Department of Inspections, Appeals, and Licensing
Health & Safety Division
Citation

Citation Number #10822			**Report date** June 4, 2025
Facility name Royal Oaks Nursing and Rehabilitation		**Survey dates** May 12, 2025 - June 20, 2025	
Facility address 4614 84th Street			
City Urbandale	**CP**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
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)e** Resident safety. **e**. Each resident shall receive adequate supervision to protect against hazards from self, other, or elements in the environment. (I, II, III). **DESCRIPTION** Based on clinical record review, hospital record review, resident and staff interviews, facility education review and facility policy review, the facility failed to ensure safety during transfers for 1 of 3 residents reviewed (Resident #61). This failure caused harm when Resident #61 was improperly transferred in the shower room, resulting in a fall with two fractures. These fractures caused the resident to have an increase in pain, a need for increased pain management and a decrease in her ability to transfer. During observations of other residents, the facility additionally failed to properly use a full body mechanical lift in a safe manner and per manufacturer's instructions for Residents #4, #17 and #39. The facility reported a census of 84 residents. Findings Include:	**CLASS I**	**$5,000.00** **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, Appeals, and Licensing
Health & Safety Division
Citation

Citation Number #10822			**Report date** June 4, 2025
Facility name Royal Oaks Nursing and Rehabilitation		**Survey dates** May 12, 2025 - June 20, 2025	
Facility address 4614 84th Street			
City Urbandale	**CP**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
	1. The Quarterly Minimum Data Set (MDS) of Resident #61 dated 3/13/25 identified a Brief Interview for Mental Status Score of 15 which indicated cognition intact. The MDS coded the resident required partial/moderate assistance to move from sitting to standing and for shower transfers. The MDS documented diagnoses which included seizure disorder or epilepsy. The MDS recorded the resident experienced pain during the 5-day look back period and rated her pain as moderate and over the last 5 days had rarely or not at all limited her day to day activities because of pain. The Care Plan of Resident #61 identified a Focus Area of ADL (Activities of Daily Living) Performance Deficit, initiated on 12/13/24, revised on 4/22/24. The interventions included a transfer status of one staff participation with transfers, dated 12/13/24. The Care Plan reflected this status was changed to assistance of two staff members with a full body mechanical lift, revised on 5/1/25. The Care Plan additionally identified a focus area of a left fibula fracture after a fall dated 4/25/25 and an additional care area of leg numbness and weakness due to fibula fracture as well as prior laminectomy surgery (a surgical procedure of the spine to relieve pressure on the spinal cord or nerves), initiated on 5/8/25. The Care Plan identified an additional focus			

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).

Department of Inspections, Appeals, and Licensing
Health & Safety Division
Citation

Citation Number #10822			**Report date** June 4, 2025
Facility name Royal Oaks Nursing and Rehabilitation		**Survey dates** May 12, 2025 - June 20, 2025	
Facility address 4614 84th Street			
City Urbandale	**CP**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
	area of acute pain due to fracture of the left fibula initialed 5/8/25. Facility Incident Report #2833, dated 4/20/25 at 10:00 am identified a fall incident with the following information: Nursing Description: Staff stated that she was transferring resident to a shower chair and the resident fell. Resident Description: Resident stated she fell and jammed her knee against the wall. Then she fell on left hip. Fall Intervention: Resident to have proper footwear on feet and utilize staff assistance when transferring. Predisposing Situation Factors: Bare feet or inappropriate footwear. The impression findings of radiology reports from a local hospital dated 4/20/25 documented an acute-appearing minimally impacted proximal left fibular diaphyseal fracture, localizing proximal to a chronic-appearing fibular deformity (a fracture near the top part of the left fibula, the smaller bone in the lower leg. Appears recent but is near an area of an older deformity or previously healed injury)			

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, Appeals, and Licensing
Health & Safety Division
Citation

Citation Number #10822			**Report date** June 4, 2025
Facility name Royal Oaks Nursing and Rehabilitation		**Survey dates** May 12, 2025 - June 20, 2025	
Facility address 4614 84th Street			
City Urbandale	**CP**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
	On 5/12/25 at 9:42 am, Resident #61 stated a staff member (Staff A, Certified Nurse Aide [CNA]) had taken her from her room to the shower room in her wheelchair. She stated once in the shower room, she was standing up, trying to reach for the grab bars. She said she lost her grip and fell to the floor. She stated Staff A was aware she was attempting to stand but did not offer assistance but that she was behind her. She stated Staff A apologized to her, telling her she was so sorry after the fall. Resident #61 stated when she fell she started screaming in pain. On 5/13/25 at 1:14 pm, Staff B, Registered Nurse (RN) stated she was working at the time Resident #61 suffered her fall, although she was not assigned to the resident. She said Staff A, CNA came out of the shower room for assistance explaining the fall. When Staff B entered the shower room, she noted Resident #61 was barefoot, and there was no gait belt (a safety device used to assist patients with limited mobility during transfers and walking. It provides a secure grip around the patient's waist, allowing caregivers to help with balance, prevent falls and guide them safely between surfaces) observed on the resident or anywhere in the room. She stated the shower floor was wet. She noted the position of the resident's chair and the position the resident was lying in and asked Staff A what had			

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, Appeals, and Licensing
Health & Safety Division
Citation

Citation Number #10822			**Report date** June 4, 2025
Facility name Royal Oaks Nursing and Rehabilitation		**Survey dates** May 12, 2025 - June 20, 2025	
Facility address 4614 84th Street			
City Urbandale	**CP**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
	happened. Staff B stated Staff A had turned away from the resident with no gait belt on and wearing no footwear. She stated Resident #61 during the post fall assessment asked Staff B to pray with her and that she was in a lot of pain. Staff B described the shower room as when a person enters the room, and goes towards the back left, there is a corner where the shower chair is kept then a half wall separating the storage stall from the shower stall. She stated Staff A had pushed Resident #61 into the shower stall, near the grab bars in her wheelchair. She believed Staff A had left Resident #61 to grab the shower chair. She said that Staff A had told her that she had stood the resident up at the grab bars and then stepped away to get the shower chair which was out of reach, and that is when the resident fell. On 5/13/25 at 2:44 pm, Staff A, CNA stated she assisted Resident #61 from her room to the shower room via wheelchair. She stated she was getting ready to switch her into the shower chair. She said the resident had partially stood up and she (Staff A) reached for the shower chair to place it under her. She stated the resident had a "reaction or something". She felt the resident's mind had just blanked for a moment, her hand fell off of the grab bar and she fell. Staff A stated she thought the resident was barefoot but may have been wearing			

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, Appeals, and Licensing
Health & Safety Division
Citation

Citation Number #10822			**Report date** June 4, 2025
Facility name Royal Oaks Nursing and Rehabilitation		**Survey dates** May 12, 2025 - June 20, 2025	
Facility address 4614 84th Street			
City Urbandale	**CP**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
	socks. She said the resident was clothed from the waist down. She said she had turned her head away from the resident for only about two seconds and the resident slipped. She verified she had not used a gait belt during the transfer. She then went for help and found Staff B first and asked her to come help. On 5/13/25 at 4:04 pm, the Administrator stated the resident was barefoot at the time of the fall, She stated any resident who is a one staff member assist would require the use of a gait belt. She confirmed a gait belt was not used during the transfer. The Administrator stated the resident now required a two person assist using a full body mechanical lift due to her fracture and her weight bearing status. She stated the resident's pain had increased, especially when she returned from the hospital and began working with physical therapy. She stated due to the facility not being able to get the resident's pain under control, they sent her back to the hospital for a second evaluation. The Administrator stated that during the second hospital visit, a Computed Tomography (CT scan) was performed and a second fracture was found on the CT scan. The Administrator stated she felt that having not known about the second fracture (a tibial fracture, the larger and stronger of the two bones of the lower leg), her leg was not stabilized and working with therapy increased her pain 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 _____

Department of Inspections, Appeals, and Licensing
Health & Safety Division
Citation

Citation Number #10822			**Report date** June 4, 2025
Facility name Royal Oaks Nursing and Rehabilitation		**Survey dates** May 12, 2025 - June 20, 2025	
Facility address 4614 84th Street			
City Urbandale	**CP**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
	leg. She stated following the fall, transfer audits and education to staff were started immediately. The CT scan dated 5/7/25 identified a subacute (delayed related) fracture of the proximal tibial metaphysis with a slightly greater displacement compared to prior study (a fracture near the top of the shinbone, which has shifted slightly more since the prior imaging. The fracture was at the wider part of the bone shaft, near the knee joint.) The hospital notes dated 5/7/25 documented the resident presented to the emergency department for evaluation of left lower extremity pain. It stated the resident had sustained a left fibular fracture on 4/20/25 after a fall and was discharged back to the facility for rehabilitation. The note documented that despite taking Oxycodone (a narcotic pain medication) the resident had continued to experience left lower extremity pain radiating from her knee to her ankle, worse with movement as well as swelling of the lower extremity and chronic numbness. The Assessment/Plan notes stated she would be kept NPO (no food or drink) for potential surgical intervention and be admitted inpatient to the hospital. The orthopedic physician who saw her during this hospitalization documented that another physician would plan for a surgical revision of knee arthroplasty (knee replacement) within the following week.			

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, Appeals, and Licensing
Health & Safety Division
Citation

Citation Number #10822			**Report date** June 4, 2025
Facility name Royal Oaks Nursing and Rehabilitation		**Survey dates** May 12, 2025 - June 20, 2025	
Facility address 4614 84th Street			
City Urbandale	**CP**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
	The Medication Administration Report (MAR) of Resident #61 for April of 2025 documented the resident had an order for Tramadol (a less potent opioid pain medication) scheduled twice a day which was discontinued on 4/25/25. A new order for Oxycodone, 5 mg every four hours as needed began on 4/25/25 and was discontinued on 4/28/25. At that time, the order was changed to be scheduled four times a day. The Pain Scale portion of the resident's Electronic Health Record documented that in the month prior to the fall, the resident rated her pain as zero on most days, with other days rating her pain as high as a 6 out of 10. On the day of the fall, 4/20/25, she rated her pain a 10/10. The following dates leading up to her second hospitalization, she rated her pain anywhere from 0 up to a 10 with greater than 10 instances of rating her pain at an 8 or above. The Consult report from a local hospital dated 5/13/25 documented the resident was hospitalized following left total knee arthroplasty revision performed on that date. Per this note, the resident's pain was poorly controlled, rated 8/10 and was requiring 2 liters of oxygen. The Medication Discharge Report dated 5/19/25 documented the resident's order for pain			

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, Appeals, and Licensing
Health & Safety Division
Citation

Citation Number #10822			**Report date** June 4, 2025
Facility name Royal Oaks Nursing and Rehabilitation		**Survey dates** May 12, 2025 - June 20, 2025	
Facility address 4614 84th Street			
City Urbandale	**CP**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
	management to be Oxycodone, 5 mg, every 8 hours as needed for pain (severe 7-10) and acetaminophen, 1000 mg every six hours. The Progress Note dated 5/20/25 at 12:05 am documented the resident had returned from the hospital on 5/19/25 at 6:00 pm following her knee surgery six days prior. The Progress Note dated 5/20/25 at 2:06 am documented the resident requested pain medication at 1:10 am. The staff provided 500 mg of acetaminophen first, followed by Oxycodone half an hour later. The resident voiced these interventions were ineffective and stated she wanted to go to the hospital and would call 911. The staff contacted the physician on call and received orders for Morphine (an opioid pain medication) which was administered. The Progress Note dated 5/20/25 at 10:34 am documented the Advanced Registered Nurse Practitioner (ARNP) was notified of the resident's pain being uncontrolled during the overnight shift. The ARNP wrote orders to resume prior pain medication orders of 7.5 mg of Oxycodone scheduled every 8 hours and an additional 5 mg as needed every 8 hours.			

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, Appeals, and Licensing
Health & Safety Division
Citation

Citation Number #10822			**Report date** June 4, 2025
Facility name Royal Oaks Nursing and Rehabilitation		**Survey dates** May 12, 2025 - June 20, 2025	
Facility address 4614 84th Street			
City Urbandale	**CP**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
	The facility provided undated records of Educational Inservice with topics of Proper Footwear and Gait Belt Education. The subject lines noted the following: A. Proper Footwear: All residents must have proper foot wear on when being transferred. Examples are gripper socks or tennis shoes. Do not transfer barefoot. B. Gait Belt Education: Gait belts are to be worn with all transfers. Must be around the resident's waist with about a finger wiggle room between belt and waist so belt does not slide up when transferring. On 5/14/25 at 1:49 pm, Staff M, Licensed Practical Nurse, Assistant Director of Nursing (LPN, ADON) stated education for staff began the day of the fall, on 4/20/25. She stated the education continued over several days until all staff had been educated. 2. Review of Resident #39's Significant Change MDS dated 4/15/25 revealed diagnoses of Stage 3 pressure ulcer of left heel, non-traumatic brain dysfunction, non-Alzheimer 's dementia, senile degeneration of the brain not elsewhere classified and chronic peripheral venous insufficiency. The MDS further revealed total dependence or assistance of 2 or more helpers for toilet hygiene,			

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, Appeals, and Licensing
Health & Safety Division
Citation

Citation Number #10822			**Report date** June 4, 2025
Facility name Royal Oaks Nursing and Rehabilitation		**Survey dates** May 12, 2025 - June 20, 2025	
Facility address 4614 84th Street			
City Urbandale	**CP**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
	personal hygiene, rolling left and right, sit to lying, lying to sitting on side of bed, sit to stand, chair to bed transfer, toilet transfer and tub/shower transfer. In addition, the MDS indicated the resident is unable to ambulate. Review of Resident #39's Care Plan revealed interventions for transfers initiated 3/10/20 and revised 4/11/25 as assist of 2 with a full body mechanical lift. Observation of Staff F, Licensed Practical Nurse (LPN) and Staff I, CNA, began on 5/13/25 at 9:25 am. The two staff transferred Resident #39 from her wheelchair to the bed using a full body mechanical lift. When raising Resident #39 from the wheelchair in the mechanical lift sling, the legs of the lift were observed to be extended. Staff retracted the legs of the lift when moving Resident #39 to the bed. On 5/13/25 at 9:25 am, Staff I CNA stated the legs of the lift were opened only to get around the wheelchair and then they are to be retracted. Staff F did not make a comment. On 5/14/25 at 8:45 am, Staff F stated that the legs are extended to get around the wheelchair as well and then retracted. Staff F then demonstrated 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 _____

Department of Inspections, Appeals, and Licensing
Health & Safety Division
Citation

Citation Number #10822			**Report date** June 4, 2025
Facility name Royal Oaks Nursing and Rehabilitation		**Survey dates** May 12, 2025 - June 20, 2025	
Facility address 4614 84th Street			
City Urbandale	**CP**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
	use of the full body mechanical lift the way Staff F had described. 3. The Significant Change MDS for Resident #17, performed on 12/16/2024, documented the following relevant diagnoses: Heart Failure, Hypertension, Peripheral Vascular Disease, Arthritis, and Hemiplegia or Hemiparesis (partial paralysis). It documented the resident was fully dependent on staff for all transfers and most cares. The Care plan for Resident #17, last revised on 4/23/2025, documented the resident required a mechanical lift transfer and assistance of two staff members with initiated date of 12/15/2015. A direct observation on 5/12/2025 at 4:07 pm revealed Staff Q, CNA, and Staff O, CNA, performing a two-person full body transfer with a mechanical lift for Resident #17. During the transfer the adjustable base of the mechanical lift was in the closed position while transferring across the room. During the transfer the resident was observed to tilt and the mechanical lift wobbled. 4. The Significant Change MDS for Resident #4, dated 2/7/2025, documented the following relevant diagnoses: Cerebrovascular event (stroke), Paraplegia, and seizure disorder. It further			

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, Appeals, and Licensing
Health & Safety Division
Citation

Citation Number #10822			**Report date** June 4, 2025
Facility name Royal Oaks Nursing and Rehabilitation		**Survey dates** May 12, 2025 - June 20, 2025	
Facility address 4614 84th Street			
City Urbandale	**CP**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
	documented the resident was fully dependent on staff for all transfers. The Care Plan of Resident #4, last revised on 5/12/2025, documented the resident required two-person assistance for transfers in a full body mechanical transfer. During an observation on 5/12/2025 at 4:17 pm, Staff Q, CNA, and Staff O, CNA, performed a full body mechanical transfer using a mechanical lift for Resident #4. During the observation, the adjustable base of the mechanical lift was in the closed position, and Resident #4 was observed to tilt and wobble, at one time appearing to lift slightly off the floor as she was transferred across the room. The adjustable base of the mechanical lift was not opened until it needed to be opened to fit around the resident's wheel chair and closed during the transfer across the room. In an interview on 5/15/2025 at 10:41 am, Staff O, CNA, was unable to describe safe transfer technique with a full body mechanical lift. She was unaware what position the adjustable base should be in during transfers. She stated the legs of a mechanical lift must be in the closed position at all times. This finding is discrepant from appropriate transfer techniques for the machine that was used.			

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, Appeals, and Licensing
Health & Safety Division
Citation

Citation Number #10822			**Report date** June 4, 2025
Facility name Royal Oaks Nursing and Rehabilitation		**Survey dates** May 12, 2025 - June 20, 2025	
Facility address 4614 84th Street			
City Urbandale	**CP**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
	In an interview on 5/15/2025 at 12:05 pm, Staff K, CNA, stated the mechanical lifts only move if the legs of the adjustable base are in the closed position due to age of the machines. She stated she has noticed side to side movement and residents swinging back and forth on the lift when transferring them with the legs closed. In an interview on 5/15/2025 at 10:43 am, the Director of Nursing (DON), she stated staff are instructed to follow the manufacturer's recommendations for the positioning of adjustable bases, and acknowledged that failure to follow those recommendations could result in injury. Review of the user manual for the mechanical lift used during the observations, with a copyright of 2022, documented the following on page 12: It warns users that failure to follow these instructions creates a potentially hazardous situation which could result in injury or death. The Manual instructs as the user that the adjustable base of the lift must be in the maximum/open position before lifting and while transferring residents' short distances. It again warns the user that failure to follow these instructions could cause the model to tip, potentially causing injury.			

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, Appeals, and Licensing
Health & Safety Division
Citation

Citation Number #10822			**Report date** June 4, 2025
Facility name Royal Oaks Nursing and Rehabilitation		**Survey dates** May 12, 2025 - June 20, 2025	
Facility address 4614 84th Street			
City Urbandale	**CP**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
	The facility provided document titled "Transfer with a mechanical lift, long-term care", revision date November 15th, 2019, documented the following: Set the mechanical lift's adjustable base to its widest position to help ensure optimal stability. The facility policy Gait Belt Use, revision date 5/27/2021 documented the following: Policy statement: Nursing staff may utilize gait belts on residents who need one-person assistance or more for transferring and ambulation unless the use is contraindicated. Gait belts can be used to promote ambulation by providing increased security for resident and staff and to provide a firm, grasping surface for staff to help protect the resident from accidental trauma to the skin. Gait belt use should be included in the resident's medical record when indicated. Guideline: Using a gait belt while transferring or walking with a resident can provide you and the resident with increased safety and security. You can help control a resident's balance and keep the resident from falling by using a gait belt. Point 9: Instruct the resident to be ready to stand at a predetermined signal. Simple instructions are to			

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 #10822			**Report date** June 4, 2025
Facility name Royal Oaks Nursing and Rehabilitation		**Survey dates** May 12, 2025 - June 20, 2025	
Facility address 4614 84th Street			
City Urbandale	**CP**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
	tell the resident to be prepared to stand on the count of three. Point 13: If the resident loses their balance, use the belt to help them regain it. Point 14: If the resident begins to fall, and you cannot prevent it, slowly lower them to the floor, using the gait belt to help control the descent. It is also helpful to let the resident slide down your leg if possible for a safe, controlled assist to the floor.			
58.19(2)a	**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. **a.** Administration of all medications as ordered by the physician including oral, instillations, topical, injectable (to be injected by a registered nurse or licensed practical nurse only); (I, II) Based on family and staff interviews, resident record review, and policy review, the facility failed to verify resident identity to ensure accurate	**Class I**	**$4,250.00** **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).

Department of Inspections, Appeals, and Licensing
Health & Safety Division
Citation

Citation Number #10822			**Report date** June 4, 2025
Facility name Royal Oaks Nursing and Rehabilitation		**Survey dates** May 12, 2025 - June 20, 2025	
Facility address 4614 84th Street			
City Urbandale	**CP**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
	resident antipsychotic medications were ordered upon admission for 1 of 3 residents reviewed (#56). The facility failed to identify the discrepancy which prevented Resident #56 from receiving antipsychotic medications for two (2) weeks. This resulted in psychosocial harm to Resident #56 due to exacerbation of psychosis, agitation, antipsychotic medication withdrawal symptoms, and subsequent hospitalization with a worsening sacral pressure ulcer. The facility reported a census of 84 residents. Finding include: On 5/13/25, Resident #56 indicated she believed she had been hospitalized but wasn't sure. On 5/13/25 at 12:00 PM, Resident #56's family member verified Resident #56 transferred from another Long-Term Care (LTC) facility on 4/17/25. She stated a facility staff member contacted her on 5/01/25 and reported Resident #56 looked "out of it." She also stated when she arrived to the facility, Resident #56 looked like she had a stroke with left-side affect and was sent to the hospital because she appeared to have had a stroke. She added Resident #56 did not meet admission criteria to the first hospital due to her declined physical abilities. She further stated when she questioned the Director of Nursing (DON) if Resident #56 received her			

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).

Department of Inspections, Appeals, and Licensing
Health & Safety Division
Citation

Citation Number			Report date
#10822			June 4, 2025
Facility name Royal Oaks Nursing and Rehabilitation		**Survey dates** May 12, 2025 - June 20, 2025	
Facility address 4614 84th Street			
City Urbandale	**CP**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
	psychotropic medications, the DON confirmed the orders the facility received and entered into the Electronic Health Record (EHR) were not for Resident #56. The Minimum Data Set (MDS) assessment dated 4/24/25 revealed Resident #56 had a Brief Interview for Mental Status (BIMS) score of 12 out of 15 which indicated moderately impaired cognition. It included diagnoses of hypertension, Gastroesophageal Reflux Disease (GERD - acid reflux), hypothyroidism, schizoaffective disorder, and Fibromyalgia (chronic condition that causes musculoskeletal pain, fatigue, and memory, mood, and sleep disturbances). It revealed the resident was independent with repositioning in bed; required setup assistance with eating; supervision with oral hygiene, personal hygiene, sit-to-lying, and lying-to-sitting; moderate assistance with toileting, dressing, and all transfers and mobility; and maximal assistance with bathing, and footwear. It also indicated the resident did not exhibit physical or behavioral symptoms directed at others or herself nor had she rejected care. It also indicated she was occasionally incontinent of bowels and frequently incontinent of urine. It further indicated she was at risk of developing pressure ulcers but did not have any. It revealed she received antidepressants but not antianxiety or antipsychotic medications within the 7-day look-back period.			

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, Appeals, and Licensing
Health & Safety Division
Citation

Citation Number #10822			**Report date** June 4, 2025
Facility name Royal Oaks Nursing and Rehabilitation		**Survey dates** May 12, 2025 - June 20, 2025	
Facility address 4614 84th Street			
City Urbandale	**CP**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
	The resident's initial Order Summary Report (list of current orders) was scanned into Resident #56's EHR on 4/15/25 by the Director of Admissions and Marketing. It contained the resident's name, date of birth, allergies, and transferring facility. The Order Summary Report included the following medication orders: a) Benztropine Mesylate Oral Tablet 0.5 MG Give 0.5 mg by mouth every morning and at bedtime for involuntary movements related to other long term (current) drug therapy b) Levothyroxine Sodium Oral Tablet 175 MCG Give 1 tablet by mouth one time a day for hypothyroidism c) Olanzapine Oral Tablet 10 MG (Olanzapine) Give 10 mg by mouth at bedtime for mood related to Schozoaffective disorder, unspecified with 20 mg tab at bedtime d) Olanzapine Oral Tablet 20 MG (Olanzapine) Give 20 mg by mouth at bedtime for mood related to Schozoaffective disorder, unspecified give with 10 mg Olanzapine e) Seroquel Oral Tablet (Quetiapine Fumarate) Give 50 mg by mouth in the morning related to Schozoaffective disorder, unspecified f) Seroquel Oral Tablet (Quetiapine Fumarate) Give 75 mg by mouth at bedtime related to Schozoaffective disorder, unspecified			

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, Appeals, and Licensing
Health & Safety Division
Citation

Citation Number #10822			**Report date** June 4, 2025
Facility name Royal Oaks Nursing and Rehabilitation		**Survey dates** May 12, 2025 - June 20, 2025	
Facility address 4614 84th Street			
City Urbandale	**CP**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
	The Medication Administration Record (MAR) dated April 2025 revealed Resident #56 did not receive any of the aforementioned medications between 4/18/25 and 4/30/25. The Physician Orders revealed the aforementioned medications were ordered on 5/01/25. A Progress Note dated 4/24/25 revealed Resident #56 expressed a strong desire to return home and appeared somewhat emotional. Subsequent progress notes dated 4/30/25 by Staff GG, Licensed Practical Nurse (LPN) revealed Resident #56 refused all her morning medications because the meds are poisoned and she would not take them. A secondary progress note indicated Resident #56 had been refusing all meds and did not enjoy any of the food. It also revealed the resident complained of generalized all over discomfort/pain, did not want staff to get her out of bed, and stated she wanted to see Jesus, she was dying and wanted to drop dead. A Progress Note dated 5/01/25 revealed Staff M, LPN documented the resident's orders the facility received upon admission were incorrect and Resident #56 had not been receiving her psych meds since admission on 4/17/25. It further revealed she was slurring her words that afternoon,			

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 #10822			**Report date** June 4, 2025
Facility name Royal Oaks Nursing and Rehabilitation		**Survey dates** May 12, 2025 **-** June 20, 2025	
Facility address 4614 84th Street			
City Urbandale	**CP**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
	was calling staff names, and her eyes were observed to be glossed over and "jumping" when neurological system was checked. A Progress Note dated 5/05/25 revealed Staff H, LPN documented the resident refused all meds over the weekend and refused all meds and cares that morning. This nurse and two other nurses attempted to give her meds but the resident cursed and yelled at every attempt. New orders were obtained to send the resident to the hospital for a psych evaluation. A Progress Note on 5/08/25 indicated the resident returned from the hospital with a stage 3 sacral pressure ulcer. The Care Plan dated 4/18/25 included information accurately applicable to Resident #56. It also included her date of birth. The resident's hospital notes for 5/06/25 date of service revealed the resident received the following medications: a) 5/05/25 at 9:54 PM - Quetiapine Fumarate 300 mg b) 5/06/25 at 2:29 AM - Haloperidol Lactate 2.5 mg c) 5/06/25 at 3:30 AM - Haloperidol Lactate 5 mg On 5/13/25 at 4:02 PM, the DON stated she received Resident #56's admission paperwork and gave it to Staff AA, former Assistant Director 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).

Department of Inspections, Appeals, and Licensing
Health & Safety Division
Citation

Citation Number #10822			**Report date** June 4, 2025
Facility name Royal Oaks Nursing and Rehabilitation		**Survey dates** May 12, 2025 - June 20, 2025	
Facility address 4614 84th Street			
City Urbandale	**CP**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
	Nursing (fADON) to complete the admission process which included entering admission orders into Resident #56's EHR. The DON also stated the original admission paperwork could not be located. She provided the Cover Letter and Order Summary Report the Director of Admissions and Marketing electronically sent her on 4/17/25 at 10:08 AM. She stated Staff AA, fADON would've entered the admission data and orders in the EHR because the resident was admitted to her unit. She clarified that another ADON could have entered the orders. The Cover Letter and Order Summary Report revealed the information was for a resident at a different Long-Term Care (LTC) facility with the same name and psychiatric provider but different date of birth. It also contained a statement "OK. For transfer to <facility name> continue same medications and treatments Follow-up with Primary Care Physician (PCP) there - <receiving ARNP name> goes there from <provider's group> if desired." It was signed by the transferring Advanced Registered Nurse Practitioner (ARNP). The EHR for Resident #56 revealed five documents with an accurate resident date of birth identifier were scanned and available prior to her admission on 4/17/25.			

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, Appeals, and Licensing
Health & Safety Division
Citation

Citation Number #10822			**Report date** June 4, 2025
Facility name Royal Oaks Nursing and Rehabilitation		**Survey dates** May 12, 2025 - June 20, 2025	
Facility address 4614 84th Street			
City Urbandale	**CP**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
	On 5/13/25 at 4:33 PM, Staff P, Director of Admissions and Marketing stated he receives a face sheet (demographic sheet), History & Physical (H&P), medication list, and PreAdmission Screening and Resident Review (PASRR - screening tool used for appropriate Long-Term Care (LTC) facility placement for people with mental health illness or disabilities) prior to a resident's admission. He provided a document of resident information that is required (name, date of birth, SSN, demographics sheet, rehabilitation notes, History & Physical, medication list, PASRR, sex offender check) prior to the resident admission and stated he loads the documents into the EHR. He indicated Staff D, LPN ADON was responsible for reconciliating the resident's information. On 5/14/25 at 8:02 AM, a staff member at the different LTC facility confirmed the resident with the same name still resided there and still received care by the same psychiatric provider. On 5/14/25 at 9:00 AM, Staff D, LPN ADON stated previously, ADON's usually did their own admission but would enter other admission's orders if needed. She also stated she usually enters orders for others, if needed, but completes all of her own admissions. She further stated after she enters the orders, she usually gives the ADON of the admitting unit the orders back so they can check the orders. She			

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, Appeals, and Licensing
Health & Safety Division
Citation

Citation Number #10822			**Report date** June 4, 2025
Facility name Royal Oaks Nursing and Rehabilitation		**Survey dates** May 12, 2025 - June 20, 2025	
Facility address 4614 84th Street			
City Urbandale	**CP**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
	indicated the admissions department gets orders, scans them into the EHR, and brings the paper copies to the ADONs. The ADONs enter the orders in the EHR, faxes them to pharmacy, and returns the paper to the admitting unit ADON. She stated the 6 rights of medication administration (patient, medication, dose, route, time, documentation) should be verified while entering the orders but admitted she did not confirm the 6 rights when she entered them into the EHR. She stated she took the paperwork to Staff AA, fADON who should have verified the reconciled orders. On 5/14/25 at 4:50 PM, the fDON stated the medication order error was identified by the resident's sister on 5/01/25 and corrected. The resident was sent to the hospital, returned, and resent on 5/05/25. On 5/15/25 at 8:29 AM, the medical provider's office director stated the transferring ARNP wrote the order but would not have been the one to have sent it. 5/15/25 at 8:48 AM, the transferring ARNP stated she was not directly involved in the transfer process. Her understanding was she believed the facility sending the resident is who sends the paperwork to the accepting facility.			

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, Appeals, and Licensing
Health & Safety Division
Citation

Citation Number #10822			**Report date** June 4, 2025
Facility name Royal Oaks Nursing and Rehabilitation		**Survey dates** May 12, 2025 - June 20, 2025	
Facility address 4614 84th Street			
City Urbandale	**CP**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
	On 5/15/25 at 10:03 AM, the medical provider's office director stated his office received an email from the transferring facility which indicated Resident #56 was being admitted to another facility. The provider's office staff pulled a similarly named resident's file and sent it to the transferring facility which was signed by the practitioner. He also stated his staff nor the practitioner verified the date of birth to ensure the correct resident orders were sent to the facility. On 5/15/25 at 10:29 AM, the Director of Admissions and Marketing provided an email that he received the admission orders from the transferring facility staff on 4/17/25 at 9:54 AM. On 5/19/25 at 2:59 PM the contracted Pharmacist stated the potential risks of abruptly stopping Resident #56's Seroquel could lead to rebound psychosis (return of psychotic symptoms and potential physical symptoms such as agitation, difficulty sleeping, and not feeling well. He also stated abruptly stopping her Olanzapine could result in Parkinson-type symptoms such as tremors, rigidity, or return of extrapyramidal symptoms that may or may not resolve over time. On 5/19/25 at 3:25 PM, the facility provided a provider encounter note that revealed Resident #56 had a re-admit and post-hospitalization for			

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, Appeals, and Licensing
Health & Safety Division
Citation

Citation Number #10822			**Report date** June 4, 2025
Facility name Royal Oaks Nursing and Rehabilitation		**Survey dates** May 12, 2025 - June 20, 2025	
Facility address 4614 84th Street			
City Urbandale	**CP**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
	psychotic episodes and a urinary tract infection (UTI). It also revealed some of her medications were not started at admission and she was showing signs of psychiatric distress and altered mental status on 5/1/2025. It further revealed she was sent to the ED where she was given a dose of Olanzipine. She returned to the facility with no new orders. Discussed restarting Olanzipine and Seroquel. Tapering them up to previous doses. The note continued that the resident was re-sent to the ED and admitted to hospital on 5/5/25, returning to the facility on 5/8/25. She got a pressure area to her coccyx during hospitalization, following by wound Nurse Practitioner. The Psychiatric Consultation from the hospital dated 5/5/25 documented the following entries; Patient is seen at bedside in the Emergency Department (ED) today, she is resting with her eyes closed. When approached she states "You gave me Prolixin, I can't have that. I'm a Medical Doctor (MD), what are they? I know they are all below me." Advised patient we did not give her any Prolixin and attempted to ask about her medications, she states she is taking "Only Latuda, my heart medication, and Levothyroxine for my high thyroid. "Patient is adamant she has hyperthyroidism instead of hypothyroidism. She states her mood is "shit because I'm in Hell." She is unable to elaborate on this statement. She does			

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, Appeals, and Licensing
Health & Safety Division
Citation

Citation Number			Report date
#10822			June 4, 2025
Facility name Royal Oaks Nursing and Rehabilitation		**Survey dates** May 12, 2025 - June 20, 2025	
Facility address 4614 84th Street			
City Urbandale	**CP**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
	deny SI, HI but tells this resident she is done speaking and declines further interview. Psychosis: Endorses being an "MD and that everyone else is beneath her" and states she is talking to God. She also states we gave her Prolixin in the ED which was not done. Psychiatric treatment: - START Quetiapine XR 300 mg oral at bedtime for mania, psychosis, mood stabilization - Start Quetiapine 25 mg oral every 6 hours as needed for agitation OR Haloperidol 2.5 mg IM every 6 hours as needed for severe agitation ED MD Note dated 5/5/2025 documented as follows: Resident#66 presented to the ED via EMS for altered mental status, behavioral issues and medication noncompliance. History obtained from patient and nursing staff at the Royal Oaks nursing and rehabilitation center; external records reviewed. Vitals on arrival were largely within normal limits and nonconcerning. Pertinent workup was obtained to assess the patients' current medical condition. All data - including labs, imaging and EKG's - were independently interpreted and integrated into the clinical decision-making process. Royal Oaks nursing staff was contacted upon patient's arrival. Patient was without her psychiatric			

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, Appeals, and Licensing
Health & Safety Division
Citation

Citation Number #10822			**Report date** June 4, 2025
Facility name Royal Oaks Nursing and Rehabilitation		**Survey dates** May 12, 2025 - June 20, 2025	
Facility address 4614 84th Street			
City Urbandale	**CP**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
	medications for the past 2 weeks. Due to this and her altered mental status, an expanded diagnostic workup was obtained. CT head was negative for any acute intracranial process. Complete Blood Count (CBC) and Comprehensive Metabolic Panel (CMP) were largely unremarkable. Liver enzymes were mildly elevated, but this was similar to prior. Polly ingestion labs were negative but the patient's TSH was elevated at 27.700 with a free T4 low at 0.5. Per chart review, this was worse than 11 years ago. Troponin was mildly elevated but EKG was reassuring against cardiac ischemia and her urinalysis was questionable for an underlying infection. On reevaluation, patient continued to become more altered. She was saying that she was a medical doctor and that everybody around her was "below her." Due to her underlying psychiatric history with recent medication noncompliance, IP psychiatry was consulted. They recommended admission to the hospital under geriatric psychiatry with internal medicine as a consult due to her hypothyroidism and concern for polypharmacy. The case was further discussed with Dr. <name redacted> (IM) who agreed to consult on the patient and she was ultimately admitted under Dr. <name redacted> (Psychiatry).			

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, Appeals, and Licensing
Health & Safety Division
Citation

Citation Number #10822			**Report date** June 4, 2025
Facility name Royal Oaks Nursing and Rehabilitation		**Survey dates** May 12, 2025 - June 20, 2025	
Facility address 4614 84th Street			
City Urbandale	**CP**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
	While in the ED, patient was restarted on her Quetiapine and as needed Haldol was ordered. Her presentation is most consistent with an acute psychiatric illness. Her labs are concerning for hypothyroidism, but her presentation is not consistent with myxedema coma as she is without hemodynamic instability, bradycardia or hypothermia. Patient was made aware of admission. Admitting team(s) to reassess and adjust care as needed. On 5/19/25 at 11:06 AM, the DON stated staff are expected to enter the correct orders. On 5/20/25 at 3:00 PM, Staff AA, ADON stated she was not working the week Resident #56 was admitted and did not receive the admission packet that accompanied the resident. A policy titled "Reconciliation of Medications on Admission" dated 2001 indicated when a resident is transferred to another facility, or within the organization, the reconciled medication list will be sent to the receiving care provider and the communication will be documented. It also directed staff to; 1. Gather the information needed to reconcile the medication list: a. Approved medication reconciliation form; b. Discharge summary from referring facility;			

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, Appeals, and Licensing
Health & Safety Division
Citation

Citation Number #10822				**Report date** June 4, 2025
Facility name Royal Oaks Nursing and Rehabilitation		**Survey dates** May 12, 2025 - June 20, 2025		
Facility address 4614 84th Street				
City Urbandale	**CP**			
Rule or Code Section	**Nature of Violation**	**Class**	**Fine Amount**	**Correction Date**
	c. Admission order sheet; d. All prescription and supplement information obtained from the resident/family during the medication history; and e. Most recent Medication Administration Record (MAR), if this is a readmission. 2. Find a quiet place that is free from distractions. Click or tap here to enter text. **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, Appeals, and Licensing
Health & Safety Division
Citation

Citation Number #10822				**Report date** June 4, 2025
Facility name Royal Oaks Nursing and Rehabilitation		**Survey dates** May 12, 2025 - June 20, 2025		
Facility address 4614 84th Street				
City Urbandale	**CP**			

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date

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 _____