Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number 10120			**Report date** **November 29, 2023**
Facility name Southfield Wellness Community		**Survey dates** **October 30, 2023 - November 6, 2023**	
Facility address 2416 South Des Moines Street			
City Webster City	**JB**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
56.6(1)	**481—56.6(135C) Treble and double fines.** **56.6(1)** *Treble fines for repeated violations.* The director of the department of inspections and appeals shall treble the penalties specified in rule 481—56.3(135C) for any second or subsequent class I or class II violation occurring within any 12-month period, if a citation was issued for the same class I **or class II violation occurring within that period and a penalty was assessed therefor.**	I	**$16,500.00 ($5500x3)** **Trebled** **Held in Suspension**	**Upon Receipt**
58.28(3)e	**481—58.28(135C) Safety.** The licensee of a nursing facility shall be responsible for the provision and maintenance of a safe environment for residents and personnel. (III) **58.28(3)** *Resident safety.* *e.* Each resident shall receive adequate supervision to protect against hazards from self, others, or elements in the environment. (I, II, III) **DESCRIPTION** Based on observation, interview, and record review the facility failed to keep residents safe from accidents and hazards for 4 of 4 residents reviewed (Resident #7, #28, #1, and #11). Staff failed to use a gait belt or ensure proper footwear use when transferring Resident #7. Resident #7 fell on her way to the bathroom and sustained a major injury. After Resident #28 fell, the staff failed to complete			

If, within thirty (30) days of the receipt of the citation, you: (1) do not request a formal hearing or; (2) withdraw your request for formal hearing; and (3) pay the penalty, the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Facility Administrator _____ Date _____

Citation Number 10120				**Report date** **November 29, 2023**
	neurological assessments. During an observation of a transfer of Resident #1, staff failed to use a gait belt. After Resident #11 sustained a foot injury while off campus, the facility failed to complete an incident report. Findings include: 1. Resident #7's Minimum Data Set (MDS) assessment dated 8/18/23, identified a Brief Interview for Mental Status score (BIMS) of 12, indicating moderately impaired cognition. She required extensive assistance from 1 person for bed mobility, transfers, walking, dressing and toilet use. She used a walker and wheelchair for mobility. Resident #7's MDS assessment dated 9/14/23 identified a BIMS score of 9, indicating moderately impaired cognition. She required extensive assistance from 2 persons for bed mobility, transfers, dressing, and toilet use. The Care Plan with a target date of 11/28/23 included the following Focuses a. Resident #7 had a risk for falls related to deconditioning and bilateral lower extremity weakness. The Interventions directed the following: - Please ensure that Resident #7 wore appropriate footwear when she walked, transferred, or moved in her wheelchair. b. Resident #7 required assistance with her activities of daily living (ADLs) related to weakness, fatigue, and a fracture. - 2/17/23: She needed limited assistance from 1 staff with toilet needs, revised 9/17/23. - 9/17/23: She needed extensive assistance from 2 staff with toilet needs.			

If, within thirty (30) days of the receipt of the citation, you: (1) do not request a formal hearing or; (2) withdraw your request for formal hearing; and (3) pay the penalty, the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Facility Administrator _____ Date _____

Citation Number 10120				**Report date** **November 29, 2023**
	The Incident Report provided by an anonymous source dated 8/31/23 at 4:35 PM lacked an incident description, an immediate action, and indicated that Resident #7 did not go to the hospital. Resident #7 had a pain level of 10 out of 10 on the pain scale, indicating severe pain with a mental status of oriented to person, place, time, and situation. The report indicate that Resident #7 did not have injuries observed following the incident. The Predisposing Factors reflected the following: a. Environmental: Other (Describe) b. Physiological: Gait imbalance c. Situational: Ambulating with assistance and using a wheeled walker. d. Other info listed oxygen tubing. The facility's report labeled Investigation, Summary and Findings, dated 9/1/23 showed that Resident #7 had a BIMS score of 12, indicating she is alert and oriented. On August 31 at approximately 4:35 PM, Staff I, Certified Nurse Aide (CNA), walked with Resident #7 to the bathroom. Resident #7 fell, landing on her right knee. She complained of severe pain to her right knee. Staff Q, Registered Nurse (RN), called for an emergency transfer to the hospital. While at the hospital, they found that Resident #7 had a distal femoral periprosthetic fracture (broken bone that occurs around an implants following a bone replacement) to her right leg. Staff Q reported that she just finished completing a treatment for Resident #7 and putting the supplies away. At that time, Resident #7 stood up and started walking to the bathroom. When she saw this, Staff Q called for Staff I to help Resident #7 to the bathroom due to her being nearby at the time. Staff I reported that she did not have time to apply a gait belt to Resident #7 because she already started walking hurriedly towards the bathroom. Staff I said that as Resident #7 reached for the bathroom light, her legs gave out and she fell on			

If, within thirty (30) days of the receipt of the citation, you: (1) do not request a formal hearing or; (2) withdraw your request for formal hearing; and (3) pay the penalty, the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Facility Administrator

Date

Citation Number				Report date
10120				November 29, 2023
	her knee. Staff Q reported that she could not complete range of motion (ROM) due to the amount of pain Resident #7 had. The reported reflected that Resident #7 could use the toilet and transfer independently in her room with her walker but, required limited assistance from one staff member to assist with her toilet needs. The Care Plan included the intervention for Resident #7 to wear appropriate footwear. At the time of her fall, Resident #7 did wear appropriate footwear. The handwritten statement received by the facility on 9/7/23 from Staff I indicated that she used the gait belt when transferring or assisting a resident with ambulating. For the incident with Resident #7, she did not have the opportunity to put a gait belt on her, due to her already standing and walking to the bathroom. Instead, she continued to help Resident #7 balance by holding her arm while she walked without difficulty. Staff I added that she felt the gait belt would not have prevented the fall from happening. On 10/30/23 at 12:30 PM, observed staff prepare to transfer Resident #7 from her bed to the bathroom with the use of a sit to stand lift. Resident #7 said that she remembered some things about the fall and thought that she may have tripped on the transition going to the bathroom. Resident #7's family member stated that a few days before that fall, Resident #7 got lowered to the ground. They alerted the staff that her legs did not appear as strong as before and that she needed extensive assistance. On 10/30/23 at 4:18 PM, Staff I said that on the afternoon when Resident #7 fell, she did not put on her call light for help. Staff I walked down the hall and noted the nurse just left Resident #7's room, the nurse stepped out and told Staff I that Resident			

If, within thirty (30) days of the receipt of the citation, you: (1) do not request a formal hearing or; (2) withdraw your request for formal hearing; and (3) pay the penalty, the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Citation Number 10120				**Report date** **November 29, 2023**
	#7 needed to use the restroom. When Staff I entered the room, she saw Resident #7 standing with her walker, heading towards the bathroom. She said she didn't have time to put on the gait belt. "I saw her already standing up. I couldn't catch her." She reported that Resident #7 already started to fall when she entered the room. She maintained that Resident #7 wore shoes and stockings. Staff I said that she ran to catch Resident #7 but did not have time to put a gait belt on. Staff I reported it as unusual for Resident #7 to get up on her own, she usually waited. Resident #7 never refused to wear a gait belt. Staff I said that when the paramedics arrived, they used the full-body mechanical lift to get her off the floor. She said that Resident #7 wore her oxygen while ambulating and it dragged behind her during the fall, Staff I did not think that she tripped on the tubing. The Emergency Services Report dated 8/31/23 at 4:53 PM indicated that the Emergency Medical Services (EMS) arrived to find Resident #7 leaning on a pillow on her right side. The staff reported that Resident #7 walked with only socks to the bathroom when she slipped and landed on her right knee. Resident #7 appeared stuck between the door and the toilet in a very small restroom. They applied a gait belt to Resident #7 and a blanket beneath her arms to assist her to stand on her good leg. Resident #7 rated her pain at a 10 with movement but denied pain with movement. On 10/31/23 at 10:45 AM Staff Q said that around supper time she began providing wound treatment for Resident #7. Resident #7 stood by her bed as she did the wound treatment on her coccyx. Resident #7 told her then that she needed to use the restroom. Staff Q said that she still had a lot of the treatment left to complete. Resident #7 sat down on the bed as Staff Q stepped out in the			

If, within thirty (30) days of the receipt of the citation, you: (1) do not request a formal hearing or; (2) withdraw your request for formal hearing; and (3) pay the penalty, the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Facility Administrator _____ Date _____

Citation Number 10120				**Report date** **November 29, 2023**
	hallway and asked Staff I to take her to the bathroom. Staff Q saw Resident #7 start to stand with her walker, then left the room when Staff I started to walk her toward the bathroom. Staff I did not put on a gait belt. Staff Q got a little way down the hallway when she heard a thump. She did not know for sure what Resident #7 had on her feet, she thought it was either non-skids stockings, shoes, or slippers. When the paramedics came in they put on a gait belt, assisted her to stand on her good leg and pivoted her to the cot. On 11/2/23 at 10:52 AM when asked if the oxygen tubing could have caused the fall, the Administrator reported that Resident #7 reported 4 different things that may have caused the fall, indicating that she had confusion. He said that he did not think they could have done anything differently to prevent the fall. On 11/6/23 at 9:38 AM the Paramedic that picked up Resident #7 on 8/31/23 said that she remembered Resident #7 wore socks, not gripper socks, and no shoes. She remembered this because when getting Resident #7 off the floor, she put her foot up against her foot to help support her and noticed the socks. They put a gait belt on her and wrapped her with a blanket to use as a gait belt as well. She said that they had her put weight on her left leg and pivoted her to the cot. She reported the bathroom as a very tight and small making it difficult to maneuver her off the floor. The Transfer/Gait Belts/Ambulation and Use of Safety Straps/Belts policy reviewed November 2008 directed the staff to use gait belts on residents who required assistance with transfers and /or ambulation when not using a mechanical lifting devices.			

If, within thirty (30) days of the receipt of the citation, you: (1) do not request a formal hearing or; (2) withdraw your request for formal hearing; and (3) pay the penalty, the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Facility Administrator

Date

Citation Number 10120				**Report date** **November 29, 2023**
	2. Resident #11's Minimum Data Set (MDS) assessment dated 6/2/23 identified a Brief Interview for Mental Status (BIMS) score of 15, indicating intact cognition. The assessment described her as independent with set up assistance with locomotion on and off the unit. The MDS indicated the she used a wheelchair. The Care Plan with a Target Date of 12/5/23 indicated that Resident #11 used a motorized wheelchair. The Interventions directed the following: a. Resident #11 understood that she must maintain the appropriate skill in the manipulation of an electric wheelchair to have the freedom of its use for independent locomotion. b. Resident #11 could go outside in the community with her electric wheelchair. The Incident Report Note dated 8/25/23 at 11:30 AM reflected that staff noted a burn to Resident #11's left mid back. Resident #11 reported that it happened over the weekend when she had too hot of a hot pack put on her back. The area measured 2.8 centimeters (cm) by 4 cm with part of the area open and not fluid filled. Resident #11 did complain of some discomfort to the burned area. The note listed preventative measures as educating the staff on heat packs and safety. Resident #11's clinical records lacked an order for a heat pad at the time of the incident. During an interview on 11/2/23 at 11:50 AM, Staff D, Licensed Practical Nurse (LPN) reported that Resident #11 no longer had a hot pack order. She verbalized they removed the order after the incident on 8/25/23.			

If, within thirty (30) days of the receipt of the citation, you: (1) do not request a formal hearing or; (2) withdraw your request for formal hearing; and (3) pay the penalty, the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Facility Administrator

Date

Citation Number 10120				**Report date** **November 29, 2023**
	During an interview on 11/2/23 at 12:00 PM, Staff L, Certified Medication Aide (CMA), reported that the staff would heat the rice hot pack in the microwave in the therapy room. She explained that Resident #11 told the staff how long she wanted it heated. During an interview on 11/2/23 at 12:34 PM, Resident #11 reported that the nurse on the evening shift of 8/24/23 recommended a heat pad due to her being constipated. The staff heated the pad up and applied it to her back when she laid in the bed. Resident #11 reported that she felt burning on her back but could not remove the heat pad herself so she put on her call light. Due to it being supper time, the staff assisted residents to and from the dining room, so it took a long time for them to answer her call light. She reported that after the incident the staff never used a heat pad again for her. During an interview on 11/2/23 at 12:40 PM, the Director of Nursing (DON) reported she expected the staff to offer other options for pain relief and to not use a heat pad if they do not have an order for one. She reported that she remembered them talking about the incident at the safety meeting but they did not do a root cause analysis. She did not know which staff applied the heat pad because the facility did not investigate the incident further. She reported the facility put an intervention to no longer use a heat pad for residents. During an interview on 11/2/23 at 1:15 PM, Staff M, Certified Nurse Aide (CAN) reported that staff received education to heat the heat packs only in the microwave in the therapy room and wrap it in a towel, but they are no longer able to use heat pads.			

If, within thirty (30) days of the receipt of the citation, you: (1) do not request a formal hearing or; (2) withdraw your request for formal hearing; and (3) pay the penalty, the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Facility Administrator _____ Date _____

Citation Number 10120				**Report date** **November 29, 2023**
	During an interview on 11/2/23 at 1:25 PM, Staff N, CMA, reported the staff received education to heat the heat pads only in the microwave in the therapy room and wrap it in a towel, but they are no longer able to use heat pads. An email communication provided from the facility on 11/2/23 at 4:00 PM documented on 9/18/23 to change to no hot pads in the facility and to get orders to discontinue the current orders for any residents who have an order for hot packs. 3. Resident #28's MDS assessment dated 9/7/23 identified a BIMS score of 3, indicating severely impaired cognition. Resident #11 required moderate assistance with transfers and supervision with ambulation. The MDS included diagnoses of dementia, type 2 diabetes, hypertension (high blood pressure), and malignant melanoma (a type of skin cancer). The Care Plan with a target date of 11/29/23 listed that Resident #28 had a risk for falls related to gait and balance problems. The included interventions indicated the following: a. Be sure that his call light is within reach and encourage him to use it for assistance as needed. b. Grip strips to be put in front of recliner. c. Ensure that he wore appropriate footwear when ambulating, transferring or mobilizing in his wheelchair. d. Leave Resident #28's door open at night. The Incident Report Note dated 10/12/23 at 9:15 PM reflected that staff found Resident #28 lying on the floor on his left side. He appeared alert, denied pain, and immediately requested to get up. He denied hitting his head when assessed. The completed assessment revealed vital signs within normal limits.			

If, within thirty (30) days of the receipt of the citation, you: (1) do not request a formal hearing or; (2) withdraw your request for formal hearing; and (3) pay the penalty, the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Facility Administrator

Date

Citation Number 10120				**Report date** **November 29, 2023**
	The Incident Report Note dated 10/15/23 at 12:00 AM indicated that someone called the nurse to Resident #28's room. The nurse visualized Resident #28 lying on the floor in the bathroom doorway in front of his sink, positioned on his left side/buttock with walker in reach. Resident #28 reported that he lost his balance coming out of the bathroom. He had his shoes on and his floor appeared clean, dry, and without clutter. The Incident Report Note dated 10/21/23 at 5:27 AM labeled Late Entry reflected the staff found Resident #28 on the floor with his back against the wall. The CNA reported that she heard a thud that came from room C37 while at the desk. Resident #28 could not say what he did before his fall. He laid on the floor in front of his recliner, lying on his right arm, stomach, with his head, and feet toward his TV. He reported that he hit his head. The nurse completed the assessment with neurological checks (neuros) revealing a blood pressure of 170/79. His right outer leg had a skin tear and his head had some scrapes. The Incident Report Note dated 10/29/23 at 12:15 PM reflected that the CNA called the nurse to Resident #28's room. Upon arrival, the nurse observed Resident #28 on the floor, near his window, lying on his left side with his left arm behind his back. He could not say what he tried to do when he fell. The note described Resident #28 as having a decline in his cognition, had increased restlessness, confusion, agitation, and aggression in the previous few days. Resident #28 used as needed Ativan (antianxiety medication). The assessment revealed abrasions to his left forehead, the left side of his head, and a skin tear to his left cheek.			

If, within thirty (30) days of the receipt of the citation, you: (1) do not request a formal hearing or; (2) withdraw your request for formal hearing; and (3) pay the penalty, the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Facility Administrator _____ Date _____

Citation Number 10120				**Report date** **November 29, 2023**
	During an interview on 10/30/23 at 1:00 PM, the DON reported that the facility does not do root cause analyses. The facility reviews the incident reports and discusses interventions to put into place at Quality Assurance (QA) and safety meetings. During an interview on 10/31/23 at 1:20 PM, the Administrator reported that any information collected for QA and safety is privileged information protected by law and he could not give that information out. 4. Resident #1's Minimum Data Set (MDS) assessment dated 8/21/23 identified a Brief Interview for Mental Status (BIMS) score of 1, indicating severely impaired cognition. The MDS indicated that Resident #1 required extensive assistance of one person for bed mobility, transfers, ambulation, dressing, and personal hygiene, and extensive assistance of two persons for toilet use. The MDS included diagnoses of non-traumatic brain dysfunction, diabetes, Alzheimer's disease, moderate intellectual disabilities, and Down syndrome. Resident #1's Care Plan revealed that resident is to transfer with one assist using a gait belt and four wheeled walker. On 10/30/23 at 2:00 PM, observed Resident #1 sitting in a chair at the nurses' station. Staff G, CNA, and Staff J, CNA, approached him, then assisted him to stand by putting their arms under his armpits and pulled up on the belt loops of his pants. No observation of the CNAs using a gait belt with Resident #1 for his transfer.			

If, within thirty (30) days of the receipt of the citation, you: (1) do not request a formal hearing or; (2) withdraw your request for formal hearing; and (3) pay the penalty, the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Facility Administrator

Date

Citation Number 10120				**Report date** **November 29, 2023**
	On 11/1/23 at 1:30 PM, Staff J stated that she knew she should have used a gait belt to assist Resident #1 to stand. On 11/2/23 at 2:25 PM, the DON said that she expected the CNA's to use a gait belt to transfer the resident. **FACILITY RESPONSE**			

If, within thirty (30) days of the receipt of the citation, you: (1) do not request a formal hearing or; (2) withdraw your request for formal hearing; and (3) pay the penalty, the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Facility Administrator

Date

Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number 10120			**Report date** **November 29, 2023**
Facility name Southfield Wellness Community		**Survey dates** **October 30, 2023 - November 6, 2023**	
Facility address 2416 South Des Moines Street			
City Webster City	**JB**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
58.19(2)b	**481—58.19(135C) Required nursing services for residents.** The resident shall receive and the facility shall provide, as appropriate, the following required nursing services under the 24-hour direction of qualified nurses with ancillary coverage as set forth in these rules: **58.19(2)** *Medication and treatment.* *b.* Provision of the appropriate care and treatment of wounds, including pressure sores, to promote healing, prevent infection, and prevent new sores from developing; (I, II) **DESCRIPTION** Based on observation, interview and record review the facility failed to implement treatment orders for pressure sores for 2 of 3 residents reviewed (Residents #307 and #39). In addition, the facility failed to identify a new skin injury for 1 of 3 residents (Resident #307). Resident #307 admitted to the facility on 10/26/23 with 2 skin injuries but the facility failed to get him treatment orders until 10/30/23. On 11/1/23 staff found Resident #307 with 2 additional areas of concern. Resident #39 had a chronic ulcer on his sacrum and saw a wound specialist on 10/25/23. The recommended treatment changes did not get implemented until 10/30/23. Findings include:	I	**$5000.00** **Held in Suspension**	**Upon Receipt**

If, within thirty (30) days of the receipt of the citation, you: (1) do not request a formal hearing or; (2) withdraw your request for formal hearing; and (3) pay the penalty, the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Facility Administrator _____ Date _____

Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number 10120			**Report date** **November 29, 2023**
Facility name Southfield Wellness Community		**Survey dates** **October 30, 2023 - November 6, 2023**	
Facility address 2416 South Des Moines Street			
City Webster City	**JB**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
	The MDS (Minimum Data Set) assessment identifies the definition of pressure ulcers: Stage I is an 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 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. 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. May include undermining and tunneling. Stage IV is full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar (dry, black, hard necrotic tissue). may be present on some parts of the wound bed. Often includes undermining and tunneling or eschar. 1. The Baseline Care Plan (BCP) dated 10/26/23, identified that Resident #307 required assistance from 2 persons with bed mobility, transfers and			

If, within thirty (30) days of the receipt of the citation, you: (1) do not request a formal hearing or; (2) withdraw your request for formal hearing; and (3) pay the penalty, the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Facility Administrator _____ Date _____

Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number 10120				**Report date** **November 29, 2023**
Facility name Southfield Wellness Community		**Survey dates** **October 30, 2023 - November 6, 2023**		
Facility address 2416 South Des Moines Street				
City Webster City	**JB**			
Rule or Code Section	Nature of Violation	**Class**	**Fine Amount**	**Correction Date**
	toilet use. He had a coccyx wound that measured 1.2 centimeters (cm) length x 1 cm width x 0.1 cm depth. In addition, he had a sore on his penis that measured 1 cm x 1 cm x 0.1 cm. The BCP described Resident #307 as very weak and admitted to the facility with hospice services. The Medical Diagnosis Sheet reviewed on 11/1/23 at 10:02 AM listed diagnoses of pneumonia and congestive heart failure. The Care Plan with a Target Date of 1/24/24 included the following Focuses: a. Resident #307 had a terminal prognosis related to heart failure. The Intervention directed the following: 1. Work with nursing staff to provide maximum comfort and wishes with him and/or his family. In addition, assure all staff knew of his requests. b. Resident #307 need assistance with his activities of daily living (ADL) related to sarcopenia (accelerated loss of muscle mass and function), his terminal status, and progressing overall weakness. The Interventions directed the following: 1. Resident #307 required total assistance with incontinence care. Please check and change him approximately every two hours. 2. and staff were to provide maximum comfort and to check and change him every 2 hours. 3. He required extensive assistance from 2 staff to turn and reposition.			

If, within thirty (30) days of the receipt of the citation, you: (1) do not request a formal hearing or; (2) withdraw your request for formal hearing; and (3) pay the penalty, the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Facility Administrator _____ Date _____

Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number			Report date
10120			November 29, 2023
Facility name Southfield Wellness Community		**Survey dates** October 30, 2023 - November 6, 2023	
Facility address 2416 South Des Moines Street			
City Webster City	**JB**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
	4. Check his skin for redness and open areas. On 10/30/23 at 2:49 PM observed Resident #307 grimaced in pain as laid in bed on his back with a couple of his family members visiting. He said that the staff didn't come in very often to reposition him and he had difficulty moving around on his own. He said that he had a sore on his bottom that caused him some pain. Resident #307's October 2023 Medication and Treatment Administration Record (MAR/TAR) lacked orders to treat his wounds. On 10/31/23 at 12:57 PM the Hospice nurse said that they planned to have a wound specialist evaluate Resident #307. She did not know that he did not have any wound treatment orders. She expected the facility to call hospice for any orders that they needed. The on-going observation of Resident #307 on 10/31/23 revealed the following: a. 12:35 PM on his back in bed. b. 1:32 PM same position sleeping. c. 2:47 PM same position sleeping. d. 3:33 PM same position on his back. e. 4:12 PM same position on his back. On 11/1/23 at 7:50 AM, observed Staff L, Certified Medication Aide (CMA), and Staff O, Certified Nurse			

If, within thirty (30) days of the receipt of the citation, you: (1) do not request a formal hearing or; (2) withdraw your request for formal hearing; and (3) pay the penalty, the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Facility Administrator _____ Date _____

Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number 10120				**Report date** **November 29, 2023**
Facility name Southfield Wellness Community		**Survey dates** **October 30, 2023 - November 6, 2023**		
Facility address 2416 South Des Moines Street				
City Webster City	**JB**			
Rule or Code Section	Nature of Violation	**Class**	**Fine Amount**	**Correction Date**
	Aide (CNA), as they provided morning cares and cleaning for Resident #307. Staff L noted that he had two open areas on his coccyx where he initially only had one. Resident #307 had a red irritated spot on his right upper thigh where he had a sticker there to secure the urinary catheter. Staff O said that he had the sticker on his thigh since admission. The Skin Condition note dated 11/1/23 at 3:44 PM reflected a new abrasion to Resident #307's right inner thigh that measured 5 cm x 5 cm caused by the urinary catheter securement sticker. The document noted a reddened coccyx area but did not include measurements. On 11/2/23 at 10:52 AM the Director of Nursing (DON) said that Hospice should have provided orders for the treatments upon admission. She agreed that the spot on the thigh caused by the catheter sticker should have been found sooner. 2. Resident #39's MDS assessment dated 9/22/23 identified a BIMS score of 12, indicating moderately impaired cognition. Resident #39 required limited assistance from one person for bed mobility, transfers, dressing. The MDS included diagnoses of sepsis, muscle weakness, open wound of unspecified buttock, limitation due to disability, a stage 2 pressure ulcer of sacral region (base of the spine), and diabetes mellitus.			

If, within thirty (30) days of the receipt of the citation, you: (1) do not request a formal hearing or; (2) withdraw your request for formal hearing; and (3) pay the penalty, the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Facility Administrator

Date

Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number 10120				**Report date** **November 29, 2023**
Facility name Southfield Wellness Community		**Survey dates** **October 30, 2023 - November 6, 2023**		
Facility address 2416 South Des Moines Street				
City Webster City	**JB**			
Rule or Code Section	Nature of Violation	**Class**	**Fine Amount**	**Correction Date**
	On 10/31/23 at 8:14 AM, observed Resident #39 lying in bed with the wheelchair at the foot of the bed. He said that he had a sore on his bottom that was supposed to get changed daily but that did not happen every day. The Baseline Care Plan dated 9/15/23 at 1:36 PM, indicated that Resident #39 had an ulcer labeled as a stage III on his sacrum that measured 5 centimeters (cm) length x 5.5 cm width x 0.2 depth. The additional information detailed that he had a septic decubitus ulcer (bed sore) to his sacrum that he had for his last 3 hospitalizations. He had an above knee right amputation and could get himself into a wheelchair with good upper body strength. The Skin Condition Note dated 10/5/23 at 3:51 PM indicated Resident #39 had an area to his sacrum that measured 7 cm x 3 cm x 0.2 cm with a scant amount of serosanguineous drainage noted to bandage. The wound appeared beefy red. The wound looked as the size increased some, with some granulation, and some pain noted to area. He denied any complaints or needs at that time. Resident #39's October 2023 Medication and Treatment Administration Record (MAR/TAR) included an order dated 10/24/23 to apply Bactroban (an antibiotic ointment to treat skin infections) and cover with an Allevyn sacrum dressing daily.			

If, within thirty (30) days of the receipt of the citation, you: (1) do not request a formal hearing or; (2) withdraw your request for formal hearing; and (3) pay the penalty, the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Facility Administrator

Date

Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number 10120				**Report date** **November 29, 2023**
Facility name Southfield Wellness Community		**Survey dates** **October 30, 2023 - November 6, 2023**		
Facility address 2416 South Des Moines Street				
City Webster City	**JB**			
Rule or Code Section	Nature of Violation	**Class**	**Fine Amount**	**Correction Date**
	The Wound Care * Skin Integrity * Evaluation dated 10/25/23 reflected a change in treatment orders. The Treatment Intervention directed to clean the wound with normal saline. Then apply a collagen pad to the wound bed to promote autolytic debridement (slow, painless, removal of dead tissue through a moist environment that causes the body's natural enzymes to liquify). Cover with silicone bordered super absorbent dressing. Change dressing daily and as needed. On 10/31/23 at 2:56 PM the Wound Nurse Specialist said that she first saw Resident #307 on 10/26/23 and made some recommendations for treatment changes at that time. According to the electronic charting, the order did not get entered until 10/30/23 at 10:24 AM. On 11/1/23 at 9:15 AM, the Pharmacy Technician said that they received the new treatment order at the pharmacy on 10/30/23 at 10:50 AM. They delivered the supplies at 9:00 PM on 10/30/23. The Pressure Ulcer Risk Assessment and Documentation policy updated January 2011 instructed that to prevent pressure sores, interventions include to assist with repositioning immobile residents at a minimum of approximately every 2 hours. Observe for proper placement of			

If, within thirty (30) days of the receipt of the citation, you: (1) do not request a formal hearing or; (2) withdraw your request for formal hearing; and (3) pay the penalty, the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Facility Administrator _____ Date _____

Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number 10120				**Report date** **November 29, 2023**
Facility name Southfield Wellness Community		**Survey dates** **October 30, 2023 - November 6, 2023**		
Facility address 2416 South Des Moines Street				
City Webster City	**JB**			
Rule or Code Section	Nature of Violation	**Class**	**Fine Amount**	**Correction Date**
	tubing to reduce pressure risk and obtain treatment orders from the physician. **FACILITY RESPONSE**			

If, within thirty (30) days of the receipt of the citation, you: (1) do not request a formal hearing or; (2) withdraw your request for formal hearing; and (3) pay the penalty, the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Facility Administrator

Date

Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number		Report date
10120		November 29, 2023
Facility name Southfield Wellness Community		**Survey dates** October 30, 2023 - November 6, 2023
Facility address 2416 South Des Moines Street		
City Webster City	**JB**	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
58.43(9)	**481—58.43(135C) Resident abuse prohibited.** Each resident shall always receive kind and considerate care and shall be free from mental, physical, sexual, and verbal abuse, exploitation, neglect, and physical injury. Each resident shall be free from chemical and physical restraints except as follows: when authorized in writing by a physician for a specified period of time; when necessary in an emergency to protect the resident from injury to the resident or to others, in which case restraints may be authorized by designated professional personnel who promptly report the action taken to the physician; and in the case of an intellectually disabled individual when ordered in writing by a physician and authorized by a designated qualified intellectual disabilities professional for use during behavior modification sessions. Mechanical supports used in normative situations to achieve proper body position and balance shall not be considered a restraint. (II) **58.43(9)** Allegations of dependent adult abuse. Allegations of dependent adult abuse shall be reported and investigated pursuant to Iowa Code chapter 235E and 481—Chapter 52. (I, II, III) **DESCRIPTION** I. Based on interview, staff file review and policy review the facility failed to report a potential abuse to the surveying agency for 1 of 3 residents	II	**$500.00** **Held in Suspension**	**Upon Receipt**

If, within thirty (30) days of the receipt of the citation, you: (1) do not request a formal hearing or; (2) withdraw your request for formal hearing; and (3) pay the penalty, the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Facility Administrator _____ Date _____

Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number 10120				**Report date** **November 29, 2023**
Facility name Southfield Wellness Community		**Survey dates** **October 30, 2023 - November 6, 2023**		
Facility address 2416 South Des Moines Street				
City Webster City	**JB**			
Rule or Code Section	Nature of Violation	**Class**	**Fine Amount**	**Correction Date**
	(Resident #308). Staff reported to the administration that Staff I, Certified Nurse Aide (CNA), pushed Resident #308 back into a chair in a rough manner. A video recording contained the interaction and the personal file contained a counseling note. The facility did not report the incident to the proper authorities. Findings include: Resident #308's Minimum Data Set (MDS) dated 6/1/23 identified a Brief Interview for Mental Status (BIMS) score of 3, indicating severely impaired cognition. Resident #308 required extensive assistance from 1 person for dressing, toilet use, and hygiene. In addition, Resident #308 required limited assistance from 1 person for locomotion. The MDS included diagnoses of unspecified dementia with behavioral disturbances, generalized anxiety disorder, and unspecified dementia with agitation. The Care Plan cancelled on 9/6/23, reflected that Resident #308 had a risk for falls related to his gait and balance problems, in addition, to his impaired safety awareness. The Interventions indicated that he needed assistance from 1 person with a front wheeled walker and he needed frequent checks due to his impulsivity at time.			

If, within thirty (30) days of the receipt of the citation, you: (1) do not request a formal hearing or; (2) withdraw your request for formal hearing; and (3) pay the penalty, the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Facility Administrator _____ Date _____

Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number 10120				**Report date** **November 29, 2023**
Facility name Southfield Wellness Community		**Survey dates** **October 30, 2023 - November 6, 2023**		
Facility address 2416 South Des Moines Street				
City Webster City	**JB**			
Rule or Code Section	Nature of Violation	**Class**	**Fine Amount**	**Correction Date**
	Staff I's Employee Counseling form dated 7/13/23 indicated that she violated resident cares as she pushed a resident back into his chair with too much force. Another CNA reported the incident and security cameras confirmed the incident. The Administrator talked with her about resident safety. The Behavior Note dated 7/13/23 at 4:37 PM reflected that Resident #308 stomped around the front lounge following the Office Manager, as he mistakes her for his wife. He continued to pace circles around the front lounge while angry for approximately 45 minutes. In addition, he attempted to exit see at the front door. On 11/2/23 at 1:11 PM Staff I described Resident #308 as very sick and had dementia. She said that he got very upset on the evening of 7/13/23, cussing at staff. One time that night she tried to stop him from going outside and then he pushed her. She said that he tried to stand up on his own but kept falling. Once when he tried to stand, he pushed her and she pushed him into the chair. She said that it wasn't forceful. The Administrator talked to her about it the following day but she told him just to forget it because Resident #308 had dementia and she understood that he didn't know what he was doing when he pushed her. She said that she hadn't gotten hurt. She did not know of a disciplinary report in her file.			

If, within thirty (30) days of the receipt of the citation, you: (1) do not request a formal hearing or; (2) withdraw your request for formal hearing; and (3) pay the penalty, the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Facility Administrator

Date

Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number 10120				**Report date** **November 29, 2023**
Facility name Southfield Wellness Community		**Survey dates** **October 30, 2023 - November 6, 2023**		
Facility address 2416 South Des Moines Street				
City Webster City	**JB**			
Rule or Code Section	Nature of Violation	**Class**	**Fine Amount**	**Correction Date**
	On 11/2/23 at 6:14 AM, the Administrator said that the incident involved Resident #308, and he did an investigation. His investigation determined that it was not abuse. He explained that the facility had a video, but they didn't have it any longer. He said that he didn't remember which staff member witnessed and reported the incident. He felt that he did a thorough investigation. A review of the incidents reported to the Department of Inspections, Appeals, and Licensing lacked a report for the incident. The Mandatory Reporting of Dependent Adult Abuse, Crimes and Other Notifications policy effective 4/3/17, instructed that any reasonable suspicion of a crime against any individual who is a resident or receiving care from a long-term care facility must be reported to the state survey agency. II. Based on interview, staff file review and policy review the facility failed to thoroughly investigate a potential abuse situation for 1 of 1 resident reviewed (Resident #308). The staff reported to the Administration that Staff I, Certified Nurse Aide (CNA) pushed Resident #308 into a chair in a forceful manner. A video recording contained the interaction and the facility counseled Staff I. Findings include:			

If, within thirty (30) days of the receipt of the citation, you: (1) do not request a formal hearing or; (2) withdraw your request for formal hearing; and (3) pay the penalty, the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Facility Administrator _____ Date _____

Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number 10120				**Report date** **November 29, 2023**
Facility name Southfield Wellness Community		**Survey dates** **October 30, 2023 - November 6, 2023**		
Facility address 2416 South Des Moines Street				
City Webster City	**JB**			
Rule or Code Section	Nature of Violation	**Class**	**Fine Amount**	**Correction Date**
	Resident #308's Minimum Data Set (MDS) dated 6/1/23 identified a Brief Interview for Mental Status (BIMS) score of 3, indicating severely impaired cognition. Resident #308 required extensive assistance from 1 person for dressing, toilet use, and hygiene. In addition, Resident #308 required limited assistance from 1 person for locomotion. The MDS included diagnoses of unspecified dementia with behavioral disturbances, generalized anxiety disorder, and unspecified dementia with agitation. The Care Plan cancelled on 9/6/23, reflected that Resident #308 had a risk for falls related to his gait and balance problems, in addition, to his impaired safety awareness. The Interventions indicated that he needed assistance from 1 person with a front wheeled walker and he needed frequent checks due to his impulsivity at time. Staff I's Employee Counseling form dated 7/13/23 indicated that she violated resident cares as she pushed a resident back into his chair with too much force. Another CNA reported the incident and security cameras confirmed the incident. The Administrator talked with her about resident safety. The Behavior Note dated 7/13/23 at 4:37 PM reflected that Resident #308 stomped around the front lounge following the Office Manager, as he mistakes her for his wife. He continued to pace			

If, within thirty (30) days of the receipt of the citation, you: (1) do not request a formal hearing or; (2) withdraw your request for formal hearing; and (3) pay the penalty, the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Facility Administrator

Date

Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number			Report date
10120			November 29, 2023
Facility name Southfield Wellness Community		**Survey dates** October 30, 2023 - November 6, 2023	
Facility address 2416 South Des Moines Street			
City Webster City	**JB**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
	circles around the front lounge while angry for approximately 45 minutes. In addition, he attempted to exit see at the front door. On 11/2/23 at 1:11 PM Staff I described Resident #308 as very sick and had dementia. She said that he got very upset on the evening of 7/13/23, cussing at staff. One time that night she tried to stop him from going outside and then he pushed her. She said that he tried to stand up on his own but kept falling. Once when he tried to stand, he pushed her and she pushed him into the chair. She said that it wasn't forceful. The Administrator talked to her about it the following day but she told him just to forget it because Resident #308 had dementia and she understood that he didn't know what he was doing when he pushed her. She said that she hadn't gotten hurt. She did not know of a disciplinary report in her file. On 11/2/23 at 6:14 AM, the Administrator said that he needed to gather his notes and compile a summary of the event. He said that the incident involved Resident #308, and he did an investigation and determined that it was not abuse. He said there was a video, but they didn't have that video any longer. He said that he didn't remember who the staff member was that witnessed and reported the incident. He said he felt that he did a thorough investigation.			

If, within thirty (30) days of the receipt of the citation, you: (1) do not request a formal hearing or; (2) withdraw your request for formal hearing; and (3) pay the penalty, the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Facility Administrator

Date

Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number 10120				**Report date** **November 29, 2023**
Facility name Southfield Wellness Community		**Survey dates** **October 30, 2023 - November 6, 2023**		
Facility address 2416 South Des Moines Street				
City Webster City	**JB**			
Rule or Code Section	Nature of Violation	**Class**	**Fine Amount**	**Correction Date**
	The Administrator provided a typed summary of the camera footage of the incident on 7/13/23. The bullet point format indicated that Staff I supported Resident #308 to sit in a wheelchair. Resident #308 sat back into the chair firmly but without force. The Form included a note that Staff I received counseling regarding proper care techniques for residents having behaviors. The summary lacked staff interviews or documentation of a resident assessment. The Abuse Prevention, Training and Investigation policy revised 12/30/20 instructed that the person in charge of the facility would immediately separate the alleged perpetrator from the victim. The facility would interview the alleged perpetrator ant notify the victims' attending physician. Every abuse investigation would be thoroughly investigated to include interviews with potential witness. **FACILITY RESPONSE**			

If, within thirty (30) days of the receipt of the citation, you: (1) do not request a formal hearing or; (2) withdraw your request for formal hearing; and (3) pay the penalty, the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Facility Administrator

Date