

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

Citation Number: 1014		Date: June 3, 2021		
Facility Name: Southern Hills Specialty Care		Survey Dates: May 5 – 13, 2021		
Facility Address/City/State/Zip 444 North West View Drive Osceola, IA 50213		JM		
Rule or Code Section	Nature of Violation			

58.19(2b)	<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><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)</p> <p>DESCRIPTION:</p> <p>Based on observation, clinical record review and staff and resident interviews, the facility failed to provide necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing for 1 of 1 residents reviewed (Resident #14). The facility reported a census of 85 residents.</p> <p>Findings include:</p>	I	\$4,000	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: 1014				
		Date: June 3, 2021		
Facility Name: Southern Hills Specialty Care		Survey Dates: May 5 – 13, 2021		
Facility Address/City/State/Zip 444 North West View Drive Osceola, IA 50213		JM		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>The Minimum Data Set (MDS) assessment tool defines pressure ulcer stages as follows:</p> <p>Stage I is an intact skin with non-blanchable redness of a localized area usually over a bony prominence. Darkly pigmented skin may not have a visible blanching; in dark skin tones only it may appear with persistent blue or purple hues.</p> <p>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.</p> <p>Stage III Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle is not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling.</p> <p>Stage IV is full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar (dry, black, hard necrotic tissue). May be present on some parts of the wound bed. Often includes undermining and tunneling or eschar.</p> <p>Unstageable Ulcer: inability to see the wound bed.</p> <p>Other staging considerations include:</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: 1014					Date: June 3, 2021
Facility Name: Southern Hills Specialty Care		Survey Dates: May 5 – 13, 2021			
Facility Address/City/State/Zip 444 North West View Drive Osceola, IA 50213		JM			
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date	

	<p>Deep Tissue Pressure Injury (DTPI): Persistent non-blanchable deep red, maroon or purple discoloration. Intact skin with localized area of persistent non-blanchable deep red, maroon, purple discoloration due to damage of underlying soft tissue. This area may be preceded by tissue that is painful, firm, mushy, boggy, warmer or cooler as compared to adjacent tissue. These changes often precede skin color changes and discoloration may appear differently in darkly pigmented skin. This injury results from intense and/or prolonged pressure and shear forces at the bone-muscle interface.</p> <p>According to MDS dated 2/18/21, Resident #14 had diagnoses that included: multiple sclerosis, non-Alzheimer's dementia, diabetes mellitus, neurogenic bladder (urinary catheter dependent), peripheral vascular disease, malnutrition, dependence on wheelchair, and weakness. The MDS documented the resident had the ability to understand others and scored 10 of 15 possible points on the Brief Interview for Mental Status (BIMS) test, which meant the resident demonstrated mild cognitive impairment. The MDS also documented Resident #14 required assist of 2 staff with bed mobility, surface-to-surface transfers, and dressing and required set up assist with eating. The MDS revealed the resident depended on a wheelchair for locomotion, showed impairment on one</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: 1014					Date: June 3, 2021
Facility Name: Southern Hills Specialty Care		Survey Dates: May 5 – 13, 2021			
Facility Address/City/State/Zip 444 North West View Drive Osceola, IA 50213		JM			
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date	

	<p>side of her upper extremities and both sides of her lower extremities, utilized an indwelling, suprapubic urinary catheter for bladder elimination and experienced bowel incontinence. The MDS indicated the resident's weight had remained stable, she had 1 unstageable pressure injury presenting deep tissue injury during the lookback period and the facility had preventative treatments in place. The MDS documented the resident as at a high risk for falls.</p> <p>The Braden Scale (an evidence-based tool that predicts the risk for developing a hospital- or facility-acquired pressure ulcer or injury) dated 2/18/21 deemed the resident as at risk for pressure sores.</p> <p>The Care Plan dated 9/16/20 documented Resident #14 had actual skin impairment (an unstable pressure injury to the left heel). An addendum dated 5/7/21 revealed Resident #14 had a Stage 4 pressure injury to the left heel and directed staff to implement interventions that included:</p> <ul style="list-style-type: none"> a. Provide a new recliner with more padding to the foot rest until Resident #14's daughter can provide more padding to the resident's previous recliner's footrest. b. Apply Alternating Pressure Mattress (APP) mattress to bed (completed 2/16/21) c. Provide a body pillow for positioning in bed 				
--	---	--	--	--	--

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: 1014		Date: June 3, 2021		
Facility Name: Southern Hills Specialty Care		Survey Dates: May 5 – 13, 2021		
Facility Address/City/State/Zip 444 North West View Drive Osceola, IA 50213		JM		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>d. Educate Resident #14, their caregivers, and family of causative factors and measures to prevent skin injury</p> <p>e. Encourage the resident to maintain good nutrition and hydration to promote healthier skin</p> <p>f. Apply Equagel cushion to wheelchair (completed 2/16/21)</p> <p>g. Float the resident's heels elevate the heels to position them in such a way as to remove all contact between the heel and the bed or recliner) with a pillow when they rest in the recliner and in the bed (added 11/9/20).</p> <p>h. Follow E-TAR (Electronic Treatment Administration Record) for blister to right thigh (added 6/8/20) and treatment (added 12/1/2020).</p> <p>i. Apply a foot cradle (a frame that is installed at the foot of the bed to keep sheets/blankets off legs/feet to help with air circulation, sensitive skin, and keeping skin dry, especially if for a resident lying in bed for long periods of time.) to the bed.</p> <p>j. Apply heel cushion to wheelchair pedals.</p> <p>k. Provide the blue pillow under the resident's heels when in wheelchair</p> <p>The Braden Scale for Predicting Pressure Sore Risk dated 2/18/21 revealed Resident #14 scored 16 points which indicated a risk of pressure sore development.</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: 1014					Date: June 3, 2021
Facility Name: Southern Hills Specialty Care		Survey Dates: May 5 – 13, 2021			
Facility Address/City/State/Zip 444 North West View Drive Osceola, IA 50213		JM			
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date	

	<p>A Pressure Injury Evaluation dated 2/22/21 documented a Stage II wound to Resident #14's left heel.</p> <p>A Pressure Injury Evaluation dated 5/7/21 documented a Stage IV wound to Resident #14's left heel that measured 3 centimeters (cm) in length; 3 cm in width; 2.5 cm in depth with tunneling present and large amounts of odorous purulent drainage.</p> <p>The Treatment Administration Record (TAR) dated 2/1/21-2/28/21 directed staff to complete a pressure skin evaluation for the resident's her left heel every Monday</p> <p>The TAR dated 3/1/21-3/31/21 directed staff to complete a pressure skin evaluation with regard to the resident's left heel every Monday starting 9/21/20 and ending 3/1/21. Review of the documentation on the TAR revealed no assessments documented regarding the left after 3/1/21.</p> <p>The TAR dated 3/1/21-3/31/21 directed staff to apply Cavilon to bilateral heels to prevent breakdown twice daily starting 11/11/20. Review of the documentation from 3/1/21 to 3/31/21 revealed 9 instances when the TAR failed to contain documentation to show that staff completed the treatment as ordered.</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: 1014					Date: June 3, 2021
Facility Name: Southern Hills Specialty Care		Survey Dates: May 5 – 13, 2021			
Facility Address/City/State/Zip 444 North West View Drive Osceola, IA 50213		JM			
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date	

	<p>Observation on 5/5/21 at 12:57 p.m. revealed Resident #14 sat in a recliner with her eyes closed with her feet resting on pillows rather than arranged in a manner to float heels as directed on the Care Plan.</p> <p>An observation on 5/10/21 at 10:30 a.m. revealed the foot cradle placed in an incorrect manner below Resident #14 legs while her heels touched the bed. The wound on her left did not contain the dressing the physician had ordered and the wound drainage had had saturated the bed sheets.</p> <p>An observation on 5/11/21 at 9:04 a.m. revealed Resident #14 sat in a wheelchair and ate breakfast. Closer observation showed her heels rested on the properly positioned heel cushion, but the blue pillow sat in a chair next to her bed rather than under her heels as directed by the Care Plan.</p> <p>Observation on 5/12/21 at 11:00 a.m. revealed Resident #14 sat in a wheelchair, with the foot cushion in place on foot rests and the blue pillow in a chair next to the bed.</p> <p>During an interview on 5/10/21 at 10:45 a.m. with DON reported she discovered Resident #14 had a Stage IV pressure ulcer on her left heel and notified the physician who ordered lab work, a wound culture, oral antibiotics, wet to dry dressing changes to the left heel twice daily and directed staff to float the resident's</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: 1014					Date: June 3, 2021
Facility Name: Southern Hills Specialty Care		Survey Dates: May 5 – 13, 2021			
Facility Address/City/State/Zip 444 North West View Drive Osceola, IA 50213		JM			
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date	

	<p>heels. The DON added the resident had a history of a pressure ulcer in the same location in September of 2020.</p> <p>During an interview on 5/11/21 at 9:04 a.m., Resident #14 denied staff applied the daily lower extremity lotions or ointment to her legs or heels. The resident commented the only person that had applied any type of lotion was her daughter, but she had not seen her since prior to the COVID-19 lockdown.</p> <p>During an interview on 5/12/21 at 10:12 a.m., the DON reported staff routinely completed skin assessments, but could not verify whether or not staff included the heels in their assessments. The DON stated the resident's mattress was based on weight but did not know what a setting of 2 meant. During the interview, she reviewed the interventions on the care plan and stated she did not routinely complete audits to check if staff followed all of the interventions and had not been aware they weren't using the blue pillow. She stated the education to staff regarding the interventions was verbal and she did not have documentation that verified when or to whom it had been provided.</p> <p>During an interview on 5/12/21 at 10:45 a.m., the DON reported the mattress in use for Resident #14 was a PressureGuard Easy Air XL mattress rather than an APP mattress. She stated staff placed the mattress on the most comfortable setting for the resident and</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: 1014					Date: June 3, 2021
Facility Name: Southern Hills Specialty Care		Survey Dates: May 5 – 13, 2021			
Facility Address/City/State/Zip 444 North West View Drive Osceola, IA 50213		JM			
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date	

	<p>confirmed the PressureGuard Easy Air XL was not a mattress that alternated pressure as the Care Plan specifically directed.</p> <p>During an interview on 5/12/21 at 11:45 a.m. with Staff F, Certified Med Aide (CMA) revealed she often showered Resident #14 and she had notified nursing staff approximately a month ago that Resident #14 had a red spot on her left heel. She demonstrated the use of the shower chair used and showed how she could easily view a resident's heels. Staff F said she was "not surprised to learn Resident #14 developed another pressure ulcer. I have found her without her heels floated multiple times" and opined, "with the facility as short staffed as we have been, staff does not slow down and provide cares like they should."</p> <p>A facility policy titled, "Assessments-Residents at Risk" dated January 2015 documented its purpose as follows: to identify at-risk individuals needing preventative interventions and the specific factors placing them at risk, to provide a supportive care prior to need, and to minimize skin problems. The policy directed staff to:</p> <p>a. Complete the Braden Scale quarterly and with a change in the resident's condition. b. Utilize and complete the MDS Assessment according to guidelines to identify residents at risk</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: 1014		Date: June 3, 2021		
Facility Name: Southern Hills Specialty Care		Survey Dates: May 5 – 13, 2021		
Facility Address/City/State/Zip 444 North West View Drive Osceola, IA 50213		JM		
Rule or Code Section	Nature of Violation			

	<p>c. Establish a plan of care to minimize risks and initiate interventions.</p> <p>d. Keep the resident's family/physician informed of findings and status of skin.</p> <p>e. Reevaluate the resident periodically for effectiveness and alter plan of care according to need.</p> <p>f. Document the use of protective measures according to facility policy</p> <p>The policy directed staff to include the following information and activities in the Care Planning Process:</p> <p>a. Identify the problem and include the diagnosis, pre-existing conditions, nutrition, and past history of ulcers.</p> <p>b. Establish goals with resident input.</p> <p>c. Develop approaches and identify disciplines responsible for completion</p> <p>d. Review the problem daily at the QA meeting</p> <p>e. Provide information to assure staff are aware of preventative measures.</p> <p>An undated guide PressureGuard Easy Air XL documented the design of the mattress was intended to provide a high level of comfort, but did not contain any information to indicate the mattress had the alternating pressure ability as directed on Resident #14's care plan. The Director of Nursing (DON) verified Resident #14's room contained this bed for her to sleep in rather than the alternating pressure mattress.</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: 1014					Date: June 3, 2021
Facility Name: Southern Hills Specialty Care		Survey Dates: May 5 – 13, 2021			
Facility Address/City/State/Zip 444 North West View Drive Osceola, IA 50213		JM			
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date	

	FACILITY RESPONSE:				
--	---------------------------	--	--	--	--

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: 1014					Date: June 3, 2021
Facility Name: Southern Hills Specialty Care		Survey Dates: May 5 – 13, 2021			
Facility Address/City/State/Zip 444 North West View Drive Osceola, IA 50213					
		JM			
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).