Citation Numb 6786	er:				Date: April 12	2, 2018
Facility Name: Fountain West	Health Center		Survey			
Facility Addres	ss/City/State/Zip	MW	March 1	9-22, 201	8	
1501 Office Pa	rk Road					
Rule or Code Section	Nature	e of Violation	Class	Fine A	mount	Correction date
			ı	\$5000		UPON
56.6(1)	director of the departm appeals shall treble the 481—56.3(135C) for a class I or class II violation oc period, if a citation was	repeated violations. The sent of inspections and expenalties specified in rule my second or subsequent ecurring within any 12-month is issued for the same class I curring within that period and		(\$15,00 trouble		RECEIPT
58.19(2)b	wounds, including pres	nd treatment. ropriate care and treatment of ssure sores, to promote on, and prevent new sores				
	resident and staff inte the facility failed to pro interventions to preve promote healing of pro residents with pressur	ord review, observation, erviews, and facility protocol ovide care, implement ent the development and essure ulcers for 4 out 8 re ulcers (Resident #4, #37, cility identified a census of				
						Page 1 of 2
Facil	ity Administrator	 Da	 ate			

cility Name: untain West Health Center cility Address/City/State/Zip MW Office Park Road Rule or Code Nature of Violatio	1	Survey I March 19	9-22, 20			
11 Office Park Road	1					
Rule or	1	Class	Fine A	\mount		
	1	Class	Fine A	Amount		
Section			Class Fine Amount			
Findings include: 1. The 8/31/17 admission Minimu (MDS) for Resident #4 included of diabetes, multiple fractures and sulcer of the buttock and needed of assistance with bed mobility, transfering and personal hygiene. The recorded a Brief Interview for Me of 11 out of 15 indicating moderate cognition. The 3/2/18 quarterly MDS for Resincluded diagnoses of diabetes, and stage 1 pressure ulcer of the needed limited assistance with bedransfers, dressing toileting and part of the MDS further recorded a Brief Mental Status score of 14 out of intact cognition and 2 stage 2 president with 11/27/17 for the oldest stage ulcers. Resident #4 Care Plan dated 9/7 focus area of a Stage 2 pressure right gluteal and updated 2/14 18 areas on the left gluteal. The care interventions to administer treatments.	iagnoses of tage 1 pressure extensive sfers, dressing he MDS further hal Status score rely impaired sident #4 hultiple fractures buttock and ed mobility, ersonal hygiene. Interview for 5 indicating ssure ulcers 2 pressure					
Facility Administrator	Da				Page 2 of	

Citation Numb	oer:				Date: April 12	2, 2018	
Facility Name: Fountain Wes	: t Health Center		Surv	ey Dates:	1		
	ss/City/State/Zip	MW	Marc	th 19-22, 20	18		
1501 Office Pa	ark Road						
Rule or Code Section	Natur	e of Violation	Clas	Class Fine Amount Correct date			
	1	14.6.0					
	monitor for effectivene policies/protocols for skin breakdown.	ess and to follow the prevention /treatmen	t of				
	Ulcers dated 10/20/10 information that risk fa and document in the would include nutrition sensory perception, ir friction/shear factor. To done with identified procumentation should implemented, physicial family or responsible and status of condition	The Braden scale should ressure ulcers. d include interventions an order received, and party notified of treatmern.	rs ty, be				
	Sore Risk dated 8/25/	Scale for Predicting Press /17 scored 18 that indica k for pressure scores.					
	Resident #4 Braden S Score Risk dated 12/	Scale for Predicting Press 1/17 scored 21.	sure				
	Sore Risk dated 2/26/	Scale for Predicting Press /18 scored 16 that indica k for pressure scores.					
	A Progress Note date	ed 12/4/2017 at 10:51					
						Page 3 of 2	
 Faci	lity Administrator		Date				

Facility Name: Fountain West Health Center Facility Address/City/State/Zip 1501 Office Park Road Rule or Code Section	Citation Numb 6786	er:				Date: April 12	, 2018
Facility Address/City/State/Zip 1501 Office Park Road Rule or Code Section				Survey	Dates:		
Rule or Code Section Rule or Code Section				March 1	9-22. 20	18	
Rule or Code Section Rature of Violation Class Fine Amount Correction date	Facility Addre	ss/City/State/Zip	MW		,		
recorded, Communication with Physician the situation: Occupational Therapy (OT) needed for positioning and cushion needs. The Occupational Therapy Outpatient Discharge Summary recorded therapy dates from 12/14/17 through 1/4/18 with a clinical reasoning stage 1-2 pressure wound to buttock. The Treatment Administration Record (TAR) dated January 2018 directed: Allevyn adhesive pad apply to right gluteal fold every 3 days or as needed. Cleanse wound with house cleanser pat dry apply skin prep to area around wounds and allow to dry. Apply solsite to wounds and cover with allevyn dressing. May change as needed (PRN). Start date 12/19/17 discontinued date 2/5/18. The January 2018 TAR recorded to check placement of Allevyn pad and replace as necessary, with a start date of 12/19/17. The February 2018 TAR recorded Triad hydrophilic Wound Dress Paste apply to Right and Left gluteal clefts topically two times a day for treatment to wound twice a day until healed ,with a start date 2/27/18.	1501 Office Pa	ırk Road					
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Summary recorded therapy dates from 12/14/17 through 1/4/18 with a clinical reasoning stage 1-2 pressure wound to buttock. The Treatment Administration Record (TAR) dated January 2018 directed: Allevyn adhesive pad apply to right gluteal fold every 3 days or as needed. Cleanse wound with house cleanser pat dry apply skin prep to area around wounds and allow to dry. Apply solsite to wounds and cover with allevyn dressing. May change as needed (PRN). Start date 12/19/17 discontinued date 2/5/18. The January 2018 TAR recorded to check placement of Allevyn pad and replace as necessary, with a start date of 12/19/17. The February 2018 TAR recorded Triad hydrophilic Wound Dress Paste apply to Right and Left gluteal clefts topically two times a day for treatment to wound twice a day until healed ,with a start date 2/27/18.		situation: Occupation	al Therapy (OT) needed for				
dated January 2018 directed: Allevyn adhesive pad apply to right gluteal fold every 3 days or as needed. Cleanse wound with house cleanser pat dry apply skin prep to area around wounds and allow to dry. Apply solsite to wounds and cover with allevyn dressing. May change as needed (PRN). Start date 12/19/17 discontinued date 2/5/18. The January 2018 TAR recorded to check placement of Allevyn pad and replace as necessary, with a start date of 12/19/17. The February 2018 TAR recorded Triad hydrophilic Wound Dress Paste apply to Right and Left gluteal clefts topically two times a day for treatment to wound twice a day until healed ,with a start date 2/27/18.		Summary recorded the through 1/4/18 with a	nerapy dates from 12/14/17 clinical reasoning stage 1-2				
The January 2018 TAR recorded to check placement of Allevyn pad and replace as necessary, with a start date of 12/19/17. The February 2018 TAR recorded Triad hydrophilic Wound Dress Paste apply to Right and Left gluteal clefts topically two times a day for treatment to wound twice a day until healed ,with a start date 2/27/18.		dated January 2018 of Allevyn adhesive pad every 3 days or as ne Cleanse wound with his kin prep to area arou Apply solsite to wound dressing. May chang	directed: apply to right gluteal fold eeded. house cleanser pat dry apply and wounds and allow to dry. ds and cover with allevyn e as needed (PRN). Start				
hydrophilic Wound Dress Paste apply to Right and Left gluteal clefts topically two times a day for treatment to wound twice a day until healed ,with a start date 2/27/18.		placement of Allevyn	pad and replace as				
Page 4 of :		hydrophilic Wound Dr and Left gluteal clefts treatment to wound to	ress Paste apply to Right topically two times a day for				
		1		<u> </u>			Page 4 of 2
Facility Administrator Date		Ith. A discharge to a					-

Citation Numb 6786	er:				Date: April 12	, 2018
Facility Name: Fountain Wes	t Health Center		Survey		40	
Facility Addre	ss/City/State/Zip	MW	March 1	9-22, 20	18	
1501 Office Pa	ırk Road					
Rule or Code Section	Natur	e of Violation				Correction date
	of the Triad hydrophilito Right and Left glute a day for treatment to healed 12 times from The Facilities Wound/recorded the following 11/18/17 right gluteal cm depth stage 2 surn 11/20/17 right gluteal depth stage 2 wound 12/4/17 right gluteal depth stage 2 wound 12/4/17 right gluteal cm depth stage 2 wound 12/13/17 right gluteal cm depth stage 2 wound 12/18/17 right gluteal cm depth stage 2 wound 12/29/17 right gluteal depth stage 2 wound 13/18 right gluteal cm depth stage 2 wound 13/18 right gluteal fol depth stage 2 wound	fold 0.7 cm x 0.5 cm x 0.1 rounding tissue pink. fold 1 cm x 0.8 cm x 0.1 cm I bed with epithelial tissue. fold 2 cm x 1 cm x 0.1 cm bed with epithelial tissue. old 1.3 cm x 1 cm x 0.1 cm bed normal for skin. fold 1.5 cm x 0.6 cm x 0.1 und bed normal for skin. fold 1 cm x 0.7 cm x 0.1 cm bed normal for skin. fold 0.1 cm x 0.1 cm x 0.1 und bed normal for skin. Id 0.1 cm x 0.1 cm x 0 cm bed normal for skin. Id 0.1 cm x 0.1 cm x 0 cm bed normal for skin. Id 0.1 cm x 0.1 cm x 0 cm bed normal for skin.				Page 5 of 2
						Page 5 of 2
Facil	lity Administrator	 Da	ate			

Citation Numb 6786	er:				Date: April 12	, 2018
Facility Name:			Survey I	Dates:		
Fountain West	Health Center		March 1	9-22. 20 [,]	18	
Facility Addres	ss/City/State/Zip	MW		,		
1501 Office Pa	rk Road					
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	cm x 0.5 cm x 0.1 cm bed normal for skin. 12/4/17 3 areas middl cm x 0.5 cm x 0.2 cm bed normal for skin. 12/13/17 3 areas middled cm x 0.4 cm x 0.1 cm bed normal for skin. 12/18/17 3 areas middled cm x 0.5 cm x 0.1 cm bed normal for skin. 12/29/17 3 areas middled cm x 0.1 cm bed normal for skin. 1/29/18 3 areas middled cm x 0.6 cm x 0.1 cm bed normal for skin. 1/29/18 3 areas middled cm x 0.6 cm x 0.1 cm bed normal for skin.	one right gluteal fold 0.4 depth pressure area				Page 6 of 2

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).

Date

Facility Administrator

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Citation Number 6786	er:				Date: April 12	, 2018
Facility Name: Fountain West			Survey I		10	
Facility Address	ss/City/State/Zip	MW	IVIAI CII I	9-22 , 20	10	
1501 Office Pa	rk Road					
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	cm x 0.3 cm x 0.1 cm bed normal for skin. 2/14/18 3 areas midd cm x 1.1 cm x 0.1 cm bed normal for skin. 2/22/18 Resident in H 2/26/18 3 areas midd cm x 0.2 cm x 0.1 cm bed normal for skin. 3/14 18 3 areas midd cm x 0.2 cm x 0.1 cm wound bed normal for wound bed normal for skin. 12/4/17 3 areas bott cm x 0.5 cm x 0 depth normal for skin. 12/4/17 3 areas bott cm x 0.5 cm x 0 depth normal for skin. 12/13/17 3 areas bott cm x 0.8 cm x 0.1 cm bed normal for skin. 12/18/17 3 areas bott cm x 0.2 cm x 0.1 cm bed normal for skin. 12/18/17 3 areas bott cm x 0.2 cm x 0.1 cm bed normal for skin. 12/29/17 3 areas bott	le one right gluteal fold, 0.1 depth pressure area wound le one right gluteal fold 0.7 depth pressure area				Page 7 of

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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).

Date

Facility Administrator

Citation Numb 6786 Facility Name:			Survey l	Dates:	Date: April 12	, 2018
	ss/City/State/Zip	MW	March 1	9-22, 20	18	
1501 Office Pa						
1001 Omoc i a						
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	cm x 0.2 cm x 0.1 cm bed normal for skin. 1/8/18 3 areas bottom cm x 0.2 cm x 0.1 cm bed normal for skin. 1/15/18 3 areas botto cm x 0.5 cm x 0.1 cm bed normal for skin. 1/22/18 3 areas botto cm x 0.1 cm x 0.1 cm bed normal for skin. 1/29/18 3 areas botto cm x 0.7 cm x 0 cm d bed normal for skin. 2/5/18 3 areas bottom x 0.3 cm x 0 cm d bed normal for skin. 2/14/18 3 areas bottom x 0.3 cm x 0 cm d bed normal for skin. 2/14/18 left gluteal fol 0.1 cm depth pressure for skin. 2/22/18 Hospital 2/26/18 left gluteal fol	n one right gluteal fold, 0.5 depth pressure area wound on one right gluteal fold, 0.4 depth pressure area wound on one right gluteal fold, 0.5 depth pressure area wound on one right gluteal fold, 0.1 depth pressure area wound on one right gluteal fold, 0.7 epth pressure area wound on one right gluteal fold, 0.3 epth pressure area wound on one right gluteal fold, 0.3 epth pressure area wound on one right gluteal fold one right gluteal fold one right gluteal fold of 2 areas 0.6 cm x 0.2 cm x e area wound bed normal				Page 8 of

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Facility Administrator Date

Citation Num 6786	ber:				Date: April 12, 2018		
Facility Name Fountain We	e: st Health Center		Survey				
Facility Addr	ess/City/State/Zip	MW	⊣ March 1	9-22, 20	18		
1501 Office P	Park Road						
Rule or Code Section	Natur	e of Violation	Class	Correction date			
	O.1 cm depth pressur for skin. Mobile Wound Solution recorded Right button cm pressure ulcer state serosanguinous drain excoriated. Change the facility choice apply comoisten with saline conditions and treat for Roho curburing an observation Staff P Certified Media Nursing Aide (CMA/Opaste into medication Resident #4 room and let the resident know Staff P pulled the curbulation of the staff P certified Media Nursing Aide (CMA/Opaste into medication Resident #4 room and let the resident know Staff P pulled the curbulation of the staff P pulled the staff P pu	n on 3/20/18 at 1:23 PM cation Aide/ Certified CNA) placed Triad wound cup, Staff P went to d knocked on door. Staff P what they were going to. tains washed his hands and en wet a washcloth. Staff P tand and pulled down Staff P applied Triad on the d his gloves and pulled up Resident #4 sat down on				Dama 0.46	
						Page 9 of 2	
Fac	cility Administrator	D	ate				

Citation Number: 6786				Date: April 12, 2018	
Facility Name: Fountain West Health Center		Survey March 1		18	
Facility Address/City/State/Zip	MW	Water	J-22, 20	10	
1501 Office Park Road					
Rule or Code Nature Section	e of Violation	Class	Correction date		
7:45 AM with The Mo (DPN), helped Resistabrief and took a picturarea 1.42 cm x 0.52 coressure ulcer per DF collagen pad treatment mattress on the bed to good. The DPN acknown talk to therapy about a chair. The DPN explareport today before shown to the provided and the provided	3/21/18 at 10:21 AM the DON) reported her for nursing staff to follow and protocols. nimum Data Set (MDS) 2/17 documented Resident of amyotrophic lateral brovascular accident pe 2, depression, and otheral nerve degeneration). The resident required limited ff for bed mobility and nited range of motion in her				Page 10 of 2
Facility Administrator		Date			Page 10 of 2

Citation Numb 6786	er:				Date: April 12	2, 2018
Facility Name: Fountain Wes	t Health Center		Survey			
Facility Addre	ss/City/State/Zip	MW	March 1	9-22, 20	18	
1501 Office Pa	ırk Road					
Rule or	1			l Eino /	Amount	Correction
Code Section	Natur	e of Violation	Class	i iiie A	amount	date
	no pressure ulcers or	skin impairments.				
	assistance of 2 staff for total dependence on 2 MDS revealed the res	at dated 10/12/17 Ident required extensive or bed mobility, and had 2 staff for transfers. The sident had a risk for pressure ealed, unstageable pressure				
		sment and skin and body 29/17 revealed the resident s or wounds.				
	revised on 10/19/17, for altered skin integri diabetes, and prone to care plan intervention mobility and shifting v	plan dated 5/12/17, and revealed the resident at risk ity related to fragile skin, or reddened skin folds. The is included encourage veight in recliner, keep skin the physician of altered skin ints as ordered.				
	pressure ulcer to the directives and interve to shift weight in reclin	ntions included assistance ner every 2 hours, air treatments as ordered,				
						Page 11 of 2
Faci	 lity Administrator	D	 ate			

Facility Name: Fountain West Health Center Facility Address/City/State/Zip 1501 Office Park Road Rule or Code Section Rule or Code Section Collaborate with hospice, educate the resident and family on causes of skin breakdown including positioning, good nutrition, and frequent repositioning. The functional maintenance program established by the Occupational Therapist (OT) 9/25/17,	te: ril 12, 2018
The functional maintenance program established MW	
Rule or Code Section Class Fine Amou Class	
Code Section Nature of Violation Class collaborate with hospice, educate the resident and family on causes of skin breakdown including positioning, good nutrition, and frequent repositioning. The functional maintenance program established	
and family on causes of skin breakdown including positioning, good nutrition, and frequent repositioning. The functional maintenance program established	unt Correction date
documented the resident needed a Roho Cushion on at all times. The resident's care plan updated on 10/19/17 and 3/17/18, did not address the use of a Roho cushion. The Care Sheet (pocket care plan) updated 3/20/18, did not address the resident's need for a Roho Cushion. The Braden Scale for predicting pressure sore risk, dated 8/1/17, revealed a score of "18" which indicated the resident at risk for pressure sore development. The Braden Scare dated 1/12/18, revealed a score of "14", which indicated the resident at moderate risk for pressure sore development. A communication to the physician on 11/11/17 at 5:17 PM, revealed bilateral gluteal's had	
0.17 1 WI, TOVORION BILATORIA GIALORIS HAN	Page 12 of 2

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 lowa Code section 135C.43A (2013).

Date

Facility Administrator

Citation Numb	oer:				Date: April 12	2, 2018
Facility Name: Fountain Wes	t Health Center		Survey		40	
Facility Addre	ss/City/State/Zip	MW	March 1	9-22, 20	18	
1501 Office Pa	ark Road					
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	Practical Nurse (LPN) ointment twice a day evaluate the area. A communication to the second of the	hone order dated 3/2/18 areas on right gluteal area more than 2 hrs, and a all times. ssment record dated 2/21/18 ressure wound on the left eas without drainage and wounds on the right gluteal				
						Page 13 of 2
Faci	lity Administrator	Da	ate			

Citation Numb 6786	er:				Date: April 12	, 2018
Facility Name: Fountain West	Health Center		Survey March 1	Dates: 9-22, 20 ²	18	
1501 Office Pa	ss/City/State/Zip rk Road	MW				
					ш	
Rule or Code Section	Nature of Violation		Class	Fine A	mount	Correction date
	0.0 cm depth (D) 2/26/18, 4.5 cm (L) x 3/5/18, 4.4 cm (L) x 2 3/12/18, 4.0 cm (L) x 3/19/18, 3.6 cm(L) x 1 Coccyx 2/21/18, 7.0 cm (L) x 2/26/18, 6.4 cm (L) x 3/5/18, 6.2 cm (L) x 3/19/18, 5.4 cm (L) x 3/19/18, 6.0 cm (L) x 2/26/18, 7.5 cm (L) x 2/26/18, 5.5 cm (L) x 3/12/18, 5.2 cm (L) x 3/12/18, 5.0 cm (L) x 3/12/18, 5.0 cm (L) x 3/19/18, 4.8 cm (L) x Right Gluteal - wound 2/21/18, 5.0 cm (L) x 3/12/18, 5.0 cm (L) x 3/12/18, 1.7 cm (L) x 2/26/18, 1.6 cm(L) x 3/5/18, 1.7 cm (L) x 3/12/18, 1.4 cm (L) x 3/19/18, 1.4 cm (L) x 3/19/18, 1.4 cm (L) x	1.8 cm (W) x 0 cm (D) 1.6 cm (W) 5.0 cm (W) x 0 cm (D) 4.0 cm (W) x 0 cm (D) 0.0 cm (W) x 0 cm (D) 1.5 cm (W) x 0 cm (D) 1.8 cm (W) x 0 cm (D) #1 0.9 cm (W) x 0 cm (D) 1.5 cm (W) x 0 cm (D) 0.8 cm (W) x 0 cm (D) 0.8 cm (W) x 0 cm (D) 0.8 cm (W) x 0 cm (D) 1#2 0.5 cm (W) x 0 cm (D) 0.8 cm (W) x 0 cm (D) 0.8 cm (W) x 0 cm (D)				Page 14 of 2 9

Facility Administrator Date

Citation Numb 6786	er:				Date: April 12	2, 2018
Facility Name: Fountain Wes	t Health Center		Survey		40	
Facility Addre	ss/City/State/Zip	MW	March 1	9-22, 20	18	
1501 Office Pa	ırk Road					
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	0/04/47	November 1	1	1		
	every day (2/23 - 3/4/ on right gluteal twice healing. The TAR ha	oilex patch to coccyx area (18) and Triad to open area daily (BID) for wound d no entry marked on 3/6 at or morning (AM) or HS				
	in room and had legs sat in a high back who No cushion in recliner 3/20/18 at 8:28 AM R in room with legs elevander the resident. 3/21/18 at 12:34 PM I with feet elevated. A in the room. 3/21/18 at 2:10 PM R in room with legs elevated in room with legs elevated. A in the room.	esident #37 sat in a recliner elevated. A Roho cushion eelchair (w/c) in the room. r. esident #37 sat in a recliner vated. No Roho cushion Resident #37 sat in recliner Roho cushion sat in the w/c esident #37 sat in a recliner vated and had no cushion in lift pad under the resident. 18 at 7:19 AM with the und nurse, and Staff J, LPN,				
	, 3	,	•		I	Page 15 of 2
Faci	lity Administrator		 ate			

	Citation Numb	oer:				Date: April 12	2, 2018
Rule or Code Section Nature of Violation Class Fine Amount Correction date Wound while at the facility. Staff J reported the resident usually sat in recliner, and rarely sat in the wheelchair. The wound Dr stated the Roho cushion needed placed in recliner in order for the resident to offload pressure on bottom. 03/22/18 10:20 AM Resident #37 sat in a recliner with legs elevated. A Roho cushion sat in the w/c across the room from the recliner. In an interview on 3/22/18 at 8:05 AM, the Director of Nursing (DON) stated a Braden assessment completed on every resident at admission. A resident deemed high risk for pressure ulcers if the Braden score 12 or below, and an order for TO obtained for a positioning evaluation. The DON reported preventative measures implemented such as heels floated or pillows used for positioning. If a resident had wounds, staff followed the treatment orders. The DON reported they had no policy for pressure ulcer prevention, but had a policy for what to do if a resident had a pressure wound. The DON reported they had a skin performance improvement team (PIP) who met once a month and reviewed process for skin breakdown, nutrition, high protein snacks and supplements recommended, and provided staff education on positioning. The DON acknowledged Resident #37 had no wound on bottom when she admitted						40	
Rule or Code Section Nature of Violation Class Fine Amount Correction date Wound while at the facility. Staff J reported the resident usually sat in recliner, and rarely sat in the wheelchair. The wound Dr stated the Roho cushion needed placed in recliner in order for the resident to offload pressure on bottom. 03/22/18 10:20 AM Resident #37 sat in a recliner with legs elevated. A Roho cushion sat in the w/c across the room from the recliner. In an interview on 3/22/18 at 8:05 AM, the Director of Nursing (DON) stated a Braden assessment completed on every resident at admission. A resident deemed high risk for pressure ulcers if the Braden score 12 or below, and an order for TO obtained for a positioning evaluation. The DON reported preventative measures implemented such as heels floated or pillows used for positioning. If a resident had wounds, staff followed the treatment orders. The DON reported they had no policy for pressure ulcer prevention, but had a policy for what to do if a resident had a pressure wound. The DON reported they had a skin performance improvement team (PIP) who met once a month and reviewed process for skin breakdown, nutrition, high protein snacks and supplements recommended, and provided staff education on positioning. The DON acknowledged Resident #37 had no wound on bottom when she admitted	Facility Addre	ss/City/State/Zip	MW	March 1	9-22, 20	18	
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Facility Administrator Date		lity Administrator					-

Citation Numb 6786	oer:				Date: April 12	Date: April 12, 2018		
Facility Name Fountain Wes	: t Health Center		Survey March 1		1Ω			
Facility Addre	ss/City/State/Zip	MW	Walch	<i>3-22, 20</i>	10			
1501 Office Pa	ark Road							
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date		
	I		•					
	to the facility, but had wound while in the fac	developed a pressure cility.						
	MDS/Care plan Mana the care plan when a changes in resident A needs. If the resident	e information would be	she updated eived or if had e or care					
	identified Resident #6 included Parkinson's Disease, and depress resident had a BIMS indicated cognition servealed the resident staff for bed mobility a revealed the resident ulcers, but had no present the Admission skin a	S assessment dated 6/9/17, 60 had diagnoses which Disease, Alzheimer's sion. The MDS revealed the score of 3 out of 15, which everely impaired. The MDS had total dependence on 2 and transfers. The MDS had a risk for pressure essure ulcers or wounds.						
		sessment dated 6/2/17 2, which indicated the						
				·		Page 17 of 2		
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Citation Numb 6786	er:				Date: April 12	, 2018
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Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	resident at high risk fo	or pressure sores.				
	resident had total dep mobility and transfers resident had a risk for one Stage 2 and one the oldest stage 2 presented in the	for ADL's. The care plan eatments as ordered, g, reposition side to side in ped, and a cushion in the				
	pressure wound to the date unknown. The value the following measure 8/26/17, 2.0 cm (L) x 9/1/17, 1.75 cm (L) x 9/13/17, 1.2 cm (L) x 9/20/17, 1.1 cm (L) x	ord revealed a Stage 3 e left gluteal fold, with onset vound/skin record revealed ements: 1.0 cm (W) x 0.1 cm (D) 1.0 cm (W) x 0.1 cm (D) 0.5 cm (W) x 0.1 cm (D) 0.6 cm (W) x 0.1 cm (D) 0.5 cm (W) x 0.2 cm (D)				Page 18 of :

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Rule or Code Section	Natur	l e of Violation	Class	Fine A	mount	Correction date
	10/23/17, 0.6 cm (L) x 11/2/17, 1.0 cm (L) x 11/6/17, 1.0 cm (L) x 11/30/17, 0.8 cm (L) x 12/4/17, 1.0 cm (L) x 12/18/17, 0.4 cm (L) x 12/18/17, 0.4 cm (L) x 0 1/10/18, 0.5 cm (L) x 0 2/2/18, 0.8 cm (L) x 0 2/7/18, 1.0 cm (L) x 0 2/19/18, 1.0 cm (L) x 3/12/18, 1.0 cm (L) x 3/12/18, 1.0 cm (L) x 3/19/18, 1.0 cm (L) x 10 12/19/18, 1.0 cm (L) x 10/10/18, 10/10/18, 10/10/18, 10/10/18, 10/10/18, 10/10/18, 10/10/18, 10/10/18, 10/10/18, 10/10/18, 10/10/18, 10/10/18, 10/10/18, 10/10/18	0.2 cm (W) x 0.1 cm (D) .3 cm (W) x 0.1 cm (D) .2 cm (W) x 0.1 cm (D) 0.4 cm (W) x 0.1 cm (D) 0.2 cm (W) x 0.2 cm (D) 0.2 cm (W) x 0.2 cm (D) AM, observation with the staff J, LPN, revealed a st's left gluteal/coccyx area. d 0.3 cm (L) x 0.9 cm (W) x and Dr classified the wound				Page 19 of 2

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 lowa Code section 135C.43A (2013).

Date

Facility Administrator

Facility Name: Fountain West Health Center Facility Address/City/State/Zip 1501 Office Park Road Mile or Code Section	Citation Num 6786	nber:				Date: April 12	2, 2018
Rule or Code Section Nature of Violation Rule or Code Section Nature of Violation Class Fine Amount Correction date Without signs/symptoms of delirium. A score of 14 indicated intact cognition. The MDS revealed the resident totally dependent upon 1 person for bed mobility, dressing, eating, personal hygiene and 2 persons for transfers, and toilet use. The MDS coded impairments in functional range of motion on both sides of upper and lower extremities. The MDS documented diagnoses that included torticollis (a condition in which the head becomes persistently turned to one side, often associated with painful muscle spasms), unspecified cord compression, polyosteoarthritis (joint pain/stiffness), kyphosis (excessive outward curvature of the spine, causing hunching of the back), and radiculopathy of the cervical region (a condition due to a compressed nerve in the spine that can cause pain, numbness, tingling, or weakness along the course of the nerve). The MDS identified the presence of 1 Stage II pressure ulcer at the time of the assessment. The care plan focus area revised 9/29/17 identified an impaired physical mobility related to multiple diagnoses impacting mobility related to multiple diagnoses impacting mobility as evidenced by being non-ambulatory, needed physical assistance for all other mobility, and required hoyer lift transfers. The care plan focus area revised 11/28/17 identified the resident had a Stage 2 pressure ulcer on her coccyx related to						18	
Rule or Code Section Without signs/symptoms of delirium. A score of 14 indicated intact cognition. The MDS revealed the resident totally dependent upon 1 person for bed mobility, dressing, eating, personal hygiene and 2 persons for transfers, and toilet use. The MDS coded impairments in functional range of motion on both sides of upper and lower extremities. The MDS documented diagnoses that included torticollis (a condition in which the head becomes persistently turned to one side, often associated with painful muscle spasms), unspecified cord compression, polyosteoarthritis (joint pain/stiffness), kyphosis (excessive outward curvature of the spine, causing hunching of the back), and radiculopathy of the cervical region (a condition due to a compressed nerve in the spine that can cause pain, numbness, tingling, or weakness along the course of the nerve). The MDS identified the presence of 1 Stage II pressure ulcer at the time of the assessment. The care plan focus area revised 9/29/17 identified an impaired physical mobility related to multiple diagnoses impacting mobility as evidenced by being non-ambulatory, needed physical assistance for all other mobility, and required hoyer lift transfers. The care plan focus area revised 1/12/8/17 identified the resident had a Stage 2 pressure ulcer on her coccyx related to	Facility Addr	ess/City/State/Zip	MW	Waren	J-22, 20	.0	
without signs/symptoms of delirium. A score of 14 indicated intact cognition. The MDS revealed the resident totally dependent upon 1 person for bed mobility, dressing, eating, personal hygiene and 2 persons for transfers, and toilet use. The MDS coded impairments in functional range of motion on both sides of upper and lower extremities. The MDS documented diagnoses that included torticollis (a condition in which the head becomes persistently turned to one side, often associated with painful muscle spasms), unspecified cord compression, polyosteoarthritis (joint pain/stiffness), kyphosis (excessive outward curvature of the spine, causing hunching of the back), and radiculopathy of the cervical region (a condition due to a compressed nerve in the spine that can cause pain, numbness, tingling, or weakness along the course of the nerve). The MDS identified the presence of 1 Stage II pressure ulcer at the time of the assessment. The care plan focus area revised 9/29/17 identified an impaired physical mobility related to multiple diagnoses impacting mobility as evidenced by being non-ambulatory, needed physical assistance for all other mobility, and required hoyer lift transfers. The care plan focus area revised 11/28/17 identified the resident had a Stage 2 pressure ulcer on her coccyx related to	1501 Office F	Park Road					
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		14 indicated intact co the resident totally debed mobility, dressing and 2 persons for train MDS coded impairmed motion on both sides extremities. The MDS that included torticollishead becomes persist often associated with unspecified cord come (joint pain/stiffness), and radiculopate condition due to a conthat can cause pain, and weakness along the composition due to a conthat can cause pain, and weakness along the composition due to a conthat can cause pain, and weakness along the composition due to a conthat can cause pain, and weakness along the composition due to a conthat can cause pain, and weakness along the composition due to a conthat can cause pain, and weakness along the composition due to a conthat can cause pain, and weakness along the composition due to a conthat can cause pain, and weakness along the composition due to a conthat can cause pain, and weakness along the composition due to a conthat can cause pain, and are continued in the control of the	gnition. The MDS revealed ependent upon 1 person for g, eating, personal hygiene nsfers, and toilet use. The ents in functional range of of upper and lower S documented diagnoses is (a condition in which the stently turned to one side, painful muscle spasms), ipression, polyosteoarthritis kyphosis (excessive outward excausing hunching of the athy of the cervical region (a impressed nerve in the spine numbness, tingling, or course of the nerve). The esence of 1 Stage II time of the assessment. Area revised 9/29/17 If physical mobility as ion-ambulatory, needed or all other mobility, and insfers. The care plan focus or identified the resident had				Page 20 of 2
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	t Health Center		March 1	9-22. 20	18	
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1501 Office Pa	rk Road					
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	total assistance provide interventions included treatments as ordered assess/record/monito reporting any improve	d; monitor for effectiveness; or wound healing weekly ements or declines to the MD d float the resident's heels				
	documented the ankle	dated 11/13/17 at 11:44 a.m. e wound resolved, pink scar staff continued to elevate pat.				
	p.m. documented a S Progress Note. The e had physically contin	dated 12/30/2017 at 8:49 social Services Quarterly entry recorded the resident used to decline. The note couldn't move her limbs on				
	documented a nutritic recorded the resident as evidenced by a Bra	dated 1/4/18 at 9:17 a.m. on/dietary note. The note at risk for skin impairment aden score (tool used to eveloping pressure sores) of				
	The Progress Notes of	dated 1/10/18 at 8:50 a.m.				
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Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date	
	that the area on the corecorded a request for an ointment that acts from moisture and irrium. BID (twice a day) as pure Progress Notes dated documented the resident treatment. The Progress Notes of documented communities resident had 4 op asked for an order of dressing that absorbs TID (3 times a day) at (until healed). The Progress Notes of documented a new order for Mepilex to commented and the former for Mepilex to commented and the former former for Mepilex to commented and the former former former former for Mepilex to commented and the former	dated 1/19/18 at 2:00 p.m. nication to the physician that en areas on the coccyx and sacral Mepilex (type of foam of fluids) to the areas, change and PRN (as needed) UTH rogress Notes dated 1/20/18 at the resident had a new occyx wound. dated 1/27/18 at 10:15 a.m. rder to monitor debrided le as needed for old wound dated 2/1/18 at 11:29 p.m. s to coccyx measured, see				Page 22 of 2	
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	documented communithe 3 areas on coccyyrecorded a request for sacrum patch and appropriate a moist wound debridement of necrow Mepilex adhesive, character and Mepilex adhesive. The Treatment Adminification of the Treatment	ange every day (QD) and ress Notes dated 2/7/18 at d a new order for Solosite e. histration Record (TAR) for mented entries for the areas on coccyx, change N. The treatment not signed wound bed and cover with ange QD and PRN UTH. ned as completed on 2/16. dated 3/5/18 at 9:14 a.m. hication with the physician at tinue Solosite to area on the corded a request to have an azinc oxide-based hydrophilic oderate levels of wound				Page 23 of 2
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Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
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	The Progress Notes of documented an order Solosite and start Trial Mepilex. The Progress Notes of documented a skin/we assessment. The not with Triad cream onto Mepilex. The note repand the area not import The note recorded the ulcer measured 2.5 cm with 0.1 cm depth. The treatment completed The Progress Notes of documented a new tree.	ported dressing changed QD roved since last assessment e wound a Stage 2 pressure m (centimeter) by 1.5 cm				
	needed. The TAR for March 20 following treatments: a. Apply Solosite to v. Mepilex adhesive, characteristics.	ee and treat the resident if 018 documented the wound bed and cover with ange QD and PRN until of the March 2018 TAR				Dago 24 of 2
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Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	on 3/3, 3/4. b. Apply Triad to area Mepilex adhesive, cha Review of the March treatment not signed at The TAR for January started 1/27/18 for a Rebrided loose scab to wound. The entry concompletion on any da February 2018 and Marche same entry and a for completion on any Progress Notes lacket	Apply Triad to area on coccyx and cover with epilex adhesive, change daily and PRN UTH. Eview of the March 2018 TAR revealed the atment not signed as completed on 3/10, 3/16. TAR for January 2018 documented a entry arted 1/27/18 for a PRN treatment of monitor brided loose scab to left ankle PRN daily old bund. The entry contained no signatures for impletion on any day of the month. The bruary 2018 and March 2018 TARs contained as same entry and also contained no signatures completion on any day of the month. The ogress Notes lacked any documentation of skin sessments or monitoring of the debrided loose				
	#24 reported she did her tailbone she acquifacility and it sounded sore. She stated she pressure sore for 6 withe resident had an acushion under her in the reported she did	9/18 at 11:00 a.m., Resident have a pressure ulcer on lired while living at the like it was a pretty bad thought she had the eeks. Observation revealed pproximate 3 inch pummel the wheelchair. Resident not feel staff repositioned the weekends; she felt they				
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Rule or Code Section	Natur	e of Violation	Class			Correction date
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calves, to float the heels, Observation revealed the resident's legs naturally rotated outward so the area on the left outer ankle could come in contact with the blue wedge cushion. The mobile wound clinic note titled Tissue Analytics recorded a wound evaluation on 3/21/18 at 11:32 a.m. The note documented new unstageable pressure ulcer on the coccyx that measured 3.22 cm by 2.68 cm by 1.20 cm; 0.95 cm 2 (squared) red, 2.15 cm 2 black, 2.83 cm 2 yellow, 0.37 cm 2 pink, and 0.06 cm 2 other. The assessment documented the presence of extensive slough, 100% with moderate amount of serosanguinous (thin, bloody) drainage. The note documented to discontinue current treatment and start to clean with a wound cleanser, apply Vaseline gauze, Santyl (debriding agent), apply nickel thick layer to wound bed, cover with bordered gauze. The note recorded a predebridement diagnosis of slough, necrotic tissue. In an interview on 3/22/18 at 10:15 a.m., with Staff U, LPN, and Staff P, CMA, Staff U, stated she worked mostly weekends 3 to 4 times a week. She reported she worked the 200 hall and had to rushed to get everything done. She stated they need another medication aide because the						
<u> </u>	modication alde did ti	ne top of 200 hall and 300	<u> </u>	1		Page 27 of 2
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Facility Name: Fountain West Health Center Facility Address/City/State/Zip 1501 Office Park Road Rule or Code Section	Citation Number: 6786					Date: April 12	2, 2018
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Rule or Code Section Nature of Violation Class Fine Amount Correction date	Facility Addre	ss/City/State/Zip	MW	iviaren 1	9-22, 20	10	
Nature of Violation Class date	1501 Office Park Road						
Staff P, CMA stated he thought a lot of skin occurrences because residents would not get off their bottoms. Staff P reported a lot of times he completed the treatments at the end of the day because there were so many medications to give. He reported if staff didn't get their treatments done they had to stay over. The facility instructed them if they did not get treatments completed they were supposed to pass them on to the next shift for them to complete. Staff P reported he only left the TAR blank if he didn't complete the treatment. Staff U and Staff P confirmed if the resident refused a medication or treatment it would be documented on the MAR (Medication Administration Record) or TAR, which then generated a progress note. FACILITY RESPONSE:	Code	Natur	e of Violation				
Tage 20 of 2		hall. Staff P, CMA stated he thought a lot of skin occurrences because residents would not get off their bottoms. Staff P reported a lot of times he completed the treatments at the end of the day because there were so many medications to give. He reported if staff didn't get their treatments done they had to stay over. The facility instructed them if they did not get treatments completed they were supposed to pass them on to the next shift for them to complete. Staff P reported he only left the TAR blank if he didn't complete the treatment. Staff U and Staff P confirmed if the resident refused a medication or treatment it would be documented on the MAR (Medication Administration Record) or TAR, which then generated a progress note.					Page 28 of 2
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Citation Numb 6786	er:				Date: April 12	, 2018
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