STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165478	A. Building B. Wing	02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Arbor Court	701 East Mapleleaf Drive Mount Pleasant, IA 52641

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0686 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22506 Based on clinical record review and staff interviews, the facility failed to identify a pressure sore, failed to follow physician orders and failed to ensure a resident with wounds received care and treatment in accordance with professional standards of practice for one of five residents reviewed for pressure sores (Resident #4). On 12/3/21, Resident #4 admitted to the facility with a pressure sore on the coccyx. The facility failed to identify the pressure sore upon admit, failed to complete routine assessments of the area, failed to initiate treatment orders timely, and failed to complete treatments as ordered. The area deteriorated to the point Resident #4 had bone visible within the wound. Resident #4 readmitted to the hospital on 12/28/21 for an infected sacral pressure ulcer. The failures resulted in Immediate Jeopardy to the health, safety, and security of the residents. The facility reported a census of 47 current residents. Findings include: The Minimum Data Set (MDS) assessment defines pressure ulcers as follows: 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. 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. 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. 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. Unstageable Ulcer: inability to see the wound bed. Other staging considerations include: (continued on next page)

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165478	A. Building B. Wing	02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Arbor Court	701 East Mapleleaf Drive Mount Pleasant, IA 52641

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0686 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	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. According to the MDS assessment dated [DATE], Resident #4 had short and long term memory deficits and a minimal cognitive impairment. Resident #4 required extensive assistance with his bed mobility, transfer, dressing, toilet use and personal hygiene needs. Resident #4's diagnoses included cancer, diabetes mellitus and a knee replacement. According to hospital skin assessments, Resident #4 was first identified with a pressure sore over his coccyx area on 11/27/21, which remained present upon his discharge 12/3/21. The resident's facility Admission Skin Assessment completed by Staff A and dated 12/3/21 at 10:14 a.m., recorded a skin tear on Resident #4's right buttock, but no wound area identified over his coccyx. In an interview on 2/1/21 at 8:16 a.m. Staff A, Assistant Director of Nursing, stated she vaguely recalled Resident #4. Staff A stated she admitted Resident #4 and completed the admission skin assessment on 12/3/21. Staff A did not recall that Resident #4 had a wound on his coccyx, noting maybe her reference of a skin tear on his right buttocks is instead the coccyx wound. Staff A stated there were no treatment orders for his coccyx wound sent from the hospital. According to a Skin Observation Tool dated 12/8/21 at 12:15 p.m. written by Staff B, Licensed Practical Nurse, Resident #4 had a deep tissue injury (DTI) identified on his coccyx which measured 7.0 centimeters by 6.5 centimeters. According to the Initial Wound Evaluation and Management Summary dated 12/8/21, Resident #4 had an unstageable DTI (pressure wound) within and around the wound measuring 7.0 centimeters by 6.5 centimeters. The wound had been surgically debrided. The physician ordered Alginate calcium applied once daily for 30 days, place a gauze island with border dressing once daily for 30 days and recommended off-loading the wound and repositioning him per facility protocols. Review of Resident #4's Care Plan revealed no care plan interventions addressing his wound risk or the care and/or treatment interventions including off loading, repositioning frequency and using a low loss air mattress. According to the 12/21 Treatment Administration Record (TAR), staff failed to transcribe the resident's 12/8/21 order for the wound dressing until 12/11/21. The TAR indicated staff did not complete the wound treatments on 12/8, 12/9, 12/10, 12/11, 12/12, 12/13, 12/15, 12/16, 12/18, 12/19, 12/22 and 12/28/21. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165478	A. Building B. Wing	02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Arbor Court	701 East Mapleleaf Drive Mount Pleasant, IA 52641

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0686 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	According to the Wound Evaluation and Management Summary dated 12/15/21, Resident #4's DTI now measured 11.0 centimeters by 9.0 centimeters by 1.0 centimeters. The wound area was debrided with new orders to discontinue the Alginate calcium and instead crush metronidiazole (an antibiotic) 500 milligrams and sprinkle the medication lightly onto the wound bed, followed by Alginate calcium with silver once daily and as needed for 30 days with a gauze island with border for 30 days. Recommendations included to off-load the wound, reposition Resident #4 per facility protocol and place a group 2 mattress/low air loss mattress. According to the 12/21 TAR, staff did not transcribe the order of 12/15/21 to discontinue the Alginate calcium and instead crush metronidiazole 500 milligrams and sprinkle it lightly onto wound bed, followed by Alginate calcium with silver once daily and as needed for 30 days with a gauze island with border for 30 days. A Progress Note dated 12/20/21 at 4:47 p.m. written by Staff C, Licensed Practical Nurse documented the nurse spoke with the resident's wound physician who had no recommendations. During the conversation, it was discovered the crushed antibiotic treatment ordered on 12/15/21 was missed. Staff added the antibiotic order to the TAR on 12/21/21. In an interview on 2/1/21 at 3:03 p.m., Staff B stated the facility hired her as an Assistant Director of Nursing (ADON) and wound nurse and she worked a couple of weeks before quitting on 12/12/21 due to not getting adequate orientation and training. Staff B stated she was unaware that Resident #4 had a pressure sore on his coccyx prior to 12/8/21 when the facility's wound physician saw him. Staff B could not explain why the wound treatment orders on 12/8/21 were not transcribed on the TAR until 12/11/21. Staff B stated she had a lack of training on the computer. Staff B stated the previous wound nurse did resident weekly skin assessments and she was not sure when that nurse left. Staff B stated Staff A also worked as an ADON and was responsible for resident MDS assessments and care plans. Staff B stated she is unaware of anything that happened after 12/12/21. According to the Hospital Discharge Summary, Resident #4 admitted to the hospital on 12/28/21 for hypokalemia and an infected sacral pressure ulcer and discharged from the hospital on 1/10/22. The State Agency notified the facility of the Immediate Jeopardy on 2/2/2022 at 1:30 p.m. The Facility removed the Immediate Jeopardy on 2/3/22, 2022 by implementing the following actions: a. Initiated 100% wound care order audit on 2/2/22. b. Initiated 100% Care Plan/Kardex audit on 2/2/22 to ensure interventions in place to prevent further skin breakdown. c. Initiated 100% audit on wound care documentation. d. All nursing staff educated on skin assessments, documentation, initiating treatment, and following physician's orders. e. Education provided to staff on updating the Care Plan/Kardex with interventions to prevent further skin breakdown. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165478	A. Building B. Wing	02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Arbor Court	701 East Mapleleaf Drive Mount Pleasant, IA 52641

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0686 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	f. Director of Nurses to conduct weekly visits to ensure nursing assessments completed. g. Education provided to Agency staff and education incorporated in orientation for newly hired staff on 2/3/22. The scope lowered from J to D at the time of the survey after ensuring the facility implemented education and updated their policy and procedure.