Citation Numb	er:			Date: Decem	ber 19, 2023
Facility Name: Urbandale Heat	th Care Center		Survey I Novembe	Dates: er 27, 2023 – Dec	cember 6, 2023
Facility Address 4614 NW 84 th S Urbandale, low		LG			
Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date
58.19(2)j 58.20(2)	residents. The resident facility shall provide, as required nursing service of qualified nurses with in these rules: 58.19(2) Medication and j. Provision of accurate intervention for all reside adverse symptoms which mental, emotional, or ph. 481—58.20(135C) Dutie Every nursing facility sh supervisor who shall: 58.20(2) Plan for and ditreatments, procedures, order that each resident practicable, are met; (II, DESCRIPTION: Based on clinical record and staff interviews, propolicy review the facility residents (Resident #9) received care and services.	appropriate, the following as under the 24-hour direction ancillary coverage as set forth direatment. assessment and timely ents who have an onset of chirepresent a change in hysical condition. (I, II, III) es of health service supervisor. all have a health service rect the nursing care, services, and other services in it's needs and choices, where III) If review, observation, resident evider interview, and facility failed to ensure 1 of 3 reviewed for pressure ulcers deed at the facility. The facility		Upon Receipt	
Facilit	y Administrator	Dat			g = 1 31 = 1

Facility Name: Urbandale Heath Care Center Facility Address/City/State/Zip 4614 NW 84th Street Urbandale, lows 50322	Citation Number: #10134				Date: Decemb	er 19, 2023
Rule or Code Section Rule or So322 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. Unstageable Ulcer: inability to see the wound bed. Other staging considerations include:	Urbandale Heath Care Center				23 – Dec	ember 6, 2023
Code Section 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. Unstageable Ulcer: inability to see the wound bed. Other staging considerations include:	4614 NW 84 th Street	LG				
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. Unstageable Ulcer: inability to see the wound bed. Other staging considerations include:	Code Natur	e of Violation	Class	Fine Ar	mount	
blanchable deep red, maroon or purple discoloration.	Stage I is an intact skin of a localized area usual Darkly pigmented skin in blanching; in dark skin the persistent blue or purple. Stage II is partial thickness a shallow open ulcer without slough (dead tist color). May also present blister. Stage III Full thickness may be visible but bone exposed. Slough may be the depth of tissue loss tunneling. Stage IV is full thickness bone, tendon or muscle hard necrotic tissue). In of the wound bed. Ofte tunneling or eschar. Unstageable Ulcer: inable of the staging consideration beep Tissue Pressure I	with non-blanchable redness ally over a bony prominence. may not have a visible ones only it may appear with the hues. ess loss of dermis presenting with a red or pink wound bed, asue, usually cream or yellow in that an intact or open/ruptured tissue loss. Subcutaneous fat the present but does not obscure. May include undermining and the stissue loss with exposed and include undermining and the present on some parts on includes undermining and the present on some parts on includes undermining and the present on some parts on includes undermining and the present on some parts on includes undermining and the present on some parts on includes undermining and the present on some parts on includes undermining and the present on some parts on includes undermining and the present on some parts on includes undermining and the present on some parts on includes undermining and the present on some parts on includes undermining and the present on some parts on includes undermining and the present of the pre				

Facility Administrator Date

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Facility Address/City/State/Zip 4614 NW 84 th Street Urbandale, Iowa 50322		LG				
Rule or Code Section	Nature	e of Violation	Class	Fine A	mount	Correction date
	blanchable deep red, m to damage of underlying preceded by tissue that warmer or cooler as cor These changes often pr discoloration may appea pigmented skin. This inj prolonged pressure and muscle interface. The admission Minimun dated 7/31/23, revealed sepsis, diabetes, septice blood), and cellulitis (baright lower limb. The Minimum dated to the facility of documented the resider but had no skin wounds. The MDS assessment of the MDS assessment of the mobility and transferresident had a risk for procurrent pressure ulcers indicated the resident resident had a Brief Interesident had a Bri	ury results from intense and/or shear forces at the bone- n Data Set (MDS) assessment Resident #9 had diagnosis of emia (bacterial infection in the cterial skin infection) on the DS documented the resident n 7/27/23. The MDS at had a risk for pressure ulcers				Page 3 of 2 3

Facility Administrator

Date

Citation Numb	er:			er 19, 2023		
Facility Name: Urbandale Hea	th Care Center		Survey I November)23 – Dec	ember 6, 2023
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Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	an open wound on the r The Admission Narrativ 9/7/23 revealed the Braresident at risk for deve The Care Plan revised 8 had an activities of daily The staff directives included one for bed mobility. The diagnoses of diabetes in inspect the feet daily for pressure areas. The Caregarding altered skin in well as the interventions pressure areas. The Order Summary Resorders: -Weekly skin assessme evening shift started on -Extra strength (ES) accommilligrams (mg) give 2 to hours as needed (PRN) 10/7/23Float bilateral heels on integrity started on 10/8 -Tramadol (opioid pain in hours PRN for pain startencourage resident to	etaminophen (Tylenol) 500 ablets by mouth (PO) every 8 for increased pain started on pillows while in bed for skin /23. medication) 50 mg PO every 6				Page 4 of 2

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Date

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Facility Address 4614 NW 84th S Urbandale, low		LG				
Rule or Code Section	Nature	e of Violation	Class	Fine A	mount	Correction date
	relieve pressure to help bilateral feet at bedtime healing for blister on left heel started on 10/12/23-Apply skin prep to the I times a day for a fluid fil prep and notify the doct order started on 10/8/23 on 10/23/23. -Cleanse left and right he choice, apply silver alging fluid) to wound bed, cow wrap with gauze wrap, sordered on 11/14/2023. -Cleanse left foot 4th diapply skin prep daily star-Prafo (device to offload heel/ankles) boots to bil off at HS to promote wo The Treatment Administ 10/1 -10/31/23 revealed heel and foot for his foo completed on 10/31/23. lacked documentation of heel wound on 10/26/23 TAR also lacked docum wound treatment on 11/ weekly skin assessmen 11/1 - 11/30/23 had an element of the lacked documentation of the lacked skin assessmen 11/1 - 11/30/23 had an element of the lacked skin assessmen 11/1 - 11/30/23 had an element of the lacked documentation of the lacked skin assessmen 11/1 - 11/30/23 had an element of the lacked documentation of the lacked skin assessmen 11/1 - 11/30/23 had an element of the lacked documentation of the lacked documentati	eft outer heel topically two led intact blister. Stop skin or if the blister opened. The 3 at 7:00 PM, and discontinued neel wound with cleanser of nate (dressing to absorb wound ver with heel foam dressing, secure with tape daily and PRN git with cleanser of choice and				Page 5 of 2 :

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Facility Addres 4614 NW 84 th S Urbandale, lowa		LG				
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	added on 11/28/23 at 2: completed on 11/28/23.	00 PM, and documented as				
	10/1/23-10/31/23 reveal -ES Tylenol 500 mg two increased pain started of administered on 10/11, up to "5" on a 1-10 scale scheduled doses of ES -Tramadol 50 mg PO ex started on 10/8/23. A tradministered to the resifor pain rated up to "7" of Levaquin (antibiotic) 50 administered 10/12/23 transport -Prevalon Boots to bilate wound healing to blister the right heel started on discontinued on 11/28/2 -Tramadol 50 mg PO exadministered 9 times 11 up to "9" on a 1-10 pain -Juven (protein supplem stage 2 pressure ulcer to right hresure ulcer to right (antibiotic) 500 my wound care started on 11/28/2 -Flagyl (antibiotic) 500 my wound care started on 11/28/2 -Flagyl (antibiotic) 500 my wound care started on 11/28/2 -Flagyl (antibiotic) 500 my wound care started on 11/28/2 -Flagyl (antibiotic) 500 my wound care started on 11/28/2 -Flagyl (antibiotic) 500 my wound care started on 11/28/2 -Flagyl (antibiotic) 500 my wound care started on 11/28/2 -Flagyl (antibiotic) 500 my wound care started on 11/28/2 -Flagyl (antibiotic) 500 my wound care started on 11/28/2 -Flagyl (antibiotic) 500 my wound care started on 11/28/2 -Flagyl (antibiotic) 500 my wound care started on 11/28/2 -Flagyl (antibiotic) 500 my wound started on 11/28/2 -Flagyl (antibiotic) 500 my wound care started on 11/28/2 -Flagyl (antibiotic) 500 my wound care started on 11/28/2 -Flagyl (antibiotic) 500 my wound care started on 11/28/2 -Flagyl (antibiotic) 500 my wound care started on 11/28/2 -Flagyl (antibiotic) 500 my wound care started on 11/28/2 -Flagyl (antibiotic) 500 my wound care started on 11/28/2 -Flagyl (antibiotic) 500 my wound care started on 11/28/2 -Flagyl (antibiotic) 500 my wound care started on 11/28/2 -Flagyl (antibiotic) 500 my wound care started on 11/28/2 -Flagyl (antibiotic) 500 my wound care started on 11/28/2 -Flagyl (antibiotic) 500 my wound care started on 11/28/2 -Flagyl (antibiotic) 500 my wound care started on 11/28/2 -Flagyl (antibiotic) 500 my wound care started on 11/28/2 -Flagyl (antibiotic) 500 my wound care started on 11/28/2 -F	very 6 hours PRN for pain otal of 17 doses were dent between 10/16 - 10/30/23 on a 1-10 pain scale. On mg PO for wound o 10/21/23. eral feet at HS to promote on the left heel and wound on 10/12/23 at 6:00 PM and 23. 3 - 11/30/23 revealed: very 6 hours PRN for pain /1 to 11/14/23 for pain rated at scale. nent) in the evening related to o left heel and stage 3 eel started on 11/14/23. ng PO three times a day for 11/15/23 to 11/22/23.	at			
	11/16/23 until 11/22/23.	aily for wound started on				Page 6 of 2

Facility Administrator Date

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	increased pain started on 10/7/23. ES Tylenol administered on 11/2/23 for pain rated at 5, 11/14/23 for pain rated at 6, 11/21/23 for pain rated at 4, and 11/22/23 for pain rated at 5. -A wound culture of right lateral heel wound completed 11/28/23 at 2:02 PM. The Progress Notes for the resident revealed the following: -On 8/2/23 at 9:48 AM, no open areas or skin issues, and no surgical wounds. -On 8/29/23 at 4:28 PM, resident had an unwitnessed fall and sent to the hospital. -On 9/1/23 at 5:16 PM, resident readmitted to the					
	weakness and altered n -On 9/7/23 at 11:40 AM hospital. Skin assessm abrasions to bilateral kn extremity, and a pressu -On 9/22/23 at 2:14 PM and no surgical wounds -On 10/7/23 at 6:00 AM during the shift from a ri Tylenol administeredOn 10/8/23 at 8:23 AM outer heel below the an (cm) x 4.2 cm. Wound b wound bed slough. The	, readmitted to facility from the ent abnormalities included nees and the left lower re ulcer to the left buttock. , no open areas/skin issues				Page 7 of 2

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	dressing applied. Resident end foot and heel "off and on lying in bed. Resident end extremities (BLE) elevated. The outer aspect of left intact fluid filled blister 3 to cleanse skin over blist apply skin prep twice a clintact. Placed on wound evaluate and treat resid received for Tramadol 5 PRN and to float bilaters. On 10/9/23 at 9:37 PM to assess area of conceinteds. Staff report the rest the hospital secondary to mid-September. No recomment. He has Type 2 classistance for transfers distances with staff assisted has tennis shoes the repair. Foam cushion in his right heel is tender. The right heel and odor in dressing. The resident had a right pressure ulcer measuring had a moderate amount surrounding skin appear Pain rated at a 2-3 on a	aline and an optifoam border dent complains of pain in right n". Pain is most severe while ducated to keep bilateral lower ted on a pillow while in bed. heel below the ankle had an 3 cm x 3.2 cm. Orders received ster with normal saline and day while blister remained do nurse practitioner's list to ent on 10/9/23. Order also some 1 tab PO every 6 hours all heels on pillows while in bed. wound provider saw resident ent to buttock and bilateral esident had been in and out of to falls and sepsis in early to cent hospitalization in the past diabetes. He requires staff. He is able to ambulate short istance and a wheeled walker. At are not new and in good in the wheelchair. He reports there is a foam dressing on moted upon removal of the stateral heel unstageable and 2.8 cm x 1.5 cm x 0.1cm and to of thin, serous drainage. The red macerated, and reddened. 1 to 10 scale. The treatment see wound with cleanser of				Page 8 of 2 3
Facility	y Administrator		 e		_	-

Citation Numb #10134	er:				Date: Decemb	per 19, 2023
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Rule or Code Section	e Nature of Violation			Fine A	mount	Correction date
	with gauze wrap, and set A left lateral heel Stage cm x 3.0 cm x 0.1cm and Treatment order include cleanser of choice and a Additional orders include tab PO for 10 days for in Prevalon boots at HS, a keep shoes off when no wound healing. -On 10/11/23 at 3:32 PN 500mg PO daily for 10 cleansessment. Legs offlow bandage applied to hee administered. -On 10/16/23 at 4:43 PN Levaquin for wound inference would be administered. -On 10/17/23 at 2:22 AN while repositioning resident repositioning resident purple in color and scale with touch and who Resident repositioned in to BLE's, and PRN Transition and treatment distance in the stage of t	apply skin prep daily and PRN. ed to administer Bactrim DS 1 ight heel infection, apply nd encourage the resident to it weight bearing to promote M, order to start Levaquin days for wound care. M, resident complained of pain blisters noted upon aded with pillow and gauze ls. Scheduled Tramadol M, resident continues on action. Bilateral heels in bunny monitor. M, at approximately 11:40 PM, lent in bed, observed the both heels had fallen off in the ads cleansed with normal saline d as ordered. Wound beds dry. Pain at 8/10 on pain men treatment performed. The bed, protective boots applied madol administered. The wound round notes from				Page 9 of 2 3

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Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date
	heels. Resident wears in therapy. Resident en when not working in the would rather give up his Education provided abountil the wounds healed right heel. The right late pressure area) measure and had 100 % unstable amount of this serous d 3-4 out of 10. The left ulcer) measured 3.2 cm and had a moderate am resident rated pain 0-2 wounds included to clear apply calcium alginate with heel foam dressing secure with tape three to your working in therapy off when not working in followed well by the resing wear his Prevalon be recliner upon entry into position. Resident had wounds. The left heel his Staff reported their support of the right lateral heel working the right lateral heel working amount of this rated pain 1-3 out of 10	M, resident wears tennis shoes y. Encouraged to take shoes therapy. Recommendation not ident. Resident reports he does oots at HS. He is sitting in room with feet in a dependent tenderness to bilateral heel ad no heel foam dressing on. oly is nearly exhausted. bund (Stage 3 pressure area)			Page 10 of 2
Facilit	zy Administrator		e		

Citation Number: #10134					Date: Decemb	er 19, 2023
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Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	assess. The resident rato continue treatment to cleanse with cleanser of with silver to wound beddressing, wrap with gauthree times a week and A diabetic foot ulcer to tom x 0.6 cm x 0.1 cm with cleanser of choice PRN. In addition, a PCI of the right lateral heel. Orders included: -Discontinue Prevalon be-Place air mattress to preprafo boots to bilateral at HS to promote wound of the right lateral heel. On 11/28/23 at 2:45 PM Nurse (RN), perform a total changes to Resident #9 toe as he sat in his reclination had an open area of purulent drainage. The had a necrotic area. Rewas going to need his feresident no, but she had Prevalon boots sat on to resident's room. The resident's room.	ed was boggy and not able to ated pain 0-1 out of 10. Orders bilateral heel wounds: If choice, apply calcium alginate Id, cover with heel foam ze wrap, and secure with tape PRN. The left 4th digit measured 0.5 ith eschar. Order to cleanse and apply skin prep daily and R DNA wound culture obtained proots per resident request romote wound healing feet on during the day and off dihealing. If observed Staff K, Registered reatment and dressing is bilateral heels and left 4th ner. The resident's right lateral with a moderate amount of left lateral and back of the heel resident #9 asked Staff K if he eet cut off. Staff K told the dinot seen his wounds before. Op of a large cabinet in the sident refused to wear the ged the resident to keep his				Page 11 of 2 :

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Facility Name: Urbandale Heath C	Care Center			Survey Dates: November 27, 2023 – December 6, 2		
Facility Address/C 4614 NW 84 th Stree Urbandale, lowa 50	et	LG				
Rule or Code Section	Nature	e of Violation	Class	Fine A	mount	Correction date
#9 mo dro bli an ba he Do wo ha pro rei the no wo ho wii wr ch far Th he rei Th go off bu	Preported he had would onths. The staff treate essings on the area. It ister about the size of and it was painful. He staff two particles and the received particles and the prepartition of the particles and the	12/4/23 at 10:15 AM, Resident nds on both heels for about 4 ed it with silver and placed One wound started out as a a half dollar, then it opened up, stated the wounds don't hurt as an medication, but sometimes ain medication. 12/4/23 at 11:25 AM, the er (NP) reported Resident #9 els, and wounds classified as P stated she didn't know if the ores on feet when he came to with the resident when staff had esident because he had ead been in and out of the red the heel wounds treated ele foam dressing, and he wound treatment order in on-call provider who wasn't ent being done for the resident. It being done for the resident with recommendations. It least to calcium alginate and 12/4/23. The NP reported the inpliant with recommendations. It least to walk in them in delivery of the boots. 12/4/23 at 12:45 PM, Staff L, int (CNA) reported she just saw if they needed help, and				Page 12 of 2

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	-					
Rule or Code Section	Natur	e of Violation				Correction date
	didn't look at the compu- pocket care plan to refersor cares or intervention what to do for the resident During an interview on Licensed Practical Nursiperformed a head to too resident admitted to the assessment on the com- out upon admission, an assessment completed also filled out a shower concerns observed and resident's skin and sign progress note entered if if a resident at risk for prepositioned and toilete A roho cushion or air m depending upon the resident depending upon the resident at risk for prepositioned and toilete A roho cushion or air m depending upon the resident at risk for deverages ment. The ADO resident at risk for deverage an air mattress place provided to resident abd encourage resident to we	12/4/23 at 1:00 PM, Staff N, se (LPN) reported the nurse exin assessment whenever a facility, and documented the nuter. A Braden scale filled d a head to toe skin weekly on each resident. Staff sheet and marked if any skin the nurse on duty checked the ed off on shower sheet. A f staff noted any skin concerns. ressure sores, staff d the resident every 2-3 hours. attress used if needed,				Page 13 of 2

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Date

Urbandale Heath Care Center Facility Address/City/State/Zip 4614 NW 84th Street Urbandale, lowa 50322 Rule or	Dates: ber 27, 2023 – Do		
Rule or Code Section Skin looked or felt boggy and heels floated as much as possible. Resident encouraged to consume protein and supplements, and a referral made to the dietician. A resident also added to the wound provider's list to see the resident when a wound developed. During an interview on 12/4/23 at 1:50 PM, Staff E, ADON, reported the resident skin assessments completed upon admission and weekly by the nurses. The admission skin assessment documented on the		ecember 6, 2023	
Class Section Skin looked or felt boggy and heels floated as much as possible. Resident encouraged to consume protein and supplements, and a referral made to the dietician. A resident also added to the wound provider's list to see the resident when a wound developed. During an interview on 12/4/23 at 1:50 PM, Staff E, ADON, reported the resident skin assessments completed upon admission and weekly by the nurses. The admission skin assessment documented on the			
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Braden scale assessment. Weekly skin assessments typically done to coincide with the resident's shower day, and recorded on the TAR. Interventions put into place if a resident had a risk for pressure ulcer. Interventions such as limited linens on the bed, use one chux, and skin checks by CNA's during cares. An air mattress placed on the bed if a resident had skin issues. Treatments documented on the TAR. Staff E reported she expected interventions in place to prevent pressure ulcers if the resident is at risk for pressure ulcers. Staff E reported Resident #9 noncompliant and liked to sit with his feet down or on foot pedals. The resident developed pressure areas on heels after admission to the facility. He refused to wear bunny boots. Resident told staff he would rather donate his feet then wear bunny boots, and he would rather go to jail then give up his shoes. Staff E reported Prafo boots are on order. During an interview on 12/5/23 at 2:10 PM, Staff M, CNA, reported no care plans or pocket care plan for her to know what to do for the residents. She went off		Page 14 of 2	

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Facility Address/City/State/Zip 4614 NW 84 th Street Urbandale, Iowa 50322		LG				
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	cares and things needed didn't have access to loo on the computer. During an interview on a CNA, reported she had and normally assigned to she was familiar with the needed. Staff O reported sheet" to look at but if noted a form with resident nand wrote down things need reported she had the cast computer. Staff O reported the staff O reported the set sheet. If a resident transferred, if resident liked things do not the set sheet. If a reshe didn't have certain oplace, someone stopped needed them on. During an interview on a Coordinator, reported she care plans for the resider reported the facility had ADON was responsible skilled residents, and she care plans for the other the skilled unit so she were considered.	out the residents and what d done. Staff M reported she ok at the residents' care plan 12/6/23 at 10:15 AM, Staff O, worked at the facility awhile to work on the same hall, so e residents and what they ed sometimes they had a "set o set sheet available, then took mes and room number and led for the residents. Staff O apability to look things up on the red Staff F and the DON The set sheet included how a resident needed assistance with or dentures, and how the ne. Pressure ulcer not included sident had a pressure sore and devices such as bunny boots in d and told her the resident 12/6/23 at 10:45 AM, the MDS ne completed the MDS and ents. The MDS Coordinator a transition period when the for completion of care plans on the mainly worked on MDS and units. For awhile, no ADON on worked on MDS completions care plans one day a month				Page 15 of 2 3

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Facility Name: Urbandale Heath Care Center			Survey D November		23 – Dec	ember 6, 2023
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	them. The transition pe 3 months but there had past year. The MDS Cocare plan completed and The MDS Coordinator reinformation for care plan hospital notes, progress meetings about transition. The ADON's updated the about resident cares. The apressure sore or wour focus area of skin, along as a cushion, mattress, had a pressure area. The she knew Resident #9 he by a wound provider. Some pressure ulcers placed of gotten to Resident #9's and Askin Integrity and Prefective 9/2023 revealed consistent with profession prevent pressure injuries injuries unless the individemonstrated pressure resident with pressure intreatment and services infection, and prevent deprevention guidelines in residents at risk for deviadmission, quarterly, and	ins from MDS assessment, is notes, MAR, TAR, and is notes, MAR, TAR, and is notes in the set sheet for staff reference in the MDS Coordinator reported in the devices needed such floating heels, etc. if a resident the MDS Coordinator reported in the matter in the matte				Page 16 of 2 3
Facility	y Administrator		 e		_	-

Citation Number #10134	er:				Date: Decemb	per 19, 2023
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	development and healin implementation of intervunderlying risk factors. resident's clinical condit include but not limited to appropriate pressure renon-irritation surfaces, r	•				Page 17 of 23
	Advision	<u>-</u>				aye II UI Z
Facilit	y Administrator	Dat	e			

Citation Numb		Date: December 19			per 19, 2023	
Facility Name: Urbandale Hea	th Care Center		Survey I November		23 – Dec	cember 6, 2023
Facility Addre		LG				
Rule or Code Section	Natur	e of Violation	Class	Fine Ar	mount	Correction date
58.19(2)g	residents. The resident facility shall provide, as required nursing service of qualified nurses with in these rules: 58.19(2) Medication and g. Administration of oxy registered nurse or licer	appropriate, the following es under the 24-hour direction ancillary coverage as set forth directment. gen (to be performed only by a need practical nurse or er the direction of a registered	I	\$4750.0	00	Upon Receipt
	DESCRIPTION:					
	facility policy review, the resident who needed re oxygen for a doctor's ap	I review, staff interview, and e facility staff failed to ensure a spiratory care was provided pointment for 1 of 3 residents e (Resident #4). The facility residents.				
	Findings include:					
	10/1/23 revealed Resider failure, breast cancer, a documented the resider cognition. The MDS income the state of the state	(MDS) assessment dated ent #4 had diagnoses of heart nd seizures. The MDS at had severely impaired dicated the resident had en lying flat and used oxygen.				
						Page 18 of 2

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 lowa Code section 135C.43A (2013).

Date

Citation Numb	er:		Date: December 1			er 19, 2023
Facility Name: Urbandale Hea	th Care Center		Survey I Novembe		23 – Dec	ember 6, 2023
Facility Address 4614 NW 84 th S Urbandale, low		LG				
Rule or Code Section	Natur	e of Violation				Correction date
	on oxygen therapy relat staff directives included The Order Summary Re on 8/4/23 for continuous nasal cannula (NC) to k (percent), and monitor of the Treatment Administ documentation of oxygen saturation 93% on 11/6/20 A physician's Progress Resident #4 arrived at coxygen (which she required to supply with hosp happened multiple times poor patient care. This away from the appointment distress. During an interview on reported the facility sent appointment on 11/6/23 needed oxygen 24/7. The had happened. The first appointment without oxyresident appeared to strox was taken, and it was 98 % after oxygen.	tration Record revealed en set at 3 L and oxygen /23. Note dated 11/6/23 revealed loctor's office again without any lired chronically) and the clinic ital supplies. This had son 7/24/23 and 11/6/23 and is resulted in mismanaged time ment time and caused the				Page 19 of 2 :

Facility Administrator Date

Facility Name: Urbandale Heath Care Center Facility Address/City/State/Zip LG	Survey D November		
Eacility Address City/Ctots/7in	II	,	ember 6, 2023
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Rule or Code Nature of Violation Section	Class	Fine Amount	Correction date
hours without oxygen if they had not been able to get her supplemental oxygen there. The timeframe included travel time to and from appointment and time at the appointment. During an interview on 11/30/23 at 4:35 PM, the Director of Nursing (DON) reported whenever a resident is on oxygen and went to a doctor's appointment, she expected the resident continued on oxygen and an oxygen tank went with the resident. The DON stated there had been times when a resider went to an appointment without oxygen. Resident #4 supposed to be on oxygen at all times. The facility switched oxygen vendors in 9/2023. The former respiratory vendor came and took Resident #4's concentrator and didn't replace with an oxygen tank. The new vendor hadn't delivered oxygen yet to replact the one she had. It turned out to be a big incident. She contacted the former respiratory vendor and mad them aware of what happened. During an interview on 12/4/23 at 12:45 PM, Staff L, certified nursing assistant (CNA) stated she had only worked at the facility a month. When asked how she knew what cares needed done for residents and to know if a resident used oxygen she reported she just watched residents to see if they need help, and asked another staff person what to do for the resident. Staff L stated she didn't look at the computer to check the residents' care plan. During an interview on 12/4/23 at 12:50 PM, the	e e		
Administrator reported there was an incident when			Page 20 of 2

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	have her oxygen. The foffice and sent a staff poclinic to deliver oxygen for clinic to deliver oxygen for conditions and interview on conditions of conditions and concerns about the setting. However, the angreed if a resident use about it and it should be many liters of oxygen for the setting. However, the anything that showed in oxygen use. Staff M stallearned how to do things. During an interview on reported Resident #4 proxygen several times, note to the facility that F and concerns about the appointments without oxygen. The clinic stall brought in by facility stall.	12/5/23 at 2:10 PM, Staff M, e no care plans or pocket care n order to know what to do for tated she goes off the e told her on what to do for the rted she had worked other a care plan to know what the The facility had a lot of know what to do either. Staff M do oxygen, she should know e on the care plan about how eeded, so she could can check he facility had no care plan or formation such as a resident's ated she just watched and s. 12/5/23 at 4:25 PM, clinic staff esented to the clinic without The physician wrote a progress Resident #4 needed oxygen				Page 21 of 2

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Facility Addre 4614 NW 84 th Urbandale, lov		LG				
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	Coordinator, reported s care plans for the residereview the care plan. The she expected oxygen is resident had oxygen. Sunder the pertinent diagal resident used oxygen. A policy and procedure and delivery revised 10 administered per physical resident used oxygen.	for oxygen storage, handling /5/15 revealed oxygen cian's orders. Oxygen orders node of administration, and				Dog 22 of 2
						Page 22 of 2
Facili	ity Administrator		 :e			

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Organiacis, rom	. 00022					
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Facility Administrator	Date	-