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

Date: August 4, 2017
Program Name: Bickford Cottage Muscatine
Address: 2807 Cedar Street Muscatine, IA 52761
Type of Action: Investigation #69006-C
Date(s) of Action: 6/13/17 – 7/10/17

State Rule #	State Rule	Amount of Civil Penalty
67.3(2)	**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.** Based on interviews and record review, the Program failed to ensure tenants' rights to receive adequate and appropriate care, treatment and services. This affected 1 of 17 tenants reviewed (Tenants #1). Findings follow 1. Record review on 6-27-17 revealed an after visit summary for Tenant #15 from an Emergency Room visit on 6/22/17. The summary noted Tenant #15 diagnosed with open knee wounds. Tenant #15 was prescribed clindamycin 150 milligrams (mg), two capsules by mouth four times a day; and saccharomyces boulardii (probiotic) 250 mg two capsules two times daily. The report included information regarding cellulitis and instructed follow up with Tenant #15's primary care physician. Additional record review revealed Tenant #15 seen by his/her physician 6/26/17. According to the report, Tenant #15 sustained a fall and presented with scabs on both legs. The scabs became infected and had discharge from them. Tenant #15 tolerated antibiotics currently being taken. The physician assessed cellulitis of the left lower extremity and noted, "... cellulitis of both knees with eschar... It seems to be improving and the patient has no fever or chills. No extradite or swelling of the skin. The eschar seems to be receding." Plans included continuing antibiotic treatment and nurses monitoring the wounds. Tenant #15's physician orders, dated 6/2/17, revealed a diagnoses including: mild cognitive impairment, hyperlipidemia, hypertension, anemia, breast cancer, aortic valve sclerosis, osteopenia, idiopathic peripheral neuropathy, spinal stenosis, lesion of ulnar nerve. The orders also noted allergies to peanut oil. Treatments prescribed included TED hose on in the morning and off in the evening. Routine medications included Biofreeze Professional applied to the right knee When interviewed on 6-27-17 at 10:40 a.m., Staff N reported a couple weeks ago, after lunch, she assisted Tenant #15 into the bathroom and noticed multiple bright red lines going from the ankles up to the	**$2000.00**

	abdomen in streaks of different sizes, stopping right below the navel. She had the Registered Nurse Coordinator (RNC) look at the streaks and asked if she should document what she observed. According to Staff N, the RNC stated it looked interesting, like an allergic reaction and no, Staff N didn't have to chart on this, and the RNC would contact Tenant #15's family. Staff N heard the RNC talking to someone on the phone. At the end of Staff N's shift, around 2:30 p.m. to 2:45 p.m. Staff N checked on Tenant #15 and the streaks were not as bright as they initially were, nor were there as many lines of streaks. Tenant #15 did not complain of any pain or itching. Staff N stated a mounds bar dessert was served at lunch that day. She asked the kitchen if it had peanuts in it since Tenant #15 had an allergy to peanut oil and she was told, yes it had one half cup of peanut butter. A day or two later fluid blisters appeared on both knees; one on each knee, one was the size of a fifty cent piece and the other a little smaller. Tenant #15 wore thigh high anti-embolism stockings, but staff quit putting them on and stopped the Biofreeze due to the blisters. Staff N was aware Tenant #15 had gone to the ER 6/22/17, where he/she diagnosed with cellulitis and prescribed an antibiotic. She looked at Tenant #15's knees yesterday and they were red and pink, scabby looking. A review of Tenant #15's Medication Administration Record indicated staff held the application of Biofreeze to the right knee three times a day stating on 6-4-17 and had not restarted applying it. A review of Tenant #15's Treatment Administration Record indicated staff held the application and removal of thigh high anti-embolism stockings starting on 6-4-17 and had not reapplied them. Continued review of Tenant #15's file did not reflect any documentation of Tenant #15 consuming a dessert with peanut butter, or any further follow up. Documentation of Tenant #15 sustaining a fall could not be located. The record failed to document any observation of red streaks on Tenant #15's legs, blister's to his/her knees, or further follow up. Documentation regarding observations and treatment by staff or a change of condition nursing assessment of Tenant #15's condition prior to or after the ER visit could not be located . When interviewed on 6-27-17 at 10:20 a.m., Staff M stated she was told Tenant #15 had an allergic reaction and directed not to apply his/her anti-embolism stockings or apply Biofreeze. She stated Tenant #15 was allergic to peanut oil and had been given an almond bar dessert that had a layer of crust, coconut and chocolate. After eating it Tenant #15's knees got splotchy. A couple days ago she noticed the knees looked bad; scabby, deep and red around the scab. Staff M told the med aide to tell the nurse. Staff M reported on 6/22/17 she applied Triple Antibiotic Ointment (TAO) to Tenant #15's knees as the scabs looked deep with redness around them. She stated she did not document this treatment. Since she was going to nursing school she figured it would be good to do so she took the ointment from the stock kept in the medication room. She stated there were no nurses in the building at the time. Staff M stated the next thing she knew, Tenant #15 went out to the ER the same night. When Tenant #15 stood up, it	

	was painful on the knees. Staff M was told the next day Tenant #15 had cellulitis and was on an antibiotic. When interviewed on 6-27-17 at 10:04 a.m., Staff I, an LPN, stated about a week ago she noticed pea sized scabs on both knees of Tenant #15. She had not worked for about five days so asked Staff B what was going on, Staff B informed her it was due to an allergic reaction. She stated Tenant #15 had not been wearing anti-embolism stockings for a couple weeks, nor receiving BioFreeze treatment on knees since the affected areas were identified. She stated there was no current treatment to Tenant #15's knees. When interviewed on 7-10-17 at 9:53 a.m. the RNC stated staff reported a rash on Tenant #15's knee. She observed the knee and observed a flat, not raised rash. Staff were concerned Tenant #15 may have eaten some peanut butter as the tenant was allergic to peanut butter. Tenant #15 did not report any itching or shortness of breath and felt fine. On the weekend, staff reported to the RNC Tenant #15's knee had blisters. The RNC observed the area on Monday and stated it was fine, blisters were gone, very little redness and everything else disappeared. The RNC reviewed the Progress Notes for May and June in Tenant #15's file and confirmed there was no documentation regarding Tenant #15's condition, observations or treatment.	
67.9(4)(g)	**481-67.9(231B,231C,231D) Staffing.** **67.9(4) Nurse delegation procedures. The program's registered nurse shall ensure certified and noncertified staff are competent to meet the individual needs of tenants. Nurse delegation shall, at a minimum, include the following:** **g. The program shall have in place a system by which certified or noncertified staff communicate in writing occurrences that differ from the tenant's normal health, functional and cognitive status. The program's registered nurse or designee shall train certified and noncertified staff on reporting to the program's registered nurse or designee and documenting occurrences that differ from the tenant's normal health, functional and cognitive status. The written communication required by this paragraph shall be retained by the program for a period of not less than three years, and shall be accessible to the department upon request.** Based on interviews, the Program's nurse and staff failed to document observation of a tenant's change in condition, withholding of treatments, and application of treatments that were not prescribed. This affected 1 of 1 tenant identified as a result of 69006-C (Tenant #15). 1. Review of Tenant #15's file revealed the following: a. An After Visit Summary from the ER, dated 6-22-17, documented Tenant #15 treated for an open knee wound. Care instructions for	

	cellulitis were included. Tenant #15 received orders for an antibiotic four times a day for four days and a probiotic. b. Physician visit record, dated 6-26-17, revealed Tenant #15 followed up with primary physician regarding the ER visit. The physician record indicated Tenant #15 had a fall and scabs on both legs, they became infected and had a discharge from them. Tenant #15's file failed to include documentation prior to the ER visit to a possible fall or any change in condition. When interviewed on 6-27-17 at 10:40 a.m., Staff N stated a couple weeks prior, she assisted Tenant #15 into the bathroom after lunch and noticed multiple bright red lines going from the ankles up to the abdomen in streaks of different sizes, stopping right below the navel. She had the Registered Nurse Coordinator (RNC) look at the streaks and asked if she should document what she observed. According to Staff N, the RNC stated it looked interesting, like an allergic reaction and no, Staff N didn't have to chart on this, and the RNC would contact Tenant #15's family. At the end of Staff N's shift, around 2:30 p.m. to 2:45 p.m. Staff N checked on Tenant #15 and the streaks were not as bright at initially observed, nor were there as many lines of streaks. Tenant #15 did not complain of any pain or itching. Staff N stated a mounds bar dessert was served at lunch that day. She asked the kitchen if it had peanuts in it since Tenant #15 had an allergy to peanut oil and she was told it had one half cup of peanut butter. A day or two later fluid blisters appeared on both knees; one on each knee, one was the size of a fifty cent piece and the other a little smaller. Tenant #15 wore thigh high anti-embolism stockings but staff quit putting them on and stopped the Biofreeze due to the blisters. Staff N was aware Tenant #15 had gone to the ER 6/22/17. She reported Tenant #15 diagnosed with cellulitis and given a prescription for an antibiotic. She looked at Tenant #15's knees yesterday and noted them to be red and pink, scabby looking. When interviewed on 6-27-17 at 10:20 a.m., Staff M stated she was told Tenant #15 had an allergic reaction and not to put on the anit-embolism stockings or apply the Biofreeze. She stated Tenant #15 was allergic to peanut oil and had been given an almond bar dessert that contained peanut butter. After eating it Tenant #15's knees became splotchy. She noticed the knees looked bad, which she described as scabby, deep and red around the scab. Staff M told the med aide to tell the nurse. On 6/22/17 she applied Triple Antibiotic Ointment (TAO) to Tenant #15's knees, as the scabs looked deep with redness around them. When Tenant #15 stood up, it was painful on the knees. She stated she did not document this treatment. Since she was going to nursing school she figured it would be good to do so she took the ointment from the stock kept in the medication room. She stated there were no nurses in the building at the time. Staff M stated Tenant #15 had been sent to the ER 6/22/17. The next day, she was informed Tenant #15 had cellulitis and was on an antibiotic. Coordinator (RNC) had never told her she could apply TAO. When interviewed on 6-27-17 at 10:04 a.m., Staff I, an LPN, stated	

	about a week prior she noticed pea size scabs on both knees of Tenant #15. She had not worked for about five days, so asked Staff B what was going on, Staff B said it was due to an allergic reaction. She stated Tenant #15 had not been wearing antiembolism stockings for a couple weeks, nor receiving BioFreeze treatment on knees since the affected areas were identified. She stated there was no current treatment to Tenant #15's knees. When interviewed on 7-10-17 at 9:53 a.m. the RNC stated staff reported a rash on Tenant #15's knee. She observed the knee and observed a flat, not raised rash. Staff were concerned Tenant #15 may have eaten some peanut butter, as the tenant was allergic. Tenant #15 did not report any itching or shortness of breath and felt fine. On the weekend, staff reported to the RNC Tenant #15's knee had blisters. The RNC observed the area on Monday and stated it was fine, blisters were gone, very little redness and everything else disappeared. The RNC reviewed the Progress Notes for May and June in Tenant #15's file and confirmed there was no documentation regarding Tenant #15's condition, observations or treatment.	
69.22(2)	**481-69.22(231C) Evaluation of tenant.** **69.22(2) Evaluation within 30 days of occupancy and with significant change. A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. A program shall also evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional or human service professional. A licensed practical nurse may complete the evaluation via nurse delegation when the tenant has not exhibited a significant change.** Based on interviews and record review, the Program failed to complete evaluation of tenants as warranted with a significant change. This affected 1 of 1 tenant reviewed as a result of 6999006-C (Tenant #15). Finding follows: 1. Record review revealed Tenant #15's file included an After Visit Summary from the ER, dated 6-22-17. The summary documented Tenant #15 treated for an open knee wound. Care instructions for cellulitis were included. New orders for an antibiotic four times a day for four days and a probiotic were ordered. Additional record review revealed a physician visit record, dated 6-26-17, documented Tenant #15 followed up with primary physician regarding the ER visit. The physician record indicated Tenant #15 had a fall and scabs on both legs. The areas became infected and had discharge from them. Tenant #15 tolerated the antibiotic. Continued record review revealed functional, cognitive and health	

	evaluations not completed when Tenant #15 had significant change of condition: prior to the ER visit when red streaks, fluid blisters and scabs were observed by staff. Further review revealed functional, cognitive and health evaluations not completed when Tenant #15 had significant change of condition after the ER visit with the addition of an antibiotic to treat cellulitis. When interviewed on 7-10-17 at 9:53 a.m. the RNC confirmed there was no documentation regarding Tenant #15's condition, observations, or treatment after change in condition noted.	