

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

Citation Number: 6790		Date: April 20, 2018		
Facility Name: Pearl Valley Rehabilitation & Healthcare Center of Washington		Survey Dates: March 13 - 26, 2018		
Facility Address/City/State/Zip 601 E. Polk St. Washington, IA 52353		JKM		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

58.19(2)b	<p>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:</p> <p>58.19(2) Medication and treatment.</p> <p>b. 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)</p> <p>DESCRIPTION:</p> <p>Based on observations, clinical record review, and staff and resident interviews, the facility failed assess and provide treatments for residents for 4 of 4 residents with pressure sores (Resident #4, #5, #10, #11). The facility failed to have systems in place to ensure the residents' skin and wounds were being assessed properly and in a timely manner. The facility also failed to schedule adequate staff to ensure treatments for pressure ulcers were being consistently completed. The facility reported a census of 42 residents.</p> <p>Findings include:</p>	I	\$4,500 held in suspension	Upon Receipt
------------------	--	----------	---	-------------------------

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: 6790		Date: April 20, 2018		
Facility Name: Pearl Valley Rehabilitation & Healthcare Center of Washington		Survey Dates: March 13 - 26, 2018		
Facility Address/City/State/Zip 601 E. Polk St. Washington, IA 52353		JKM		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>1. According to the Admission Record dated 3/15/18 Resident #4 had diagnoses of traumatic subdural hemorrhage, methicillin resistant staphylococcus aureus, pressure ulcer, osteomyelitis, noncompliance with medical treatment, chronic pain, right toe amputation, and thoracic vertebra fractures.</p> <p>The Minimum Data Set (MDS) assessment dated 2/6/18 revealed Resident #4 had no cognitive impairments.</p> <p>The MDS documented Resident #4 as totally dependent on staff for transfers, eating and toilet use and noted he had a catheter and a feeding tube. The MDS also documented Resident #4 as at risk for pressure ulcer development.</p> <p>The Plan of Care revealed Resident #4 had skin integrity impairment to the lower extremities related to self-inflicted trauma. The Plan of Care directed the staff to use an alternating air mattress, gel cushion to the wheelchair, educate on causative factors and measures to prevent skin injury, encourage to continue care with the wound clinic until areas are healed, at times refuses to go to wound clinic, encourage him to lie down to avoid lying on his back, encourage protective shoes while in wheelchair, monitor location, size, and treatment of skin injury, report abnormalities, failure to heal, and signs/symptoms of infection. The Care Plan documented the resident, refuses dressing changes to right foot and refuses protective shoes.</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: 6790		Date: April 20, 2018		
Facility Name: Pearl Valley Rehabilitation & Healthcare Center of Washington		Survey Dates: March 13 - 26, 2018		
Facility Address/City/State/Zip 601 E. Polk St. Washington, IA 52353		JKM		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>The Plan of Care failed to address Resident #4's current pressure ulcers.</p> <p>The Wound Report dated 2/8/18 revealed Resident #4 had a Stage II pressure ulcer to the right ischial tuberosity that measured 15.6 centimeters (cm) (length) by 9.5 (width) by 1.0 (depth). Resident #4 had a Stage II pressure ulcer to the left ischial tuberosity that measured 13.2 cm (length) by 7.0 cm (width) by 0.1cm (depth).</p> <p>The Nurse Practitioner Progress Note dated 3/13/18 revealed he saw the resident for multiple wounds. He documented many of the wounds were chronic, but the left ischial wound was much worse since last week. He documented the wounds' locations as back, buttocks, legs, and foot with the nature of the wounds as pressure related. He documented the left ischial wound measured 4.5 cm by 4.3 cm by 0.3 cm. The right ischial wound measured 6.0 cm by 8.0 cm by 1.1 cm and contained tan drainage and a foul odor. The wound beds of the two ischial wounds were the most concerning, with both documented as unstageable due to the gray/tan slough. The note revealed several wounds appeared improved, however the ischial wounds significantly worse. Resident #4 had two dressings in place on arrival, both placed by the Nurse Practitioner a week ago; one on the right foot and a duoderm on right thigh. The Nurse Practitioner noted Resident #4 also had a full thickness decubitus ulcer (pressure ulcer) of the coccygeal region that measured</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: 6790		Date: April 20, 2018		
Facility Name: Pearl Valley Rehabilitation & Healthcare Center of Washington		Survey Dates: March 13 - 26, 2018		
Facility Address/City/State/Zip 601 E. Polk St. Washington, IA 52353		JKM		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>3.2 cm by 4.3 cm by 0.3 cm and documented Resident #4 needed surgical debridement of the ischial wounds. The Nurse Practitioner talked to Resident #4 about the seriousness of the wounds and he agreed to admit to the hospital for further treatment.</p> <p>The March 2018 Treatment Administration Record (TAR) revealed a treatment ordered 3/6/18 for the coccyx wound (R buttock wound) to apply Santyl daily and cover. The Treatment Administration Record revealed omissions in the treatment on 3/10/18, 3/11/18 and 3/12/18. The copy of the TAR the facility provided on 3/17/18 revealed "R" documented on 3/10/18, 3/11/18 and 3/12/18 to indicate the resident refused the treatment. However, the entries were not labeled as late entries.</p> <p>The March 2018 TAR received on 3/15/18 revealed an order dated 2/1/18 for Santyl ointment to lower back and hip daily. The record contained omissions in the treatment on 3/5/18, 3/6/18, 3/7/18, 3/9/18, 3/10/18, 3/11/18 and 3/12/18. The copy of the March 2018 TAR received on 3/16/18 revealed "R" documented for 3/10/17, 3/11/17 and 3/11/18. The TAR failed to designate the entries as "late."</p> <p>Review of the Progress Notes for March 2018 revealed no documentation that indicated the resident refused any of the treatments.</p> <p>In an interview on 3/16/18 at 9:50 a.m., the Director of</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: 6790		Date: April 20, 2018		
Facility Name: Pearl Valley Rehabilitation & Healthcare Center of Washington		Survey Dates: March 13 - 26, 2018		
Facility Address/City/State/Zip 601 E. Polk St. Washington, IA 52353		JKM		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>Nursing reported she was not aware Resident #4 had an open area on his coccyx, because the last time she assessed his wounds was on 3/1/18. The DON also reported she noticed omissions on Resident #4's Treatment Administration Record on 3/15/18 and asked the staff to fix it.</p> <p>In an interview on 3/16/18 at 9:32 a.m., Staff A reported there is only one nurse and a medication aide in the building most of the time. Staff A worked 3/10/18 and 3/11/18. Staff A could not recall completing Resident #4's treatments. Staff A reported the Director of Nursing stated yesterday that the Treatment Record contained holes and needed to be fixed. Staff A reported he/she did not document any refusals on the Treatment Record in the last 24 hours. Staff A told the Administrator they were understaffed and not able to get everything done. Staff A reported the resident's needs are not being met.</p> <p>In an interview on 3/16/18 at 10:50 a.m., Staff B reported working 3/7/18, 3/8/18 and 3/9/18. Staff B did not recall completing Resident #4's treatments.</p> <p>During an interview 3/16/18 at 8:20 a.m., the Director of Nursing (DON) reported the weekly wound assessments were not completed the weeks of 2/1/18 and 3/8/18. The DON stated Resident #4 readmitted on 2/1/18. She clarified the week of 3/8/18, she was out of the building and nobody completed the assessments.</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: 6790		Date: April 20, 2018		
Facility Name: Pearl Valley Rehabilitation & Healthcare Center of Washington		Survey Dates: March 13 - 26, 2018		
Facility Address/City/State/Zip 601 E. Polk St. Washington, IA 52353		JKM		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>In an interview on 3/16/18 at 9:55 a.m., the Nurse Practitioner reported he explained to Resident #4 that if he did not go to the hospital for treatment, he could die. The Nurse Practitioner had concerns the facility did not encourage Resident #4 to reposition off his bottom and comply with the treatment plan. The Wound Care Nurse reported concerns to the Nurse Practitioner that Resident #4's wounds contained dressings that the wound clinic had placed the week prior.</p> <p>During an interview with the local hospital wound care nurse on 3/22/18 at 8:00 a.m., the nurse stated Resident #4 would almost always comply with her requests while at the wound center. She stated she began seeing the resident in January 2018 when he stubbed his toe. He came to the clinic for wound treatment and in a skin audit completed that day, multiple pressure sores were found on his body. She spoke to the facility nurse about the issues and they commented the resident is very non-complaint and refuses to follow any of their suggestions. The wound nurse stated Resident #4 came to the wound clinic on March 13, 2018 with a new, open ischial pressure ulcer that had been only a reddened area the previous week. The wound nurse recommended a transfer to a local hospital for wound care, and the resident transferred on 3/13/18 to a local hospital.</p> <p>According to hospital records that contained an</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: 6790		Date: April 20, 2018		
Facility Name: Pearl Valley Rehabilitation & Healthcare Center of Washington		Survey Dates: March 13 - 26, 2018		
Facility Address/City/State/Zip 601 E. Polk St. Washington, IA 52353		JKM		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>Infectious Disease consult note dated 3/16/18, "Right buttock wound is so deep that wound nurse could feel bone. Clinically it is concerning for osteomyelitis (infection of the bone). I don't know how long he has had this condition, but most likely it is chronic osteomyelitis. He can not (sic) have MRI due to multiple metallic plates. WBC scan can confirm the presence of osteomyelitis. But even if it is not feasible, we may need to treat as chronic osteomyelitis. His wound culture is positive for E cloacae (bacteria) and C striatum (pathogen). We will add ertapenem (antibiotic) to cover E cloacae and anaerobes (organism that grows without air present)..."</p> <p>Plan (in part):</p> <ul style="list-style-type: none"> -continue vancomycin -start Ertapenem 1g every 24 hours <p>2. According to the MDS dated 2/20/18, Resident #5 had diagnoses which included heart failure, morbid obesity, dependent personality disorder, and chronic kidney disease. The MDS revealed the resident was totally dependent on staff for bed mobility, transfers, dressing, toilet use and personal hygiene, and did not ambulate (walk). The MDS documented the resident as at risk for pressure sores but the assessment failed to identify any current skin issues. The resident had a BIMS score of 14 which meant the resident was alert and oriented and displayed intact cognition.</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: 6790		Date: April 20, 2018		
Facility Name: Pearl Valley Rehabilitation & Healthcare Center of Washington		Survey Dates: March 13 - 26, 2018		
Facility Address/City/State/Zip 601 E. Polk St. Washington, IA 52353		JKM		
Rule or Code Section		Nature of Violation		
Class		Fine Amount		Correction date

	<p>Review of the resident's Care Plan last revised on 12/18/17 revealed the resident had actual skin impairments and directed the staff to assess the residents skin weekly, elevate lower extremities when in recliner or in bed, encourage good nutrition, use caution during transfers and bed mobility to prevent striking of the arms, legs and hands, and consult the wound clinic as needed. The care plan failed to document locations of actual skin impairments.</p> <p>Review of the March treatment records revealed the resident had an order for calmoseptine ointment to the coccyx area twice daily, but the order was discontinued on 3/14/18. The treatment record directed the staff to transport the resident to the wound clinic every other day to see the Wound Specialist at the local hospital, who completed the dressing changes to the resident's right lower leg.</p> <p>The local hospital ARNP visit notes dated 3/13/18 documented the resident had a pressure to the buttocks, unspecific stage.</p> <p>Review of the Pressure Sore list provided by the facility on 3/13/18 and 3/20/18 failed to include Resident #5 on the list of residents with pressure sores.</p> <p>Observations on 3/14/18 at 9:45 a.m. during perineal cares revealed the resident had a pinpoint open area to the left intergluteal crease. Staff C LPN noted 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: 6790		Date: April 20, 2018		
Facility Name: Pearl Valley Rehabilitation & Healthcare Center of Washington		Survey Dates: March 13 - 26, 2018		
Facility Address/City/State/Zip 601 E. Polk St. Washington, IA 52353		JKM		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>area and applied Calmoseptine cream per order. Staff C acknowledged the presence of the open area and said she would notify the physician/ARNP of the area.</p> <p>During an interview with the Director of Nurses (DON) on 3/16/18 at 8:20 a.m., review of the resident's clinical record with the DON at this time revealed the record failed to contain documentation regarding the open area to the resident's buttocks, did not identify physician notification and failed to contain treatment orders. The DON stated she would contact Staff C to come to facility and document the new open area found. The DON stated the resident did not have a skin assessment the week of 3/8/18 because she was not in the facility that week due to illness, and no other staff completed the weekly skin assessments.</p> <p>During an interview with the resident's Advanced Registered Nurse Practitioner (ARNP) on 3/16/18 at 10:30 a.m., the ARNP stated he was not aware of the open area to the resident's bottom the staff discovered on 3/14/18. He verified the staff failed to contact him to obtain treatment orders for the area.</p> <p>The Progress Notes from 3/14-3/16/18 failed to contain documentation regarding the pinpoint open area discovered on 3/14/18. A note dated 3/16/18 at 9:00 a.m. completed by the DON documented the resident had an open area to the left intergluteal crease which measured 0.3 x 0.2 centimeters; staff will report issues to the wound nurse.</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: 6790		Date: April 20, 2018		
Facility Name: Pearl Valley Rehabilitation & Healthcare Center of Washington		Survey Dates: March 13 - 26, 2018		
Facility Address/City/State/Zip 601 E. Polk St. Washington, IA 52353		JKM		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>During an interview with the resident during a skin assessment on 3/16/18 at 9:08 a.m., the resident reported her bottom hurt when she sat on it for an extended period of time. She commented she tried to lie in bed in the afternoon.</p> <p>3. According to the MDS dated 2/10/18, Resident #10 had diagnoses which included Parkinson's disease, anxiety, depression, endocrine disorder and mental disorder. The MDS documented the resident had a BIMS score of 4, which indicated the resident displayed severe cognitive ability and required extensive assistance of 2 staff for transfers and toilet use and extensive assistance of 1 staff for personal hygiene. The MDS revealed the resident experienced occasional urinary incontinence and was always continent of bowel. The assessment indicated the resident is at risk for pressure ulcers but didn't have any pressure ulcers at the time of the assessment.</p> <p>Review of the care plan dated 1/15/18 revealed the resident had impaired skin integrity related to incontinence. The care plan indicated the resident required a pressure reducing device to the chair and needed extensive assistance to turn and reposition. The care plan failed to identify actual skin impairment and the interventions to assist in healing.</p> <p>Review of a facility Progress Note dated 3/16/18</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: 6790		Date: April 20, 2018		
Facility Name: Pearl Valley Rehabilitation & Healthcare Center of Washington		Survey Dates: March 13 - 26, 2018		
Facility Address/City/State/Zip 601 E. Polk St. Washington, IA 52353		JKM		
Rule or Code Section		Nature of Violation		Class
				Fine Amount
				Correction date

	<p>revealed the staff completed a skin assessment and noted the resident had an open area on the right side of the intergluteal crease measuring 1.0 x 0.8 centimeters; the staff contacted the primary care physician.</p> <p>A progress note dated 3/20/18 revealed an open area to the coccyx which measured 0.5 x 0.2 with depth of 0.1 cm. The staff contacted the primary care physician and obtained an order for a wound clinic consult.</p> <p>The notes dated 3/20/18 revealed the resident went to the wound clinic and returned with orders that directed: up only 1 hour only for meals, when in bed to turn side to side, leave incontinence garment open while in bed, encourage nutritional shake, and apply stock barrier cream daily and as needed.</p> <p>Review of the January and February 2018 Treatment Record directed staff to apply Collagen/hydrogel to the left gluteal crease and cover with border gauze. The same Treatment Record directed staff to apply Zinc to the right gluteal crease and coccyx.</p> <p>Review of a Wound Clinic note dated 3/20/18 revealed the resident presented to the clinic with a wound to the coccyx; the Wound RN indicated the wound gradually occurred, described the wound as caused by pressure injury and assessed it at Stage 3 (a wound that penetrated the second layer of skin into the fat tissue). The area to the coccyx measured 0.5 x 0.4 x 0.2</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: 6790		Date: April 20, 2018		
Facility Name: Pearl Valley Rehabilitation & Healthcare Center of Washington		Survey Dates: March 13 - 26, 2018		
Facility Address/City/State/Zip 601 E. Polk St. Washington, IA 52353		JKM		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>centimeters. The treatments prescribed support surface in wheelchair, nutritional supplements, and apply a zinc oxide barrier. Wound Clinic staff documented the resident will have limited time out of bed until the wound heals.</p> <p>Review of the March 2018 Treatment Record failed to direct staff to apply Collagen/hydrogel to left gluteal crease and to apply Zinc to right gluteal crease and coccyx. The March Treatment Record directed staff to apply stock barrier daily, to move side to side with incontinence brief open and to be up only for 1 hour at meal time starting on 3/20/18.</p> <p>During an interview with the DON on 3/21/18 at 10:30 a.m., review of the March Treatment Administration Record did not contain treatments to the resident's left and right gluteal crease and coccyx area. The DON stated it was healed on 2/22/18 so the treatments were not needed in March.</p> <p>Observation on 3/20/18 at 12:33 p.m. revealed Resident #10 lay on her back side. A skin assessment completed by the Director of Nursing documented the resident had an open area on the coccyx which measured 0.5 x 0.2 centimeters. The DON identified the area as a facility acquired pressure ulcer and identified it as a new area since she last assessed the resident on 3/16/18.</p> <p>Review of the list of pressure sores obtained on</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: 6790		Date: April 20, 2018		
Facility Name: Pearl Valley Rehabilitation & Healthcare Center of Washington		Survey Dates: March 13 - 26, 2018		
Facility Address/City/State/Zip 601 E. Polk St. Washington, IA 52353		JKM		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>3/13/18 revealed the list failed to identify Resident #10 as a resident with a pressure sore. Review of the list of pressure sores obtained on 3/20/18 revealed the resident had an open area to the coccyx measuring 0.5 x 0.4 x 0.1 centimeters and facility acquired.</p> <p>During an interview with the DON on 3/16/18 at 8:20 a.m., the DON stated the resident did not get a skin assessment the week of March 8, 2018 as she was not in the facility due to illness and nobody completed an assessment that week.</p> <p>4. According to the Minimum Data Set (MDS) dated 2/12/18, Resident #11 had diagnoses which included dementia, seizure disorder and obstructive hydrocephalus. The assessment identified the resident with severe cognitive ability with short and long term memory problems and daily verbal behavioral symptoms. The resident demonstrated total dependence on staff for bed mobility, transfers, dressing, eating and toileting. The assessment failed to identify the resident had skin impairment.</p> <p>Review of the Care Plan revised on 12/26/17 indicated the resident had a potential for impaired skin integrity related to fragile skin and directed the staff to keep fingernails short, complete Braden scale quarterly, keep body parts from excessive moisture, and follow protocols for treatment of injury and to keep skin clean and dry. The care plan identified the resident</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: 6790		Date: April 20, 2018		
Facility Name: Pearl Valley Rehabilitation & Healthcare Center of Washington		Survey Dates: March 13 - 26, 2018		
Facility Address/City/State/Zip 601 E. Polk St. Washington, IA 52353		JKM		
Rule or Code Section		Nature of Violation		
Class		Fine Amount		Correction date

	<p>experienced both bowel and bladder incontinence, and directed staff to monitor skin for breakdowns and report concerns to the nurse. The care plan failed to identify any actual skin impairments.</p> <p>Review of a facility Progress Note dated 2/15/18 revealed a facility RN noted the resident's right heel appeared pink/purple, boggy (soft) and warm to the touch. The Nurse who noted the area put a nursing intervention in place to float the heels at all times with a pillow under the calves.</p> <p>During an interview with Staff A LPN 3/20/18 at 1:42 p.m., she stated she did not know Resident #11 had a pressure ulcer on her right heel.</p> <p>During an interview with Staff D on 3/20/18 at 3:18 p.m., Staff D stated the staff did not complete skin sheets for the pressure ulcer on Resident #11's right heel as she was not aware of the pressure sore. Staff D stated when the staff completed a skin assessment for Resident #11 on 3/16/18; they found a pressure ulcer on the resident's right heel.</p> <p>Review of an ARNP visit note dated 3/9/18 indicated the resident had bilateral (both sides) mushy heels and directed the staff to utilize heel protectors on both feet.</p> <p>In an observation on 3/20/18 at 12:30 p.m., the DON noted the resident in bed with a blue foam boot on. The DON removed the boot and removed a protective</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: 6790		Date: April 20, 2018		
Facility Name: Pearl Valley Rehabilitation & Healthcare Center of Washington		Survey Dates: March 13 - 26, 2018		
Facility Address/City/State/Zip 601 E. Polk St. Washington, IA 52353		JKM		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p> dressing with Medi-honey on it. The DON measured the right heel wound. The right heel wound measured 5.7 x 3.9 centimeters, and was blackened and dry. The area was unable to be staged and described as facility acquired. </p> <p> An interview with the Hospice RN on 3/20/18 at 1:28 p.m. revealed the Hospice staff admitted the resident to Hospice services on 2/12/18. During a bath by the Hospice CNA on 2/14/18, the aide reported an area to the resident's right heel and the nurse came to the facility to assess the heel. The Hospice RN stated the wound was a facility acquired pressure ulcer and was unable to be staged. The RN requested the local hospital wound nurse assess the area and recommend treatment. </p> <p> Review of a Nursing Hospice Progress Note dated 2/14/18, the nurse documented she went to the facility and noted the resident had a dark red area to the right heel, a total of 6 centimeters. The left heel had a 2.5 centimeter red blotchy area without open areas. In progress notes dated 2/23/18, staff documented the resident's right heel as a boggy and fluid filled, with a purple area noted in the center and without drainage. The Hospice RN documented they spoke to a facility nurse who verified they were not aware the resident had any skin issues. The Hospice RN indicated they changed the resident's plan of care so the resident will no longer have shoes on or any other pressure causing devices on feet. Documentation revealed 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: 6790		Date: April 20, 2018		
Facility Name: Pearl Valley Rehabilitation & Healthcare Center of Washington		Survey Dates: March 13 - 26, 2018		
Facility Address/City/State/Zip 601 E. Polk St. Washington, IA 52353		JKM		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>area to the right heel measured 4 x 6 centimeters that day.</p> <p>Review of a facility Progress Note dated 3/16/18 revealed a skin assessment completed and staff noted a dry black area on the resident's right heel which measured 5.3 x 4.6 centimeters. Staff documented the notified the physician and the resident had heel protectors on and heels were floated.</p> <p>Review of a fax to the primary care physician dated 3/16/18 directed the staff to apply Betadine to the resident's right heel daily and as needed.</p> <p>The February 2018 and March 2018 failed to document the resident had a right heel pressure ulcer and failed to direct staff regarding treatment of the pressure ulcer until 3/17/18. On 3/17/18, Resident #11 had their first treatment to the right heel.</p> <p>Review of a list of pressure sores obtained on 3/13/18 upon entrance to the facility failed to identify Resident #11 had a pressure sore. Review of a list of pressure sores obtained on 3/20/18 revealed Resident #11 had facility acquired pressure sore to the right heel which measured 5.3 x 4.6 cm.</p> <p>During an interview with the DON on 3/16/18 at 8:20 a.m., the DON stated the resident did not have a skin assessment the week of March 8, 2018 as she was out of the facility and nobody completed an 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: 6790		Date: April 20, 2018		
Facility Name: Pearl Valley Rehabilitation & Healthcare Center of Washington		Survey Dates: March 13 - 26, 2018		
Facility Address/City/State/Zip 601 E. Polk St. Washington, IA 52353		JKM		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>that week.</p> <p>An undated Wound Assessment Policy, directed staff to document the following at least weekly: location, size, dressings, drainage, undermining/tunneling, character of wound, appearance of surrounding tissue, stage, signs and symptoms of infection, and pressure relieving devices.</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: 6790		Date: April 20, 2018		
Facility Name: Pearl Valley Rehabilitation & Healthcare Center of Washington		Survey Dates: March 13 - 26, 2018		
Facility Address/City/State/Zip 601 E. Polk St. Washington, IA 52353		JKM		
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).