Citation Number 7070 Facility Name: Anamosa Care Facility Address 1209 East Third Anamosa, lower	Center ss/City/State/Zip:	MW, TAG	Date: December Survey Dates: November 24-26, 2019		ber 10, 2019	
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
58.19(2)b	residents. The resident shall provide, as appropriate approvide as appropriate and shall provide, as appropriate and shall provide as appropriate and shall provide and shall provide a provide approved in the facility fail assessment and physic ED boot (stabilizer boot of a pressure ulcer for 1 The facility identified a control of the facility on 10/16/1 pulmonary embolism, puthe left ankle, Stage 4, disturbance, peripheral	record review and staff ed to provide an admission ian clarification for use of an resulting in the development of 4 residents (Resident #46). Sensus of 58 residents. showed Resident #46 admitted 9 with a diagnoses of neumonia, pressure ulcer of dementia without behavioral	1	\$4,500		UPON RECEIPT
						Page 1 of 1

Facility Administrator

Date

Citation Numb	er:	Date: December			per 10, 2019		
Facility Name: Anamosa Care			Survey [Dates:			
	ss/City/State/Zip:		November 24-26, 2019				
1209 East Thir Anamosa, low		MW, TAG					
Dollara	П			- ' A		0	
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date	
	other diabetic neurologi hyperlipidemia. The Minimum Data Set 10/23/19 showed a Brie Score (BIMS) of 3 indication impairment. The resident assistance with toileting and had a Foley catheter resident at risk of pression pressure ulcer present upressure ulcer present upressure ulcer that dever the hospital, dated 10/1 physician order for the lower extremity. The Plated 10/16/19 and the Record dated 10/17/19 to the facility with a physician president diabeted automatical foot. Apply moist gauze The Certificate of Care signed by the physician resident did not have charms.	ent required extensive II, personal hygiene, dressing III, personal hygiene, dressing III, The MDS identified the III ure ulcers with a Stage IV III upon admission and a Stage III III upon admission and a Stage III III upon admission. III an Transfer Order Report from III an Transfer Order Report from III an Transfer Order Report Treatment Administration III and					
						Page 2 of 1	
Facilit	ty Administrator	 Dat	е		_		

Citation Number: 7070					Date: Decemb	per 10, 2019
Facility Name: Anamosa Care			Survey I		2019	
	ss/City/State/Zip:		Novemb	C1	,, 2010	
1209 East Thir Anamosa, low		MW, TAG				
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	failed to reveal any skin regarding a pressure use the presence of a ED by The Admission Progres identified the resident aright hand, left antecubing malleolus (ankle bone). did not address any door right lateral foot or the pright lower extremity. The Baseline Care Plan resident had a stage 4 p Malleolus (ankle) with the wound clinic. The Bidentify the resident wor extremity when admitted the right lower extremity. A Nursing Home Round Resident #46 attending resident complained of physician documented the boot removed from protect his/her feet with down. The dictation documented the day prior to 10/1/19, extremity and the ankle poor healing of a previous distribution.	dmitted with a bruise to the tal and a wound to the left. The Admission Progress Note cumentation of a wound to the presence of a ED boot to the pressure ulcer to the left reatment and would be seen at the lasseline Care Plan did not the an ED boot to the right lower and on 10/16/19 or any wounds to				

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Facility Administrator

Date

Citation Numb	per:				Date: Decemb	per 10, 2019
Facility Name: Anamosa Care Center			Survey I		3 2019	
_	ss/City/State/Zip:		Novemb	OI 24 20	, 2010	
1209 East Thir Anamosa, low		MW, TAG				
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	lateral foot. A Physician order, date discontinue all treatment treatment. Physical Therapy Daily 10/21/19 and 10/22/19 required assistance with right lower extremity duextremity from the residence wound clinic on 10/23/19, does not	e ED boot. The attending move the ED boot at this time arm than helping. The wound to sented as a black, unstageable bridement on 10/23/19. Post it to the right lateral foot showed ry measuring 1 cubic centimeter im in width, by 0.1 cm in depth. Inted the wound to the right 0/23/19 due to a deep tissue				

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Facility Administrator

Date

Citation Numb	er:				Date: Decemb	per 10, 2019
Facility Name: Anamosa Care			Survey I		2019	
Facility Addres	ss/City/State/Zip:		Novemb)CI 24 20	, 2010	
1209 East Thire Anamosa, low		MW, TAG				
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	A Wound/Skin Healing	Record, dated 10/23/19,				
	provided by the facility, pressure ulcer to the rig					
	lacked documentation the had been assessed, und 10/23/19 when the Stag received debridement.	thes dated 10/16/19-10/22/19 the condition of right lateral foot till the wound clinic appointment the 3 to the right lateral foot. The facility progress note dated new wound site on the right ressure ulcer.	nt lateral foot appointment eral foot ss note dated			
	identified the resident hat the right lateral foot. The following care: a. Prevalon boot on wheeled between the continuous continuous and clinic appoint initiated 10/24/19. c. Assess the pressure (length, width, depth), per granulation tissue, epith surrounding skin weekly d. Apply treatment as of elean elean continuous care assist with reposition of the continuous form of the continuous care and continuous care and continuous care provide incontinuous care provide incontinuous care provide incontinuous care provide incontinuous care care care care care care care care	rdered, initiated 10/24/19. ng, initiated 10/24/19. ares. Report any further skin ar, red or broken areas), care after each incontinence				

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

Citation Numb	er:				Date: Decemb	per 10, 2019
Facility Name: Anamosa Care	Center		Survey I		2010	
Facility Addres	ss/City/State/Zip:		Novemb	CI 24-20	, 2013	
1209 East Thire Anamosa, low		MW, TAG				
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	bed, initiated 11/14/19. A physician order signedirected the staff to appwhen in bed. During an observation of A, Certified Nursing Asstransferred the resident standing lift. The reside Staff A and Staff F did resorted to both feet per the 11/7/19 care plan. During an observation of K, Licensed Practical Near and supplies. Staff K pot treatment as ordered by #46's Stage 3, right late pressure ulcer measure width, and 0.1 cm in depsident amount of brown, drainage. The peri-wour resident reported he/she wound area. During an interview on CNA, reported if a resident	on mattress when resident in d by the physician on 11/7/19 ly Prevalon boots on both feet on 11/25/19 at 1:33 p.m., Staff sistant (CNA) and Staff F, CNA, to bed utilizing a mechanical ent wore gripper socks in bed. Not apply the Prevalon boots to 9 physician order or per the on 11/26/19 at 9:30 a.m., Staff curse (LPN), set up a clean field roceeded to complete Santyl of the physician for Resident ral foot pressure ulcer. The d 0.8 cm in length, 0.5 cm in both. The wound bed had a tan slough present, no odor or and area remained pink. The edid not have pain to the edid not have pain to the ethe boot to look at the skin. e and look at the skin.				
						Page 6 of 1

Facility Administrator

Date

Citation Numb	er:				Date: Decemb	per 10, 2019
Facility Name: Anamosa Care			Survey I		2019	
Facility Addre	ss/City/State/Zip:		NOVEIII	CI 24-20	, 2013	
1209 East Thir Anamosa, low		MW, TAG				
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	Registered Nurse (RN), remove a immobilization ordered to do so by a popular point of the process of the proces	11/25/19 at 3:00 p.m., The PN) stated the resident got the emergency room after a fall with d the resident did have the boot he wound clinic visit. 11/25/19 at 1:57 p.m., Staff A, embered the resident admitted				Page 7 of 1

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

Citation Numb	er:				Date: Decemb	ber 10, 2019
Facility Name:			Survey D	Dates:		
Anamosa Care			Novemb	er 24-26	s, 2019	
Facility Addres	ss/City/State/Zip:					
1209 East Thir Anamosa, low		MW, TAG				
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
		xtremity for about 1 and a half ain, but the pain came from the				
	right knee and calf area	, not the right foot. Staff I could remity boot had been physician				
	phone, the Primary Care Physician stated the rest to the right foot. The resspecial boot on 10/1/19 department. He confirm 10/18/19 and addressed foot should be removed have dictated to wait in talk to the resident's sor stated the use of a stab care for a fibular fracture expect the nurses to rer the skin with admission, the boot, the facility should be removed have dictated to wait in talk to the resident's sor stated the use of a stab care for a fibular fracture expect the nurses to rer the skin with admission, the boot, the facility should be removed.	11/25/19 at 5:07 p.m., via e Physician and Wound Clinic sident had a history of wounds sident had been place in a at the hospital emergency ned he saw the resident on d the ED boot to the right lower . He reported he might not his note because he wanted to n before removing the boot. He ilizer boot is the standard of e. He reported he would move the ED boot and assess . However, as he did not order ould have clarified further bital regarding the use of the				
	boot, if the boot had not stated the right foot, Stareopened. The wound in the right fibula and the but does not feel the are unavoidable. He stated rounds 10/18/19 and as when he saw the reside	been physician ordered. He age III pressure ulcer had resulted from a fall with injury to boot did not help the situation he awould have been he saw the wound when he did sessed again on 10/23/19				Page 8 of 1

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

Citation Numb	er:		Date: December 10, 2		per 10, 2019	
Facility Name: Anamosa Care Center			Survey D		5, 2019	
Facility Address 1209 East Third	ss/City/State/Zip:				.,	
Anamosa, Iowa	a 52205	MW, TAG				
Rule or Code Section	Nature	e of Violation	Class	Fine A	Amount	Correction date
	reported the resident ad 5:30 p.m. and it is a bus she did not know if the E as the Assistant Directo care of the admission or admission assessment She reported the assess documentation the right assessed. She stated sif she did or did not rem lower extremity and food During an interview on Director of Nursing (DO why the resident's boot not get removed on 10/should have been remothe boot to be removed confirmed the facility did a ED boot to the right look During an interview on ADON, reported she do assess the resident who facility. She gets the phospital and puts the or ADON reported she did admitted with a ED boot She reported if the ED to	lower extremity had been she could not remember 100% ove the boot to assess the right it. 11/26/19 at 7:33 a.m., the N), reported she doesn't know to the right lower extremity did 18/19. She stated the boot ved if the physician dictated on 10/18/19. The DON d not have a physician order for wer extremity for Resident #46. 11/26/19 at 7:36 a.m., the les not see the resident or en they are admitted to the				
						Page 9 of 1

Facility Administrator

Date

Citation Number: 7070	Date: December			mber 10, 2019
Facility Name: Anamosa Care Center		Survey D	Pates:	
Facility Address/City/State/Zip:		Novembe	er 24-26, 2019	
1209 East Third Street Anamosa, Iowa 52205	MW, TAG			
Rule or Code Nature Section	e of Violation	Class	Fine Amoun	t Correction date
Licensed Practical Nurs Staff K with the assess 10/16/19. Staff C report did or did not remove the not have removed the befoot. She reported she a physician order as the by the ADON. During an interview on a reported she would have document the presence the skin condition of the admission. The nurse consultant re				
				Page 10 of 1

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

Citation Numb	er:			Date: Decem	ber 10, 2019
Facility Name: Anamosa Care	Center		Survey D		
Facility Addres	ss/City/State/Zip:		Novemb	er 24-26, 2019	
1209 East Thire Anamosa, Iowa		MW, TAG			
Rule or Code Section	Naturo	e of Violation	Class	Fine Amount	Correction date
					Page 11 of 11
Facilit	y Administrator		Date		