

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

Citation Number: 6653		Date: September 28, 2017		
Facility name: Pleasant Acres		Survey Dates: August 8-10, 16-18, 22,24,29,2017		
Facility Address/City/State/Zip 309 Railroad Street Hull, Iowa 51239				
		DS		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>and blisters on the bottom of feet/heel that the facility had not identified. The facility identified Resident #6 had no bowel movements for 6 days and the facility did not complete a gastrointestinal assessment. The facility identified a census of 53 residents.</p> <p>Findings include:</p> <p>1. Resident #6 had a MDS (Minimum Data Set) assessment with a reference date of 11/3/16. The MDS identified the resident had diagnosis including seizure disorder, anxiety disorder, psychotic disorder, schizophrenia, polyneuropathy (degeneration of peripheral nerves towards the center of the body) and atherosclerotic heart disease. The MDS identified the resident had a BIMS (Brief Interview for Mental Status) score of 13. A score of 13 identified the resident with no cognitive impairments. The MDS indicated the resident required extensive assistance with bed mobility, transfers and toilet use and limited assistance with walking and dressing. The MDS identified the resident always continent of bowel and bladder. The MDS indicated the resident required 2 or more staff for toileting. The MDS indicated the resident had no pressure sores.</p> <p>The Care Plan dated 9/12/16 identified</p>			
--	--	--	--	--

Facility Administrator

Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

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

Citation Number: 6653		Date: September 28, 2017		
Facility name: Pleasant Acres		Survey Dates: August 8-10, 16-18, 22,24,29,2017		
Facility Address/City/State/Zip 309 Railroad Street Hull, Iowa 51239				
		DS		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>interventions that included and directed staff that the resident required limited assistance of 1 staff person for use of the toilet.</p> <p>The Care Plan identified an initiated date of 9/12/17 for the resident with the potential for alteration of skin integrity due to incontinence, age related skin changes and decreased mobility. The intervention directed staff to perform weekly skin assessment by the nurse, document in the Nurse's Notes and notify the physician of any anomalies.</p> <p>Review of the BM (bowel movement) Report dated January, 2017 identified the resident had no BM documented on the following days: January 6 through January 11, 2017 (6 days).</p> <p>Review of the Interagency Handoff Report dated 1/6/17 identified the following order: Milk of Magnesia 400 mg/5 mg 1 time a day as needed for constipation.</p> <p>Review of the MAR (medication administration record) dated 1/1/17 through 1/31/17 identified no Milk of Magnesia administered to the resident.</p> <p>Review of the Progress Notes dated 1/6/17 through 1/11/17 identified no documentation of a gastrointestinal assessment.</p>			
--	--	--	--	--

Facility Administrator

Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

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

Citation Number: 6653		Date: September 28, 2017		
Facility name: Pleasant Acres		Survey Dates: August 8-10, 16-18, 22,24,29,2017		
Facility Address/City/State/Zip 309 Railroad Street Hull, Iowa 51239				
		DS		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>Review of the weekly Skin Sweep documents dated 8/10/16 through 11/18/16 identified no documented skin sweep after 11/18/16. Review of the record identified no open skin issues identified.</p> <p>Review of the Progress Notes dated 1/11/17 at 10:46 AM indicated the resident left the facility per ambulance.</p> <p>Review of the hospital document titled <u>Wound Sheet</u>, dated 1/11/17 at 2:15 PM, indicated the following wounds and measurements:</p> <p>The right bottom foot, pre- existing, had a red area with a raised blister that measured 6 cm (centimeters) by 6 cm with blister in center measured 2 cm by 1.5 cm by 0.5 cm depth.</p> <p>The left lateral lower heel, pre-existing and measured 2 cm by 3 cm area.</p> <p>Left and right buttocks with multiple colored area to bilateral [both] buttocks and coccyx, pre-existing; multiple areas of purple and the left buttocks had blisters too.</p> <p>Left Lateral Upper foot, pre-existing, a blister measured 1 cm by 4 cm. On 8/10/17 at 2:00 PM, Staff E, LPN (licensed</p>			
--	---	--	--	--

Facility Administrator

Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

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

Citation Number: 6653		Date: September 28, 2017		
Facility name: Pleasant Acres		Survey Dates: August 8-10, 16-18, 22,24,29,2017		
Facility Address/City/State/Zip 309 Railroad Street Hull, Iowa 51239				
		DS		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>practical nurse) was interviewed and stated unaware the resident had wound areas.</p> <p>2. Resident #10 had a MDS with a reference date of 7/6/17. Resident #10 had diagnoses that included diabetes mellitus, dementia, depression and psychotic disorder. The MDS identified the resident had long and short term memory problems and severely impaired cognitive skills for daily decision making. According to the MDS the resident required extensive staff assistance with bed mobility, transfers, dressing and toilet use. The MDS identified the resident as frequently incontinent of bowel and bladder.</p> <p>The Care Plan, updated on 4/21/17, directed staff to check and change the resident frequently to keep clean and dry during the day and night time hours. The Care Plan directed staff to toilet the resident as needed per request and provide medications as ordered per the physician.</p> <p>Review of the BM Report dated 7/26/17 through 8/24/17 identified no BM documented on the following days: On 8/6, 8/7 and 8/8/17 (3 days). On 8/10, 8/11, 8/12, 8/13, 8/14 and 8/15/17 (6 days).</p> <p>Review of the Order Summary Report dated</p>			
--	---	--	--	--

Facility Administrator

Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

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

Citation Number: 6653		Date: September 28, 2017		
Facility name: Pleasant Acres		Survey Dates: August 8-10, 16-18, 22,24,29,2017		
Facility Address/City/State/Zip 309 Railroad Street Hull, Iowa 51239				
		DS		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>8/21/17 revealed the following orders:</p> <p>Milk of Magnesia 1200 mg/15 ml, give 30 ml by mouth as needed for constipation once a day only.</p> <p>Bisacodyl suppository insert 10 mg rectally as needed for constipation daily as needed.</p> <p>Review of the MAR dated 8/1/17 through 8/31/17 identified no Milk of Magnesia administered and Bisacodyl Suppository administered on 8/18/17 (day 6).</p> <p>Review of the Progress Notes dated 8/6/17 through 8/8/17 and 8/10/17 through 8/15/17 revealed no documentation of assessment of the resident's gastrointestinal status.</p> <p>During an interview with Staff E LPN (licensed practical nurse) on 8/10/17 at 2:00 PM, she stated the night nurse looks and lets the day nurse know the residents that had gone 3 days without having a BM. The day nurse then follows protocol.</p> <p>FACILITY RESPONSE:</p>			
--	--	--	--	--

Facility Administrator

Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

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

Citation Number: 6653		Date: September 28, 2017			
Facility name: Pleasant Acres		Survey Dates: August 8-10, 16-18, 22,24,29,2017			
Facility Address/City/State/Zip 309 Railroad Street Hull, Iowa 51239					
		DS			
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date	

--	--	--	--	--	--

Facility Administrator

Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

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

Citation Number: 6653		Date: September 28, 2017		
Facility name: Pleasant Acres		Survey Dates: August 8-10, 16-18, 22,24,29,2017		
Facility Address/City/State/Zip 309 Railroad Street Hull, Iowa 51239		DS		
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).