left foot. She found it inflamed with a black and swollen wound on the lateral (side) aspect and then called the doctor to request an order to send him to the hospital. She said she looked through the nursing documentation and orders and could not find any recent documentation of a wound on the left foot or any treatments ordered. Staff Y reported the emergency room nurses had called the facility several times after she transferred the resident with questions and seemed to be very irritated that there weren't more answers to explain the condition of the wound and his decline in health. Staff Y added she had experience with patients that became septic and it concerned her when Resident #10 displayed the same type of symptoms. According to the X-ray report from the emergency department on 11/30/20 at 2:17 PM, the resident had soft tissue swelling surrounding the 5th digit (toe) and distal 5th metatarsal (bones in the foot that connect with the toes) with erosive changes and osseous (bone) destruction involving the distal (end) of the fifth metatarsal. The area showed changes that involved the base of the proximal phalanx (toe bone closest to the foot) as well as at the proximal interphalangeal joint (closest toe joint to the foot) of the fifth digit with surrounding soft tissue swelling. The X-ray showed the resident had surgical screws present within the proximal first metatarsal as well as the bones of the hind foot. According to a (WOCN) Wound Ostomy Continence Nurse note from the hospital dated 12/1/20 at 10:10			

_____ _____

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: **9057**			**Date:** **March 10, 2021**
Facility Name: **Azria Health Winterset**		**Survey Dates:** **January 6 – February 8, 2021**	
Facility Address/City/State/Zip **1015 W Summit Winterset, IA 50273**	**JM**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	AM, the X-ray of the left foot showed soft tissue swelling and 5th digit osseous erosion. Staff reported when given intravenous (IV) antibiotics, the resident showed increased confusion (not oriented to time, situation or location) compared to his baseline level of orientation upon arrival. The report documented a small necrotic ulcer of the distal left 5th digit and a lateral (side of) malleolus ulcer with purulent drainage and surrounding swelling. The malleolus is a bony projection with a shape likened to a hammer head, especially each of those on either side of the ankle. The note documented the surgeon planned to surgically remove the fifth metatarsal of the left foot. The resident had diagnoses of sepsis, osteomyelitis, and encephalopathy. The operative report dated 12/8/20 at 7:29 AM, revealed the hospital put the resident's surgery on hold, pending medical stability of the resident as he received IV antibiotics. On 12/7/21, the surgeon amputated the resident's 5th metatarsal. The discharge plan dated 12/24/20 documented diagnoses of sepsis, left 5th toe osteomyelitis, and skin and soft tissue infection (SSTI) of non-healing ulcer of left lower extremity (LLE) lateral malleolus. On 1/26/21 at 1:30, Staff H, Licensed Practical Nurse (LPN) reported at the beginning of November the computer showed a treatment for Resident #10's left heel and she remembered she did not see any spots on his foot that required a treatment. She said she reported her findings to the Assistant Director 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: **9057**				**Date:** **March 10, 2021**
Facility Name: **Azria Health Winterset**		**Survey Dates:** **January 6 – February 8, 2021**		
Facility Address/City/State/Zip **1015 W Summit Winterset, IA 50273**	**JM**			

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	Nursing (ADON) that there wasn't anything there and the ADON told her it was okay to ask for a discontinuation of the treatment at that time. The LPN said she sent a fax to the doctor with a request to discontinue treatments to the left foot. Staff H reported the nurses are discouraged from sending residents to the hospital and instructed to call the Director of Nursing first. When asked in an interview on 2/4/21 at 8:30 AM, why staff continued to document measurements on left foot areas after they were documented as healed, the ADON reported she sometimes continued to measure areas to try to see if there could be an infection under the surface she will continue to take measurements just to make sure there isn't some type of infection under the surface. The ADON could not recall a conversation with Staff H regarding an order change request on 11/4 to discontinue treatments to the left leg when asked during the interview. On 1/26/21 at 10:50 AM, Staff E reported she provided the residents baths and had worked with Resident #10 just a couple of weeks before he went to the hospital. She reported she told the nurses on at least 2 occasions the resident had wounds on the left ankle that were bleeding and getting worse. She recalled the resident had redness on the outer lateral ankle and the bottom of the left heel. She added the resident had displayed increased confusion and slept more often just prior to his hospitalization.			

_____ _____

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: **9057**				**Date:** **March 10, 2021**
Facility Name: **Azria Health Winterset**		**Survey Dates:** **January 6 – February 8, 2021**		
Facility Address/City/State/Zip **1015 W Summit** **Winterset, IA 50273**	**JM**			

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	On 1/26/21 at 1:07 PM, Staff B, LPN reported she thought the ADON or the Minimum Data Set (MDS) nurse completed wound assessments, but reported the areas were not measured consistently. In an interview on 1/26/21 at 11:45 AM Staff M, RN reported she thought either the ADON or the MDS nurse monitored wounds and added she had not worked with Resident #10 recently. In an interview on 1/26/21 at 10:50 AM Certified Nursing Assistant (CNA) Staff E said that she provided baths twice a week to the resident and she had worked with Resident #10 a couple of weeks before he went to the hospital. She said that on at least two occasions, she told the nurses the resident had bleeding wounds on his left ankle that had worsened. She did not know whether or not the nurses had checked the wounds after she told them about the areas. In an interview on 1/26/20 at 2:39 PM, the Physician Assistant that cared for Resident #10 in the emergency room said she would expect treatment orders for areas staff continue to measure. 2) The MDS dated 11/26/20 documented Resident #11 had diagnoses that included heart failure, obstructive uropathy, and psychotic disorder. The MDS revealed the resident scored 15 of 15 possible points on the BIMS test, which showed the resident's cognitive abilities remained intact. The MDS also documented Resident #10 required extensive assist of one staff for			

_____ _____

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: **9057**			**Date:** **March 10, 2021**
Facility Name: **Azria Health Winterset**		**Survey Dates:** **January 6 – February 8, 2021**	
Facility Address/City/State/Zip **1015 W Summit** **Winterset, IA 50273**	**JM**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	ambulation, dressing, and hygiene, and extensive assist of 2 staff for transfers, toilet use, and bed mobility. The care plan dated 8/14/20 documented the resident as at risk for impaired skin integrity related to heart failure. The care plan directed staff to provide skin assessments per protocol with documentation of measurement of each area of skin breakdown, width, length, depth and type of tissue and exudate, and any other notable changes or observations. In an interview on 1/26/21 at 10:50 AM, Certified Nursing Assistance (CNA) Staff E said that she had some concerns about the wounds on Resident #11's lower legs. She reported she had mentioned her concerns to several of the nurses but was unsure if there had been any follow up. Staff E said that the resident had a lot of pain in her legs. In an observation on 1/27/21 at 2:00 PM, Staff M, RN unwrapped the dressings on the resident's lower extremities and revealed long excoriated areas on the back of both lower extremities. Each leg had two open wounds with a scant amount of drainage. Review of Resident #11's clinical record from 0/27/20 through 1/5/21 revealed no measurements and a lack of consistent, detailed descriptions of the resident's wounds. A nursing note on 12/6/20 at 5:11 PM documented two large open areas located on the lower left leg and 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).

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: **9057**			**Date:** **March 10, 2021**
Facility Name: **Azria Health Winterset**		**Survey Dates:** **January 6 – February 8, 2021**	
Facility Address/City/State/Zip **1015 W Summit Winterset, IA 50273**	**JM**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	shallow area on the shin below the resident's knee. The lower left extremity had a long, narrow area on the back of the calf and a smaller open area above the resident's ankle with a large to moderate amount of slough and dark dried blood noted on old the dressing A nursing note on 12/15/20 at 5:35 PM recorded a bright red swollen area located on the outer aspect of the right ankle and an on open area to the posterior ankle previously being treated. Staff sent a fax to the doctor and notified the ADON. The nursing notes lacked any documentation related to the physician's response, orders, or guidance related to the area. In an interview on 1/27/21 at 10:55 AM, the ADON said she did not have any measurements or detailed descriptions of these wounds because they are venous stasis wounds and they changed constantly. When asked how she would know if/when there was a decline or the area showed any progress, she stated, "I look at them". In an interview on 1/28/21 at 10:40 AM, the resident's attending physician reported that he obtained information regarding wounds and their progress from staff report. He also stated he looked at the wounds during visits, but with the barriers of telemedicine (due to the COVID-19 pandemic) he hasn't seen the wounds as often as he would like. He looked through his notes and said that he had a telemedicine visit on 1/21/21 but did not see the wounds at that time, but he did see the resident in person on 9/17/20 and he didn't have any concerns at that time. The doctor added 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: **9057**				**Date:** **March 10, 2021**
Facility Name: **Azria Health Winterset**		**Survey Dates:** **January 6 – February 8, 2021**		
Facility Address/City/State/Zip **1015 W Summit** **Winterset, IA 50273**	**JM**			

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	resident had chronic ulcers and did not like to get out of bed or move around much. He stated he had thought staff had been monitoring wounds weekly to include measurements and detailed descriptions and it was his expectation going forward that staff would complete detailed assessments on a weekly basis. On 1/29/21 at 11:48 AM, the Director of Nursing (DON) completed a skin alteration evaluation that identified the following areas: a. Right lower leg (rear) 12.3 cm x 4.9 cm x 0.3 cm deep with serosanguineous drainage, copious exudate, and pain. b. Right lower leg (rear) 1.3 cm x 1.9 cm x 0.3 cm deep with 100% granulation serous drainage, scant exudate, and pain present. c. Left lower leg (rear) 1.8 cm x 1.3 cm x 0.2 cm deep with serous drainage, scant exudate, and pain present d. Left ankle (outer) 1.8 cm x 1.3 cm x 0.2 cm deep with serous drainage, scant exudate, and pain. The document revealed staff sent a fax to the doctor regarding odor and erythema. The electronic record revealed the physician prescribed the following: a. On 1/29/21 at 7:30 AM, Keflex (antibiotic) four times per day for wound drainage b. 2/1/21 at 5:52 PM Calcium Alginate Miscellaneous apply to right leg wound topically one time a day for wound care right leg wound on outer medial lower leg to the upper portion of the wound apply calcium alginate after cleansing with normal saline cleanse			

_____ _____

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: **9057**				**Date:** **March 10, 2021**
Facility Name: **Azria Health Winterset**		**Survey Dates:** **January 6 – February 8, 2021**		
Facility Address/City/State/Zip **1015 W Summit Winterset, IA 50273**	**JM**			
Rule or Code Section	**Nature of Violation**	**Class**	**Fine Amount**	**Correction date**
	lower portion of wound with normal saline an apply hydrogel cover both areas with super absorbent dressings and secure with Kerlix. c. On 2/1/21 at 6:15 PM, Left leg cleanses with normal saline. Apply collagen dressing to wound and cover with non-adhesive pad. Wrap with Kerlix change daily. 3) The MDS dated 12/10/20 documented Resident #24 scored 9/15 on the BIMS test which meant the resident demonstrated moderately impaired cognitive abilities. The MDS also documented the resident required extensive assist of 2 staff for surface-to-surface transfers, bed mobility, and toilet use, and extensive assist of 1 staff for ambulation and dressing. The care plan last updated on 12/31/20 documented diagnoses of epilepsy, hydrocephalus, neuropathic bladder, and non-pressure chronic ulcer of the buttock limited to breakdown of the skin. The care plan revealed Resident #24 had limited ability to perform activities of daily living due to decreased mobility and identified him as at risk for impaired skin integrity. The care plan directed staff to monitor the resident's skin and report concerns to the physician. A review of the resident's medical chart revealed 13 skin assessments from 8/28/20 through 1/8/21. All of the assessments documented the resident's skin as intact. The chart lacked any skin assessments from 8/28 through 10/22. A treatment order dated 7/13/20 directed staff to apply house barrier cream to a stoma.			

_____ _____

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: **9057**			**Date:** **March 10, 2021**
Facility Name: **Azria Health Winterset**		**Survey Dates:** **January 6 – February 8, 2021**	
Facility Address/City/State/Zip **1015 W Summit** **Winterset, IA 50273**	**JM**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	The most recent assessment with any measurements of Resident #24's ulcer areas was dated 7/13/20. A nursing note dated 1/22/21 at 10:50 AM, documented an excoriated area to the left buttock after a shower. Staff sent a fax to the physician. A skin alteration evaluation dated 1/22/21 at 2:58 PM identified a new excoriated area on the (left buttock) that measured 8 cm x 5 cm width and documented staff notified the physician and initiated a treatment. A skin alteration evaluation dated 1/28/21 at 3:00 PM identified an excoriated site on the resident's left gluteal fold that measured 6 cm x 4 cm with no drainage, no pain and "much improved." Review of the nursing notes and skin assessments during July 2020 - January 2021 revealed the chart lacked any documentation of the left gluteal fold or a description of any wounds. An order entered on 1/25/21 at 10:00 PM documented a treatment to the excoriated area on the left buttock twice daily until healed. 4) According to the MDS dated 11/19/20, Resident #12 had a BIMS score of 15 out of 15, which meant the resident demonstrated intact cognitive abilities. The MDS indicated that the resident required extensive assistance with the help of two staff for transfers and			

_____ _____

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: **9057**			**Date:** **March 10, 2021**
Facility Name: **Azria Health Winterset**		**Survey Dates:** **January 6 – February 8, 2021**	
Facility Address/City/State/Zip **1015 W Summit** **Winterset, IA 50273**	**JM**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	toileting and extensive assistance with help of one for dressing and bed mobility. According to the care plan dated 11/17/20 the resident had physical limitations related to a femur fracture. The care plan documented the resident as at nutritional risk related to diabetes mellitus and directed staff to monitor for signs and symptoms of infection to any open skin areas, redness, pain, heat, swelling or pus formation. The care plan recorded the resident had a risk for pressure ulcers related to limited mobility and had an actual area of impaired skin integrity related to a surgical wound. The care plan directed staff to follow facility protocols for treatment of skin injury, to monitor and document location, size and treatment of skin injury, and to report abnormalities or signs and symptoms of infection, maceration, etc. to the physician. According to a nursing notes dated 11/6/20 at 4:35 PM, the resident admitted to the facility with physical therapy services after surgery to repair a left hip fracture. Skin assessments completed on 11/18/20 at 3:15 PM identified two surgical wound areas: an area to the left lower thigh that measured 2.0 cm x 2.4 cm x 0.2 cm depth and an area to the right trochanter (any of two bony protuberances by which muscles are attached to the upper part of the thigh bone)/ hip area that measured 16.0 cm x 2.8 cm x 0.5 cm depth. 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: **9057**				**Date:** **March 10, 2021**
Facility Name: **Azria Health Winterset**		**Survey Dates:** **January 6 – February 8, 2021**		
Facility Address/City/State/Zip **1015 W Summit Winterset, IA 50273**	**JM**			
Rule or Code Section	**Nature of Violation**	**Class**	**Fine Amount**	**Correction date**
	admission orders included treatments for the two sites. Staff measured the area again on 11/25/20 at 11:36 and 12/2/20 at 12:18 with little change in the measurements. According to a nursing note dated 11/30/20 at 4:53 PM, staff identified a wound to the inner, right upper thigh which had been present when the resident came from the hospital. The resident reported adhesive tape had caused the area and it had reopened. The nurse documented that there were no treatment orders for this wound and sent a fax to the physician to obtain orders for the area. The resident's medical record lacked wound measurements from 12/10/20 until 1/27/21 (when the DON had been alerted). In an interview on 1/27/21 at 10:30 AM, the DON said she had no other wound(s) measurement(s) for the areas and explained the facility assigned the wound nurse duties to the Minimum Data Set (MDS) nurse rather than the ADON. The DON reported the MDS nurse thought the floor nurses were assessing and measuring the areas. In an interview on 1/27/21 at 3:50 p.m., MDS nurse reported the facility was still discussing who would be responsible for monitoring the surgical wounds and she said that they were still in discussions about who would be responsible for that when notified that Resident #12's surgical wounds had not been measured since 12/10/20 and Staff N LPN was			

_____ _____

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: **9057**				**Date:** **March 10, 2021**
Facility Name: **Azria Health Winterset**			**Survey Dates:** **January 6 – February 8, 2021**	
Facility Address/City/State/Zip **1015 W Summit** **Winterset, IA 50273**		**JM**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	preparing to do change the resident's dressing next. She responded that the DON could come in and help with that so Staff N went to get the DON. Soon after, Staff N returned and reported the DON sent her back to get the MDS nurse to assist. By that time, the MDS nurse had closed her office door and did not respond to knocking. At 4:05 p.m., the DON entered the MDS office and at 4:10 PM, Staff N reported she would measure the areas herself. In an observation on 1/27/21 at 4:10 PM, the resident lay in bed on her left side. Staff N removed the bandage and found the open wound appeared green/gray. When asked, Staff N responded it did not look like healthy tissue and said she would document what she saw. A review of the chart on 1/28/21 reveled a nursing note entered by Staff N on 1/27/21 at 4:50 PM that documented she completed the resident's daily treatment and dressing change. She documented that the wound looked like it was healing with healthy granulated tissue. When asked in an interview on 1/28/21 at 9:45 AM why the documentation in the record differed from her statement at the bedside about the gray/green tissue in the wound and her description that it did not look like healthy tissue, Staff N stated she was not a doctor so she shouldn't say what is healthy or unhealthy tissue. She then commented that it didn't look good, although she said didn't want to put that in her note.			

_____ _____

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: **9057**				**Date:** **March 10, 2021**
Facility Name: **Azria Health Winterset**		**Survey Dates:** **January 6 – February 8, 2021**		
Facility Address/City/State/Zip **1015 W Summit Winterset, IA 50273**	**JM**			
Rule or Code Section	**Nature of Violation**	**Class**	**Fine Amount**	**Correction date**
	In a skin alteration evaluation completed on 1/28/21 at 3:28 PM, the DON documented the wound as red and warm to the touch and the resident complained of pain, itching, and tingling to the site. A nursing note on 1/28/21 at 11:05 AM documented staff sent communication to the physician regarding the DON's assessment of the area and on 1/29/21 at 1:17 PM, the physician returned the fax with an order for Keflex (antibiotic). The facility's "Skin and Wound Management Program Overview" dated 9/27/01 directed: All wounds are monitored daily as required by a licensed nurse, with documentation on the Daily Wound Review form that includes the date observed and; 1) Review of the pressure injury if no dressing is present 2) Review of the status of the dressing if present, whether the dressing is in tact 3) Whether dressing is intact 4) Whether drainage is present and is/is not contained in dressing 5) Review of the surrounding skin that can be observed without removing the dressing 6) Presence of possible complications such as sings of infection (redness, swelling, increased drainage, order, etc.) 7) Review if pain is present if present it is adequately controlled			

_____ _____

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: **9057**				**Date:** **March 10, 2021**
Facility Name: **Azria Health Winterset**		**Survey Dates:** **January 6 – February 8, 2021**		
Facility Address/City/State/Zip **1015 W Summit Winterset, IA 50273**	**JM**			
Rule or Code Section	**Nature of Violation**	**Class**	**Fine Amount**	**Correction date**
	8) Pain scale 0-10 All wounds are monitored at least weekly by a licensed nurse during rounds with documentation on the Weekly Wound Progress Review form that includes date observed and: 1) Location and staging (if pressure injury) 2) Size: measurement of greatest length and width as well as depth 3) Presence, location and extent of undermining or tunneling 4) Exudate/drainage: type (purulent, serous), color, odor, and approximate amount. 5) Paint if present; nature and frequency 6) Wound bed: color, type of tissue/character - including evidence of healing (granulation) or necrosis (eschar or slough). 7) Description of wound edge and surrounding tissue (rolled edges, maceration, induration, redness, etc.) **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: 9057			**Date:** March 10, 2021
Facility Name: Azria Health Winterset		**Survey Dates:** January 6 – February 8, 2021	
Facility Address/City/State/Zip 1015 W Summit Winterset, IA 50273	JM		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
58.19(1)n	**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(1)** *Activities of daily living.* *n.* Nutrition and meal service. (4) In-room meal service or tray service; (II, III) (5) Assistance with food preparation and meal assistance including total assistance if needed; (II, III)	**I**	**$3,500**	**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: **9057**				**Date:** **March 10, 2021**
Facility Name: **Azria Health Winterset**		**Survey Dates:** **January 6 – February 8, 2021**		
Facility Address/City/State/Zip **1015 W Summit Winterset, IA 50273**	**JM**			

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	DESCRIPTION: Based on observation, record review, and staff interview, the facility failed to assist and supervise residents that required dining assistance for 2 of 7 residents reviewed (Residents #1 and #3). The facility had identified Resident #3 as at risk for inability to maintain nutritional status and malnutrition due to a diagnosis of dementia. The resident also had a diagnosis of Parkinson's disease. The facility also identified the resident required set up assistance and supervision for dining. Meal observations on 1/6/21 and 1/7/21 revealed the resident lay in bed in her room with her unopened meal in front of her. Staff had not set up the meal or offered assistance during the meal. On 1/11/21, Resident #3 weighed 101.4 lbs. When staff weighed her again on 2/1/21, she weighed 92 pounds: a 9.2% weight loss. The facility reported a census of 43 residents. Findings include: 1) According to the Minimum Data Set (MDS) assessment tool dated 10/29/20, Resident #1 had a Brief Interview for Mental Status (BIMS) score of 0, indicating the resident experienced a severe cognitive deficit. The MDS documented the resident required supervision with set up for transfers, ambulation (walking) and meals and extensive assist of one staff for dressing and hygiene needs.			

_____ _____

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: **9057**			**Date:** **March 10, 2021**
Facility Name: **Azria Health Winterset**		**Survey Dates:** **January 6 – February 8, 2021**	
Facility Address/City/State/Zip **1015 W Summit** **Winterset, IA 50273**	**JM**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	The residents care plan dated 6/6/20 revealed she demonstrated limitations in her ability to perform activities of daily living and documented as at risk for potential inability to maintain nutrition related to dementia. The care plan also documented the resident could dine independently when provided cues and set-up assistance by staff. A nutrition evaluation dated 11/12/20 at 2:43 PM, indicated she required dining assistance and tray preparation/setup. A mini nutrition assessment dated 11/12/20 at 10:34 AM documented the resident as at risk of malnutrition. The weight summary documented the resident weighed 167.2 pounds on 9/2/20 and 162.3 pounds on 2/1/21. 2) According to the MDS dated 12/19/20, Resident #3 had a BIMS score of 15 out of 15 which meant the resident demonstrated intact cognitive ability. The MDS revealed the resident required extensive assistance with the help of one staff for dressing, hygiene and toilet use and extensive assistance of two staff for transfers and bed mobility. The resident dined with staff supervision and set up assistance. The MDS included diagnosis of Parkinson's disease, angina pectoris, acute subdural hemorrhage, unspecified severe protein calorie malnutrition and acute kidney failure.			

_____ _____

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: **9057**				**Date:** **March 10, 2021**
Facility Name: **Azria Health Winterset**		**Survey Dates:** **January 6 – February 8, 2021**		
Facility Address/City/State/Zip **1015 W Summit Winterset, IA 50273**	**JM**			
Rule or Code Section	**Nature of Violation**	**Class**	**Fine Amount**	**Correction date**
	The resident's care plan dated 11/9/20 documented the resident as at risk for inability to maintain nutrition related to diagnosis of Parkinson's disease. The care plan directed staff to encourage the resident to eat and to provide assistance during meals. The nutritional assessment dated 9/17/20 at 3:41 PM, documented Resident #3 as independent with meals and showed poor nutrition. The weight summary documented the resident weighed 101.4 pounds on 1/11/21 and 92 pounds on 2/1/21, which meant the resident had a 9.2% weight loss in the last month. The nursing notes revealed on 2/2/21 at 1:18 PM, the faxed a nutrition status update to the doctor. In an observation on 1/6/21 at 12:50 Resident #3 was in bed with a container of lunch on her bedside table. At 12:53 AM Resident #1 remained in bed with an open Styrofoam container that contained a fork in the meat, but the meal appeared uneaten and none of the staff assisted the resident in the room. In an observation on 1/7/21 at 8:30 AM, Resident #1 and Resident #3 remained in bed as staff served breakfast to residents in their rooms. At 9:00 AM, both lay in bed with unopened Styrofoam containers filled with breakfast on their bedside tables. At 9:15, 9:20, and 9:26 AM, the residents and meals remained in the same position with no staff visible in the 100 hallway or in any resident rooms in the 100 hallway. At 9:28 AM,			

_____ _____

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: **9057**			**Date:** **March 10, 2021**
Facility Name: **Azria Health Winterset**		**Survey Dates:** **January 6 – February 8, 2021**	
Facility Address/City/State/Zip **1015 W Summit Winterset, IA 50273**	**JM**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	Staff H, Certified Nursing Assistant (CNA) pushed a large garbage can down the hallway of the 100 hall and collected the Styrofoam containers from the resident's rooms. She reported another staff person had walked through the hallway 15 minutes earlier and had documented how much each resident had eaten. Meal Documentation entered into the Point of Care section of the electronic record at 9:51 AM listed that Resident #3 had eaten 26%-50% of her meal. An entry at 9:50 a.m. documented Resident #1 had refused her morning meal. In an interview on 1/25/21 at 8:55 AM, the MDS nurse provided a list of six residents that required assist with dining. The provided upon entrance only listed two residents. In an interview on 1/25/21 at 1:00 PM, Staff J said she did not know how to find out which residents required assistance with meals and named two residents from memory. In an interview on 1/25/21 at 9:25 AM, Staff H, CNA said she just tried to watch and be aware of which residents may not be eating much, but did not know where to find a list of residents that required assistance with dining. On 1/25/21 at 9:30 AM, Staff AA, CNA reported a communication book kept by the staff entrance contained changes and updates and she would check			

_____ _____

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: **9057**				**Date:** **March 10, 2021**
Facility Name: **Azria Health Winterset**		**Survey Dates:** **January 6 – February 8, 2021**		
Facility Address/City/State/Zip **1015 W Summit Winterset, IA 50273**	**JM**			
Rule or Code Section	**Nature of Violation**	**Class**	**Fine Amount**	**Correction date**
	it to find which residents needed assistance at mealtime. An observation on 1/25/21 at 9:35 AM, revealed no communication book present in staff entrance area. On 2/1/21, the Administrator reported via email the facility did not have a formal policy related to caring for residents that required assistance with meals. **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: **9057**				**Date:** **March 10, 2021**
Facility Name: **Azria Health Winterset**		**Survey Dates:** **January 6 – February 8, 2021**		
Facility Address/City/State/Zip **1015 W Summit Winterset, IA 50273**	**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).