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<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
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<td>REGULATORY OR LSC IDENTIFYING</td>
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<th>F 000</th>
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<tr>
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<td>Surveyor: 25855</td>
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<td>Correction Date: 10-7-09</td>
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The following deficiencies relate to the facility's annual health survey conducted 9/8/09 - 9/11/09. (See Code of Federal Regulations (42CFR) Part 483, Subpart B-C)

<table>
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<th>F 315</th>
<th>URINARY INCONTINENCE</th>
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| 483.25(d) | Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary, and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.

This REQUIREMENT is not met as evidenced by:

Surveyor: 26926
Based on observation, staff interview and record review the facility failed to follow acceptable standards of care in order to provide appropriate catheter care for 1 of 3 residents with indwelling urinary catheters (Resident #13). The facility reported a census of 164 residents.

Findings include:

The Physicians Orders sheet dated August 2009 revealed Resident #13 had diagnoses including dementia with behavior disturbances, atrial fibrillation, anemia, and asthma.

Laboratory Director's or Provider/Supplier Representative's Signature

Title

Date: 10-7-09

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.
F 315 Continued From page 1

Review of the Minimum Data Set (MDS) assessment tool with reference date 8/4/09 revealed the resident had short-term and long-term memory deficits and moderately impaired daily decision-making skills. The resident was totally dependent on staff for toilet use and personal hygiene. The MDS indicated the resident had an indwelling urinary catheter and the presence of an antibiotic resistant infection.

Admission Orders dated 7/29/09 indicated Hospice would re-evaluate the Foley catheter for possible removal.

The Physician’s Telephone Order dated 9/8/09 revealed clarification of Macrobid (antibiotic for treatment of urinary tract infection) as Macrobid 100 milligrams twice a day by mouth for seven days.

The laboratory results for the 9/1/09 urine culture revealed the following two organisms (infections) present in the resident urine: pseudomonas fluorescens putida (bacteria), and enterococcus faecalis (bacteria).

The Care Plan dated 7/29/09 identified a problem of altered urinary elimination related to the presence of an indwelling catheter. The goal indicated the resident would remain free of urinary tract infections (UTI’s), and catheter patency would be maintained by nursing intervention through 11/17/09. The approach directed nursing staff to provide catheter cares according to facility policy and change the catheter according to physician’s order using sterile technique and report and concerns with the catheter use to the physician.
F 315 Continued From page 2
Observation on 9/9/09 at 8:42 a.m. revealed Resident #13 sitting in a high back wheelchair in the Station 4 dining room eating breakfast with the Foley catheter tubing visible from under the resident's left pant leg looping into a privacy bag underneath the residents wheelchair.

When interviewed on 9/10/09 at 10:50 a.m., the Hospice Registered Nurse reported Hospice supplied the Foley catheter supplies and facility staff were responsible to insert the Foley catheter.

When interviewed on 9/10/09 at 10:40 a.m. Staff B (staff development coordinator) was unable to provide documentation of a Foley catheter replacement since re-admission on 7/29/09. Staff B reported the facility as ultimately responsible to make sure the Foley catheter was changed every 30 days according to facility policy unless specified differently by the physician.

On 9/10/09 at 3:02 p.m., Staff B verified the resident's chart lacked a physician's order for type or size of the Foley catheter.

Review of the facility policy "Catheter-indwelling-insertion of" with revision date of 9/29/08 directed staff to check physician's order for type and size of catheter and related diagnosis.

F 364
SS=E

Each resident receives and the facility provides food prepared by methods that conserve nutritive value, flavor, and appearance; and food that is palatable, attractive, and at the proper temperature.

483.35(d)(1)-(2) FOOD
F 364 Continued From page 3

This REQUIREMENT is not met as evidenced by:
Surveyor: 22898

Based on observation, record review and staff interview the facility failed to maintain the dignity of the residents receiving the pureed diet by serving 20 of 20 pureed diets on divided plates for 2 of 2 meals observed. The facility identified a census of 184 residents.

Failure to maintain the dignity of the residents receiving the pureed diet can result in weight loss.

Observation on 09/08/09 at 5:20 p.m. and 09/09/09 at 12:00 p.m. during the serving of the evening meal and noon meal revealed 20 of 20 pureed meals served on divided plates.

Review of the diet list, undated, revealed 20 residents received a pureed diet, 4 of 20 resident’s diets included use of a divided plate as an adaptive device. Review of the diet cards for the residents receiving a pureed diet revealed 2 of the 20 diet cards included notations for the use of a divided plate. The facility lacked a policy that defined the consistency of the pureed diet and what type of plate to use when serving the pureed diet.

Interview on 09/09/09 at 2:30 p.m. with Staff A, the Dietary Service Manager, verified that all pureed diets are served on divided plates. Staff A indicated that the entrees served at the evening and noon meal were not the proper consistency and tended to be runny. Interview at 3:30 p.m. with the Nurse Consultant during the sharing of findings revealed that it was the facilities policy to use divided plates for the pureed meals.
**Heritage Nursing & Rehab Center**

**SUMMARY STATEMENT OF DEFICIENCIES**

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<th>ID</th>
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<th>DEFICIENCY</th>
<th>DATE COMPLETED</th>
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<tr>
<td>F 441</td>
<td>SS-D</td>
<td>483.65(a) Infection Control</td>
<td>09/11/2009</td>
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The facility must establish and maintain an infection control program designed to provide a safe, sanitary, and comfortable environment and to prevent the development and transmission of disease and infection. The facility must establish an infection control program under which it investigates, controls, and prevents infections in the facility; decides what procedures, such as isolation should be applied to an individual resident; and maintains a record of incidents and corrective actions related to infections.

This REQUIREMENT is not met as evidenced by:

Surveyor: 25865
Based on observation, record review and staff interview the facility failed to provide a sanitary environment to prevent the possible development and transmission of infection with wound cares for 2 of 5 residents reviewed. (Residents #1 and #20) The facility identified a census of 164 residents.

Findings include:

1. The 05/18/09 History and Physical identified Resident #1 with diagnoses that included Alzheimer disease, congestive heart failure and hypertension.

The 08/05/09 Minimum Data Set (MDS) assessment tool identified the resident with short and long term memory loss and severe impairment with making daily decisions and required extensive assistance with 2 staff persons for bed mobility, transfers, hygiene, bathing and toilet use. The MDS revealed the resident had 2
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| F 441 | Continued From page 5  
pressure ulcers, one at Stage 1 (persistent reddened skin) and the other at Stage 2 (partial loss of skin thickness).  
The Care Plan dated 09/19/09 identified the resident with a potential for pressure related skin issues with an intervention that included to follow house/regimen for treating breaks in skin integrity/pressure ulcers.  
The Treatment Record dated September 2009 directed staff to perform wound cares to the resident's buttocks.  
During observation on 09/09/09 at 9:48 a.m., Staff M performed wound cares to the resident's buttocks. A paper towel barrier was placed by Staff M on top of the treatment cart. After washing hands, Staff M set out the dressings and supplies on top of the barrier. Staff M cleansed the resident's buttocks and performed measurements of the wounds. Staff M removed scissors from his/her pocket and, without any cleansing of the scissors, used them to cut the DuoDerm dressing that was then placed directly on top of the resident's open wound. After cares were completed and disposal of supplies the scissors were placed back to the pocket of Staff M without cleansing.  
During an interview on 09/11/09 at 11:45 a.m., both the Director of Nursing and the Assistant Director of Nursing (Staff N) verified scissors should be cleansed before and after usage.  
Surveyor: 27635  
2. The Physician Orders sheet for Resident #20 dated July 09, revealed diagnoses of skin disorder, ulcer on the calf, edema and difficulty | F 441 | (Each corrective action should be cross-referenced to the appropriate deficiency) |
**HERITAGE NURSING & REHAB CENTRE**

**SUMMARY STATEMENT OF DEFICIENCIES**
(Each deficiency must be preceded by full regulatory or LSC identifying information)

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<td>F441</td>
<td>Continued From page 6 walking. The Minimum Data Set (MDS) assessment dated 8/10/09, indicated Resident #20 required limited assist with dressing, hygiene and bathing. The MDS further indicated short and long term memory problems and moderately impaired decision-making skills. The Treatment Sheet dated September 09, revealed a treatment order for the right calf wound directing staff to clean the area with Johnson and Johnson shampoo, rinse with wound cleanser, pat dry, apply triple antibiotic ointment (TAO), cover with Telfa and wrap with Kling every day and when soiled. During an observation on 9/11/09 at 10:40 a.m., Staff M had removed the old dressing, cleaned and dried the wounds and applied the TAO to the open areas. Staff M pulled the scissors out of the pocket of her lab coat to cut the 2 by 3 inch gauze in 1/2, placed the scissors back into her pocket then placed the gauze on an open area to the right leg. Staff M pulled the scissors in and out of her pocket 3 times to cut the gauze with out cleaning the scissors. Staff M wrapped the leg with Kling took the scissors out of her pocket cut the Hipifix (tape) and placed the scissors back into the lab coat pocket. Staff M cleaned the area and removed the trash from the room and indicated she had completed the treatment. During an interview on 9/11/09 at 11:50 a.m., the Director of Nursing revealed she would expect the staff to clean the scissors before and after use. The facility policy entitled Dressing Change, revised 8/12/08, included procedure #7 - set up</td>
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<tr>
<td>F 441</td>
<td>Continued From page 7 clean area for dressing materials, open dressing pack, Cut tape with scissors pre sanitized with alcohol.</td>
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<td>F 465</td>
<td>483.70(h) OTHER ENVIRONMENTAL CONDITIONS</td>
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<tr>
<td>SS=E</td>
<td>The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. This REQUIREMENT is not met as evidenced by: Surveyor: 26926 Based on observation and staff interview the facility failed to maintain a clean, comfortable and homelike environment. The facility reported a census of 164 residents.</td>
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Findings include:

1. Observation on 9/9/09 at 8:42 a.m. in the Station 4 dinning room a floor board heat register to the left of the sink contained a sharp edge of metal pointing out about five inches away from the wall and to the right of this location above the mop board an area of two feet contained exposed drywall and peeling wallpaper. Observations conducted on 9/10/09 from 1:21 p.m. through 2:38 p.m., revealed the following concerns:
A. In Dinning Room 1A all the floor board heat registers contain long black marks and exposed metal coloring.
B. In the Laundry Room the wall, the washers, the floor and pipes contained a moderate collection of dryer lint (fuzzy thick gray material).
C. In the Station 2 dining room all four window
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| F 465 | Continued From page 8  
D. In the 4A dining room all the floor board heat registers contained long black and brown marks.  
E. When opening the unlocked 1A Hall linen closet door the doorknob fell off very easily, exposing sharp edges of metal.  
During an interview on 9/10/09 at 1:25 p.m. Staff F (Maintenance Supervisor) reported that the area behind the washers in the laundry were cleaned every two weeks with the last cleaning on 8/30/9.  
Surveyor: 25855  
2. Review of the wood door jambs on 9/8/09 at 11:30 a.m. during initial resident tour revealed the following:  
a. Room 1B-16 splintered with multiple gouges  
b. Room 1B-18 left door jamb splintered to lower 24 inches of jam.  
3. Review on 9/10/09 at 8:45 a.m. revealed splintered wood door jamb to Room 1B19.  
Surveyor: 27635  
3. During an observation in room 4A2 on 9/8/09 at 4:06 p.m., the base board next to the wall to the right of the door was pealed back 18 inches and lay on the floor.  
An observation outside of room number 4A21 on 9/9/09 at 8:09 a.m., revealed the ceiling tile around the call light stained 6 inches to the right side and 2 by 3 inches to the left side.  
During an observation of room 4A21 on 9/8/09 at 4:06 p.m., revealed the back of the door at the | F 465 | | | | | |
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<td>F 465</td>
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bottom base revealed 6 inches by 6 inches of the white door panel gone exposing the the brown wood. At the base of the door jam on both sides revealed a 1 inch wide by 4 inches long black residue build up.

Observation on 9/10/09 at 2:30 p.m., revealed Staff L under the sink cleaning the floor in room number 4A2. Staff L indicated this is done every 6 months. The wall above the base board revealed 3 feet by 3 feet of light brown residue splatters that ran down the wall.

During an interview on 9/11/09 at 8:30 a.m., Staff K revealed the resident room floors were cleaned daily and the hallways were cleaned on the third shift. Staff K indicated the door jams were cleaned each week when the resident room’s deep clean was done.

During an interview on 9/11/09 at 8:45 a.m., Staff G revealed the black build up at the base of the door jambs as from the wax used on the floor.

When interviewed on 9/9/09 at 9:20 a.m., Staff G indicated all rooms should have a deep clean 1 time a week.

Record review of the cleaning list provided by Staff G titled Housekeeping Audits on 9/11/09 at 9:20 a.m. revealed cleaning duties included: corners cleaned, doors; inside and out, threshold, frame and knob.

The facility cleaning policy titled Resident Room/Bathroom provided by Staff G on 9/11/09 at 9:40 a.m., directed Staff to use a clean cloth with disinfectant solution, damp dust door frames, door knobs, window frames and all areas higher
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the resident's bed. Check the walls and spot wash as needed. Staff G indicated this policy was from 1991

Surveyor: 26529

4. Observation in the 1A resident hall on 9/11/09 at 9:10 a.m. revealed sink vanities in 7 of the 8 rooms with missing pieces of plastic corner guards, all broken off at the bottom with sharp edges exposed and the vanity in room 1A1 with extensive damage to the drawers and side of the vanity. The corners by the vanities in all resident rooms in the 1A hall with a dirt build up by the floor molding visible from 10 feet away. Additional observations include:

Room 1A1 - A gap between the back splash and the counter of the vanity that required caulk/repair; the tile back splash soiled with dirty residue. A dirt build up along the edge of all floor molding within the room and by the bracket on the floor that guided the closet sliding doors approximately 1/4 inch wide. The ceiling of the room had brown stains by the metal track where the privacy curtain suspended from, with a larger lighter brown stain approximately 3 feet long and 18 inches wide directly above one of the resident's beds. The side of the door heavily scratched on the lower 6 inches that extended to the front and back of the door; the side of the door also heavily scratched by the door latch. The door frame on the inside and outside of the room heavily scratched on the lower 10 inches. The window of the room dirty and the window sill dusty and with cobwebs.
F 465 Continued From page 11

Room 1A3 - A gap between the back splash and the counter of the vanity required caulk/repair.

Room 1A5 - The door frame outside and inside the room heavily scratched along the lower 12 inches. The side of the door heavily scratched on the lower 6 inches and extended to the front and back of the door.

Room 1A7 - The door frame outside and inside the room heavily scratched along the lower 10 inches.

Observations on 9/9/09 at 10:40 a.m. in the Station 2 dining room revealed a suspended ceiling, 2 ceiling tiles (approximately 2 feet wide by 3 feet long) with large brown stains that nearly covered the entire surface and sagged from the suspension track.

During an interview on 9/11/09 at 11:55 a.m., the Administrator indicated that the facility's roof leaked 2 weeks ago and aware of the ceiling damage.
This is my credible allegation of compliance to F 315. This allegation does not constitute guilt but that the facility is in compliance with F 315.

Resident #13 is receiving proper catheter care per physician’s orders.

All residents who require the use of a foley catheter or other type of catheter are receiving proper catheter care per physician’s orders. Any residents who require the use of a catheter to assist in urination will have that catheter cared for per physician’s orders and their established plan of care.

Nursing staff have been re-educated on proper catheter care and proper documentation of catheter changes and care requirements of the catheter. Communication of catheter care from other disciplines will be followed up on by the facility. Catheter care will be reflected on the resident’s plan of care.

Nursing administration will monitor the use of catheters for urination to ensure proper physician’s orders are obtained and proper catheter changes and cares are performed per the resident’s physician’s orders.

Date of Completion: 9/16/09

This is my credible allegation of compliance to F 364. This allegation does not constitute guilt but that the facility is in compliance with F 364.

All residents who receive pureed diets are receiving their food in a dignified way to ensure that their food is served in an attractive manner to ensure that their dining experience is as home like as possible.

All residents who require pureed diets were reviewed for the need of a divided plate. Residents who require a divided plate will be screened by therapy and proper physician’s orders will be obtained for their use. Residents requesting the use of divided plates will have that intervention added to their plan of care. All other residents will be served on regular plates in order to make the dining experience more attractive and home like.

Dietary staff will be educated on food service and resident requirements for adaptive equipment such as divided plates. Residents who require the use of divided plates will have that information listed on their diets cards and plans of care. Residents who may need adaptive equipment will be screened by therapies and physician’s orders will be obtained if the need is there.
Date of Correction: 10/1/09

F 441

This is my credible allegation of compliance to F 441. This allegation does not constitute guilt but that the facility is in compliance with F 441.

Resident #1 and #20 are receiving treatments in a sanitary manner to assist in the prevention of possible infections.

All residents who require treatments are receiving treatments in a sanitary manner to assist in the prevention of possible infections.

Nursing staff that perform treatments were re-educated on the practice of sanitizing scissors before and after treatments to assist in infection prevention. The nurses were also re-educated that if they are not sure to sanitize the scissors.

Nursing administration will audit treatments to ensure that nursing staff are cleaning scissors and performing treatments in a sanitary manor.

Date of Completion: 9/16/09

F 465

This is my credible allegation of compliance to F 465. This allegation does not constitute guilt but that the facility is in compliance with F 465.

The facility is addressing all identified environmental concerns. Rooms will continue to be deep cleaned per facility schedule. The facility will continue to work with staff to ensure attention to details are adhered to when cleaning and repairing identified concerns.

Housekeeping staff will be re-educated on proper cleansing of resident rooms as well as the entire facility. Maintenance staff will re-educated on prompt and proper repair of identified concerns. Door frames will be repaired and put on routine inspections to ensure that they remain in good repair.

The facility's QA team will audit the facility via QA rounds to ensure that the building remains clean and in good repair. Identified concerns will be addressed as they are identified and corrected at that time.

Date of Completion: 10/7/09
From: Amy B. Johnson (Heritage) [ajohnson@CareInitiatives.org]
Sent: Wednesday, October 07, 2009 1:19 PM
To: Davis, Theresa [DIA]
Subject: RE: Electronic transmission from DIA

Theresa-
Please use today, 10/7/09 for the sign date.
Is there a better way to return these to your office now that they are done on email?
Thanks,
Amy

From: Davis, Theresa [DIA] [mailto:Theresa.Davis@dia.iowa.gov]
Sent: Wednesday, October 07, 2009 12:50 PM
To: Amy B. Johnson (Heritage)
Subject: RE: Electronic transmission from DIA

Amy,
What date do you want to use as the administrator sign date?
Thanks
Theresa

From: Amy B. Johnson (Heritage) [mailto:ajohnson@CareInitiatives.org]
Sent: Wednesday, October 07, 2009 12:01 PM
To: Davis, Theresa [DIA]
Subject: RE: Electronic transmission from DIA

Ms. Davis:
Please find the attached plan of correction for Heritage Nursing and Rehab Center. Please let me know if you need any further information.
Thank you,
Amy Johnson
Administrator

From: Davis, Theresa [DIA] [mailto:Theresa.Davis@dia.iowa.gov]
Sent: Tuesday, September 22, 2009 7:38 AM
To: Amy B. Johnson (Heritage)
Subject: Electronic transmission from DIA

Attached to this email, you will find the results of your most recent onsite visit and the associated cover letter.

You will not receive a hard copy of these forms.

All documents are in a “read only” PDF format; therefore, the plan of correction will need to be completed in a Word document that can be returned electronically to the Department. Please do not use proper names in your plan of correction or submit any attachments referenced in your plan of correction, ie: new charting forms, nurses’ notes, assessments, etc. Those documents will be reviewed at the time of your revisit. When returning your plan of correction electronically, please “Reply all” to assure the
plan of correction is received by the appropriate parties.

Please respond by the next business day so I know you have received and read the email and all the attached documents.

If you have any questions regarding this process, please contact your Program Coordinator/Certification Coordinator.

Kathy Kieler, Bureau Chief
Medicare/Medicaid Bureau III

Theresa Davis, RN
Program Coordinator
Medicare/Medicaid Bureau III
Division of Health Facilities
(515) 281-3025
E-Mail – Theresa.Davis@dia.iowa.gov

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Ms. Davis:
Please find the attached plan of correction for Heritage Nursing and Rehab Center. Please let me know if you need any further information.

Thank you,
Amy Johnson
Administrator

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Kathy Kieler, Bureau Chief
Medicare/Medicaid Bureau III

Theresa Davis, RN
Program Coordinator
Medicare/Medicaid Bureau III
Division of Health Facilities
(515) 281-3025
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