

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

Citation Number: 6677				
		Date: October 26, 2017		
Fountain West Health Center		Survey Dates: September 19-21, 26, 28, October 2, 4, 2017		
1501 Office Park Road West Des Moines, Iowa 50265				
		DS		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

56.6(1)	481-56.6 (135C) Treble and double fines. 56.6(1) Treble fines for repeated violations. The director of the department of inspections and appeals shall treble the penalties specified in rule 481-56.3(135C) for any second or subsequent class I or class II violation occurring within any 12-month period, if a citation was issued for the same class I or class II violation occurring within that period and a penalty was assessed therefor.	I	\$6,000 (Trebled \$2,000 x 3) held in suspension)	Upon Receipt
+				
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. <i>b.</i> 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, record review, and resident and staff interviews, the facility failed to provide the care and treatment necessary to prevent pressure sore development in 3 of 5			

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: 6677		Date: October 26, 2017		
Fountain West Health Center		Survey Dates: September 19-21, 26, 28, October 2, 4, 2017		
1501 Office Park Road West Des Moines, Iowa 50265				
DS				
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>residents reviewed with facility-acquired pressure sores (Resident's #1, #4 and #5), and failed to provide treatment consistent with professional standards of practice to promote healing and prevent infection of the identified pressure sores. The facility reported a census of 78 residents.</p> <p>Findings include:</p> <p>1. Resident #4 had a Minimum Data Set (MDS) assessment with a reference date of 9/22/17. The MDS identified the resident had a BIMS (Brief Interview for Mental Status) score of 9 out of 15. A score of 9 indicated the resident had cognitive impairments. The MDS had diagnoses that included diabetes, arthritis, anxiety, depression and torticollis (a condition in which the head becomes persistently turned to one side, often associated with painful muscle spasms). The MDS indicated the resident required 2 or more people for repositioning in bed and with transfers, personal hygiene and toilet use. The MDS indicated the resident had impairments of both upper and lower extremities, had an indwelling Foley catheter and experienced bowel incontinence episodes. The MDS identified the resident at risk for the development of pressure sores and had 1 unhealed Stage III pressure ulcer that measured 2.0 cm (centimeters) by 1.5 cm by 0.1 cm depth. The MDS identified the</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: 6677		Date: October 26, 2017		
Fountain West Health Center		Survey Dates: September 19-21, 26, 28, October 2, 4, 2017		
1501 Office Park Road West Des Moines, Iowa 50265				
DS				
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>resident had a pressure reducing device on the bed and chair, turning and repositioning program, nutrition or hydration interventions, pressure ulcer care, application of ointments and nonsurgical dressings.</p> <p>The Care Plan identified an impaired skin integrity problem on 4/1/15. The interventions directed the staff to do the following:</p> <p>Pressure reduction devices to bed and wheel chair, initiated on 4/1/15. Administer treatments as ordered, initiated 11/19/15. Assist to reposition in bed every 2 hours, initiated 3/23/16. Encourage and assist to remove shoes when in bed, initiated 3/29/17. Boot to left foot when in bed, initiated on 7/20/17. Float bilateral heels when in bed, initiated 10/3/17.</p> <p>The Care Card, available on 10/3/17, directed the staff members to float heels in bed, no shoes, pressure reduction boot to left foot while in bed and to turn approximately every 2 hours when in bed.</p> <p>The resident's Wound/Skin Healing Record identified a scab on the left malleolus (ankle</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: 6677		Date: October 26, 2017		
Fountain West Health Center		Survey Dates: September 19-21, 26, 28, October 2, 4, 2017		
1501 Office Park Road West Des Moines, Iowa 50265				
DS				
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>bone) on 6/20/17. The area measured 0.6 cm by 0.9 cm. Additional wound conditions, measurements and dates are described:</p> <p>6/27/17 - 1.0 cm by 1.0 cm, without depth or drainage.</p> <p>7/3/17 - 1.0 cm by 1.0 cm scab, without drainage.</p> <p>7/25/17 - 1.0 cm by 1.8 cm by 0.2 cm depth, no drainage with slough tissue.</p> <p>8/4/17 - 1.5 cm by 1.3 cm by 0.2 cm, scant drainage with epithelial tissue.</p> <p>8/9/17 - 1.0 cm by 2.0 cm by 0.2 cm, scant drainage with epithelial tissue.</p> <p>8/14/17 - 2.0 cm by 1.8 cm by 0.2 cm, scant drainage with epithelial tissue.</p> <p>8/22/17 - 1.5 cm by 1.5 cm by 0.2 cm, without drainage and with epithelial tissue.</p> <p>8/30/17 - 2.0 cm by 1.5 cm by 0.2 cm, without drainage, slough tissue.</p> <p>9/5/17 - 1.0 cm by 1.0 cm by 0.2 cm, without drainage, slough tissue.</p> <p>9/13/17 - 1.0 cm by 1.0 cm by 0.2 cm, with drainage, granulation tissue.</p> <p>9/18/17 - 1.5 cm by 1.5 cm, without drainage, granulation tissue.</p> <p>9/27/17 - 2.0 cm by 1.5 cm by 0.1 cm, scant serous drainage, slough tissue.</p> <p>On 10/3/17 at 6:20 a.m. observation with Staff A, licensed practical nurse (LPN), identified the</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: 6677		Date: October 26, 2017		
Fountain West Health Center		Survey Dates: September 19-21, 26, 28, October 2, 4, 2017		
1501 Office Park Road West Des Moines, Iowa 50265				
DS				
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>resident positioned in bed, without heels floated/suspended. Staff A removed the gauze cover dressing, the Hydrofera Blue dressing adhered to the skin, Staff A used an opened bottle of normal saline with approximately 30 to 50 milliliters in it and in 1 lateral motion, applied the entire surface of the bottle opening to the skin around the dressing. Staff A then removed the Hydrofera Blue that was then wet by the process. Observation identified a wound approximately 1.0 by 2.0 cm by 0.2 cm depth wound on the left lateral malleolus. The wound was located at the normal resting position of the ankle's contact with the mattress. Observation identified the wound with white slough tissue; an approximate 0.2 cm border of slightly darker pink tissue surrounded the wound opening. The wound had no visible drainage noted. Staff A replaced the cap to the saline bottle.</p> <p>Physician orders directed staff to do the following: 6/23/17 - Apply Allevyn patch to scabbed area on the left malleolus. Change every 3 days for 15 days, then reassess. This order was discontinued on 6/28/17 per physician.</p> <p>6/28/17 - Cleanse area on left ankle with normal saline (NS), pat dry, apply Skintegrity to wound bed daily, cover with Telfa gauze and rolled gauze daily for 7 days. Reassess (end of orders</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: 6677		Date: October 26, 2017		
Fountain West Health Center		Survey Dates: September 19-21, 26, 28, October 2, 4, 2017		
1501 Office Park Road West Des Moines, Iowa 50265				
DS				
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>7/5/17).</p> <p>7/12/17 - (7 days without wound care orders or wound treatment) Apply Mepilex Ag [silver] to wound area, secure with rolled gauze in figure 8, change daily for 14 days then reassess.</p> <p>7/27/17 Cleanse wound with NS, apply Skin Prep to peri wound, allow to dry. Apply small amount Medihoney to wound base, cover with 2 inch by 2 inch gauze and secure with Tegaderm (clear adhesive dressing), change every other day.</p> <p>8/24/17 Skin Prep to peri wound, allow to dry completely, calcium alginate cut to fit wound bed, moisten with scant amount of NS and cover with 2 inch by 2 inch island dressing, change daily for 14 days then reassess (end of orders 9/7/17).</p> <p>9/12/17 - (5 days without wound care orders or wound treatment) Cleanse left foot ulcer daily with NS, pat dry, apply Skin Prep to peri wound, moisten calcium alginate with scant amount of NS and cover with 2 inch by 2 inch island dressing.</p> <p>9/13/17 -Cleanse wound with NS, cut Hydrofera Blue to fit wound bed, cover with island dressing, change daily for 14 days (end of orders 9/27/17).</p> <p>10/3/17 - (5 days without wound care orders or wound treatment) Cleanse left foot ulcer with NS,</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: 6677		Date: October 26, 2017		
Fountain West Health Center		Survey Dates: September 19-21, 26, 28, October 2, 4, 2017		
1501 Office Park Road West Des Moines, Iowa 50265				
DS				
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>pat dry, apply Skin Prep to peri wound, moisten calcium alginate with scant amount of NS and cover with 2 inch by 2 inch island dressing daily for 7 days then reassess.</p> <p>Observations of the resident identified the following: 9/20/17 at 6:58 a.m., in bed and awake, heels floated with a blue pillow device. 9/21/17 at 10:28 a.m., in bed, eyes closed and covered with blanket, legs appear elevated on a device to float heels, covered with blanket. 10/3/17 at 5:44 a.m., CNA (certified nursing assistant) left the resident's room and said the resident was asleep. Observations from the hall revealed the resident's feet on the mattress, not floated, and the blue flotation pillow on the floor by the closet</p> <p>10/3/17 at 6:20 a.m., resident's feet remained directly on the mattress, the blue flotation pillow remained on the floor, the resident was awake and stated staff had not floated her heels all night, and they were supposed to.</p> <p>On 9/21/17 at 7:42 a.m., the Director of Nursing (DON) stated the resident's pressure sore on the heel probably resulted because staff had not floated her heels as they should have. The DON stated the resident was repositioned about every</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: 6677		Date: October 26, 2017		
Fountain West Health Center		Survey Dates: September 19-21, 26, 28, October 2, 4, 2017		
1501 Office Park Road West Des Moines, Iowa 50265				
DS				
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>2 hours and would have had the opportunity to float the resident's heels with each reposition.</p> <p>On 10/4/17 at 1:25 p.m., the DON stated they had tried the blue boots on the resident a while ago and the resident didn't care for the boots. The DON stated the staff are to float the resident's heels with the blue pillow when in bed.</p> <p>2. Resident #5 had a MDS assessment with a reference date of 9/8/17. The MDS indicated the resident had diagnoses that included congestive heart failure, cerebrovascular accident (a stroke), Parkinson's disease, anxiety and depression. The MDS indicated the resident required extensive assistance of at least 1 staff member for repositioning in bed and need 2 or more staff to help with transfers. The resident depended upon staff for personal hygiene, toilet use, eating and dressing. The resident always had bowel and bladder incontinence and at risk for the development of pressure ulcers. The MDS identified the resident had no pressure ulcers at the time of the assessment and the facility used only a pressure reducing device in the chair (not in bed).</p> <p>The Care Plan identified on 7/24/13, an impaired skin integrity problem. The interventions included and directed the staff to do the following for the</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: 6677		Date: October 26, 2017		
Fountain West Health Center		Survey Dates: September 19-21, 26, 28, October 2, 4, 2017		
1501 Office Park Road West Des Moines, Iowa 50265				
DS				
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>problem: Assist to reposition in bed approximately every 2 hours, initiated 6/9/17. Discourage being up in wheel chair for prolonged periods of time and assist to reposition, initiated 6/9/17. Pressure reduction device to bed and wheel chair as appropriate, initiated 7/24/13. Provide treatments as ordered, initiated 7/24/13.</p> <p>The Care Card directed the staff to change the resident, reposition every 2 hours, and lay the resident down between meals.</p> <p>The Centers for Medicare and Medicaid Services (CMS) identify the following stages of pressure ulcers:</p> <p>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.</p> <p>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.</p> <p>Stage III Full thickness tissue loss.</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: 6677				
Fountain West Health Center				
1501 Office Park Road West Des Moines, Iowa 50265				
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>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.</p> <p>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.</p> <p>A Wound/Skin Healing Record identified the resident had a Stage I pressure sore, located on the upper coccyx on 9/13/17. The Stage I pressure ulcer measured 2.5 centimeters (cm) by 1.0 cm, without drainage, epithelial tissue present in wound bed and normal colored surrounding tissue.</p> <p>The next assessment, completed 9/27/17 identified the area measured 2.3 cm by 1.0 cm by 0.1 cm depth, without drainage, epithelial tissue present and normal colored surrounding tissue [Stage II].</p> <p>Observation on 9/28/17 at 9:35 a.m. identified the DON present as Staff O, CNA removed the resident's urine soiled brief. Observation identified an approximate 1.0 cm to 1.0 cm</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: 6677		Date: October 26, 2017		
Fountain West Health Center		Survey Dates: September 19-21, 26, 28, October 2, 4, 2017		
1501 Office Park Road West Des Moines, Iowa 50265				
DS				
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>circular open area that appeared as a dark purple or brown colored tissue. The peri-wound had a margin of bright red tissue that extended approximately 1.0 to 1.5 cm from the eschar edge, centrally located on the coccyx area.</p> <p>Physician orders directed the following:</p> <p>9/14/17 - Apply Dermagran ointment (Aluminum hydroxide) to coccyx wound 3 times a day for 14 days, then reassess (end of orders 9/27/17).</p> <p>10/3/17 - Cleanse wound with wound cleanser, pat dry, apply Dermagran ointment 2 times daily for 14 days then reassess (5 days without wound care orders or treatment).</p> <p>Observations of the resident revealed:</p> <p>9/20/17 at 6:36 a.m., dressed and seated in wheel chair in the hallway.</p> <p>9/20/17 at 7:53 a.m., remained seated in wheel chair in the hallway, transported to the assisted dining room.</p> <p>9/20/17 at 8:10 a.m., remained seated in wheel chair, in assisted dining room for breakfast.</p> <p>9/20/17 at 9:09 a.m., remained seated in wheel chair in hallway near room, head slumped forward.</p> <p>9/20/17 at 9:27 a.m., staff pushed resident in wheel chair into his/her room for care and transfer to bed.</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: 6677		Date: October 26, 2017		
Fountain West Health Center		Survey Dates: September 19-21, 26, 28, October 2, 4, 2017		
1501 Office Park Road West Des Moines, Iowa 50265				
DS				
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>9/21/17 at 6:40 a.m., resident dressed and seated in wheel chair in hallway. 9/21/17 at 7:14 a.m., remained seated in wheel chair. 9/21/17 at 7:50 a.m., seated in wheel chair in the assisted dining room. 9/21/17 at 8:25 a.m., seated in wheel chair in the assisted dining room. 9/21/17 at 8:48 a.m., returned from the dining room, remained in wheel chair. 9/21/17 at 9:11 a.m., remained seated in wheel chair in room next to bed, head slumped forward. 9/21/17 at 9:32 a.m., remained seated in wheel chair in room. 9/21/17 at 9:44 a.m., resident in bed.</p> <p>3. Resident #1 had a MDS assessment with a reference date of 8/25/17. The MDS indicated the resident had diagnosis including congestive heart failure, Alzheimer's disease, Parkinson's disease and depression. The MDS indicated the resident had severe cognitive impairments and depended upon 1 staff person for repositioning in bed, and 2 or more staff persons with transfers and toileting. The MDS identified the resident always experienced bowel and bladder incontinence. The MDS identified the resident to be at risk for pressure sore development and had 1 Stage II pressure ulcer on 8/12/17. The MDS indicated the pressure relieving device on the</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: 6677		Date: October 26, 2017		
Fountain West Health Center		Survey Dates: September 19-21, 26, 28, October 2, 4, 2017		
1501 Office Park Road West Des Moines, Iowa 50265				
DS				
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>chair seat only. The MDS did not address nutrition or hydration, turning and repositioning or a relieving device on the bed.</p> <p>The Care Plan indicated the resident had the potential for impaired skin integrity problem on 7/22/13. The interventions included and directed the staff to do the following:</p> <p>Assist to position to avoid prolonged periods of time in a wheel chair, initiated 12/8/16. Assist to reposition in bed approximately every 2 hours, initiated 12/8/16.</p> <p>Pressure reduction device to bed and wheel chair as appropriate, initiated, revised on 4/18/14</p> <p>A Pressure Skin Condition Report dated 8/12/17 described a fluid filled blister on the lateral aspect of the right heel that measured 3.0 centimeters (cm) by 2.8 cm without depth.</p> <p>The report described on 8/17/17 the blister opened, measured 4.0 cm by 1.5 cm, without depth or drainage, granulation tissue present.</p> <p>On 8/25/17 the wound measured 2.8 cm by 2 cm with 0.05 cm depth, without drainage, granulation tissue present.</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: 6677		Date: October 26, 2017		
Fountain West Health Center		Survey Dates: September 19-21, 26, 28, October 2, 4, 2017		
1501 Office Park Road West Des Moines, Iowa 50265				
DS				
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>On 9/1/17 the wound measured 1.0 cm by 1.0 cm by 0.1 cm depth, without drainage.</p> <p>On 9/8/17 the wound measured 1.0 cm by 0.8 cm by 0.1 cm, scant drainage, epithelial tissue present, pain level of 2 determined by facial signs with 0 to 10 scale used, 10 described as worst pain, resident received scheduled pain medication.</p> <p>On 9/17/17 the wound measured 0.5 cm by 0.5 cm by 0.1 cm depth, scant drainage, and epithelial tissue present.</p> <p>On 9/22/17 the wound measured 0.6 cm by 1.0 cm by 0.2 cm depth, without drainage, epithelial tissue present.</p> <p>On 9/27/17 the wound measured 0.5 cm by 1.0 cm without depth, no drainage, area scabbed.</p> <p>Observation of wound care with the DON on 9/28/17 at 10:32 a.m. revealed the resident in bed, fully clothed with shoes on. Staff C, licensed practical nurse (LPN), removed the right shoe and sock that revealed no dressing on the wound. The wound area appeared dry, pink tissue, surrounding tissue also pink, foot warm, and measured 1.2 cm diameter, with open area 0.7 cm by 0.9 cm and approximate 0.2 to 0.3 cm</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: 6677				
Fountain West Health Center				
1501 Office Park Road West Des Moines, Iowa 50265		Survey Dates: September 19-21, 26, 28, October 2, 4, 2017		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>depth.</p> <p>Physician orders directed: 8/12/17 - Apply Silvadene to right lateral heel blister daily until opened, then apply Bacitracin daily until healed. The order was not implemented as documented on the Treatment Administration Record (TAR). 8/12/17 - Keflex (a strong antibiotic) 500 milligrams (mg) administered 3 times daily for 7 days related to wound. 8/20/17 - Cleanse wound right ankle area with normal saline, pat dry, apply Skin Prep to peri wound and allow to dry. Apply Solosite to wound bed and cover with 2 inch by 2 inch gauze, secured with rolled gauze in figure 8, change 2 times daily for 15 days. 8/31/17 - Continue same wound care 2 times daily for 15 days (order ended 9/15/17). 9/22/17 - (7 days without wound care orders or treatment) Apply Allevyn adhesive pad to right heel wound daily for 7 days.</p> <p>The facility document titled <u>Protocol To Follow for Pressure</u> dated 10/20/10, included and directed staff to do the following: 1. Complete assessment required when a pressure sore is first identified. 2. Documentation should include interventions implemented, orders received, and</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: 6677		Date: October 26, 2017		
Fountain West Health Center		Survey Dates: September 19-21, 26, 28, October 2, 4, 2017		
1501 Office Park Road West Des Moines, Iowa 50265				
DS				
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>family/responsible party notification.</p> <p>3. Documentation should also include use of pressure relieving devices, such as pillows to elevate heels off the bed, positioning devices, and padding to bony prominences.</p> <p>4. Documentation should include repositioning if resident is unable to reposition self.</p> <p>5. Weekly skin assessments are to be initiated for any pressure sore, completed by the nurse assigned to the area.</p> <p>Resident observations: On 9/19/17 at 10:14 a.m., the resident sat in a wheel chair in room, fully dressed with white tennis shoes on feet. On 9/20/17 at 7:21 a.m., fully dressed with white tennis shoes on, lying towards right side on bed with lift sling under the resident.</p> <p>Continuous observation from the hall from 7:21 a.m. until 8:05 a.m. revealed the resident in bed, without staff intervention. Staff D, certified nursing assistant (CNA) and certified medication aide (CMA) and Staff J, restorative aide (RA), and transferred the resident to a wheel chair, transported to the dining room for breakfast. On 9/20/17 at 9:36 a.m., the resident remained seated in the wheel chair with shoes on. On 9/21/17 at 9:52 a.m. the resident sat in the wheel chair, dressed with shoes on as staff</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: 6677		Date: October 26, 2017		
Fountain West Health Center		Survey Dates: September 19-21, 26, 28, October 2, 4, 2017		
1501 Office Park Road West Des Moines, Iowa 50265				
DS				
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>transferred her to bed. The shoes were removed and the blue foam boot placed on right foot. On 10/3/17 at 9:20 a.m., seated in wheel chair, dressed with blue foam boots on both feet. Staff D, CMA, stated resident is supposed to have the blue boots on at all times now. Staff D provided the current Care Card for the resident's hall that did not provide direction about the resident's feet, boots or wound.</p> <p>During an interview on 10/4/17 at 1:25 p.m., the DON stated the blue boots can be applied as a preventive measure, no order was required, and no product information was available as the product varied depending on when it was ordered and from what company. The DON stated the facility laundered the boots for use with other residents and some of the boots were older but remained in use if intact and cushioned in the desired area. The DON stated that she was the designated wound nurse until approximately 1 month ago. The facility transferred the responsibility to the MDS nurse at that time. The DON stated she resumed the responsibility on 10/1/17 and did not have specialized wound care education other than some in-services.</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: 6677		Date: October 26, 2017		
Fountain West Health Center		Survey Dates: September 19-21, 26, 28, October 2, 4, 2017		
1501 Office Park Road West Des Moines, Iowa 50265				
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).