# Iowa Department of Inspections and Appeals
# Health Facilities Division
# Adult Services Civil Penalty Citation

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| **Date:** April 12, 2024 |
| **Program Name**: Summit Pointe Senior Living Community (ALPD) |
| **Address:** 3505 English Glen Drive Marion, IA 52302 |
| **Type of Action:** 118017-C |
| **Date(s) of Action**: 1/10/24 – 1/25/24 |
| **Citation #:** 10294 |

| State Rule # | State Rule | Amount of Civil Penalty |
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| **67.5(2)f(4)** | 67.5(2) Each program shall follow its own written medication policy, which shall include the following:<br><br>f. When medications are administered traditionally by the program:<br>(4) Medications and treatments shall be administered as prescribed by the tenant's physician, advanced registered nurse practitioner or physician assistant.<br><br>Based on interview and record review the Program failed to ensure treatments were completed as ordered for 1 of 1 tenants reviewed who required ongoing wound care resulting in hospitalization (Tenant #1). Findings include:<br><br>Review of an Incident Report Form dated 1/5/24 indicated at 7:30 a.m. staff went into Tenant #1's apartment and found her standing between the closet and bed wearing a bra and pants. Her bra was saturated with blood. Staff called for assistance. Tenant #1 was sent to the hospital via ambulance.<br><br>Hospital records indicated Tenant #1 was admitted on 1/5/24. Her final diagnoses included abscess of the breast and nipple, acute post hemorrhagic anemia, hydronephrosis, long term use of anticoagulants, obesity, hypotension, Alzheimer's disease and dementia. The records indicated Tenant #1 was bleeding from a surgical wound. She'd had a debridement and removal of the right areola on 12/20/23. On 1/5/24 she was found bleeding heavily. It was noted she was prescribed Xarelto. She was evaluated and was actively bleeding from a small area of debrided breast tissue. She was noted to have several wounds that appeared infected, one was under her right breast and the other on her right elbow. The wounds were foul smelling and had purulent drainage. Broad spectrum antibiotics were started. Upon assessment bandages were applied to the right elbow and right knee. There was a moderate amount of bloody discharge on the breast. The gauze was held up by a bra. There was also an unstageable wound to the left inner knee. An ultrasound was completed that showed severe bilateral hydronephrosis. The physical examination indicated a surgical defect in the right breast that was about the size of a golf ball in diameter. The ulcer bed was necrotic and was dark red. Discharge diagnosis and Hospital Problems included cellulitis of right breast, abscess of the right breast, normocytic anemia, Alzheimer's dementia, other | **$6000.00** |

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| | hydronephrosis, obesity and hypotension. The date of discharge was 1/11/24.<br><br>Tenant #1 was admitted to the Program on 12/14/23 from a skilled nursing facility (SNF). A Follow Up/Discharge Summary Note dated 12/14/23 from the SNF indicated she was admitted on 11/14/23 from the hospital to skilled care for weakness, rhabdomyolysis, wound care and major neurocognitive disorder. Prior to hospitalization the tenant had been found on the floor lying on her right side with pressure wounds to the right leg, right anterior and posterior breast, left ankle and left arm. She had a surgical debridement on 11/28/23 and had been going to the wound clinic weekly since admission to the SNF. Tenant #1 had increased drainage from the right posterior breast wound and was positive for pseudomonas. She was scheduled for surgery on 12/20/23 and had dressing changes daily. The summary provided her medications at time of discharge and orders to follow up with her primary care provider in one to two weeks. She was to continue current medications and wound cares as ordered by the advanced registered nurse practitioner (ARNP) at the wound clinic.<br><br>The wound care orders from the clinic were not obtained by the Program until 12/27/23 (noted on 12/28/23) and 12/29/23, which was more than two weeks after admission<br><br>The December 2023 treatment administration records (TARs) reflected orders from a SNF Order Summary Report dated 12/6/23, which was eight days prior to discharge and were not the most current wound clinic orders.<br><br>Record review revealed Tenant #1 had a surgical procedure (debridement of breast wounds) on 12/20/23. New wound care instructions per the ARNP at the wound clinic were to pack daily with Kerlix and cover with Silvadene for now. It also indicated to follow up with the ARNP at the wound clinic in three to five days. Review of Tenant #1's file revealed a follow up was not completed with the ARNP at the wound clinic three to five days post-surgical debridement as ordered.<br><br>December 2023 and January 2024 TARs reflected the following orders post-surgical debridement on 12/20/23 until Tenant #1's hospitalization on 1/5/24:<br>a. Mepilex AG External Pad 4 x 4, apply to left knee topically every four hours as needed for wound. It was started on 12/15/23 and discontinued on 1/8/24. This order reflected on the TAR was not the order for the knee wound reflected on the wound clinic orders obtained on 12/27/23 and 12/29/23. Once the orders were received in late December 2023 the TAR was not updated to reflect the orders received.<br>b. Silver Sulfadiazine external cream 1%, apply to right arm topically, every day shift for wound treatment. The start date was 12/15/23 and the discontinue date was 12/22/23. It was restarted on 12/23/23 until 1/8/24. It was ordered to be completed daily on day shift and in January was only documented as completed on 1/2/24 and 1/4/24. | |

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| | c. Pack the affected wound on breast (right) two areas daily with Kerlix and cover with Silvadene. It was started on 12/21/23 and was discontinued on 12/22/23. There were no other orders reflected on the December or January TAR for the right breast wound after the surgical debridement (12/20) until the time of her hospitalization on 1/5/24. As a result there were no documented entries related to breast wound treatment completed by Program staff during the week of 12/26/23 to 12/29/23 or from 1/2/24 to the time of her hospitalization on 1/5/24.<br><br>A review of emails between 12/21/23 and 12/29/23 revealed Outside Agency #1 would come to the Program and complete wound care for Tenant #1 on weekends and holidays. Program staff would complete cares during the week.<br><br>A Skilled Nursing Visit Note dated 12/25/23 from Outside Agency #1 indicated wound care was to the right elbow, right anterior breast and right posterior breast. The wounds were cleansed with normal saline, the right elbow had a small amount of serous drainage. The right anterior breast had a large amount of bloody drainage. The previous dressing had been removed by Tenant #1 prior to the visit. Yellow drainage was noted with a moderate odor. Wounds were packed with Kerlix, covered with Silvadene cream and taped in place. It was noted Tenant #1 was wearing the same clothing from the visit on 12/23/23. She was assisted with changing her clothes. The knee wound was not indicated on the Skilled Nursing Visit Note. A Skilled Nursing Visit Note from Outside Agency #1 dated 12/30/23 indicated the wounds were located on the right elbow and right anterior and posterior breast. All wounds were cleansed with normal saline. The right anterior and posterior breast wounds had 80% granulation and 20% slough. Wounds were packed with Kerlix and covered with Silvadene cream and taped into place. The right elbow was dry and scabbed over. All prior dressings were removed by Tenant #1 prior the visit. An odor was noted to the breast wounds. It was noted as difficult to determine if it was both or either breast wounds. The knee wound was not indicated on the Skilled Nursing Visit Note.<br><br>A review of progress notes (1/11/24 - 1/15/24) revealed the following:<br>a. On 1/11/24 the nurse spoke with a staff at the hospital and the plan was for Tenant #1 to return with a home healthcare agency (Outside Agency #2) to follow for all wound cares needs for the wound vac. On 1/11/24 Tenant #1 returned to the Program with a wound vac to her right breast. It was noted the wound vac was draining well and the canister was almost full. Tenant #1 had been observed by staff attempting to remove bandages and wound vac.<br>b. On 1/11/24 Tenant #1 pulled off her wound vac tubing. The wound was covered with saline soaked in gauze and ABD and taped. It was noted the wound was not actively draining. Outside Agency #2 services would start in the morning.<br>c. On 1/12/24 it was noted Outside Agency #2 would manage and care for all wound vac needs and the right elbow and left knee wound on Monday, Wednesday and Friday. Outside Agency #1 would manage all of the other days (Tuesdays, Thursdays, Saturdays and Sundays) for the right elbow and left knee wound. | |

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| | d. On 1/12/24 Tenant #1 pulled the sponge and tubing off the right front and center breast wound. The nurse applied dampened gauze with saline and covered with ABD and taped.<br>e. On 1/15/24 an email was received from Outside Agency #1 on 1/12/24 that they were not available for weekend wound management. Tenant #1's elbow and knee wounds were not treated over the weekend.<br>f. On 1/15/24 Tenant #1 removed the entire wound vac sponge and dressing from her breast. A call was placed to the Outside Agency #2 nurse on-call. Saline dampened gauze was placed to cover the wound until the Outside Agency #2 nurse arrived. A call was received from Outside Agency #2 and they instructed them to complete a wet to dry dressing and they would be out the next day to fix the wound vac.<br><br>Tenant #1's January 2024 TAR post hospitalization indicated orders for treatment to the right arm. It did not include orders for the knee treatment. The TAR indicated a start date of 1/13/24 and discontinue date of 1/16/24 (the date of the wound clinic visit). It indicated Outside Agency #1 and Outside Agency #2 managed the wounds, even though 2 of those days were Saturday and Sunday and Outside Agency did not come out on weekends. There were no staff documented entries for completion of the treatments on those two days.<br><br>Progress notes (1/16/23 - 1/19/23) revealed Tenant #1 was seen at the wound clinic on 1/16/23. She returned with new orders for wound treatments. On 1/18/23 the tenant was accepted to a long term care facility for wound management. The tenant was discharged from the Program on 1/19/23.<br><br>When interviewed on 1/25/24 at 10:39 a.m. the Home Care Nurse with Outside Agency #1 said she was initially told their services would be needed daily. The Program was trying to obtain home health services. On 12/26/23 the Program nursing staff started doing the tenant's cares during the week and Outside Agency #1 did cares on weekends and holidays. Every time she did wound care Tenant #1's shirt and bra were soiled with drainage and she assisted her with changing. On 12/25/23 she was wearing the same clothes she was wearing on 12/23/23. She noticed much more of an odor from one weekend to the next with minimal improvement. The elbow wound had no dressing on it and it looked like it had been that way for several days. It was dry and crusted. The breast wounds did not have dressing on but due to Tenant #1's cognition she could have removed them. When Tenant #1 returned from the hospital the Program wanted Outside Agency #1 to continue to work with the tenant. Due to staffing changes they could only work with the tenant on Tuesdays and Thursdays but no longer on weekends. This was emailed several times to the Program but it was never acknowledged. After the hospitalization a home health agency became involved to complete the wound vac treatments.<br><br>On 1/25/24 at 1:06 p.m. the Director of Nursing (DON) said the plan at admission for Tenant #1 was to have home health and family | |

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| | manage her wounds. She was not really involved in Tenant #1's cares but knew Outside Agency #2 did the wound vac cares when they were there. Regarding documentation of wound treatments, she stated if it was not signed off on the TAR by staff, then it was not done.<br><br>When interviewed on 1/25/24 at 2:00 p.m. and 3:28 p.m. Nurse #1 stated from admission to the Program to the surgical debridement the tenant had three wounds. Direct care staff treated her wounds. After the surgical debridement orders were received to pack the breast wound with Kerlix and cover with Silvadene. There were no changes to the other wounds. When the tenant returned from the surgical debridement Outside Agency #1 became involved. Outside Agency #1 was on board for daily wound care seven days per week and Nurse #1 tried to help find a home health agency. She was not able to get a home health agency prior to Tenant #1's hospitalization (1/5/24). If staff assisted with Tenant #1's wound they would have signed it off on the TAR. When Tenant #1 came back from the hospital, Outside Agency #2 was in place for wound care Mondays, Wednesdays and Fridays. They treated the three wounds and then Outside Agency #1 treated the wounds on Tuesdays, Thursdays and weekends. On Monday (1/15/24) she saw an email from Outside Agency #1 that there would be no weekend coverage for Tenant #1's wounds. There were no orders for staff to complete it and the elbow and knee wound treatments were not completed. She was not made aware by anyone prior to the weekend that there would be no one coming to do wound care. She confirmed all TARs, orders and information related to the Tenant #1's wounds were provided.<br><br>In summary, Tenant #1 was admitted to the ALP/D Program on 12/14/23. The discharge summary from the SNF indicated to follow orders from the ARNP at the wound clinic. Those orders were not requested by the Program at the time of Tenant #1's admission and were not requested until 12/27/23 and again on 12/29/23. The knee wound order that was reflected on the December 2023 TAR and completed from admission 12/14/23, until hospitalization on 1/5/24, was not a current order from the wound clinic. Treatments were not always documented on the TARs as completed by Program staff, nor were the correct treatments always listed on the TARs. Post-surgical debridement orders were received to pack the breast wound with Kerlix and cover with Silvadene and all wound care as ordered per the ARNP. There was one entry documented of the packing of the right breast wound on 12/21/23. There were no other documented entries by Program staff of the completion of the breast wound for December 2023 to the time of her hospitalization on 1/5/24. It was also noted to follow up the ARNP at the wound clinic in three to five days. No documentation was completed regarding the follow up with the ARNP at the wound clinic. On 12/26/23 nursing staff at the Program indicated via email they would complete the dressing change during the week when a nurse was onsite and the Outside Agency #1 staff would complete it on weekends and holidays. Outside Agency #1 staff completed dressing changes on 12/30/23, 12/31/23 and 1/1/24. There were no documented entries related to Tenant #1's breast wound as completed by Program staff during the week of | |

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| | 12/26/23 to 12/29/23 or from 1/2/24 to the time of her hospitalization on 1/5/24. | |
| **67.9(4)d** | 67.9(4) Nurse delegation procedures. The program's registered nurse shall ensure certified and noncertified staff are competent to meet the individual needs of tenants. Nurse delegation shall, at a minimum, include the following:<br><br>d. Certified and noncertified staff shall receive training regarding service plan tasks (e.g., wound care, pain management, rehabilitation needs and hospice care) in accordance with medical or nursing directives and the acuity of the tenants' health, cognitive or functional status.<br><br>Based on interview and record review the Program failed to provide nurse delegated training for 2 of 2 noncertified staff reviewed who assisted with wound care (Staff B and Staff C). Findings follow:<br><br>1. Review of Tenant #1's file from 1/11/24 to 1/17/24 revealed the December 2023 and January 2024 treatment administration records (TARs) revealed the following orders for wound care:<br>a. Silver Sulfadiazine external cream 1%, applied to right breast topically, every day shift for wound treatment. Remove old dressing, cleanse area with normal saline and pat dry. Apply silver Sulfadiazine to wound beds, cover with ABD pad and tape. The start date was 12/15/23 and the discontinuation date was 12/22/23. Staff B documented the treatment was completed on 12/15/23, 12/18/23, 12/19/23, 12/21/23. Staff C documented it was completed on 12/16/23 and 12/17/23.<br>b. Mepilex AG External Pad 4 x 4, apply to left knee topically every five days on day shift. Remove dressing, cleanse wound with normal saline, and gauze and cover with Mepilex every five days. It was started on 12/15/23 and discontinued on 1/8/24. Staff B documented it as completed on 12/15/23 and 12/25/23 and Staff C documented it as completed on 12/30/23. In January it was documented as completed by Staff B on 1/4/24.<br>c. Silver Sulfadiazine external cream 1%, apply to right arm topically, every day shift for wound treatment. Remove old dressing, cleanse area with normal saline and pat dry. Apply silver Sulfadiazine to wound beds, cover with ABD pad and tape. The start date was 12/15/23 and the discontinuation date was 12/22/23. It was restarted on 12/23/23 to 1/8/24. Staff B documented the treatment was completed on 12/15/23, 12/18/23, 12/19/23, 12/21/23, 12/25/23, 12/26/23, 12/27/23, 12/28/23 and 12/29/23. Staff C documented it was completed on 12/16/23, 12/17/23, 12/23/23, 12/24/23 and 12/30/23. In January 2024 it was documented as completed by Staff B on 1/2/24 and 1/4/24.<br><br>2. When interviewed on 1/16/24 at 1:26 p.m. Staff B said Tenant #1 had elbow and knee wounds and the treatment included Silvadene, | |

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| | covered with gauze and taped daily. The knee had a different pad. Home health did the dressing to her breast. The nurses did it for a few days and she assisted them. A home health agency took over the management of the wounds.<br><br>3. Review of Staff B's training documents on 1/17/24 revealed nurse delegation training was most recently completed on 9/19/23 and 9/20/23. Staff B was an uncertified staff and did not have delegation training related to wound care.<br><br>Review of Staff C's training documents on 1/17/24 revealed nurse delegation training was most recently completed on 6/4/23. Staff C was an uncertified staff and did not have delegation training related to wound care.<br><br>4. When interviewed on 1/25/24 at 1:06 p.m. Director of Nursing confirmed all delegation training was provided for the staff reviewed.<br><br>5. When interviewed on 1/25/24 at 11:27 a.m. the Executive Director confirmed all nurse delegation training was provided for staff reviewed. | |