

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 065325	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/05/2020
NAME OF PROVIDER OF SUPPLIER MOUNT ST FRANCIS NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP 7550 ASSISI HTS COLORADO SPRINGS, CO 80919	
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 0684 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interviews and record review, the facility failed to provide treatment and care in accordance with professional standards of practice for one (#1) out of three sampled residents. Specifically, the facility failed to re-evaluate a treatment after it was discontinued on 1/28/2020 to determine the effectiveness for Resident #1 skin condition. The facility failed to put a new treatment in place for 15 days prior to the resident being sent to the hospital for evaluation and treatment. Findings include: I. Resident #1 status Resident #1, [AGE], was admitted on [DATE]. According to the February 2020 computerized physician orders [REDACTED]. The [DATE]20 minimum data set (MDS) assessment revealed the resident was cognitively intact with a brief interview for mental status score of 15 out of 15. The resident required extensive assistance of two people with bed mobility, transfers, dressing and toileting. A. Record review The January CPOs revealed the following treatment order: - [MEDICATION NAME] Ointment 0.1% cleanse the first and second phalange (toe) with wound cleaner, apply topical ointment to the affected area, cover with a Band-Aid three times a day for five days - ordered [DATE], discontinued on 1/28/2020. The January 2020 treatment administration record (TAR) revealed the [MEDICATION NAME] antibiotic ointment was not administered on [DATE] due to the medication being unavailable from the pharmacy. The resident 's medical record did not reveal any ordered treatments following the discontinued treatment order of the antibiotic ointment on 1/28/2020. The 1/22/2020 nursing progress note revealed the treatment to the resident 's right toe was not performed due to the medication not being available from the pharmacy. The [DATE] physician progress notes [REDACTED]. It indicated the resident was found to have a partial thickness skin wound on his right second toe yesterday (1/22/2020) and was started on [MEDICATION NAME] ointment. The nursing staff indicated the medication had not arrived from the pharmacy and were requesting a replacement treatment. The physician gave an alternate treatment ointment of [MEDICATION NAME] ointment and ordered for the wound to be monitored for worsening symptoms. The [DATE] nursing progress note revealed the [MEDICATION NAME] ointment had been delivered from the pharmacy and the resident received his first dose in the evening. The 1/25/2020 nursing progress note revealed the wound to the right toe was noted with slight swelling. The 1/29/2020 wound nurse progress note revealed the right second toe wound had 0.3 cm (centimeters) of a moist yellow area and moisture between the toes. It indicated to continue to place a Band-Aid for protection against the great toe. It did not indicate the physician had been contacted to determine if a treatment should be ordered or if the previous treatment had been evaluated for effectiveness. The 2/5/2020 the wound nurse progress note revealed at 10:00 a.m. the wound nurse observed the wound to the right second toe. It indicated the right second toe had an open area of 1 cm x 0.4 cm with moist red drainage. The 2/5/2020 nursing progress note revealed the nurse practitioner was contacted for concerns of potential [CONDITION]. This was eight days after the treatment was discontinued. The 2/5/2020 nurse practitioner (NP) progress notes revealed the nursing staff requested the resident be evaluated for possible [MEDICAL CONDITION]. It indicated the NP did not clinically believe this was [MEDICAL CONDITION] and therefore started a topical antibiotic ointment for the ulceration. The toe had purulent drainage. It indicated the resident complained of an increased amount of pain. The NP ordered for a repeat CBC (complete blood count), sedimentation rate and CRP (C-reactive protein) lab work, venous Doppler to the right foot, and an x-ray to the right foot. The 2/11/2020 wound nurse progress note revealed the resident 's right foot was medium red along the lateral half with warmth at the ankle joint. The second toe continued to be dry with black eschar over the dorsal side and redness to the remainder of the toe. The 2/12/2020 NP progress notes revealed the wound nurse requested the resident 's right second toe to be re-evaluated. It indicated the wound nurse reported the wound had greatly changed and was now black. Upon examination, the resident 's right second toe was cold and black with no sensation present. The dorsal aspect of his foot was [MEDICAL CONDITION], warm to touch with a start redness that was radiating proximal. The NP ordered for the resident to be transferred to the emergency room for treatment of [REDACTED]. Staff interviews The staff development coordinator (SDC) was interviewed on [DATE] at 4:53 p.m. She said she was the wound nurse for the facility. She said she observed and evaluated the wounds weekly. She said she documented her assessments of the wounds in the nursing progress notes in the resident 's medical record. She said Resident #1 's wound to the right toe was initially observed on 1/22/2020. She said she notified the NP and received an order for [REDACTED]. She said the physician evaluated the wound to the resident 's right toe on [DATE]. She said he had changed the antibiotic cream from [MEDICATION NAME] to [MEDICATION NAME]. She said the pharmacy was able to deliver the original order of [MEDICATION NAME] to the facility in the evening on [DATE]. She confirmed the physician noted the resident had an open area to the right toe. She confirmed the order for the [MEDICATION NAME] cream was discontinued on 1/28/2020. She confirmed the resident 's medical record did not indicate the treatment was evaluated for effectiveness or a new treatment order obtained. Resident #1 's medical doctor (MD) was interviewed on [DATE] at 10:37 a.m. He said he evaluated the wound to the resident 's right toe on [DATE]. He said it appeared to be a skin infection and felt the treatment of [REDACTED]. He said he had seen the resident on 2/3/2020, however it was due to [MEDICAL CONDITION]. He said he did not re-evaluate the resident 's right toe after his initial assessment on [DATE]. He said he received a call from the NP on 2/12/202 stating the resident 's toe had gotten significantly worse in a short amount of time. He said he agreed to send the resident to the hospital to be evaluated. He said while the resident was at the hospital, he was diagnosed with [REDACTED]. He said the [DIAGNOSES REDACTED]. He said the resident ultimately required the toe to be amputated. He said the lack of treatment for [REDACTED]. The director of nursing (DON) was interviewed on [DATE] at 11:30 a.m. She confirmed the treatment for [REDACTED]. She said she was unable to find documentation to indicate the physician or NP had been contacted to re-evaluate the treatment or obtain a new treatment for [REDACTED]. The MD was interviewed on [DATE] at 12:29 p.m. He said he evaluated the resident on [DATE] because nursing requested the treatment be changed to the resident 's right toe due to an issue with the pharmacy. He said the NP evaluated the resident on 1/29/2020 for a report from nursing of [MEDICAL CONDITION]. He said the notes did not indicate the NP evaluated the wound to the resident 's right toe. He said on 2/3/2020, he evaluated the resident for [MEDICAL CONDITION]. He said he did not evaluate or look at the wound to the resident 's right toe. He said the wound was not re-evaluated until 2/5/2020 by the NP. He said at that time the NP evaluated the right foot for possible [MEDICAL CONDITION]. He said the NP ordered lab work, x-ray and an ultrasound. He said on 2/12/2020, the NP sent the resident to the hospital for an evaluation for possible gangrene. He confirmed the treatment to the wound on the right toe was not re-evaluated for effectiveness. He said whether or not the wound was related to the dry gangrene, the skin infection should have been treated. He said the treatment should have been evaluated and if determined not to be effective, changed to another treatment. He said there was no reason not to treat the skin infection of the wound to the resident 's right toe.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE		(X6) DATE

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.