

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

Number FC# 3608		Amended 2/19/08		Report date February 14, 2007	
Facility name Indian Hills Nursing & Rehab		Survey date(s) January 22-26, 2007			
Facility address 1800 Indian Hills Drive		Surveyor(s) Alice Linden RN, HFS; Lisa McNelly, RN, HFS; Nancy Bose RN, HFS; Peggy Gilmore RN, HFS; Philip Marburger, RN, HFS			
City Sioux City, IA 51104		vc			
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date	
58.19(2)b	<p>58.19(135C) Required nursing services for residents. The program plan for nursing care facilities shall have the following required nursing services under the twenty-four-hour direction of qualified nurses with ancillary coverage as set forth in these rules: 58.19(2) Medication and treatment. b. Decubitus care;</p> <p>DESCRIPTION:</p> <p>Based on observation, record review, and interviews, the facility failed to prevent the occurrence of pressure sores and failed to provide timely treatment of pressure sores for 1 of 6 residents reviewed during the annual survey (Residents #17). The facility identified a census of 107.</p> <p>Findings include:</p> <p>1. According to the Medication Administration Record (MAR) dated 1/16/07, Resident #17 had an admission date of 1/16/07 with diagnoses that included hypertension, cerebrovascular accident, and Diabetes. The Resident Assessment-Data Collection Form/Initial Care Plan dated 1/16/07 documented the resident required the assistance of two people with transfers, as non-ambulatory and required assistance with personal hygiene. The skin condition assessment documented the resident's thighs as intact.</p> <p>An observation on 1/24/07 at 11:35 a.m. revealed Staff I (certified nursing assistant or CNA) positioned Resident #17 on their left side, and checked the catheter tubing for drainage. Observation revealed the catheter tubing lying across the resident's left thigh with out the benefit of a catheter strap. Observation revealed two dark reddened areas under the catheter tubing; one area appeared approximately 3 centimeters (cm) in size with a black</p>	II	\$325.00	Upon Receipt	

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	<p>scabbed area in the center and one approximately 1 cm in size.</p> <p>On 1/25/07 at 9:50 a.m., observation revealed Staff B, a certified nurse aide (CNA), and Staff C, licensed practical nurse, (LPN) providing incontinence care. Observation revealed the catheter tubing lying across the resident's left thigh without a catheter strap in place and the two deep red areas remained.</p> <p>According to documentation on the Non-Pressure Skin Condition Report, dated 1/22/07, the resident had a 2.5 cm by 1.0 cm unopened, red area to the left mid thigh.</p> <p>Nurse's Notes dated 1/22/07 11:55 p.m. documented the left mid thigh had a 2.5 cm by 1.0 cm red area, not open, no drainage, and appeared in line with Foley catheter tubing. Staff moved the tubing and placed it in a Velcro holder for secure placement.</p> <p>Review of the resident's Treatment Records revealed no treatment to the left thigh reddened areas. Review of the resident's clinical record revealed no further documentation of the left thigh reddened area or assessment of a second reddened area.</p> <p>Clinical record review revealed a facsimile to the physician dated 1/22/07 that documented the resident with a 2.5 cm by 1.0 cm red area to the mid thigh, not open possibly do to the catheter tubing lying on the area. The physician returned the facsimile with no new orders.</p> <p>On 1/25/07 at 11:20 a.m., the Acting Director of Nurse's concurred with the findings and stated she would expect the staff to initiate a treatment and re-notify the physician. She stated the facility has a protocol sheet located in the treatment book. The Clinical Practice Quick Reference Guide directed: Stage 1 reddened area, protect and</p>				

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	<p>remove the cause, if caused by pressure. Apply OpSite (every 3-5 days and as needed) or Skin Prep (every day and as needed).</p> <p>On 1/25/07 at approximately 11:50 a.m., the Acting Director of Nurses measured the areas to the left mid thigh and stated she changed the measurement of the left thigh from the Non-Pressure Skin Condition Report sheet to the Weekly Pressure Ulcer Healing Record.</p> <p>The Weekly Pressure Ulcer Healing Record dated 1/25/07 completed by the Acting Director of Nurses documented:</p> <p>a. #1 measures 2.0 centimeters by 1.0 centimeters pink/beefy red, with hardness/induration.</p> <p>b. #2 measures 1.0 centimeter by 0.4 centimeters pink/beefy red with hardness/induration.</p> <p>The Acting Director of Nurse's then initiated a treatment to the left thigh on the Treatment Record.</p>				

Facility Administrator _____

Date _____

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	FACILITY RESPONSE:				