		1		ĺ		
Citation Numb	er:				Date:	
9078					4/15/2	21
Facility Name:			Survey Dates:			
	lursing & Rehab					
Center			3/15/21	3/15/21 – 3/25/21		
Facility Addres	ss/City/State/Zip					
1000 Hillcrest	Drive					
Anita, IA 50020		VV				
,						
Rule or		<u> </u>	-	Fine An	nount	Correction
Code	Natur	e of Violation	Class			date
Section						
58.19(2)b	481—58.19(135C) Req	uired nursing services for		\$10,000)	Upon Receipt
30110(=).5		t shall receive and the facility		(held in		
		priate, the following required		suspen		
	nursing services under t				-	
	these rules: (2) Medicat	cillary coverage as set forth in				
		dications as ordered by b.				
		riate care and treatment of				
		sure sores, to promote healing,				
	prevent infection, and p	revent new sores from				
	developing; (I, II)					
	DESCRIPTION:					
		clinical record review, facility				
		record review, staff interviews, d hospital staff interviews the				
	facility failed to ensure r					
		onal standards of practice to				
	•	and also failed to ensure				
	residents with pressure	ulcers received necessary				
		to promote healing for 3 of 3				
		2 and 3). The facility did not				
		re ulcer deterioration was				
	unavoidable due to failu					
	comprehensive skin ass	sessments, care plan		I		

Eacility Administrator

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				Data		
	Nursing & Rehab			Dates:		
Center Facility Addres	ss/City/State/Zip		3/15/21	- 3/25/21		
1000 Hillcrest Drive						
Anita, IA 50020	_	VV				
Rule or				Fine An	nount	Correction
Code Section	Natur	e of Violation	Class			date
				1		
	interventions, pressure relief, turning and repositioning. The facility reported a census of 30 residents.					
	. FINDINGS INCLUDE:					
	The MDS (Minimum Data Set) assessment identifies the definition of pressure ulcers:					
	of a localized area usua Darkly pigmented skin r	ones only it may appear with				
	Stage II is partial thickness loss of dermis presenting as a shallow open ulcer with a red or pink wound bed, without slough (dead tissue, usually cream or yellow in color). May also present as an intact or open/ruptured blister.					
	may be visible but bone exposed. Slough may b	tissue loss. Subcutaneous fat e, tendon or muscle is not e present but does not obscure . May include undermining and				
	bone, tendon or muscle hard necrotic tissue). n	s tissue loss with exposed s. Slough or eschar (dry, black, nay be present on some parts n includes undermining and				

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9078					4/15/2	1
Facility Name: Caring Acres Nursing & Rehab Center				Dates:	l	
Facility Address/City/State/Zip 1000 Hillcrest Drive		104				
Anita, IA 50020		VV				
Rule or Code Section	Natur	e of Violation	Class	Fine Ar	nount	Correction date
	Other staging considerate Deep Tissue Pressure I blanchable deep red, must blanchable deep red,	njury (DTPI): Persistent non- aroon or purple discoloration. d area of persistent non- aroon, purple discoloration due g soft tissue. This area may be is painful, firm, mushy, boggy, mpared to adjacent tissue. Tecede skin color changes and ar differently in darkly ury results from intense and/or d shear forces at the bone- dission Minimum Data Set dated 2/25/21 Resident #1 on 2/18/21 and had diagnoses of arction, hemiplegia, gout, and obstructive sleep mented the resident scored 9/15 or Mental Status (BIMS) test, dent was moderately impaired of also documented he required aff for bed mobility, transfers, oileting and was totally or a bath. The MDS documented or eany pressure ulcers but was				

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

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Citation Numb	er:]			Date:	
9078					4/15/2	1
Facility Name:			Survey	Dates:		
Caring Acres Nursing & Rehab Center				- 3/25/21	I	
Facility Address/City/State/Zip						
1000 Hillcrest Drive Anita, IA 50020		vv				
Rule or Code Section	Natur	e of Violation			Correction date	
	Resident #1's skin was listed for pressure ulcer The Care Plan dated 2/2 was at risk for pressure documented the resider weekly to observe for recuts, and bruises. The cinterventions for pressure and lacked any updated impairment found. The Admission Nursing documented Resident # The Braden Scale for P dated 3/1/21 scored Redeveloping pressure ulcomes admitted to the facility, I bunion to his left outer fon 2/19/21 at 9:43 AM, up in his electric wheeld three, friendly and coop On 2/19/21 at 7:30 PM had moderate non-pitting the sure of the sure of the skin was at risk for pressure ulcomes.	25/21 documented Resident #1 ulcers related to immobility. It not required a skin inspection edness, open areas, scratches, care plan lacked any re relief devices until 3/10/21 d interventions after skin Assessment dated 2/18/21 f1 had pink intact skin. redicting Pressure Sore Risk sident #1 at a moderate risk for cers. Resident #1 included: staff documented that, he had 2+ edema to his feet, a foot and left sided weakness. staff documented the resident chair, alert and oriented times				

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						_
9078					4/15/2	11
Facility Name:			Survey	Dotoci		
	lursing & Rehab		Survey	Dates.		
Center			3/15/21	- 3/25/21		
Facility Addres	ss/City/State/Zip					
1000 Hillcrest I	Drivo					
Anita, IA 50020	_	vv				
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Rule or				Fine An	nount	Correction
Code	Natur	e of Violation	Class			date
Section						
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1			
		on bunion left foot is red, 2				
	small scabs left great toe 0.2cm each. The physician and family were notified.					
	On 2/25/21 at 5:30 AM staff, documented area to left					
		shearing 2cmx1cm also noted				
		s superficial skin loss shear				
		s cleansed and treatment				
		ed via fax and family notified. on 2/25/21 for these areas				
	only)	on 2/25/21 for these areas				
	• /	1, staff documented an area to				
		0.5cm circular abrasion.				
	Treatment applied and	physician and family notified.				
		staff documented that, a fax				
		received with new orders for				
	his left foot and left elbo notified.	ow. TAR updated and family				
		staff documented no new skin				
	areas noted.					
	On 3/6/21 at 9:00 PM st	taff documented the resident				
		onfusion and not knowing				
	where his wife is. Physi					
		taff documented the resident				
	to feed self or propel se	vith increased lethargy, not able				
		staff documented abrasions to				
		bed. Scab left great toe				
	healed. Callous bunion					
	Physician updated via fa					
		staff documented area right				
	inner buttock healing ar	nd smaller but area to left inner				

Facility Administrator Date

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Citation Numb	er:]			Date:	
9078					4/15/2	1
3070						
Facility Name:			Survey	Dates:		
Caring Acres N Center	lursing & Rehab		2/45/24	- 3/25/21	Ī	
	ss/City/State/Zip		3/13/21	- 3/23/21	<u>l</u>	
1000 Hillcrest I Anita, IA 50020		vv				
Ainta, IA 30020	•					
Rule or				Fine An	nount	Correction
Code	Natur	e of Violation	Class			date
Section						
	buttook much words on	d larger now measuring	1			
		nalodorous exudate. Physician				
	notified via fax. (Skin assessment done on 3/8/21 for					
	these areas only)					
		staff documented resident				
		his bottom. Only eating 25 reatment to bottom done.				
	•	new orders for wound nurse				
	consult.					
		taff, documented resident				
	confused and in bed all	snift. I staff documented resident				
	sent to the hospital for e					
	congested and oxygen					
		Condition Report for the left				
	foot callous documente	a: ned callous on the bunion of his				
	left foot.	ica canous on the barner of the				
		uous, has had for a while.				
		ains dry is now sunken in with				
	no exudate, erythema o	or increased warmtn.				
	The Non-Pressure Skin	Condition Report for the left				
	inner buttock document					
		nts as superficial shear 2cm by				
	1cm with light serous dr	vorse and larger with green				
		cm by 4cm with 2mm depth.				
	On 3/9/21 coccyx is ope	en with maceration noted				
	throughout area pink in	color, resident complaining of				

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Citation Numb	er:]			Date:	
					A /A E /O	.4
9078					4/15/2	n
Facility Name:			Survey	Dates:		
	lursing & Rehab				1	
Center Facility Addres	ss/City/State/Zip		3/15/21	- 3/25/21		
1000 Hillcrest I Anita, IA 50020	_	VV				
Ainta, 1A 30020	,					
Rule or		<u> </u>	Class	Fine An	nount	Correction
Code	Natur	Nature of Violation				date
Section						
	pain to area. Darkened	and white center and				
	maceration of surrounding tissue.					
	On 3/10/21, area to center of coccyx is now open with slough and odor. Area continues to be painful.					
	The clinical record lacks					
II		sessment for the week of				
	2/28/21 for the left foot	and left inner buttock.				
	The ADL Lookback Reg	oort dated 2/18/21 to 3/10/21				
		ad not been turned every 2				
	hours.					
	The facility policy Woun	d Definitions dated 9/18/12				
	documented to measure					
	identification and then v	veekly and to measure ation and then weekly. The				
		and Treatment of Pressure				
	Ulcers dated 9/18/12 do					
		sure a resident who enters the				
	facility without a pressu pressure ulcer unless the	re ulcer does not develop a				
		avoidable. To ensure a resident				
		er receives the necessary				
	treatment and services	to promote healing, prevent				
		dditional pressure ulcers.				
		way to pressure ulcer nt. Pathway to pressure ulcer				
		e. Weekly skin assessment for				
		problems. Weekly pressure				
	ulcer assessment.					
	Procedure: Complete a Braden scale upon					

Facility Administrator Date

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9078					4/15/2	1
Facility Name: Caring Acres Nursing & Rehab Center Facility Address/City/State/Zip				Dates:		
1000 Hillcrest Drive						
Anita, IA 50020		VV				
Rule or Code Section	Naturo	e of Violation	Class	Fine An	nount	Correction date
	quarterly MDS assessmoutlined in the Pathway and Treatment. Docume and assessments. Reviet family and staff. The Emergency Departed documented Resident # unstageable pressure u great toe and right heel and/or deep tissue injury complaining of sacral ulstarted on antibiotics for During an interview on Social Worker at the host passed away at the host swallowing, was NPO, twant to do TPN long ter comfort cares. She added the same from when he room) on 3/10/21 but we the resident was septical were doing vitals every wounds to his bottom, le improve from the sepsis swallow, he continued to morning.	Icers to his sacrum, lateral left due to slough and/or eschar y. The resident presented cer pain. The resident was r sepsis. 3/16/21 at 11:50 AM with the spital, she stated Resident #1 pital this morning. He was not he wife decided she did not				Page 8 of 15

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Date

Citation Numb	er:				Date:	
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Facility Name: Caring Acres Nursing & Rehab Center Facility Address/City/State/Zip			Survey 3/15/21	Dates:		
1000 Hillcrest Drive Anita, IA 50020		VV				
Rule or Code Section	Natur	e of Violation	Class	Fine Amount		Correction date
	Resident #1 the last we 3/7/21. She stated she sout of time so she asked on to do the treatments. When she worked, she wand she had her go with dressing to Resident #1 new skin issues are related follow up on them. During an interview on she stated she saw the during rounds at 5:00 A stated that she did not phim over while Staff C phat Staff C commented Staff C was going to fax. During an interview on Staff C was going to fax. During an interview on Staff C was going to fax. During an interview on Staff C had seen it expected the physician between she had seen it expected to Resident #1's wound do a full assessment wir recall any open areas of	3/16/21 at 2:15 PM with Staff rided the care to Resident #1's ning of 3/7/21. She stated she ecause it was much worse than				

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Facility Administrator

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9078					4/15/2	1
				Data		
	lursing & Rehab		Survey			
Center Facility Address/City/State/Zip			3/15/21	- 3/25/21	l	
1000 Hillcrest Drive Anita, IA 50020		VV				
Rule or Code	Natur	e of Violation	Class	Fine An	nount	Correction date
Section						
	skin assessments.					
	During an interview on :	3/16/21 at 3:25 PM with the				
	Assistant Director of Nursing (ADON), she stated all					
		are on the same pressure facility buys from Medline.				
		lity has not used any air				
	ever.	dents in the last 1-2 months if				
	During an interview on 3	3/17/21 at 11:10 AM with the				
	ADON, she stated the s	kin records in Resident #1's				
		he surveyor was all that he had a Stage 3 pressure ulcer				
	on his buttock sacral are	ea when he discharged to the				
		t she had just been made on of that was				
		she was aware of. She stated				
		of any pressure areas on his when a skin assessment is				
	done it is documented of	on the Skin Condition Report.				
		3/17/21 at 11:33 AM with the				
		#1 he stated that he was the complaint to DIA. He stated				
	that when Resident #1	was brought into the hospital on				
		had were quite extensive and hem while at the facility within				
	2 weeks. He added that	Resident #1 did not admit to				
	the facility with any skin issues on 2/18/21. He stated that after about a week the facility notified him that					
	mai anter about a week	the racinty flotined fillif that	Ш			

Date

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Citation Numb	er:	1			Date:	
9078					4/15/2	1
Facility Name: Caring Acres Nursing & Rehab Center			Survey 3/15/21	Dates:	<u> </u>	
Facility Address/City/State/Zip						
1000 Hillcrest Drive Anita, IA 50020		VV				
Rule or Code Section	Natur	e of Violation	Class	Fine Ar	nount	Correction date
	not report any deterioral before hospitalization. In notified of some scab at never been notified of a physician stated that the avoided if the facility half they would have providevices then what they #1 was admitted to the the cultures of the wour anything. He added tha 3/16/21 from aspiration wounds were a complice. During an interview with PM she stated she updadays of being told about typically update the care changing wounds or preshe was gone during the for Resident #1 but the the care plans but don't 2. According to the qual assessment tool dated 3, hypertension, diabeted atherosclerotic heart distince the resident was severed.	ating factor. In the ADON on 3/24/21 at 2:35 ates care plans within 1 to 2 to changes and that she would be plan with any new or ressure ulcers. She added that the time the wounds got worse charge nurses are to update do it. In the ADON on 3/24/21 at 2:35 ates and 2				

Facility Administrator

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0070					4/15/2	1
9078					.,	
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Center			3/15/21	- 3/25/21	l	
Facility Address/City/State/Zip						
1000 Hillcrest Drive		VV				
Anita, IA 50020)	**				
Rule or				Fine Ar	nount	Correction
Code Section	Nature of Violation		Class			date
00011011			<u>II</u>			J
		mobility, transfers, ambulation,				
	dressing, hygiene and toileting. The MDS documented Resident #2 did not have any pressure ulcers but was					
	at risk for developing pressure ulcers.					
		I/15/20 documented Resident ure ulcers related to immobility.				
	It documented the resid					
	reduction mattress on h	er bed but lacked				
	documentation of an up 3/15/21.	dated intervention until				
	The Braden Scale for P	redicting Pressure Sore Risk				
	dated 2/14/21 scored R developing pressure uld					
	developing pressure did	,e15.				
		Condition Reports for Resident				
	#2 documented: On 1/4/21 she had two	areas to her left lower buttocks				
	1) measuring 1cm by 0.	5cm and 2) measuring 1.25cm				
		an was faxed for a treatment.				
		as assessed as one area m with a green center and very				
		The physician was faxed for a				
	new treatment.					
		as reassessed with the center				
	of the area measuring 1 Stage II.	.7cm by 3cm and is now a				
	The clinical record lacks	ed comprehensive skin				
	assessments for the we	eks 1/17 and 1/24/21.				
	On 1/31/21, the area wa	On 1/31/21, the area was reassessed measuring				

Facility Administrator Date

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9078					4/13/2	
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Facility Address/City/State/Zip			3/13/21	- 3/23/2	•	
1000 Hillcrest Drive						
Anita, IA 50020		VV				
					П	
Rule or Code Nature		e of Violation	Class	l I		Correction date
Section	racai		Oluco			
			1		П	
	1.5cm by 3cm.					
	On 2/5/21, the area was reassessed measuring 1.5cm by 2.5cm with 1mm depth, wound bed closing and no					
	pain.	,				
The clinical record lacke						
		eks of 2/7, 2/14, 2/21 and				
	2/28/21.					
		s reassessed as a Stage II				
measuring 1.5cm by 1ci On 3/15/21, the area wa measuring 1cm by 1cm						
		•				
	inicasaning rom by rom	•				
	During observation of c	ares on 3/17/21 at 1:30 PM,				
		aide Staff F and aide Staff G				
		m. All three staff washed their				
		ns and gloves. The resident				
	verbalized understanding when they told her they needed to do a treatment to her bottom. The aides					
	repositioned the resident onto her side and held her					
	while the nurse completed the cares. The resident's					
		an open area to resident's left				
	-	ved walnut size white circular				
	area with a red open ce	nter. The nurse did not				
		ally noted the red open center				
		ff E completed the treatment				
		r gloves and washed her				
	resident.	pleted the cares with the				
	TOSIGETIL.					
	3. According to the qua	rterly Minimum Data Set (MDS)				
	assessment tool dated 1/20/21 Resident #3 had					

_______Facility Administrator ______ Date

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Citation Number:]			Date:	
9078					4/15/2	11
Facility Name:			Survey	Dates:		
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Center			3/15/21	- 3/25/21	l	
Facility Address/City/State/Zip						
1000 Hillcrest Drive						
Anita, IA 50020		VV				
Rule or Code	Notur	a of Michaelan	Class	Fine An	nount	Correction date
Section	Natur	e of Violation	Class			date
ocotion						
	diagnoses that included	atrial fibrillation, hypertension,				
	renal insufficiency, neurogenic bladder, diabetes,					
		d vascular dementia. The MDS				
		nt was severely impaired for				
cognitive skills. The MD						
required extensive assis		st of 2 staff for bed mobility, Iressing, hygiene, toileting and				
		ithing. The MDS documented				
		ve any pressure ulcers but was				
at risk for developing pr						
		19/20 documented Resident #3				
was at risk for pressure		nt required a pressure reduction				
documented the resider mattress on his bed and						
	mattrood on the bod and	an me wheelenan.				
The Braden Scale for P		redicting Pressure Sore Risk				
dated 1/19/21 scored R						
	developing pressure uld	cers.				
	The Non-Pressure Skin	Condition Reports for Resident				
	#3 documented:	Condition reports for resident				
		e had an open abrasion on his				
	right inner thigh measur					
	On 1/14/21, he had no					
	The clinical record lacks					
		ek of 1/17/21 and 1/24/21.				
	inner buttock measuring	pen area on his right upper				
	On 2//9/21 it documente	ed the area was improving and				
	On 2//9/21 it documented the area was improving and to continue to the treatment. No measurements or					

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9078					4/15/2	1
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Facility Address/City/State/Zip 1000 Hillcrest Drive Anita, IA 50020		vv				
Rule or Code Nature		e of Violation	Class	Fine An	nount	Correction date
	description found		TI TI			
	description found. During an interview with the ADON on 3/15/21 at 1:15 PM, she stated Resident #3 did not have any open wounds or pressure areas. FACILITY RESPONSE:					

Facility Administrator Date