

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/23/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 166334	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/12/2021
NAME OF PROVIDER OR SUPPLIER GUTTENBERG CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1316 ACRE STREET GUTTENBERG, IA 52052		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	<p>INITIAL COMMENTS</p> <p>Amended following IDR, April 23, 2021</p> <p>Correction Date <u>3/9/21</u></p> <p>The following deficiency relates to the investigation of Complaints #89725, #94658, #94709, and #95122 and Facility Reported Incidents #93733, and #94818.</p> <p>Complaint #89725-C was not substantiated.</p> <p>Facility Reported Incident #93733-I was substantiated.</p> <p>Complaint #94658-C was not substantiated.</p> <p>Complaint #94709-C was not substantiated.</p> <p>Facility Reported Incident #94818-I was not substantiated.</p> <p>Complaint #95122-C was not substantiated.</p> <p>See Code of Federal Regulations (42CFR) Part 483, Subpart B-C.</p>	F 000			
F 686 SS=D	<p>Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii)</p> <p>§483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that-</p> <p>(i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and</p>	F 686			3/9/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

02/19/2021

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that the safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 686	<p>Continued From page 1</p> <p>(ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, clinical record review, staff, resident and physician interviews and facility policy review, the facility failed to ensure residents with pressures sores received the necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing for 3 of 3 sampled (Resident #4, #5 and #6). The facility reported a census of 29.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) assessment identified the following pressure ulcer definitions:</p> <p>a. 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>b. Unstageable Ulcer: inability to see the wound bed.</p> <p>1. The MDS assessment dated 12/7/10 indicated Resident #4 had diagnoses of Parkinson's disease and peripheral vascular disease. Resident #4 required extensive assistance of 2 staff with bed mobility, transfers and ambulation in his room. Resident #4 had a risk for pressure ulcers and not on turning and repositioning program. Resident #4 admitted to the facility on</p>			F 686			

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F 686	<p>Continued From page 2 8/4/15.</p> <p>The Brief Interview for Mental Status sheet dated 1/8/21 revealed Resident #4 scored a 15, indicating no cognitive impairments.</p> <p>The Care Plan documented Resident #4 had a risk for pressure ulcers and had diagnoses of peripheral vascular disease, edema of lower extremities, chronic or stasis dermatitis, ulcers, obesity with large skin folds and a history of pilonidal cyst on buttock. The Care Plan directed staff to observe for skin impairments when assisting with my activities of daily living, prefers to sleep in recliner, independent with chair mobility and able to elevate and lower legs, encourage to elevate legs throughout day due to edema, and pressure reduction pad in recliner.</p> <p>The Braden Scale for Predicting Pressure Sore Risk sheet dated 8/4/15 revealed Resident #4 at risk for developing pressure sores.</p> <p>A Physician/Nursing Communication sheet dated 11/6/20 revealed the staff notified the Physician of Resident #4's new Stage II pressure sore to the coccyx that measured 2.0 centimeters (cm) by 0.2 cm without odor or drainage and a little red with surrounding excoriation. The Physician responded on 11/9/20 at 4:14 p.m. with an order for a Mepilex dressing and change every three days and as needed.</p> <p>An Order Entry sheet dated 11/20/20 at 9:00 p.m., revealed an order to measure the area on Resident #4's coccyx weekly until healed.</p> <p>The Progress Notes revealed the following:</p>	F 686			

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F 686	<p>Continued From page 3</p> <p>a. On 11/16/20 at 10:53 a.m., treatment held due to a new treatment pad placement on 11/15/20 which had been still in place.</p> <p>b. On 11/20/20 at 6:41 a.m., the affected area dark pink and fragile skin with the treatment pad placement. The note failed to include the stage, size, depth, drainage, odor and the condition of the surrounding skin.</p> <p>c. On 11/20/20 at 8:59 p.m., new order to measure the area on the coccyx/sacral area weekly until healed every Friday. The resident had been sleeping so measurement held until tomorrow.</p> <p>d. On 12/5/20 at 10:39 a.m., new order to measure area on the coccyx weekly on Saturday.</p> <p>An Order Entry sheet dated 11/20/20 at 9:00 p.m., revealed an order to measure the area on Resident #4's coccyx weekly until healed.</p> <p>During an observation 1/8/21 at 4:00 p.m., the Assistant Director of Nursing (ADON) assessed Resident #4's coccyx. The ADON confirmed Resident #4 had an open area. The area had a red color and a small amount of sanguineous drainage. Resident #4 denied any pain.</p> <p>According to a Weekly Pressure Ulcer Progress Report form dated 1/8/21 Resident #4 had a Stage II pressure area on the coccyx measuring 0.4 cm by 0.6 cm with superficial depth, no tunneling or odor and red in color. An entry on 1/11/21 documented the area as healed.</p> <p>The facility lacked thorough assessments of the Stage II pressure area from 11/6/20 to 1/8/21.</p>	F 686			

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F 686	<p>Continued From page 4</p> <p>2. The MDS assessment dated 12/10/20 documented Resident #5 had diagnoses of cerebrovascular accident, hemiplegia, Parkinson's disease, schizophrenia, diabetes, and pain. Resident #5 required assistance of 2 staff with bed mobility and transfers but non-ambulatory. Resident #5 at risk for pressure sores and no turning/repositioning program. Resident #5 admitted to the facility on 8/21/19.</p> <p>A MDS 3.0 Resident Interview sheet dated 1/8/21 revealed Resident #5 scored a 14, indicating intact cognition.</p> <p>The Care Plan documented Resident #5 had a potential for pressure ulcer development and other skin impairments related to impaired mobility, incontinence and obesity. Resident #5 had a pressure ulcer on her coccyx on admission and currently had a Stage I pressure ulcer on her left heel and now a stage II. The Care Plan directed the staff to provide extensive assistance with 1 to 2 staff to turn and reposition in bed, prefers to face the wall in bed or on back, use pillows for positioning, requests frequent position changes at night, likes left side or back, utilize a pressure reduction mattress on bed and ROHO cushion on wheelchair, now utilizes an air mattress since developed ulcer on left heel, and utilize bunny boots to both feet.</p> <p>A Braden Scale for Predicting Pressure Sore Risk sheet dated 1/7/21 documented Resident #5 had a moderate risk for pressure ulcers.</p> <p>A Weekly Pressure Ulcer Progress Report sheet documented the staff noted on 12/10/20 an unstageable pressure area to Resident #6's left</p>	F 686			

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F 686	<p>Continued From page 5</p> <p>heel. The area measured 3 cm, round, and boggy. The staff notified the Physician of the area. The form lacked assessments of the area from 12/10/20 to 1/7/21. On 1/7/21, the unstageable area measured 5 cm by 3.5 cm and had a black color. The staff notified the Physician.</p> <p>The Progress Notes revealed the following:</p> <p>a. On 12/10/20 at 4:11 a.m., left heel had a 3 cm round pressure ulcer noted deep purple center and boggy but not open. Resident had bunny boots in place and no signs and symptoms of pain or discomfort.</p> <p>b. On 12/14/20 at 3:47 p.m., the staff received a fax from the Physician who approved the use of bunny boots to both feet to offload pressure and to monitor and contact if worsens.</p> <p>c. The Progress Notes failed to reflect assessments of the pressure ulcer from 12/15/20 to 1/6/21.</p> <p>d. On 1/7/21 at 4:14 p.m., the unstageable pressure area to Resident #5's heel measured 5 cm x 3.5 cm with a deep purple scab feeling type area. Resident #5 reported the area tender to touch. Resident #5 had bunny boots on sitting in wheelchair. Resident stated the area had been there for a while and caused no bother to her. A plan to continue to monitor area weekly on a Weekly Pressure Ulcer Progress sheet and the Progress Notes.</p> <p>During an interview 1/8/21 at 4:43 p.m., the Physician reported Resident #5's pressure area was avoidable and/or at least minimized if treated</p>	F 686			

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F 686	<p>Continued From page 6</p> <p>correctly. The Physician had no knowledge of the pressure area.</p> <p>3. The MDS assessment dated 12/28/20 documented Resident #6 had diagnoses of anemia, diabetes, hypoxia and hypertension. Resident #6 required extensive assistance of 2 staff with bed mobility and transfers and extensive assistance of 1 staff with ambulation in her room. Resident #6 had a risk for pressure ulcers, had an unhealed stage II pressure ulcer and not on a turning and repositioning program. Resident #6 admitted to the facility on 7/21/16.</p> <p>A MDS 3.0 Resident Interview sheet dated 1/8/21 documented Resident #6 scored 11, indicating moderately impaired cognition.</p> <p>The Care Plan documented Resident #6 had diagnoses of osteoarthritis, pain and a history of a stasis ulcer on left calf. Resident #6 had a potential for pressure ulcer development related to diabetes and occasional bowel and bladder incontinence. The Care Plan directed the staff to complete treatments daily as ordered, observe skin for any impairments when assisting with cares, and report skin concerns to the nurse.</p> <p>A Weekly Pressure Ulcer Progress Report sheet documented Resident #6 had a pressure ulcer to the coccyx identified on 12/10/20. The sheet lacked a stage and measurements. The staff notified the Physician. The sheet lacked assessments of the area from 12/10/20 to 1/8/21. On 1/8/21, the area measured 0.8 (length) by 0.5 (width) by less than 0.1 cm (depth). The area had no tunneling, or odor, a small amount of blood drainage, a yellow center and red edges. The area a Stage II.</p>	F 686			

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F 686	<p>Continued From page 7</p> <p>A Progress Note dated 12/11/20 at 4:23 a.m., documented a pressure ulcer on Resident #6's coccyx measuring 2.0 cm by 1.0 cm. No further assessment addressed.</p> <p>During an observation 1/8/21 at 11:20 a.m., revealed Resident #6 had a dressing on the coccyx dated 1/5/21. The Assistant Director of Nursing (ADON) removed the dressing. The dressing contained a scant amount of dried sanguineous drainage. The ADON measured the area at 0.8 cm by 0.5 cm with a depth of less than 0.1 cm. The area had a white center and red surrounding skin. Resident #6 reported pain only with dressing changes.</p> <p>During an interview 1/8/21 at 12:13 p.m., Staff F (Registered Nurse) confirmed the record lacked additional skin sheets or assessments.</p> <p>During an interview 1/7/21 at 4:05 p.m., the Director of Nurses (DON) stated when she started at the facility the prior DON told her she had been bad with skin assessment so the assessments are probably not in the records.</p> <p>The Pressure Ulcer Risk Assessment and Documentation policy revised on 1/2011 directed the following for Pressure Ulcer development and documentation:</p> <p>1. Assess any new pressure ulcer as soon discovered and documented the following information in the Interdisciplinary notes: location, stage, size (perpendicular measurements of the greatest extent of length and width of the ulceration), depth, drainage, odor and color,</p>	F 686			

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F 686	Continued From page 8 surrounding skin condition, location extent of any undermining or tunneling/sinus tract and granulation. If eschar and necrotic tissue covered and prevented adequate staging of the pressure ulcer, the assessor would follow the Resident Assessment Instrument and guidelines and code the ulcer as unstageable-slough and/or eschar. 2. Initiate a Weekly Pressure Sore Progress Report form initiated and documentation of the results of the assessment a minimum of weekly until healed. 3. Update the Physician on the healing progress at minimum of every 2 weeks.	F 686			
F 689 SS=D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, clinical record review and a staff e-mail, the facility failed to ensure staff maintained a safe and secure environment for 1 of 4 sampled (Residents #2). The facility reported a census of 29. Findings include: 1. The MDS assessment dated 9/4/20, documented Resident #2 had diagnoses if	F 689		3/9/21	

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F 689	<p>Continued From page 9</p> <p>dementia, rheumatoid arthritis, impulse disorders and a cerebral infarct. Resident #2 had a memory problem, moderately impaired cognitive skills, required extensive assistance of staff with bed mobility and transfers, non-ambulatory, two falls with a minor injury, and one with a major injury.</p> <p>According to the Care Plan Resident #2 required assistance with my activities of daily living related to impaired mobility, unsteadiness, dementia with impaired cognition and communication, pain, and incontinence. The Care Plan identified Resident #2 at risk for falls and directed the staff to provide the following:</p> <p>a. Requires assistance of two staff for my toilet use needs.</p> <p>b. Be aware of self-transfers.</p> <p>c. On 9/4/20, staff had no knowledge Resident #2 got up because the alarm on the chair failed to sound.</p> <p>d. Transferred with staff assistance of two, no ambulation and used a wheel chair as my main form of mobility.</p> <p>e. On 5/16/20, utilize a chair alarm when up to alert staff of position changes, unaware of safety issues and self-transfers. Check function of the chair alarm every shift.</p> <p>An Incident Report dated 8/9/20 at 10:10 p.m., revealed Resident #2 on the floor without the chair alarm working.</p> <p>An Incident Report dated 9/4/20 at 10:00 a.m.,</p>	F 689			

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F 689	<p>Continued From page 10</p> <p>revealed Resident #2 found on the floor without the chair alarm working.</p> <p>Alarm Review forms dated 6/16/20 at 10:30 a.m. and 9/11/20 at 10:30 a.m. revealed the staff assessed the functionality of the resident's chair alarm.</p> <p>Review of an email dated 1/12/21 at 1:31 p.m. the DON confirmed the facility policy for checking the functionality of resident alarms as a monthly alarm review form.</p>	F 689			

Guttenberg Care Center

1315 Acre Street • Guttenberg, IA 52052 • Ph: (563) 252-2281

Plan of Correction for Survey ending: 1/12/2021

Submission Date: April 23, 2021

Preparation and implementation of this plan of correction should not be construed as an admission of the deficiencies cited. This plan of correction is prepared solely because it is required under federal or state law.

F000 – Correction Date: March 9, 2021

F 686 483.25 (b) (1) (i) (ii) Treatment/Svcs to Prevent/Heal Pressure Ulcer

§483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility ensures that— (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing.

The facility is disputing this deficiency, and is submitting a response with additional information in a separate document. However, for the required Plan of Correction, the facility submits the following:

1. The facility obtained a physician order for Resident #4 on January 13, 2021 on history of chronic skin condition on the coccyx area due to history of pilonidal cyst removal and subsequent scarring. The order reads; "Resident has an area to his coccyx that is scarred over; however, does reopen and close periodically on its own." Facility will treat with Mepilex PRN when area opens.
2. Resident #5's dry scab-like skin area on the left heel sloughed off with pink intact skin underneath on January 11, 2021 and was deemed healed on February 2, 2021 following three weeks of assessed intact/healed skin.
3. Resident #6 had a complete assessment of the coccyx pressure ulcer on 12/10/20 which was faxed to the physician and orders for treatment were received back and implemented. Ongoing assessments of pressure areas were conducted by facility nursing staff, medical providers and Hospice staff.
4. Charge nurses are to do skin assessments, document, notify family, physicians, skins nurse, dietary department if needed, and pass onto other charge nurses to follow-up on healing process.
5. A registered nurse was appointed to oversee skin/wound assessment and documentation on January 7, 2021 to enhance continuity of care and documentation. The skin/wound nurse will review skin charting and notifications weekly. The DON/ADON will oversee nurse and audit skin assessments and treatments biweekly for 3 months. The frequency of audits thereafter will be determined through the facility's quality assurance program and will be based on outcomes.

F 689 483.25(d)(1)(2) Free of Accident Hazards/Supervision/Devices

§483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and
§483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents.

The facility is disputing this deficiency, and is submitting a response with additional information in a separate document. However, for the required Plan of Correction, the facility submits the following:



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1. The staff determine functionality of Alarms each time a resident is assisted to ambulate or transfer, upon replacing the alarm at the end of the care, before exiting the room. If the alarm does not sound, the alarm is replaced with a functional alarm. This takes place several times throughout each shift.
2. Alarms will be serviced per manufacturer's guidelines and audited by Maintenance: Alarms will be checked prior to each use for proper functioning. The Test & Reset button also functions as a battery tester. In addition the Low Battery Light on the front of the alarm will light up when it is time to change the batteries."
3. Maintenance staff or designee will perform monthly audits on alarms x 3 months. Charge nurses will perform random audits weekly x 2 months to ensure staffs knowledge of alarm checks for functionality and procedure for replacement of non-functioning alarms. The ongoing frequency of the audits will be determined through the facility quality assurance process.



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