

**Iowa Department of Inspections and Appeals  
Health Facilities Division  
Adult Services Civil Penalty Citation**

<b>Date:</b> April 12, 2021
<b>Program Name:</b> Brown Deer Place
<b>Address:</b> 1500 1 <sup>st</sup> Ave N Coralville, IA 52241-1192
<b>Type of Action:</b> Investigations 91579-A 92892-C, 94972-C, 95191-I
<b>Date(s) of Action:</b> 11/23/20 – 2/23/21

State Rule #	State Rule	Amount of Civil Penalty
481-67.3(2)	<p><b><u>481-67.3 Tenant rights. All tenants have the following rights: 67.3(2) To receive care, treatment and services which are adequate and appropriate.</u></b></p> <p>Based on interview and record review, the program failed to adequately meet the treatment needs of 1 of 6 former tenants (Tenant C6). Findings follow:</p> <p>Record review revealed on 6/14/20 Tenant C6 was sent to the hospital. A review of the hospital records revealed at the time of admission Tenant C6 had six notable ulcers: an unstageable ulcer, 16" x 19" in the sacral/coccygeal area; a 2.5" x 6" suspected deep tissue injury in the junction of the medial thigh and gluteal crease; a 4" x 7" purple wound in the junction of her medial thigh and gluteal crease; a 2" x 3" stage 1 ulcer on her elbow; a 2.5" x 2.5" stage 1 suspected deep tissue injuries on each of her heels. Tenant C6 did not return to the program as it was decided she needed a skilled nursing facility.</p> <p>Continued record review on 11/23/20 revealed the following:</p> <p>a. On 5/30/20 she went to the emergency room for a urinary tract infection and constipation. The emergency room notes for Tenant #1 indicated she received a physical examination upon her arrival and had no appreciable lesions to her skin on 5/31/20.</p> <p>b. On 6/4/20 Health Care Coordinator #1 noted Tenant C6 had redness to her buttock and peri-area with small open areas in the peri-area which were red, moist and tender. Health Care Coordinator #1 sent a fax to Tenant C6's doctor to seek treatment orders for her on 6/4/20 but did not receive a response.</p> <p>c. On 6/10/20 Tenant C6's Medication Administration Record indicated she started receiving Aquaphor Ointment, which staff were to apply topically to her peri-area/anal area twice daily.</p> <p>d. On 6/12/20 Health Care Coordinator #1 documented Tenant C6 had some bleeding which was reported by staff. The area involved black eschar tissue (dead tissue which falls off of the skin) in the buttock fold, approximately 3.5 cm x 2.5 cm on the left side and 10 cm x 3 cm on the right side, according to a fax Health Care Coordinator #1 sent to Tenant C6's doctor.</p>	<b>\$4000.00</b>

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Additional record review revealed Tenant C6 had diagnoses including dementia and gonococcal infection of lower genitourinary tract, unspecified. Tenant C6 was staged at five on the global deterioration scale.

When interviewed on 11/24/20 at 3:20 p.m. Staff C reported giving Tenant C6 a shower and seeing an open wound between the cheeks of her buttocks. She described the appearance as purple or black and "rotted." Staff C called on Health Care Coordinator #1 and Staff D to assist with showering Tenant C6 so they could also assess the wound. The Health Care Coordinator took pictures of the wound and said he was calling someone about it. Tenant C6 was unable to walk which was a big change in her condition as she had been very happy before. Tenant C6 was in significant pain. Staff C said she kept telling Health Care Coordinator #1 this was something which could kill a person, in her opinion. Staff C showed Health Care Coordinator #1 the wound on 6/11/20 or 6/12/20 after lunch but the nurse never brought down a new treatment for Tenant C6. Staff C ended up calling an ambulance to take Tenant C6 to the hospital on 6/14/20.

When interviewed on 11/24/20 at 2:26 p.m., Staff B reported she did not work down the hallway where Tenant C6 lived; however she was aware the tenant had a skin issue on her buttocks that had grown in size and was turning into a sore. She heard staff members report this to Health Care Coordinator #1.

When interviewed on 11/24/20 at 11:48 a.m., Staff D reported Tenant C6 had some redness on her buttocks and got some cream but then she noticed the tenant was acting different. Staff D told people the cream was working. The wound then got huge and had an odor. Staff D said everyone was reporting this to Health Care Coordinator #1. The Health Care Coordinator said to put an ointment on it but even after bathing Tenant C6 there was still a smell. Staff D believed other Resident Assistants reported this to him. She found it sad to talk about.

When interviewed on 1/19/21 at 4:20 p.m. Tenant C6's physician stated the 6/4/20 fax was received by his office on 6/8/20 but the chart noted "issue not identified." Tenant C6's primary physician was then on vacation for a couple of weeks and another doctor covered for Tenant C6. A voicemail was received from Health Care Coordinator #1 on 6/10/20 at the doctor's office. The covering doctor called the Health Care Coordinator back and it was charted they discussed Tenant C6's small ulcer. On 6/12/20, the covering doctor attempted to call Health Care Coordinator #1 and left a voicemail. The Health Care Coordinator had uploaded a picture of Tenant C6's wound to the hospital's My Chart system and the covering doctor said the program should start using a mepilex dressing on the wound (this treatment was not started). Tenant C6's doctor went on to say in reviewing the information the Health Care Coordinator had provided to his colleague compared to what he saw in the picture uploaded to My Chart, the wound was insufficiently advertised by Health Care Coordinator #1. He said there was no way a Grade 4 ulcer could occur in 2 days (from

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6/10/20 to 6/12/20). He said the ulcer must have been extremely deep when the Health Care Coordinator talked to the doctor on 6/10/20 and he should have known the Aquaphor ointment was a glaringly inadequate treatment.

When interviewed the University of Iowa Hospitals and Clinics Wound/Ostomy Nurse described deep pressure tissue injuries as the type which can evolve rapidly. Deep pressure tissue injuries are their own type of injuries and aren't stageable. She also reported the damage from these types of injuries is done to the patient 24-48 hours prior to any signs being visible and they aren't reversible. Regarding the 6/4/20 fax from Health Care Coordinator #1 to Tenant C6's Physician, the nurse commented she would not have recommended the treatment to the doctor that Health Care Coordinator #1 did. She explained many nurses may not be familiar with deep pressure tissue injuries. She believed if Health Care Coordinator #1 had assessed Tenant C6 on 6/10/20, he would have seen maroon on her skin from the beginning of the deep pressure tissue injury.

The Clinical Care Specialist confirmed these findings on 2/3/21 at 10:30 AM.

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