Citation Numb 6882	er:			Date: Novem	ber 26, 2018	
Facility Name: Pleasant Acres Care Center			-	Survey Dates: October 11, 16-18, 23, 2018		
Facility Address/City/State/Zip 309 Railroad Street						
Hull, IA 51239		MW				
Rule or Code Section	Code Nature of Violation		Class	Fine Amount	Correction date	

58.19(2)b	58.19(2) <i>Medication and treatment.</i> <i>b.</i> Provision of the appropriate care and treatment of wounds, including pressure sores, to promote healing, prevent infection, and prevent new sores from developing; (I, II)	1	\$4500	UPON RECEIPT
	DESCRIPTION: Based on observation, record review, staff interview and policy review the facility failed to always ensure residents remained free of development and provide treatment of pressure ulcers for 3 of 4 residents reviewed. (Resident #1, #2 & #3) The facility identified a census of 47 residents.			
	Findings include: 1. According to the MDS dated 8/2/18 Resident #2 had diagnoses that included Alzheimer's disease, dementia, atrial fibrillation and failure to thrive. The MDS identified the resident had a BIMs score of 00 which indicated severe cognitive impairment. According to the MDS the resident required extensive assistance with bed mobility, transfers, dressing and toilet use. The MDS identified the resident at risk for developing pressure ulcers.			

Page 1 of 23

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Facility Name: Pleasant Acres Care Center		-	-	Survey Dates: October 11, 16-18, 23, 2018		
Facility Address/City/State/Zip 309 Railroad Street			October			
Hull, IA 51239		MW				
Rule or Code Section	Nature of Violation		Class	Fine Amount	Correction date	

1			1
	The care plan with a revision date of 8/8/18 and target date of 10/29/18 directed a. CNAs (certified nursing assistant) to monitor for any skin breakdown with cares 2 times a day and as needed. b. Alert nurse of any abnormalities and nurse to alert physician. c. Treat as needed. d. Weekly skin assessment completed by nurse and document in nurse's notes. Alert physician of any anomalies and treat as needed/ordered. e. Staff to ensure resident is positioned side to side during the night. f. Ensure the resident is repositioned frequently throughout the day and night time hours. g. Monitor for skin breakdown 2 times a week and as needed with whirlpool/showers. Alert nurse of any abnormalities. h. Resident to lay own 1 hour in am and PM. Resident will refuse to lay down at times. staff to reeducate on importance of laying resident own in am/pm to prevent skin breakdown. Added to the MAR (medication administration record) to ensure good effort is made and monitor compliance daily. Review of the Braden Scale dated 8/2/18 revealed the resident had a score of 13 which		
			Page 2 of 2

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Facility Address/City/State/Zip 309 Railroad Street						
Hull, IA 51239		MW				
Rule or Code Section	Nature of Violation		Class	Fine Amount	Correction date	

Review of the Physician's order dated 7/24/18 revealed the nurse observed an area on the left buttock between the upper thigh and buttock, area measures 2 cm by 0.3 cm excoriation with bloody drainage. The area cleansed and barrier applied. An area also observed on the right inner buttock pink, reddened, excoriation and without drainage. The area measured 3.5 cm by 1.3 cm. Area cleansed and skin barrier applied. The new order included Exuderm dressing bandage every 3 days and as needed.		
Review of the Physician's order dated 8/20/18 revealed the resident had areas to the bilateral buttocks and included tan order for a wound consult.		
 Review of the Physician's order dated 8/27/18 revealed the following orders: a. right buttock apply medihoney and foam dressing 3 times a week and as needed for saturation. b. Left buttock cover with foam dressing to be changed 3 times a week and as needed for saturation. c. Continue preventative measures, air mattress, cushions to chair, lie down to rest in AM and PM. d. Nutritional supplement to be given 2 times a day or nutritional consult recommended. 		
		Page 3 of 23

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Facility Name: Pleasant Acres			Survey Dates: October 11, 16-18, 23, 2018			
Facility Addres	ss/City/State/Zip		October	11, 10-10, 23, 20	/10	
Hull, IA 51239		MW				
Rule or Code	Natur	e of Violation	Class	Fine Amount	Correction date	
Section	Inatur		C1855		uale	

Review of the Physician's order dated 8/27/18 revealed the order for medpass 2.0 to be given 2 times a day.		
 Review of the Physician's Process Notes dated 9/17/18 revealed the following orders: a. Discontinue wound care to the right buttock. b. Change left side dressing to venelix and gauze 2 times a day and as needed for saturation for 7 days, then report. c. Implement calmoseptine to areas not under gauze. 		
 Review of the Physician's Progress Notes dated 10/2/18 revealed the following orders: a. Discontinue gauze and tape. b. Continue with venelex covered with optifoam gentle. c. New cushion to wheelchair; maybe try waffle. d. New air mattress or have current one checked to ensure working properly. 		
Review of the Physician's fax dated 10/14/18 revealed the resident in substantial pain due to the wound. When up for meals and sitting on her left buttock. She is wincing and writhing and won't eat half the time due to pain. Order received for Tramadol (analgesic) 50 mg (milligram) every 6 hour as needed for pain.		

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Facility Addres	ss/City/State/Zip		October	11, 10-10, 23, 20	/10	
Hull, IA 51239		MW				
Rule or Code	Natur	e of Violation	Class	Fine Amount	Correction date	
Section	Inatur		C1855		uale	

r		1	0
	Review of the Wound Care Nurse notes revealed the following assessments: a. 8/27/18 Left buttock, wound appears to be a healed pressure ulcer pink and intact. Right gluteal region 1.5 cm by 2 cm by 0.1 cm, 75% yellow slough and 25 % pink epithealialized tissue present. The edges attached and surrounding tissue intact.		
	b. 9/17/18 Right ischial wound intact and pink, Left ischial area declined 3.5 cm by 3.5 cm, yellow with brown center and moist to touch. The surrounding tissue intact.		
	c. 10/2/18 Left ischium wound measures 2.9 cm by 3 cm by 0.5 cm open moist and yellow. Edges attached and surrounding skin intact. When exam initiated resident saturated with urine and her dressings were saturated as well.		
	d. 10/16/18 Left ischium. Wound measures 3.5 cm by 3.7 cm by 2.5 cm. The wound open, wet and all necrotic tissue. The surrounding skin remains intact. Feel the wound tunnels down further to 2.5 cm and a possibility of a probing to the bone but due to the pain the resident requests the exam stop.		
	The document identified the pressure ulcer had greatly deteriorated since last seen and the		Page 5 of 2

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Citation Numb 6882	er:			Date: Novem	ber 26, 2018
Facility Name: Pleasant Acres Care Center			Survey I	110	
Facility Addres	ss/City/State/Zip		October	11, 16-18, 23, 20	/10
Hull, IA 51239		MW			
Rule or Code Section	Nature of Violation		Class	Fine Amount	Correction date

 wound care nurse had not been contacted sooner. Unfortunately we are at a place that needs further intervention if progressive treatment warranted. Surgical intervention probably what will have to be sought next. The resident could be treated in the facility as best as can using topical remedies, could be seen through the emergency room and admitted to the hospital for surgical consult and intervention which would then probably require IV antibiotics, surgical procedures and possible wound VAC or could possibly even look into something like hospice care if there wishes just to keep her comfortable and pain-free at the present time pain one of the biggest issues with the wounds in regards to the resident's overall status. After long discussion with family she feels they should start with the basics of getting some lab work completed. Review of the Progress Notes dated 7/24/18 at 9:12 revealed the CNA reported and open area. The nurse observed the left buttock, between the upper thigh and buttock a 2 cm by 0.3 cm excoriation with bloody drainage. The nurse also observed the right inner buttock a pink reddened excoriation without drainage. The area measured 3.5 cm by 1.3 cm. The area cleansed and skin barrier applied. 			
Page 6 of 2	sooner. Unfortunately we are at a place that needs further intervention if progressive treatment warranted. Surgical intervention probably what will have to be sought next. The resident could be treated in the facility as best as can using topical remedies, could be seen through the emergency room and admitted to the hospital for surgical consult and intervention which would then probably require IV antibiotics,, surgical procedures and possible wound VAC or could possibly even look into something like hospice care if there wishes just to keep her comfortable and pain-free at the present time pain one of the biggest issues with the wounds in regards to the resident's overall status. After long discussion with family she feels they should start with the basics of getting some lab work completed. Review of the Progress Notes dated 7/24/18 at 9:12 revealed the CNA reported and open area. The nurse observed the left buttock, between the upper thigh and buttock a 2 cm by 0.3 cm excoriation with bloody drainage. The nurse also observed the right inner buttock a pink reddened excoriation without drainage. The area measured 3.5 cm by 1.3 cm. The area cleansed		

Page 6 of 23

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Facility Name: Pleasant Acres			Survey Dates:			
Facility Addres	ss/City/State/Zip		– October 11, 16-18, 23, 2018			
Hull, IA 51239		MW				
Rule or Code Section	Natur	e of Violation	Class Fine Amount Correction date			

 -	 	
Review of the Non-Pressure Weekly Skin Record revealed the resident had an area to the left lower buttock first observed 7/27/18. The following assessments recorded of the area: a. 8/16/18, the area had scant, serous exudate and measured 3.3 cm by 3.5 cm by 0 cm. The wound had no odor, had granulation tissue and normal surrounding skin. b. 8/23/18, the area measured 3.5 cm by 3.5 cm by 0 cm. The wound had no odor, had epithelial tissue and normal surrounding skin. c. 8/30/18 the area measured 3 cm by 3 cm by 0 cm. The wound had no odor, had epithelial tissue and normal surrounding skin. d. 9/10/18 the area measures 2.5 cm by 3 cm width. The wound with odor, and wound bed with epithelial tissue, surrounding tissue normal. Improving. e. 9/19/18 the area measured 2.5 cm by 3 cm by 0 cm. The wound had no odor, had epithelial tissue and normal surrounding tissue normal. Improving. e. 9/19/18 the area measured 3 cm by 4 cm by 0 cm. The wound had no odor, had granulation tissue and excoriated surrounding skin. f. 9/17/18 the area measured 3 cm by 4 cm by 0 cm. The wound had no odor, had granulation tissue and excoriated surrounding skin. g. 9/24/18 the area measured 3 cm by 2.5 cm by		

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Facility Administrator

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Facility Name: Pleasant Acres			Survey Dates:			
Facility Addres	ss/City/State/Zip		– October 11, 16-18, 23, 2018			
Hull, IA 51239		MW				
Rule or Code Section	Natur	e of Violation	Class Fine Amount Correction date			

 identified a pressure area. The area had the following measurements: and measured a, 9/19/18, 3 cm by 4 cm by 0 cm and unstageable. The wound bed had black tissue in the center and yellow surrounding. b. 10/15/18, 2.8 cm by 3.8 cm by 2.5 cm and unstageable. The wound had a large amount of purulent drainage and slight foul odor present on the dressing. The wound bed had 100% slough tissue. The surrounding tissue purple in color and edges rolled. Review of the TAR (treatment administration 		
 record) September 1, 2018 through 9/30 18 revealed the following: a. Left side buttock apply venelex ointment, cover with gauze 2 times a day and as needed for saturation for 7 days then report. The treatment not documented administered on 9/23/18 at hour of sleep. b. Effective 9/18/18: Left side buttock apply venelex ointment, cover with gauze 2 times a day and as needed saturation for 7 days. Treatment not documented administered. 		
Review of the TAR dated 10/1/18 through 10/31/18 revealed the following treatments: a. Effective 10/4/18: Cleanse wound. Apply venelex ointment to left buttock wound, cover with		

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Citation Numb		1		г	Deter	
6882	er:				Date: Novem	ber 26, 2018
Facility Name: Pleasant Acres			Survey I	Dates:	8 23 20	18
Facility Addres	ss/City/State/Zip			11, 10 1	0, 20, 20	
309 Railroad S Hull, IA 51239		MW				
Rule or Code Section	Natur	e of Violation	Class	Fine Ar	mount	Correction date
	soilage. The treatment not doe 10/4/18 AM or 10/8/12 treatments. b. Left side buttock ap with gauze 2 times a saturation for 7 days. No treatments docum 10/4/18. Observation on 10/17 Staff A, LPN (licensed would care to the resi 3 cm by 4 cm open at and identified by Staff nurse and to remain. wound infected. Wou 0.25% Venelex ointr dressing applied. During an interview w at 3:15 PM she stated had been bright red a had been black and a pussy looking. The w bit now. She stated sl and she kept educatin She further stated all	oply venelex ointment, cover day and as needed				

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Citation Num 6882	ber:				Date: Novemb	per 26, 2018
Facility Name Pleasant Acre	e: es Care Center	-	Survey October	Dates:	3. 23. 20 [°]	18
Facility Addre	ess/City/State/Zip			,	, _0, _0	
309 Railroad Hull, IA 5123		MW				
Rule or Code Section	Natur	e of Violation	Class	Fine An	nount	Correction date
	sides. During an interview w 10/18/18 at 1:50 PM s Resident #2 the end of wound was 1.5 cm by but had some epithelia and foam dressing. T on the 18 th of Septer She stated she tried to other week. The area she had not been cor catheter due to incom She went back in 2 w better. She continued no depth and no tunn mattress or have the new cushion. She state a new one. Staff were worsened. Now it is of tunneling. She did me probably could have g it's to the bone, but have went over treatment of not heard back any de further stated she def to notify her when the stated she also noted	d been positioned on her vith the Wound Nurse on she stated she 1st saw of August. At that time the y 2 cm by 0.1 cm, was yellow ial tissue. Staff tried Aquacel he switched to venelex and mber it had gotten bigger. to be at the facility every almost doubled in size and ntacted. She ordered a foley tinence and worsened ulcer. veeks and the area looked I venelex and the wound had heling. She suggested a new supplier check it and have a ted she was told there was to contact her if the wound open, necrotic and has easure 2.5 cm depth and gotten more and suspects ad to stop due to pain. She options with family and had ecisions at this time. She initely expected the facility are had been a change. She I Tramadol was ordered for ich also indicted a change.				Page 10 of 2

Facility Administrator

Date

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Citation Numb 6882	er:			Date: Novem	ber 26, 2018
Facility Name: Pleasant Acres			Survey	11.0	
Facility Addres	ss/City/State/Zip			11, 16-18, 23, 20	/16
Hull, IA 51239		MW			
Rule or Code Section	Natur	ture of Violation Class Fine Amount			Correction date

2. According to the MDS dated 8/2/18 Resident #3 had diagnoses that included atrial fibrillation, coronary artery disease, diabetes mellitus, arthritis, cerebrovascular accident, multiple sclerosis and depression. The MDS identified the resident had a BIMs score of 15 which indicated intact cognition. According to the MDS the resident required extensive assistance with bed mobility, transfers, ambulation, dressing and toilet use. The MDS identified the resident at risk of developing pressure ulcers.		
The care plan identified potential alteration in kin integrity related to decreased mobility, diabetes, MS, and occasional urinary incontinence. initiated 1/14/16 and revised on 6/14/18 directed staff to: a. Monitor for skin breakdown with baths 2 times weekly and as needed. b. Monitor for skin breakdown while providing cares 2 times a days and as needed and notify the nurse of any anomalies and alert the physician. c. Provide treatment to heel/ankle per physician orders and weekly skin assessment completed by RN/LPN and notify the physician of any abnormalities and treat as ordered/needed.		
Review of the Braden Scale dated 8/29/18 revealed the resident had a score of 15 which		Page 11 of 2:

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Citation Number: 6882				Date: Noven	nber 26, 2018
Facility Name: Pleasant Acre Facility Addre 309 Railroad S	s Care Center ss/City/State/Zip		Survey October	Dates: • 11, 16-18, 23, 2	018
Hull, IA 51239		MW			
Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date
	ulcers. Review of the MD (M Communications date resident noted to hav 0.3 cm by 0.3 cm to t The resident stated s there but had excoria the past. The area me applied. Review of the Discha 8//12/18 revealed the and to follow up with elevate the left lower applied for 20 minute hours. Review of the MD/Nu 9/3/18 revealed staff	edical Doctor)/Nursing ed 7/26/18 revealed the e excoriated area measuring he right inner mid buttock. he did not know it had been ted areas on her buttock in easured and calmoseptine arge Instructions dated e resident fitted with a boot orthopedics. Orders include leg and ice/cold pack s at a time every hour to 2 arsing Communications dated found a new skin area to the asured 0.9 cm by 0.2 cm. No			

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Facility Administrator

drainage observed. No increased

area as much as possible.

redness/inflammation surrounding the area. Skin pink/red in color. The resident continued with loose stools, skin barrier applied. New order included clean, dry and apply Mepilex till healed, change position every 2 hours and keep off the

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Citation Numb	er:				Date: Novem	ber 26, 2018
Facility Name: Pleasant Acres Facility Addres 309 Railroad S	s Care Center ss/City/State/Zip		Survey Dates: — October 11, 16-18, 23, 2018		18	
Hull, IA 51239		MW				
Rule or Code Section	Natur	e of Violation	Class			Correction date
	revealed the resident by 4.5 cm to her inne and intact. Staff disco related to the ankle sp transferring with a hoy weakness. New order Physical therapy and until then. Review of the Consul 9/11/18 revealed the a, Left heel and latera Change dressing wea b, Left calcaneus-stag dressing change Mon Friday; gentle cleanse afclens. Cover with si c. Sacrum stage 3 pre change Monday, Wea cleanse with sterile sa silicone foam dressing soiled or displaced.	protect with allevyn dressing tation/Clinic Referral dated following: al malleolus-deep injury. ekly if remains intact. ge 3 pressure injury: aday, Wednesday and e with sterile saline or licone foam dressing. essure injury: dressing dnesday and Friday; gentle aline or safclens. Cover with g and change more often if consider supplementation				

f. T-gel pressure relieving device at all times when sitting.
g. Repositioning schedule. Every 30 minutes awake, every 2 hours asleep. Follow-up every 2 weeks unless condition worsens.

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Hull, IA 51239		MW				
Rule or	Neter		0	Fine Amount	Correction	
Code Section	Natur	e of Violation	Class date			

		1
Review of the Fax dated 9/13/18 revealed the order for Arginaid 1 packet every day for skin healing.		
Review of the Physician Fax dated 9/14/18 revealed the order to change coccyx and right buttock treatment with wound cleanser, pat dry, apply skin prep and cover with hydrogel wound dressing. Change every 3 days and as needed if soiled or falls off. Discontinue when healed.		
 Review of the Doctor's Order sheet dated 9/25/18 revealed the following orders: a. Left lateral malleolus now open and tender: continue with same dressing recommendations as 9/10 except add silicone gel disc over lateral malleolus on top of allevyn gentle and hold in place with soft. b. Dressing on sacrum needs to follow dressing orders from 9/10. Dressing was also soiled underneath with feces today. c. Please obtain t-gel or inflatable Roho cushion for her chair. 		
Review of the Consultation/Clinic Referral dated 10/2/18 revealed the resident had liquid stools today and into the sacral wound. The wound did not have a dressing on. Please follow current dressing plan and replace if soiled or displaced.		Page 14 of 2 3

Facility Administrator

Date

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Facility Addres	ss/City/State/Zip		October	11, 10-10, 23, 2010		
Hull, IA 51239		MW				
Rule or				Fine Amount	Correction	
		e of Violation	Class		date	
Section						

Observation on 10/11/18 at 11:30 AM physical therapy wheeled resident to the dining room table. Observation revealed pressure relieving cushion in wheel chair.		
Observation on 10/11/18 at 1 PM resident wheeled self back to room feet resting on wheel chair pedal.		
During an interview with family on 10/17/18 at 3:40 PM she stated she had been to all of the resident's appointments at the wound clinic. She further stated the resident did not have placement of a dressing over her wound on one of the appointments. She had diarrhea and it did appear fecal material had coated the wound. The wound clinic had been very upset about it and she talked to the facility about the incident.		
3. According to the MDS (minimum data set) dated 8/9/18 Resident #1 had diagnoses that included dementia, respiratory failure, shortness of breath, spinal stenosis and osteoporosis. The MDS identified the resident had a BIMs (brief interview of mental status) score of 5 which indicated severe cognitive impairment. According to the MDS the resident required extensive assistance with bed mobility, transfers, dressing and toilet use.		Page 15 of 2 :

Facility Administrator

Date

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Facility Name: Pleasant Acres			Survey Dates: October 11, 16-18, 23, 2018			
Facility Address/City/State/Zip 309 Railroad Street			October	Jelober 11, 10-10, 23, 2010		
Hull, IA 51239		MW				
Rule or Code Nature of Violation Section			Class	Fine Amount	Correction date	

The care plan dated 8/10/18 revealed the resident had a history of an open area on the right gluteal fold on 3/16/17. The care plan directed staff to: a. Monitor for any skin breakdown with cares 2 times a day and alert the nurse/physician if any occur and treat as needed/ordered. b. Monitor for skin breakdown with cares BID (twice daily). c. Alert nurse/physician if occur and treat as needed/ordered.		
Review of the Braden Scale dated 8/9/18 revealed the resident had a score of 13 which indicated moderate risk for developing pressure sores.		
Review of the Physician's Order dated 9/24/18 revealed the resident had an area to the left sacrum that had reopened measuring 0.5 cm (centimeters) by 0.4 cm. The wound bed pink with no drainage. Orders included cleanse with wound cleanser and apply optifoam, change every other day and as needed till healed.		
Review of the Medical Doctor Communications note dated 10/12/18 revealed the following: Left buttock open area measured 5 cm by 7 cm, hard, indented area, dark purple/maroon in color		

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Hull, IA 51239		MW				
Rule or Code Nature of Vi Section		re of Violation	Class	Fine Amount	Correction date	

does w	with blue/purple color on outer edges, ince in pain when assessing and cleansing lo drainage noted, does have foul odor		
	t and also has hard area extending up thee t cheek. The order included wound consult.		
10/17/1 (antibio 14 days receive	of the Consultation/Clinic Referral dated 8 revealed the order for Augmentin atic) 875 mg (milligrams) 2 times a day for a and wound referral. (Note the order was d 5 days after communication to the I doctor on 10/12/18).		
dated 9	of the Non-Pressure Weekly Skin Record 0/28/18 revealed the resident had an area left buttock that measured 0.5 cm by 0.4 0 cm.		
the res a. 10/5 that me	of the Weekly Skin Assessment revealed ident had the following open areas. (18 - left buttock pressure area stage 2 easured 3 cm by 2 cm and a pressure area on the sacrum that measured 2.5 by 0.5		
Assess	of the Pressure Injury Weekly ment revealed the following rements of the left buttock:		

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Facility Administrator

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Citation Num 6882	iber:				Date: Novem	ber 26, 2018
	ility Name: asant Acres Care Center ility Address/City/State/Zip		Survey Dates: October 11, 16-18, 23, 2018			18
309 Railroad Hull, IA 5123		MW				
Rule or Code Section	Natur	re of Violation	Class	Fine An	nount	Correction date
	 with indentation, purp blue/red outer edges. Review of the Pressu Assessment revealed measurements of the a. 10/12/18 0.5 cm by bed appearance. Observation on 10/17 resident had a dressi drainage and the dre loose. The DON (Dire the old dressing and cm with yellow slough buttock. The surround 	Tre Injury Weekly d the following e coccyx: y 0.1 cm by 0 pink/red wound 7/18 at 3:55 PM revealed the ing with large amount of ssing started to become ector of Nursing) removed a pressure area 5 cm by 3 h noted to the left lower ding tissue firm to touch. The ound with cleanser and				
	10/18/18 revealed the large open area that 1 cm that had black t around the edges, we serosanguineous dra surrounding tissue re very indurated and ha There is a small foul	er Wound Assessment dated e resident ischium had a measured 3.5 cm by 5 cm by o brown in the center, yellow et with a moderate amount of inage present. The ed and erythematous and ard with retraction present. odor present. The resident n fink and moist pressure				

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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).

Citation Numb 6882	er:			Date: Novem	ber 26, 2018	
Facility Name: Pleasant Acres		Survey Dates: October 11, 16-18, 23, 2018				
Facility Addres	ss/City/State/Zip		October	October 11, 10-10, 23, 2010		
Hull, IA 51239		MW				
		e of Violation	Class	Fine Amount	Correction date	
Section						

ulcer to her sacral region that is midline and measured 03 cm by 0.3 cm and the surrounding skin pink but intact. The resident verbalized some discomfort to the lower larger area. The resident required further examination by the personal care physician, Contacted the resident's physician and made hi aware of the findings and concerns. Treatment options reviewed with the family and can range from anywhere to treating at the facility by keeping the resident comfortable and managing the symptoms to surgical intervention that could be completed in the hospital setting and may be even the consideration of consulting hospice. During an interview with the wound nurse on 10/18/18 at 1:50 PM she stated she had been asked to look at the resident's wound and it had been the first time she had seen it. She called the resident's Doctor and she did feel the wound had a lot of necrotic tissue and the surrounding skin indurated. She stated she should have been seen by a provider sooner. She further stated the facility has a lot high complex care residents and use a temp staff. Review of the Consultation/Clinic Referral dated 10/9/18 revealed all areas improving and		
10/9/18 revealed all areas improving and dressings in place.		Page 19 of 1

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Hull, IA 51239		MW				
Rule or			0	Fine Amount	Correction	
Code Section	Natur	e of Violation	Class		date	

Review of the Pressure Injury Weekly Assessment revealed the following measurements for the right buttock: a. 8/20/18 1 cm by 0.5 cm., red. b. 8/27/18 7 cm by 4 cm., pink and fragile. c. 8/29/18 7.2 cm by 4.8 cm., pink/red. d. 9/11/18 2 cm by 2.5 cm., open and red. e. 9/18/18 0.6 cm by 0.2 cm., Stage 2, pink. f. 9/24/28 0.1 cm by 0.2 cm., Stage 2 with 100% pink granulation. g. 10/3/18 0.1 cm by 0.1 cm Stage 2 100% pink. The non-pressure weekly skin record dated 9/14/18 identified the right buttock 1.2 cm by 1.3 cm. Review of the Pressure Injury Weekly Assessment revealed the following measurements for the left inner heel: a. 9/6/18 2.5 cm by 4.5 cm., Stage 2 blister b. 9/11/18 2.5 by 4.5 cm., Stage 2 blister		
 c. 9/18/18 2.5 cm by 4.5 cm., unstageable, outer pink, 1.3 by 2.8 cm slough center d. 9/24/18 3.5 cm by 3.2 cm unstageable, 90% necrotic, 10% pink granulation. e. 10/3/18 2.5 cm by 3 cm unstageable, 75% white/yellow slough, 25% pink granulation f. 10/9/18 1.6 cm by 2.9 cm unstageable, 100 % pink granulated tissue. 		Page 20 of 2

Page 20 of 23

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Facility Name: Pleasant Acres		-	Survey Dates: October 11, 16-18, 23, 2018			
Facility Address/City/State/Zip 309 Railroad Street			October	, tober 11, 10-10, 23, 2010		
Hull, IA 51239		MW				
Rule or Code Nature of Violation Section			Class	Fine Amount	Correction date	

Review of the Pressure Injury Weekly Assessment revealed the following measurements for the sacrum: a. 9/11/18 2 cm by 0.5 cm open with a scab layer of white blood cells. Stage 3 b. 9/18/18 1.2 cm by 1 cm by 0.1 cm stage 2. 50% pink and 50 % slough. c. 9/24/18 1 cm by 1 cm Stage 2. 50 % white slough 50 % pink granulation. d. 9/24/18 1 cm by 1 cm by 0.1 cm., Stage 2. 50% white slough, 50% pink granulation. c. 10/3/18 1 cm by 0.5 cm by 0.1 cm., unstageable. 90% slough, 10% granulation. d. 10/9/18 0.7 by 0.2 cm by 0 cm., unstageable. 100% slough. Review of the Pressure Injury Weekly Assessment revealed the following measurements for the left outer ankle: a. 9/14/18 1.7 cm by 0.8 cm., Stage 1, dark pink b. 9/18/18 1 cm by 0.6 cm., Stage 1, dark red. c. 9/24/18 1.5 cm by 1.5 cm., unstageable, cover with scab-like tissue. d. 10/3/18 1.2 cm by 1.5 cm., unstageable, 75% pink granulation, 25% slough. e 10/9/18 1.2 cm by 0.6 cm.	n n		1	II	
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pink granulation, 25% slough.					
		· •			
		e. 10/9/18 1.2 cm by 0.6 cm., unstageable, pink			
granulation tissue.					

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Facility Administrator

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Citation Numb 6882	er:			Date: Novem	ber 26, 2018
Facility Name: Pleasant Acres Care Center		-	Survey Dates: October 11, 16-18, 23, 2018		
Facility Address/City/State/Zip 309 Railroad Street					
Hull, IA 51239		MW			
Rule or Code Section	Nature of Violation		Class	Fine Amount	Correction date

Review of the Pressure Injury Weekly Assessment revealed the following measurements for the left outer heel. a. 9/14/18 1.4 cm by 3.5 cm Stage 1, dark pink. b. 9/18/18 0.5 cm by 0.8 cm Stage 1, dark red. c. 9/24/18 0.8 cm by 0.8 cm unstageable. dark red. d. 10/3/18 0.6 cm by 0.8 cm Stage 1, red/purple. e. 10/9/18 0.3 cm by 1 cm Stage 1, (No wound bed assessment)		
During an interview with Staff A, LPN on 10/17/18 at 3:15 PM she stated nurses responsible for assessing skin under a boot every week. The CNAs good at reporting any changes or open areas of resident's skin.		
During an interview with Staff D, CNA she stated she had to take the resident's boot off to dress her and looked at her skin every day. She noticed open areas and let the nurse know. Before the areas opened, they were red. The red faded but still remained there. She further stated there have been times she went in the resident's room and she did not have dressings on.		
Review of the Policy and Procedure titled Skin Care and Wound Management dated 6/2015 directed staff to do the following:		Page 22 of 2 3

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Rule or Code Section	Natu	Nature of Violation		Fine Amount	Correction date	

Page 23 of 23

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