

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

PRINTED: 11/04/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165480	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/28/2021
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NAME OF PROVIDER OR SUPPLIER ST FRANCIS MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 2021 FOURTH AVENUE GRINNELL, IA 50112
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(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	INITIAL COMMENTS Correction date <u>11/26/2021</u> The following deficiencies resulted from the facility's annual health survey. Complaint #95259-C was not substantiated. Investigation of facility-reported incident # 96910-I did not result in deficiency. See Code of Federal Regulations (42CFR) Part 482, Subpart B-C.	F 000		
F 625 SS=B	Notice of Bed Hold Policy Before/Upon Trnsfr CFR(s): 483.15(d)(1)(2) §483.15(d) Notice of bed-hold policy and return- §483.15(d)(1) Notice before transfer. Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that specifies- (i) The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility; (ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any; (iii) The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (e)(1) of this section, permitting a resident to return; and (iv) The information specified in paragraph (e)(1) of this section. §483.15(d)(2) Bed-hold notice upon transfer. At	F 625		

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

TITLE

Administrator

(X6) DATE

11/11/2021

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other 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 625	<p>Continued From page 1</p> <p>the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and the resident representative written notice which specifies the duration of the bed-hold policy described in paragraph (d)(1) of this section. This REQUIREMENT is not met as evidenced by:</p> <p>Based on clinical record review, policy review, and staff interview, the facility failed to provide a bed hold notice upon hospital transfer for 1 of 2 residents who transferred to the hospital (Resident #8). The facility reported a census of 40 residents.</p> <p>Findings:</p> <p>1. The MDS (Minimum Data Set) assessment, dated 8/19/21, listed diagnoses for Resident #8 that included Non-Alzheimer's dementia, obesity, and acute and chronic respiratory failure. The MDS listed the resident's BIMS (Brief Interview for Mental Status) score as 9 out of 15, indicating moderately impaired memory and cognition.</p> <p>Nursing Notes dated 8/5/21 recorded Resident #8 transferred to the hospital for shortness of breath.</p> <p>Nursing Notes dated 8/10/21 documented Resident #8 returned to the facility.</p> <p>The resident's clinical record lacked documentation of a bed hold notification provided to the resident or the resident representative prior to the transfer to the hospital.</p> <p>The facility policy titled Bed Hold, dated 7/12/17, instructed the facility would not charge the resident upon hospitalization for a maximum of</p>	F 625			

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F 625	Continued From page 2 10 days. The policy stated beyond the 10 days, residents must use their own income to pay for the bed hold. The policy stated the facility provided residents bed hold information upon admission and also at the time of a temporary absence from the facility . During an interview on 10/27/21 at 2:00 p.m., the Administrator stated the facility did not charge for bed holds and this was the reason they did not provide bed hold notifications upon transfer. During an interview on 10/28/21 at 8:22 a.m., the DON (Director of Nursing) stated the Administrator informed her if the resident was on Medicaid, they held the bed for 10 days free of charge and that was the reason they did not provide bed hold notifications upon hospital transfer.	F 625			
F 686 SS=D	Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii) §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure 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. This REQUIREMENT is not met as evidenced by:	F 686			

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F 686	<p>Continued From page 3</p> <p>Based on clinical record review, observation, facility policy review, and staff interview, the facility failed to implement interventions to prevent a facility acquired pressure ulcer for 1 of 3 residents reviewed.(Resident #32). The facility reported a census of 40 residents.</p> <p>Findings:</p> <p>The MDS (Minimum Data St) assessment defines pressure ulcers as follows:</p> <p>Stage I - 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 - A partial thickness loss of dermis presenting as a shallow open ulcer with a red or pink wound bed, without slough. The wound 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. The wound may include undermining and tunneling.</p> <p>Stage IV - Full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present on some parts of the wound bed and it often includes undermining and tunneling.</p> <p>The MDS assessment, dated 9/30/21, listed diagnoses for Resident #32 that included diabetes, cerebrovascular accident (stroke), and</p>	F 686			

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F 686	<p>Continued From page 4</p> <p>hemiplegia (paralysis on one-side). The MDS recorded Resident #32 required extensive assistance of 1 staff for personal hygiene and dressing, extensive assistance of 2 staff for bed mobility, and depended completely on 2 staff for transfers, toilet use, and bathing. The assessment documented the resident had 1 unstageable (not stageable due to coverage of wound bed by slough and/or eschar) unhealed pressure ulcer and listed the resident's BIMS (Brief Interview for Mental Status) score as 5 out of 15, indicating severely impaired cognition.</p> <p>A 4/1/21 Braden Scale for Predicting Pressure Ulcer Risk documented Resident #32 at moderate risk for the development of pressure ulcers.</p> <p>During an observation on 10/27/21 at 9:34 a.m., Resident #32 sat in a recliner and Staff A RN (Registered Nurse) measured a dry, scabbed area whitish in color on the resident's right heel as 1.3 cm (centimeters) x 0.8 cm. Staff A then cleansed the area with Betadine and stated she would leave the sock off for a few minutes so as not to stain the sock.</p> <p>During a subsequent observation on 10/27/21 at 10:02 a.m., Resident #32 sat in the recliner with her feet up and had heel protector boots on and her heels were not in contact with the footrest of the recliner.</p> <p>A Progress Note entry on 4/12/21 at 12:35 p.m. stated the resident was in her recliner with her legs up.</p> <p>Progress note entries at the following times stated the resident was in her recliner: 4/17/21 at</p>	F 686			

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F 686	<p>Continued From page 5</p> <p>10:09 a.m., 4/19/21 at 9:58 a.m., 4/21/21 at 9:26 a.m., 4/29/21 at 12:59 p.m., 5/1/21 at 9:01 a.m., and 5/2/21 at 10:12 a.m.</p> <p>A 5/4/21 Progress Note recorded that during the skin assessment, staff noted a new pressure area on the right heel which measured 1.5 cm x 2.7 cm. and stated it had the appearance of a popped blister with skin intact. The resident currently wore heel protectors in bed but (the writer) would instruct staff to float heel when in bed and the recliner and to have heel protectors on at all times.</p> <p>A 5/4/21 Wound/Skin Healing Record entry recorded the resident had an unstageable pressure ulcer on the right heel measuring 1.5 cm x 2.7 cm.</p> <p>Care Plan entries, dated 3/8/21, stated the resident was at risk for pressure ulcers and directed staff to help with changing positions, provide a pressure relieving mattress, encourage the resident to elevate legs, and put heel protectors on or float heels when in bed to protect heels. The care plan lacked interventions to prevent the development of a pressure area on the heel when the resident was in the recliner.</p> <p>During an interview on 10/28/21 at 9:02 a.m., Staff B stated when they first discovered the skin area it looked like a deep tissue injury and was dark purple with necrotic (dead) tissue. Staff A stated the area hit right on the edge of the recliner and after the discovery of the area the facility implemented protective boots. She stated it could have been that the resident's heels were in contact with the recliner. Staff A stated the resident did not wear the boots until after the</p>	F 686			

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F 686	Continued From page 6 discovery of the area. During an interview on 10/28/21 at 9:09 a.m., the DON (Director of Nursing) stated if a was resident at risk for pressure ulcers sat in the recliner, staff should use protective boots or float her heels with a pillow. She stated with regard to Resident #32, if she was already wearing them in bed and her heels were in contact with the recliner, it would be best practice for her to wear boots in the recliner. At 12:58 p.m., the DON stated the facility did not have a policy on skin management but stated she typed up some of their practices. She provided the team with an undated document "Skin Protocol" which stated they followed the standard of practice and completed weekly skin assessments. It stated the ADON (Assistant Director of Nursing) reviewed skin books twice a week and the dietician assessed residents with pressure sores and assigned nutritional changes.	F 686			



November 11, 2021

PLAN OF CORRECTION

F 625:

The facility denies that the alleged facts set forth constitute a deficiency under interpretation of Federal and State law.

The preparation of the following plan of correction for this deficiency does not constitute and should not be interpreted as an admission or an agreement by the facility of the truth of the facts alleged or conclusion set forth in the statement of deficiencies. The plan of correction prepared for this deficiency was executed solely because provisions of State and Federal law require it.

Without waiving the foregoing statement, the facility states that, with respect to resident #8 and all other similarly situated residents, the facility will continue to provide the necessary services to ensure that all residents or resident representatives, regardless of payer source, who require a transfer out of the facility will consistently be called and mailed a Transfer Notice the following business day after the resident is admitted to the hospital effective November 26, 2021. Residents or residents' representatives will continue to receive the Bed Hold policy upon admission to facility.

Compliance will be monitored by the facility's nursing management staff or designated representatives through periodic audits quarterly and as needed. The Director of Nursing, Administrator, or designated representative will also audit compliance as part of the facility's quality assurance program on a quarterly basis.



St. Francis Manor

A Life Plan Community

November 11, 2021

PLAN OF CORRECTION

F 686:

The facility denies that the alleged facts set forth constitute a deficiency under interpretation of Federal and State law.

The preparation of the following plan of correction for this deficiency does not constitute and should not be interpreted as an admission or an agreement by the facility of the truth of the facts alleged or conclusion set forth in the statement of deficiencies. The plan of correction prepared for this deficiency was executed solely because provisions of State and Federal law require it.

Without waiving the foregoing statement, the facility states that, with respect to resident #32 and all other similarly situated residents, the facility will continue to provide necessary services to ensure that preventative measures are taken to prevent pressure ulcers with any resident who is completely dependent on staff for positioning or mobility per care plan interventions. Nursing staff are trained upon hire and through the orientation process and will be re-educated on the use of interventions to prevent pressure areas on residents and the facility's expectations related to this by November 26, 2021.

Compliance will be monitored by the facility's nursing management staff or designated representatives through periodic audits quarterly and as needed. The Director of Nursing, Administrator, or designated representative will also audit compliance as part of the facility's quality assurance program on a quarterly basis.