Citation Number: 6654		Amended on January 19, 2018 in accordance with lowa Code section 249A.19; the state fine will now be collected.  Fine amount reduced by 35% to \$1625 on February 22, 2018 pursuant to lowa Code Section 135C.43A.		Date: S 2017	eptember 29,	
Facility name:	Lexington Square		Survey I Septemi			7,21-24 and
Facility Addres 500 Messenge Keokuk, Iowa						
		DS				
Rule or Code Section	Nature	e of Violation	Class	Fine Amount		Correction date
						<u> </u>
58.19(2)b	residents. The resident facility shall provide, a required nursing servidirection of qualified recoverage as set forth 58.19(2) Medication at a b. Provision of the application of the a	in these rules: and treatment. propriate care and treatment pressure sores, to promote tion, and prevent new sores  a, record review and resident the facility failed to provide appropriate pressure the wheelchair seat to the resident frequently in the the healing and failed to apply to Resident #9's feet and tote healing of an ankle		\$2500		Upon Receipt  Page 1 of 17

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Date

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Facility name: Lexington Square  Facility Address/City/State/Zip 500 Messenger Road Keokuk, Iowa 52632			Survey I Septemi			,21-24 and
		DS				
Rule or Code Section	Natur	e of Violation			Correction date	
	reported a census of	90 residents		l		
	Findings include:  Resident #9 had a MI assessment with a reincluding muscular dy respiratory failure, point of swallow). The MDS a BIMS (Brief Intervier of 7 out of 15. A scort had severe cognitive indicated the resident assistance with bed in transfers, eating, toiled The MDS identified the unstageable pressures the resident had a presting the bed, chair seat an program.  The Care Plan, with a identified a problem with the problem with the second problem w	DS (Minimum Data Set) ference date of 8/17/17. he resident had diagnosis restrophy, and chronic eumonia, dysphagia (difficult S indicated the resident had w for Mental Status) score e of 7 identified the resident impairment. The MDS required extensive hobility and dependent with to use and personal hygiene.				Page <b>2</b> of <b>17</b>

Facility Administrator

Date

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		DS				
Rule or Code Section	Natur	e of Violation	Class			Correction date
	proceure on the hoole	as needed on 5/23/17.		1		
	A review of the Admis indicated the resident the feeding tube and a review of the laborate comprehensive metals 6/26/17, identified an (grams per deciliter) (test measured the arm Observations of the rethe resident did not hat following dates and time On 8/21/17 at 10:35 at p.m. after cares proving Staff H, CNA and after by Staff I, LPN.  On 8/22/17 at 6:32 and suctioned the resident respiratory therapist staff in the following dates and after the staff I, LPN.	ssion Note dated 11/14/16 had a pressure area around no other open areas.  atory report from the colic panel (blood test) dated albumin level of 2.6 g/dl normal 3.5 to 5g/dl). The count of protein in the blood.  esident lying in bed revealed ave foam boots on the				Page <b>3</b> of <b>17</b>

Date

Facility Administrator

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Facility name: Lexington Square	)		Survey Dates: August 17,21- September 5, 2017			7,21-24 and
Facility Address/City/State/Zip 500 Messenger Road Keokuk, Iowa 52632						
		DS				
Rule or Code Section	Nature	e of Violation			Correction date	
2:03 p.m. and 3:  On 8/23/17 at 6: asleep and lying pillow under the pillow was flat we directly on the man boots on expendent continual.  The form titled we described the rigidentified on 6/1 0.9. The wound the open area we last entry identified 6/19/17.  On 7/24/17 the accentimeters) are	:10 p.i: 35 a.i g on baccalve with the nattres either fied with Wound ght an 9/17. I had a which r ied for	2:33 a.m., at 10:37 a.m., at m.  m., the resident laid in bed ack. The resident had a s of both legs; however, the e resident's ankle positioned as. The resident had no toot. At 7:18 a.m., the shout foam boots.  d/Skin Healing Record kle as unstageable when The area measured 1.1 by a purple/red color around measured 2.2 by 2.7. The resident experienced pain. The area measured 1.1 by 1.1 cm resident experienced pain. The assured 1.3 by 1.3 cm and				
the resident did	not ex	•				Page <b>4</b> of <b>17</b>

Facility Administrator

Date

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-	Lexington Square		Survey I Septemb			7,21-24 and
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		DS				
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	On 8/14/17 the wound measured 1.2 by 1.2 cm and depth 0.3 and unstageable. On 8/21/17 the wound measured 1.4 by 1.8 cm and showed deterioration.  On 8/22/17 at 11:30 a.m., the ADON (Assistant Director of Nursing) reported the possible cause of the pressure sore could be attributed to large doses of Prednisone, newly diagnosis of diabetes, depression, refused to get up and due to the diagnosis of muscular dystrophy, the resident laid with legs in a frog leg position frequently.  In an interview on 8/23/17 at 7:38 a.m. and 7:48					
	have been caused by bed and the resident on while in bed. Staff protectors to the laund resident should wear On 8/23/17 at 8:13 a. nursing assistant) was	orted the pressure ulcer may the way the resident laid in should have heel protectors C stated she sent the heel dry due to soiled and the them when in bed.  m., Staff E, CNA (certified interviewed and stated the propressure to the resident's				

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Facility Address 500 Messenge Keokuk, Iowa							
		DS					
Rule or Code Section	Natur	e of Violation			Correction date		
	apply the foam boots were in the closet in the stated the resident shought and she picked laundry this morning.  On 8/23/17 at 8:22 a. interviewed and reported the resident did not have another pair fleast float the aides do not stated the aides	m. Staff F, CNA was reed the staff should put the ile the resident laid in bed the laundry. Staff F stated ave an extra pair of boots. The boots are in the laundry, should be under a pillow and m., the Director of Nursing should have heel protectors are and if the protectors of the staff should make sure or the resident to wear or at the Director of Nursing of carry a pocket Care Plan, of the Care Plan. There are				Page <b>6</b> of <b>17</b>	

Facility Administrator Date

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Rule or Code Section	Natur	e of Violation			Correction date	
	Care Card did not add heel protectors on.  A review of the reside documentation that the assistance with positic [mechanical lift] for transt have alarms.  2. Resident #2 had a assessment reference identified a BIMS (Bric Status) score of 15. A resident had no cognic assessment identified dependent on two states transfers, dressing an assessment indicated limitations in range of legs and feet. The ME diagnoses of anemia, pressure), neurogenic	oning, required a Hoyer ansfer and the resident did  MDS assessment with an e date of 6/15/17. The MDS ef Interview for Mental A score of 15 indicated the				Page <b>7</b> of 17

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Date

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		DS				
Rule or Code Section	Natur	e of Violation	Class			Correction date
	risk) indicated Reside 6/19/17. A score of 1 moderate risk for the ulcers.  The Care Plan dated 6/21/17, identified a prisk for pressure ulcer pressure areas. The directed the staff to ke direct contact with one reposition every two his shearing forces during changes, pressure rein the chair. The resident processing the staff to the staff to ke direct contact with one reposition every two his shearing forces during changes, pressure rein the chair. The resident processing the staff to the staff	nours, avoid friction and g transfers and position lieving mattress and cushion dent had a new motorized				
	load in chair. The stathe resident to change treatment to abrasion resident cares to be concepted.	o reposition self and can off ff are directed to encourage e positions, staff to provide to upper right buttock, completed within 30 minutes. Sciplinary Notes dated dentified an area to the				Page <b>8</b> of <b>17</b>

Facility Administrator Date

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	(centimeters) by 2.0 cfamily and physician of Review of the Wound 5/23/17, indicated the pressure ulcer located measured 1.5 by 2 cm.  On 5/29/17 the Stage identified as 3 by 3.5 cm.  On 6/5/17 the Stage I 4.5 cm by 4.5 cm with resident was referred.  On 6/13/17 the wound and measured 4 cm by unable to see wound.  On 6/19/17 the unstagem by 4.5 cm.	Il wound measurement was cm and depth 0.1 cm.  I wound measurement were a depth unmeasurable. The to the wound clinic.  Id identified as unstageable by 4.7 cm. (no depth since bed).  I geable wound measured 4  Unstageable, measurements				

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Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
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	On 7/3/17 wound unstageable and measured 5.4 cm by 4 cm with depth 2.7 cm.  On 7/17 the unstageable wound measured 3.6					
	cm by 5.9 cm with de					
	On 7/17/17 wound is 2 cm by 5 cm with de	unstageable, measurements pth 4.9 cm.				
	On 7/24/17 wound is 5 cm by 5.4 cm with c	unstageable, measurements lepth of 4.9 cm.				
	On 7/31/17 wound is 4 cm by 5 cm with de	unstageable, measurements pth of 6 cm.				
	On 8/7/17 wound is u 2.8 cm by 3.8 cm with	nstageable, measurements a depth 4 cm.				
	On 8/14/17 wound is 5 cm by 8 cm with de	unstageable, measurements pth 6.3 cm				
	Review of the Interdis 5/31/17 indicated a ne treatment to the right	ew order received for				Page <b>10</b> of <b>17</b>

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	and received new ord wound clinic. Residen pressure injury site has week. Visible slough prow unmeasurable deregarding treatment withan a year ago and sof a year. Discussed visup in wheelchair froto 11:00 pm at night. Trepositioned self ever and the Roho Cushion wheelchair support to protection).  Review of the operation dated 04/2017 revealed Do not use an underbecause the cushions eliminated, resulting in	e area to the buttocks o Resident #2 physicians ler to refer resident to the				Page <b>11</b> of <b>17</b>

Facility Administrator Date

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	reference date of 6/15 weight to be 284 pour Review of the physicia report, dated 6/19/17, presented for evaluation wound. The resident rapproximately 4 to 5 vibelieved the wound to there was an issue willosing air. The Roho office today and found release valve open. Roushion so valve to the prevent accidental reladvised to fill cushion facility. Resident to corepresentative and to cushion for any other to follow-up in 3 weeks. Review of the Wound indicated Resident #2	an History and Physical indicated Resident #2 ion of the right buttock noted the wound started weeks ago. The resident to be pressure related, as ith his/her Roho cushion cushion was checked in the dicushion to be low with desident educated on placing the back of the chair to ease of air. Resident today upon returning to ontact wheelchair have them come to check causes of air loss, resident				Page <b>12</b> of <b>17</b>

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	relief and keep pressures Resident averaged 8 during most days. At laws noted to be deflated Education provided at for leaks. Resident stathat no leaks were idefacility were advised to insure it is inflated and closed. Resident indicated the cushion daily and in office today.  On 8/17/17 at 2:00 p. was interviewed and sometime wound on the late of the wound on the late of the cushion at the Roh to be flat. Resident #2 the cushion at the time he/she did not know the flat. Resident #2 states Roho cushion is the cost.	towels in the wheelchair seat for pressure of keep pressure off of wound site. In averaged 8 hours in the wheelchair most days. At last visit, the Roho cushion ed to be deflated with release valve open. On provided and to have cushion checked is. Resident stated this was performed and leaks were identified. Nursing staff at the were advised to check cushion daily to it is inflated and the release valve is Resident indicated the staff had checked inion daily and cushion noted to be inflated				Page <b>13</b> of <b>17</b>

Facility Administrator Date

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	the staff do not shock	the auchien in the	1	I			
	wheelchair and he/sh the Roho is empty. T doesn't always know The resident stated th repositioning him/her the staff will reposition On 8/22/17 at 11:30 a a.m., Staff K, LPN, staresident #2's wheelc completely flat but ha couple times after his K stated he put in mo are other residents wi Staff K stated he receithe Roho cushion but on the Internet regard K stated Resident #2 self in wheelchair by twheelchair. Staff K rehave the ability to repand staff did not assist	the staff do not check the cushion in the wheelchair and he/she has to tell the staff when he Roho is empty. The resident stated he doesn't always know when the cushion is flat. The resident stated the staff are good about repositioning him/her and if not, then will ask and the staff will reposition the resident.  On 8/22/17 at 11:30 a.m. and on 8/25/17 at *:40 a.m., Staff K, LPN, stated he never found Resident #2's wheelchair Roho cushion to be completely flat but had found it to be low in air a couple times after his/her wound was noted. Staff K stated he put in more air. Staff K stated there are other residents with the same Roho cushion. Staff K stated he received no training regarding the Roho cushion but had looked up information on the Internet regarding the Roho cushion. Staff K stated Resident #2 stated he/she can reposition self in wheelchair by tilting the back of the wheelchair. Staff K reported Resident #2 did not have the ability to reposition self in wheelchair and staff did not assist him/her.  On 8/22/17 at 3:05 p.m., Staff L (nursing				Page <b>14</b> of <b>17</b>	

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	never attempted to re his/her wheelchair. So the resident in bed eveneeded.  On 8/25/17 at 12:59 passistant) stated she #2 for a long time. Statell you what he wants cushion every day an room if needs air. State to reposition the resident will refuse an Staff M stated after dethe resident requester and placed under the Staff M stated she did wheelchair would republished.  On 8/25/17 at 10:30 at (DON) stated the would republished the work wheelchair would republished.	On 8/25/17 at 12:59 p.m., Staff M (nursing assistant) stated she had taken care of Resident #2 for a long time. Staff M stated the resident will tell you what he wants done. We now check his cushion every day and use a pump in his/her room if needs air. Staff M stated she had offered to reposition the resident in the wheelchair but the resident will refuse and says he/she can do it. Staff M stated after development of the wound, the resident requested a hand towel be rolled up and placed under the thigh [to relieve pressure]. Staff M stated she did not think reclining in the wheelchair would reposition the resident off of the buttocks.  On 8/25/17 at 10:30 am, the Director of Nursing (DON) stated the wound clinic visit on 6/19/17 was a nursing judgement of the wound clinic				Page <b>15</b> of <b>17</b>

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	checked daily. The DON stated Resident #2 can reposition self in the wheelchair by the remote control of the wheelchair.  FACILITY RESPONSE:					Page <b>16</b> of 1
 Facil	ity Administrator	D	 oate			

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