

**Iowa Department of Inspections and Appeals
Health Facilities Division
Citation**

FC#6210		Fine amount reduced by 35% to \$5,525.00 on August 16, 2016 pursuant to Iowa Code Section 135C.43A		Date: July 25, 2016	
Pearl Valley Rehabilitation & HC		Survey dates: June 20-23, 2016			
601 E. Polk Street					
Washington, Iowa 52353		Ds/cj/mw			
State Rules		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) Resident safety. e. Each resident shall receive adequate supervision to ensure against hazard from self, others, or elements in the environment. (I,II, III)	I	\$7,000	Upon receipt	
+					
58.20(4)b	481-58.20(135c) Duties of health service supervisor. Every nursing facility shall have a health service supervisor who shall: 58.20(4) Develop and implement a written health care plan in cooperation with, to the extent practicable, the resident, the resident's family or the resident's legal representative, and others in accordance with instructions of the attending physician as follows: b. The health service supervisor is responsible for preparing, reviewing, supervising the implementation and revising the written health care plan. (III) DESCRIPTION: Based on observation, record review and staff interviews, the facility failed to provide adequate nursing supervision to prevent accidents and ensure a resident's environment remained as free of accident hazards as possible and failed to revise the Care Plan with interventions to ensure the planned alarms could be heard by staff for 1 of 5 residents reviewed with a recent fall history				

Facility Administrator _____

Date _____

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or withdraw your request for formal hearing, and (2) pay the penalty, the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (Supp. 2009).

**Iowa Department of Inspections and Appeals
Health Facilities Division
Citation**

FC#6210		Fine amount reduced by 35% to \$5,525.00 on August 16, 2016 pursuant to Iowa Code Section 135C.43A		Date: July 25, 2016	
Pearl Valley Rehabilitation & HC		Survey dates: June 20-23, 2016			
601 E. Polk Street					
Washington, Iowa 52353		Ds/cj/mw			
State Rules		Class	Fine Amount	Correction date	
	<p>(Resident #7). The facility reported a census of 60 residents.</p> <p>Findings include:</p> <p>Resident #7 had a Minimum Data Set (MDS) Assessment with a reference date of 5/13/16 due to a significant change. The MDS identified the resident had diagnoses that included anemia, hypertension (high blood pressure), non-Alzheimer's dementia and hip fracture, severe cognitive impairment with symptoms of delirium, and required extensive assistance of 2 or more staff members for transfers to and from bed and chair, bathing, dressing, toileting and personal hygiene. The MDS indicated the resident had daily behaviors not directed at others.</p> <p>A MDS Assessment with a reference date of 5/20/16 indicated the resident required continued extensive assistance by 2 or more staff members for transfers to and from bed and chair, bathing, dressing, toileting and personal. The MDS identified the resident displayed daily verbal behaviors that were directed at others and other daily behaviors not directed at others.</p> <p>The resident's nursing Care Plan included a problem identified as activities of daily living (ADL) self-care deficit, with 8/3/16 goal for the resident to maintain current level of ADL function, and interventions that included:</p> <ol style="list-style-type: none"> 1. Assist of 1 to 2 for transfers, initiated 5/6/16. 2. Floor alarm with pad for safety, initiated 5/28/16. 				

Facility Administrator _____

Date _____

Page 2 of 39

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or withdraw your request for formal hearing, and (2) pay the penalty, the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (Supp. 2009).

**Iowa Department of Inspections and Appeals
Health Facilities Division
Citation**

FC#6210		Fine amount reduced by 35% to \$5,525.00 on August 16, 2016 pursuant to Iowa Code Section 135C.43A		Date: July 25, 2016	
Pearl Valley Rehabilitation & HC		Survey dates: June 20-23, 2016			
601 E. Polk Street					
Washington, Iowa 52353		Ds/cj/mw			
State Rules		Class	Fine Amount	Correction date	
	<p>3. Sling to left arm at all times, initiated 6/20/16.</p> <p>4. Extensive assistance by 1 staff for showers, initiated 12/30/15.</p> <p>5. Limited assistance of 1 staff for dressing, initiated 2/28/16.</p> <p>6. Supervision/assistance of 1 staff for eating, initiated 2/28/16.</p> <p>7. Limited assistance of 1 staff for personal hygiene and oral care, initiated 2/28/16.</p> <p>8. Limited assistance of 1 staff for toilet use, revised on 2/28/16.</p> <p>Another Care Plan problem identified was a fall with serious injury related to an unsteady gait, initiated on 6/1/16, with 8/9/16 goal that the resident's broken arm would heal without complication, and interventions that included:</p> <p>1. Floor mat alarm by bed, initiated 6/1/16.</p> <p>2. Hi-Lo bed in place, initiated 6/1/16.</p> <p>3. Physical therapy consults for strength and mobility, initiated 6/17/16.</p> <p>Another Care Plan problem identified the resident with dementia, with 8/9/16 goal that the resident would be able to communicate basic needs on a daily basis, and interventions that included:</p> <p>1. Cue, reorient and supervise as needed, initiated 2/28/16.</p> <p>2. Keep the resident's routine consistent and try to provide consistent care givers as much as possible, initiated 2/28/16.</p> <p>3. Ask yes/no questions in order to determine the resident's needs, initiated 2/28/16.</p> <p>4. Present just one thought, idea, question or</p>				

Facility Administrator _____

Date _____

Page 3 of 39

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or withdraw your request for formal hearing, and (2) pay the penalty, the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (Supp. 2009).

**Iowa Department of Inspections and Appeals
Health Facilities Division
Citation**

FC#6210		Fine amount reduced by 35% to \$5,525.00 on August 16, 2016 pursuant to Iowa Code Section 135C.43A		Date: July 25, 2016	
Pearl Valley Rehabilitation & HC		Survey dates: June 20-23, 2016			
601 E. Polk Street					
Washington, Iowa 52353		Ds/cj/mw			
State Rules		Class	Fine Amount	Correction date	
	<p>command at a time, initiated 2/28/16.</p> <p>The resident's record indicated the following: The Incident/Accident Report form identified on 5/30/16 at 1:45 p.m., staff found the resident on the floor beside the bed and lying on left side. The report indicated the resident as confused and disoriented as was prior to the fall. No injuries were identified and the fall was unwitnessed.</p> <p>The Incident/Accident Report form indicated on 5/31/16 at 1:00 p.m., the staff found the resident on the floor on back in room. The resident yelled when the nurse attempted to assess the left arm. The report indicated the fall as unwitnessed and the facility sent the resident to the hospital. The resident had a diagnosed of a fractured left humerus (upper arm bone) and returned to the facility later the same day.</p> <p>Observations of the resident identified the following:</p> <p>On 6/20/16 at 12:29 p.m., the resident laid on back in bed with door open and made repeated yells "I need help, I need to get up". The yells were audible 4 resident rooms away from Resident #7's room.</p> <p>On 6/21/16 at 6:05 a.m., the door to the resident's room was closed and remained closed at 6:08 a.m. when a certified nursing assistant (CNA) stated no staff were in the room with the resident.</p> <p>On 6/21/16 at 8:34 a.m., the staff person placed the</p>				

Facility Administrator _____

Date _____

Page 4 of 39

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or withdraw your request for formal hearing, and (2) pay the penalty, the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (Supp. 2009).

**Iowa Department of Inspections and Appeals
Health Facilities Division
Citation**

FC#6210		Fine amount reduced by 35% to \$5,525.00 on August 16, 2016 pursuant to Iowa Code Section 135C.43A		Date: July 25, 2016	
Pearl Valley Rehabilitation & HC		Survey dates: June 20-23, 2016			
601 E. Polk Street					
Washington, Iowa 52353		Ds/cj/mw			
State Rules		Class	Fine Amount	Correction date	
	<p>resident at a dining room table with 2 other residents that had food and beverages. Resident #7 asked the residents for their juice and then yelled "I need something to drink" several times.</p> <p>On 6/21/16 at 12:25 p.m., the resident seated in the dining room after the meal was completed and made repeated yells "help me, I'm afraid", and "my arm hurts, I need to go to the doctor". Staff did not respond to the resident's yells but a neighboring resident explained the resident's arm was broken and attempted to calm the resident. The resident then had repeated unanswered yells "my arm is broken; I've got to go to the doctor".</p> <p>On 6/22/16 at 5:50 a.m., the door to the resident's room was closed and observation identified no staff present in the room with the resident.</p> <p>On 6/22/16 at 11:14 a.m., Staff K, CNA, was interviewed and stated her assignment was the hall of Resident#7's room on 5/31/16 day shift. Staff K stated she did not put the resident in bed after lunch and did not know who did. The resident's door was closed and she stated she could hear the bed alarm going off [activated] as the resident yelled for help in the hallway near the resident's room after lunch. Staff K stated she opened the door and found the resident on the floor, on back and blood on arm. Staff K stated she stayed with the resident and yelled for help. Staff K stated the resident called out or yelled frequently. Staff K stated the residents and staff didn't like to hear it and shut Resident #7's door. Staff K stated she</p>				

Facility Administrator _____

Date _____

Page 5 of 39

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or withdraw your request for formal hearing, and (2) pay the penalty, the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (Supp. 2009).

**Iowa Department of Inspections and Appeals
Health Facilities Division
Citation**

FC#6210		Fine amount reduced by 35% to \$5,525.00 on August 16, 2016 pursuant to Iowa Code Section 135C.43A		Date: July 25, 2016	
Pearl Valley Rehabilitation & HC		Survey dates: June 20-23, 2016			
601 E. Polk Street					
Washington, Iowa 52353		Ds/cj/mw			
State Rules		Class	Fine Amount	Correction date	
	<p>had instructed staff on repeated occasions they should not shut the resident's door because they could not hear the resident's alarms or calls for help when needed. Staff K stated the resident didn't use [activate] the call light.</p> <p>On 6/22/16 at 3:20 p.m., Staff Q, CNA, was interviewed and stated she worked the evening shift and Resident #7's hall on 5/30/16 and 5/31/16. Staff Q stated the resident had dementia and often didn't know what they were saying but yelled out. The staff and residents, especially the 2 in the room across the hall, didn't like to hear the resident's yells and closed the resident's door. Staff Q stated she was instructed by Staff G, licensed practical nurse (LPN), to position the resident on his/her left side (faced the wall) in order to decrease the noise audible in the hallway. Staff Q stated she instructed other CNA's that they should not shut the resident's door as they could not hear the resident's calls for help.</p> <p>On 6/22/16 at 5:40 p.m., Staff H, LPN (licensed practical nurse) and unit manager, stated the resident's door was often closed without staff in the room. Staff H stated she had instructed the staff they could not close the resident's door and staff continued to leave the resident in the room alone with the door closed after instructed not to.</p> <p>On 6/22/16 at 7:35 p.m., Staff J, LPN, stated she worked the 6:00 p.m. to 6:00 a.m. shift, often found the resident's door closed without staff in the room, she opened the door and instructed staff to leave</p>				

Facility Administrator _____

Date _____

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or withdraw your request for formal hearing, and (2) pay the penalty, the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (Supp. 2009).

**Iowa Department of Inspections and Appeals
Health Facilities Division
Citation**

FC#6210		Fine amount reduced by 35% to \$5,525.00 on August 16, 2016 pursuant to Iowa Code Section 135C.43A		Date: July 25, 2016	
Pearl Valley Rehabilitation & HC		Survey dates: June 20-23, 2016			
601 E. Polk Street					
Washington, Iowa 52353		Ds/cj/mw			
State Rules		Class	Fine Amount	Correction date	
	<p>the door open at least a few inches in order to hear the alarms and resident's calls for help, and was an ongoing battle with the residents that lived in the same hall, Resident #7 yelled at night and other residents didn't like that. Staff J stated the resident would not use the call light.</p> <p>On 6/22/16 at 5:55 a.m., Staff F, CNA, was interviewed and stated she had worked on the night shift for over 3 years. Staff F stated the resident always called out at night and staff would check on the resident frequently, as the resident often attempted to get up on their own. Staff F stated after she/he broke their hip, the resident needed at least 1 staff person for support to stand.</p> <p>On 6/23/16 at 10:25 a.m., the MDS coordinator nurse stated she worked on the day shift on 5/31/16 and responded to the resident's fall. The MDS nurse stated the resident was on their back on the floor near the sink and no matt lay on the floor. The bed alarm was audible and hadn't been silenced. The MDS nurse stated Staff H was in the room with a CNA (didn't remember which CNA).</p> <p>FACILITY RESPONSE:</p>				

Facility Administrator _____

Date _____

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or withdraw your request for formal hearing, and (2) pay the penalty, the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (Supp. 2009).

**Iowa Department of Inspections and Appeals
Health Facilities Division
Citation**

FC#6210		Fine amount reduced by 35% to \$5,525.00 on August 16, 2016 pursuant to Iowa Code Section 135C.43A		Date: July 25, 2016	
Pearl Valley Rehabilitation & HC		Survey dates: June 20-23, 2016			
601 E. Polk Street					
Washington, Iowa 52353		Ds/cj/mw			
State Rules		Class	Fine Amount	Correction date	
58.19(2)j	<p>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:</p> <p>58.19(2) Medications and treatment</p> <p><i>j.</i> Provision of accurate assessment and timely intervention for all residents who have an onset of adverse symptoms which represent a change in mental, emotional, or physical condition (I, II, III).</p> <p>DESCRIPTION:</p> <p>Based on observation, record review, staff interviews, and review of facility documentation, the facility failed to appropriately assess and implement interventions for 1 resident following a physician appointment, continued follow-up physician's appointment for treatment of skin cancer and provide treatments for skin treatment for post biopsy site (Resident #27) and for 1 resident with a change of condition (Resident #10). The sample consisted of 27 residents and the facility reported a census of 60 residents.</p> <p>Findings include:</p> <p>1. Resident #27 had a MDS (Minimum Data Set) assessment with a reference date of 03/16/16. The MDS indicated the resident had diagnoses that included hypertension (elevated blood pressure), diabetes mellitus, mild cognitive impairment, opioid (narcotic) abuse, gastro-esophageal reflux disease. The MDS indicated the resident had a Brief</p>	II	\$500	Upon Receipt	

Facility Administrator _____

Date _____

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or withdraw your request for formal hearing, and (2) pay the penalty, the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (Supp. 2009).

**Iowa Department of Inspections and Appeals
Health Facilities Division
Citation**

FC#6210		Fine amount reduced by 35% to \$5,525.00 on August 16, 2016 pursuant to Iowa Code Section 135C.43A		Date: July 25, 2016	
Pearl Valley Rehabilitation & HC		Survey dates: June 20-23, 2016			
601 E. Polk Street					
Washington, Iowa 52353		Ds/cj/mw			
State Rules		Class	Fine Amount	Correction date	
	<p>interview for Mental Status (BIMS) score of 11 out of 15. A score of 11 identified the resident with a moderate cognitive impairment. The MDS indicated the resident to be independent with bed mobility, transfers, ambulation and toilet use, and required staff supervision for dressing, eating, and personal hygiene. The MDS indicated the resident had an admission date of 10/29/15.</p> <p>The Care Plan, dated 12/30/15, identified the resident had self-care performance deficits related to pain with activities of daily living. The interventions directed staff to assist with bathing/showering, dressing and personal hygiene.</p> <p>Review of Nursing Communications dated 2/16/16 indicated Resident #27's biopsy site on the right temple should be gently cleansed with tap water followed by Vaseline and to bandage every day until healed, per the dermatologist.</p> <p>Review of the dermatologist [physician] notes dated 2/16/16, indicated Resident #27 was referred by his/her personal medical doctor because of a sore on the right temple, crusting spot on right forehead, and rash on face. The plan consisted of a shave biopsy to the area of the right temple. On 2/25/16 the pathology report of the biopsy revealed basal cell carcinoma with infiltrating features and depth of the biopsy extensively involved. A Mohs surgery procedure (also known as Chemosurgery) is indicated for maximum tissue conservation and to</p>				

Facility Administrator _____

Date _____

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or withdraw your request for formal hearing, and (2) pay the penalty, the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (Supp. 2009).

**Iowa Department of Inspections and Appeals
Health Facilities Division
Citation**

FC#6210		Fine amount reduced by 35% to \$5,525.00 on August 16, 2016 pursuant to Iowa Code Section 135C.43A		Date: July 25, 2016	
Pearl Valley Rehabilitation & HC		Survey dates: June 20-23, 2016			
601 E. Polk Street					
Washington, Iowa 52353		Ds/cj/mw			
State Rules		Class	Fine Amount	Correction date	
	<p>try and preserve the temporal branch of the seventh cranial nerve. On 2/29/16 the resident was informed of pathology results and the need for Mohs surgery discussed. The Mohs surgical procedure was arranged for 3/7/16.</p> <p>Review of the dermatologist physician note dated 3/28/16, indicated the facility called the physician's office and reported Resident #27 to be ill and unable to make the scheduled appointment for the Mohs surgical procedure today. The facility rescheduled the appointment for 4/11/16.</p> <p>Review of the dermatologist physician note dated 4/11/16, indicated the physician's office called the facility to make sure Resident #27 was going to make the scheduled appointment. The facility administrator informed the physician the bus had already left that would take the resident to the appointment thus the resident is unable to make the appointment again. A new appointment was made for 4/18/16. The physician discussed his frustration with the facility Administrator that this is the third time the coordination for the resident's surgery been missed. The Administrator informed the physician that she would personally call and arrange transportation for the 4/18/16 appointment.</p> <p>Review of the dermatologist's note dated 4/14/16 indicated the physician received a call from the</p>				

Facility Administrator _____

Date _____

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or withdraw your request for formal hearing, and (2) pay the penalty, the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (Supp. 2009).

**Iowa Department of Inspections and Appeals
Health Facilities Division
Citation**

FC#6210		Fine amount reduced by 35% to \$5,525.00 on August 16, 2016 pursuant to Iowa Code Section 135C.43A		Date: July 25, 2016	
Pearl Valley Rehabilitation & HC		Survey dates: June 20-23, 2016			
601 E. Polk Street					
Washington, Iowa 52353		Ds/cj/mw			
State Rules		Class	Fine Amount	Correction date	
	<p>facility informing him they are unable to provide transportation for Resident #27 scheduled appointment on 4/18/16. The physician rescheduled the resident's appointment for 5/2/16. The physician stressed to the facility the importance of keeping this appointment because it has been rescheduled now five times.</p> <p>Review of the dermatologists physician note dated 5/2/16 indicated Resident #27 again failed to show up for his/her scheduled appointment for the surgical procedure of Mohs. The physician staff called the facility and the staff informed the office staff that their office had called and cancelled the appointment. The note identified this as false. The physician documented he spoke with the Administrator who said the resident had surgery at another location on 4/29/16 and she is unaware of why the resident had the procedure done at the other location or why this physician had not been notified that the resident would not be attending the scheduled appointment with this physician. The physician indicated that it is so difficult to get proper coordination of care with the facility for the resident; the physician decided to phone the resident's primary care physician office for coordination of the resident's care of the skin cancer as the facility cannot coordinate transportation for the resident.</p> <p>Review of the physician note dated 5/9/16 indicated</p>				

Facility Administrator _____

Date _____

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or withdraw your request for formal hearing, and (2) pay the penalty, the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (Supp. 2009).

**Iowa Department of Inspections and Appeals
Health Facilities Division
Citation**

FC#6210		Fine amount reduced by 35% to \$5,525.00 on August 16, 2016 pursuant to Iowa Code Section 135C.43A		Date: July 25, 2016	
Pearl Valley Rehabilitation & HC		Survey dates: June 20-23, 2016			
601 E. Polk Street					
Washington, Iowa 52353		Ds/cj/mw			
State Rules		Class	Fine Amount	Correction date	
	<p>the physician received a call from Resident #27 primary care physician indicating the resident sent to another physician for treatment of a skin lesion and they are unaware of how the resident ended up at another physician's office for treatment as the primary care physician had not referred the resident for that treatment.</p> <p>On 5/2/16 the dermatologist wrote a letter to Resident #27, and indicated the resident was evaluated for a non-healing lesion of the right temple. The biopsy revealed a basal cell carcinoma, which is a type of skin cancer. Subsequently, the physician's office arranged four separate times for surgical procedure of this tumor to be performed here at the office. The surgical date has been rescheduled on four separate occasions now. Most recently, Resident #27 was supposed to show up today, May 2nd at 8:00 a.m. for the procedure. Once again, Resident #27 not transported to the physician's office for the procedure. The physician's office phoned the facility and the facility claimed the physician's office called and canceled the appointment. The physician indicated this is completely untrue. The facility claimed the resident had some sort of surgical procedure performed on Friday at another location. The physician indicated not having any idea if it was for the resident's basal cell carcinoma or another procedure. The physician indicated with</p>				

Facility Administrator _____

Date _____

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or withdraw your request for formal hearing, and (2) pay the penalty, the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (Supp. 2009).

**Iowa Department of Inspections and Appeals
Health Facilities Division
Citation**

FC#6210		Fine amount reduced by 35% to \$5,525.00 on August 16, 2016 pursuant to Iowa Code Section 135C.43A		Date: July 25, 2016	
Pearl Valley Rehabilitation & HC		Survey dates: June 20-23, 2016			
601 E. Polk Street					
Washington, Iowa 52353		Ds/cj/mw			
State Rules		Class	Fine Amount	Correction date	
	<p>the above difficulties in mind, the physician phoned the resident's primary care physician's office and reported the frustrations with the facility. The physician indicated if the resident has not had the basal cell carcinoma surgically excised, then the resident needs to have this done locally where transportation is not such a difficult issue. The primary care physician's office informed the dermatologist they will look into this and report when this gets arranged to care for the resident's problem.</p> <p>Review of Resident #27 clinical record lacked indication of follow appointments being scheduled or rescheduled.</p> <p>Review of Resident #27 Visit Summary dated 4/29/16, revealed the resident presents in consultation from primary care physician for evaluation of a lesion on the right temple that has been present for 5 years. The resident reports it bleeds occasionally bleeds and sometimes hurts. The resident reports that it may have been biopsied in the past. The physician called the resident's primary care physician office and they indicated per their records, the resident has never had a biopsy of the right temple. A shaved biopsy performed, wound instructions given, resident to follow-up in 6 months or sooner pending biopsy results. An addendum dated 5/3/2016 indicated the pathology</p>				

Facility Administrator _____

Date _____

Page 13 of 39

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or withdraw your request for formal hearing, and (2) pay the penalty, the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (Supp. 2009).

**Iowa Department of Inspections and Appeals
Health Facilities Division
Citation**

FC#6210		Fine amount reduced by 35% to \$5,525.00 on August 16, 2016 pursuant to Iowa Code Section 135C.43A		Date: July 25, 2016	
Pearl Valley Rehabilitation & HC		Survey dates: June 20-23, 2016			
601 E. Polk Street					
Washington, Iowa 52353		Ds/cj/mw			
State Rules		Class	Fine Amount	Correction date	
	<p>results were relayed to the resident and a facility nurse. The pathology revealed basal cell carcinoma, with infiltrative features, associated with squamatized epidermal proliferation with features of seborrheic keratosis, and adjacent scar. The resident reports that the facility has not been performing wound care. The physician spoke with the facility nurse, who confirmed that wound care has not been performed for the last couple days. The physician stressed the importance of proper wound care and reiterated the instructions of wound care, and the nurse agreed to have this restarted. The nurse does not think the area looks infected; no surrounding redness or purulent drainage. The physician indicated the resident to undergo Mohs surgery, the facial location where tissue conservation is critical. The physician discussed the risks, benefits and alternatives as well as repair options that are often uncertain until the lesion has been excised, discussed that the surgical defect may be larger than the clinically evident by lesion.</p> <p>Review of Resident #27 clinical record lacked indication of the physician ' s conversation with the facility, or any surgical appointment being scheduled for the resident.</p> <p>An interview was conducted on 5/13/16 at 12:10 p.m. with Staff FF, Registered Nurse (RN). Staff FF stated she received a phone call on 4/29/16 from</p>				

Facility Administrator _____

Date _____

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or withdraw your request for formal hearing, and (2) pay the penalty, the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (Supp. 2009).

**Iowa Department of Inspections and Appeals
Health Facilities Division
Citation**

FC#6210		Fine amount reduced by 35% to \$5,525.00 on August 16, 2016 pursuant to Iowa Code Section 135C.43A		Date: July 25, 2016	
Pearl Valley Rehabilitation & HC		Survey dates: June 20-23, 2016			
601 E. Polk Street					
Washington, Iowa 52353		Ds/cj/mw			
State Rules		Class	Fine Amount	Correction date	
	<p>Resident #27 physician. Staff A reported the physician asked her if the resident has had a biopsy done to the left temple lesion. Staff FF stated she told the physician the resident had one done a couple months ago. Staff FF stated she did not document this conversation in the resident's clinical record. Staff FF stated she did not know the resident had missed the follow-up biopsy appointments from 2/16/16. Staff FF stated noting was documented on the appointment calendar or the resident's record of the appointments or why they got canceled. Staff FF stated she was not aware of the missed appointments or the follow-up appointment for surgery from the resident's 4/29/16 appointment until the surveyor asked about them. Staff FF stated she did not know who the physician, she talked to on 4/29/16, although she spoke with the physician, and nothing documented. Staff FF stated she would expect staff to document this. Staff FF further stated the resident's appointments <i>fell through the cracks</i>.</p> <p>2. Resident #10 had a MDS with a reference date of 5/27/16. The resident listed diagnoses for Resident #10 which included non-Alzheimer's dementia, anxiety disorder, depression, schizophrenia, and somatization disorder. The MDS stated the resident required extensive assistance of 1 staff member for dressing, personal hygiene, and bathing, and supervision and set up assistance of 1 staff for eating and toilet use. The MDS listed the resident as having inattention, disorganized thinking, physical and verbal behavioral symptoms directed toward others, and</p>				

Facility Administrator _____

Date _____

Page 15 of 39

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or withdraw your request for formal hearing, and (2) pay the penalty, the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (Supp. 2009).

**Iowa Department of Inspections and Appeals
Health Facilities Division
Citation**

FC#6210		Fine amount reduced by 35% to \$5,525.00 on August 16, 2016 pursuant to Iowa Code Section 135C.43A		Date: July 25, 2016	
Pearl Valley Rehabilitation & HC		Survey dates: June 20-23, 2016			
601 E. Polk Street					
Washington, Iowa 52353		Ds/cj/mw			
State Rules		Class	Fine Amount	Correction date	
	<p>other behavioral symptoms not directed toward others. The MDS listed the resident's BIMS (Brief Interview for Mental Status) score as 13. A score of 13 identified no cognitive problems.</p> <p>An incident report for Resident #10, dated 6/9/16, identified the resident as yelling in the room and staff attempted to calm the resident. The resident had a 0.5 cm (centimeters) x [by] 0.5 cm area to the forehead.</p> <p>A Progress Note for Resident #10, dated 6/9/16 at 8:49 a.m., indicated the resident had a red area located on the right side of the forehead. The notes documented the nurse asked the resident how he/she received the area and the resident did not answer the nurse. The note indicated the neurological checks were within normal limits.</p> <p>The facility lacked documentation of any further neurological checks and the progress notes lacked information regarding Resident #10 refusing any further neurological checks.</p> <p>An undated skin assessment sheet for Resident #10 documented the resident had a red area located on the forehead and measured 0.5 cm x 0.5 cm.</p> <p>An incident report for Resident #10, dated 6/9/16, indicated a staff member witnessed the resident hitting his/her head on the headboard, causing a red area to the right side of the forehead.</p>				

Facility Administrator _____

Date _____

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or withdraw your request for formal hearing, and (2) pay the penalty, the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (Supp. 2009).

**Iowa Department of Inspections and Appeals
Health Facilities Division
Citation**

FC#6210		Fine amount reduced by 35% to \$5,525.00 on August 16, 2016 pursuant to Iowa Code Section 135C.43A		Date: July 25, 2016	
Pearl Valley Rehabilitation & HC		Survey dates: June 20-23, 2016			
601 E. Polk Street					
Washington, Iowa 52353		Ds/cj/mw			
State Rules		Class	Fine Amount	Correction date	
	<p>Review of Progress Notes from 6/9/16-6/12/16 at 5:30 p.m. (when the family inquired with the facility regarding the resident's condition) revealed no mention of the resident with unclear speech and being unsteady. No further measurements were in the resident's record regarding the resident's forehead bruising, other than the 0.5 cm x 0.5 cm measurement.</p> <p>A Progress Note, dated 6/12/16 at 6:39 p.m., indicated the family had spoken to the facility regarding the resident's bruise to the right side of the forehead that had also moved down to the ear. The note indicated the family was also concerned because the resident had garbled speech and unsteady on his/her feet. The note indicated the facility sent the resident to the emergency room.</p> <p>The hospital emergency department notes, dated 6/12/16 at 8:55 p.m., indicated the resident arrived in the emergency room and had bruising over the right eye, ear, right chest, and right thigh.</p> <p>Photographs provided by Resident #10's daughter, time stamped 6/13/16, identified the resident with the following skin areas:</p> <ul style="list-style-type: none"> a. a purple and black bruise covering an approximate 5 cm x 5 cm area on the forehead above the right eye, b. a yellow and black bruise covering an approximate 5 cm x 5 cm area on the right shoulder c. a gray bruise on the right forearm d. a red area on the right side of the chest e. bruised areas to both knees 				

Facility Administrator _____

Date _____

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or withdraw your request for formal hearing, and (2) pay the penalty, the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (Supp. 2009).

**Iowa Department of Inspections and Appeals
Health Facilities Division
Citation**

FC#6210		Fine amount reduced by 35% to \$5,525.00 on August 16, 2016 pursuant to Iowa Code Section 135C.43A		Date: July 25, 2016	
Pearl Valley Rehabilitation & HC		Survey dates: June 20-23, 2016			
601 E. Polk Street					
Washington, Iowa 52353		Ds/cj/mw			
State Rules		Class	Fine Amount	Correction date	
	<p>The facility lacked documentation of any bruising on the right chest, right forearm, knees, and right thigh and documented the size of the forehead bruise as 0.5 x 0.5 cm.</p> <p>The radiology reports dated 6/12/16 at 6:30 p.m. indicated the radiological findings most likely represented acute infarcts in the left frontal lobe and left occipital temporal lobe (strokes in 2 regions of the brain).</p> <p>The facility Change in a Resident's Condition or Status policy, revised April 2014, directed the staff if a significant change in the resident's physical or mental condition occurred, a comprehensive assessment of the resident's condition would be conducted.</p> <p>On 6/22/16 at 5:52 a.m., Staff CC CNA (Certified Nursing Assistant) was interviewed and stated she had worked the night shift on 6/8/16 and noticed Resident #10 leaning to the side and very stiff. The resident had outbursts and had taken the nebulizer and had put it up to his/her face. She stated the resident's speech was garbled and she could not make sense of what he/she was saying. The resident placed himself/herself on the floor a couple of times and she thought the resident had bumped his/her elbow possibly but not head. Staff CC stated she and a nurse helped return the resident to bed. Toward the end of her shift, she heard the resident in bed yelling. Staff CC stated she went in the room and the resident had a "goose egg" about the size of a quarter on his/her forehead. She</p>				

Facility Administrator _____

Date _____

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or withdraw your request for formal hearing, and (2) pay the penalty, the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (Supp. 2009).

**Iowa Department of Inspections and Appeals
Health Facilities Division
Citation**

FC#6210		Fine amount reduced by 35% to \$5,525.00 on August 16, 2016 pursuant to Iowa Code Section 135C.43A		Date: July 25, 2016	
Pearl Valley Rehabilitation & HC		Survey dates: June 20-23, 2016			
601 E. Polk Street					
Washington, Iowa 52353		Ds/cj/mw			
State Rules		Class	Fine Amount	Correction date	
	<p>stated she thought the resident had taken his/her nebulizer and struck it against his/her head. She stated Staff G LPN (Licensed Practical Nurse) and Staff A CNA/CMA (Certified Medication Assistant) came to the room to assess the resident. She stated she thought Staff G and Staff A knew the resident's speech was garbled. Staff CC stated she worked the night shift on 6/10/16 and the resident's speech seemed more garbled and he/she hardly had any clear speech. She stated this was strange for the resident. She stated she worked the night shift again on 6/11/16 and the resident's speech was still garbled.</p> <p>During an interview on 6/22/16 at 5:08 p.m., the Director of Nursing stated Staff BB CMA told her Resident #10 had banged his/her head on the bed. She stated after a head injury neurological checks should be done until the physician stated otherwise.</p> <p>On 6/22/16 at 4:53 p.m., the MDS Coordinator was interviewed and stated on 6/8/16 or 6/9/16, Staff G LPN (licensed practical nurse) told her the resident had a spot on his/her head. The MDS Coordinator stated staff told her the resident had been swinging and banging his/her head. She stated neurological checks should have been done but they couldn't because the resident was so agitated and stated she told the nurses to call the hospital but she was not sure if that was done. She stated neurological checks after a head injury should be performed every 15 minutes for 4 times, every 30 minutes for 4 times, every hour for 4 times, every 4 hours for 4 times, and then every shift for 72 hours. She stated</p>				

Facility Administrator _____

Date _____

Page 19 of 39

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or withdraw your request for formal hearing, and (2) pay the penalty, the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (Supp. 2009).

**Iowa Department of Inspections and Appeals
Health Facilities Division
Citation**

FC#6210		Fine amount reduced by 35% to \$5,525.00 on August 16, 2016 pursuant to Iowa Code Section 135C.43A		Date: July 25, 2016	
Pearl Valley Rehabilitation & HC		Survey dates: June 20-23, 2016			
601 E. Polk Street					
Washington, Iowa 52353		Ds/cj/mw			
State Rules		Class	Fine Amount	Correction date	
	<p>if the resident refused, it would be in the progress notes. The MDS Coordinator stated the facility should notify the family when such events occurred. She stated that on 6/11/16, the resident placed himself/herself on the floor and Staff DD CNA witnessed this. She stated the resident stood up and had no problems and that his/her neurological checks were within normal limits.</p> <p>During an interview on 6/22/16 at 6:49 a.m., Staff G LPN stated she worked the day shift on 6/9/16. She stated the resident had been yelling and screaming and was given an anti-anxiety medication. She stated the resident had a red area on the forehead but that she didn't know what happened. She stated the resident had no abnormal speech. Staff G stated she worked again on the day shift of 6/12/16 and that the resident had no abnormal speech on this shift. She stated that the resident's daughter and wife came in that day and inquired about the resident's bruising. Staff G stated she went in the resident's room and he/she had bruising on his/her ear and had a "little raised area" on his forehead which was "dime sized". She stated she consulted with the physician and called an ambulance for the resident.</p> <p>During an interview on 6/22/16 at 1:47 p.m., Staff A CNA/CMA stated that on 6/10/16 she worked the day shift and had heard that the resident "bolted" across the unit to the shower room and threw himself/herself on the floor. She stated she helped the nurse assess the resident as he/she was laying on his/her right side in the shower room. She</p>				

Facility Administrator _____

Date _____

Page 20 of 39

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or withdraw your request for formal hearing, and (2) pay the penalty, the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (Supp. 2009).

**Iowa Department of Inspections and Appeals
Health Facilities Division
Citation**

FC#6210		Fine amount reduced by 35% to \$5,525.00 on August 16, 2016 pursuant to Iowa Code Section 135C.43A		Date: July 25, 2016	
Pearl Valley Rehabilitation & HC		Survey dates: June 20-23, 2016			
601 E. Polk Street					
Washington, Iowa 52353		Ds/cj/mw			
State Rules		Class	Fine Amount	Correction date	
	<p>stated the resident had already had a bruise but that she thought he hit his/her head again. Staff A stated the incident was unwitnessed but Staff K, CNA told her she heard a thud. She stated on this shift the resident's speech was "a little more slurred".</p> <p>On 6/21/16 at 6:04 p.m., Staff H, RN (Registered Nurse) was interviewed and stated when she worked the night shift on 6/10/16; she did not notice any speech problems. She stated that the week before she had noticed the resident leaning to the left when she took him to his/her doctor's appointment. Staff H stated she worked the night shift on 6/11/16 and described the resident's speech as "a little off but normal" for the resident.</p> <p>On 6/21/16 at 9:13 a.m., Staff BB, CMA was interviewed and stated the resident hit his/her head on the headboard and had been "more angry" the last couple of weeks. She stated when she worked on 6/9/16, there was only a red mark on the resident's forehead but when she next saw the resident around noon on 6/10/16, she was "in shock" by the look of the bruise. Staff BB stated the resident said he/she did not know how the bruise happened. Staff BB stated she attributed the bruising to the resident banging his/her head on the bed. Staff BB stated when she saw the resident again on 6/11/16, his/her speech was <i>in and out</i> but more garbled. Staff BB stated the resident always had some speech difficulty because he/she had clenched teeth.</p>				

Facility Administrator _____

Date _____

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or withdraw your request for formal hearing, and (2) pay the penalty, the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (Supp. 2009).

**Iowa Department of Inspections and Appeals
Health Facilities Division
Citation**

FC#6210		Fine amount reduced by 35% to \$5,525.00 on August 16, 2016 pursuant to Iowa Code Section 135C.43A		Date: July 25, 2016	
Pearl Valley Rehabilitation & HC		Survey dates: June 20-23, 2016			
601 E. Polk Street					
Washington, Iowa 52353		Ds/cj/mw			
State Rules		Class	Fine Amount	Correction date	
	<p>During an interview on 6/22/16 at 11:56 a.m., the resident's physician stated the resident had a stroke prior to arriving at the hospital but could not identify a specific time frame. The physician stated the resident arrived at the hospital with various bruises.</p> <p>FACILITY RESPONSE:</p>				

Facility Administrator _____

Date _____

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or withdraw your request for formal hearing, and (2) pay the penalty, the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (Supp. 2009).

**Iowa Department of Inspections and Appeals
Health Facilities Division
Citation**

FC#6210		Fine amount reduced by 35% to \$5,525.00 on August 16, 2016 pursuant to Iowa Code Section 135C.43A		Date: July 25, 2016	
Pearl Valley Rehabilitation & HC		Survey dates: June 20-23, 2016			
601 E. Polk Street					
Washington, Iowa 52353		Ds/cj/mw			
State Rules		Class	Fine Amount	Correction date	
58.19(2)a	<p>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:</p> <p>58.19(2) Medication and treatment</p> <p>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).</p> <p>Based on record review and staff interview, the facility failed to ensure residents were monitored for nonpharmacological interventions prior to the administration of an anti-anxiety medication (Resident #8) and failed to administer medication (Sinemet) as ordered by the physician (Resident #1). The sample consisted of 27 residents and the facility reported a census of 60 residents.</p> <p>Findings include:</p> <p>1. Resident #1 had a MDS (Minimum Data Set) assessment with a reference date of 4/14/16. The MDS identified Resident #1 with diagnoses including heart failure, gastroesophageal reflux disease, renal insufficiency, diabetes mellitus, hyperlipidemia, non-Alzheimer's dementia, Parkinson's disease, seizure disorder, and asthma. The MDS indicated the resident had a BIMs (Brief Interview for Mental Status) score of 15 of 15. A score of 15 represented no short or long term memory problems and no problems with cognitive</p>	II	\$500	Upon Receipt	

Facility Administrator _____

Date _____

Page 23 of 39

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or withdraw your request for formal hearing, and (2) pay the penalty, the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (Supp. 2009).

**Iowa Department of Inspections and Appeals
Health Facilities Division
Citation**

FC#6210		Fine amount reduced by 35% to \$5,525.00 on August 16, 2016 pursuant to Iowa Code Section 135C.43A		Date: July 25, 2016	
Pearl Valley Rehabilitation & HC		Survey dates: June 20-23, 2016			
601 E. Polk Street					
Washington, Iowa 52353		Ds/cj/mw			
State Rules		Class	Fine Amount	Correction date	
	<p>skills for daily decision. The MDS identified the resident required limited assist of one staff member for bed mobility, ambulation in room, and dressing. The MDS determined the resident to be independent with transfers, location on and off the unit, toilet use and personal hygiene.</p> <p>The Care Plan dated 5/2/2016 included a problem of high risk for falls related to Parkinson's and seizure disorder. The Care Plan interventions included and directed staff to administer medications as ordered, monitor and document for effectiveness and side effects.</p> <p>The Progress Notes dated 5/2/16 at 6:57 p.m. indicated at 5:26 p.m. the nurse, Staff G, received a phone call from the hospital on-call nurse stating they have Resident #1 on the phone with possibly having a seizure. Staff G entered Resident 's #1 room and the resident found lying on the floor between the wheelchair and bedside stand, head under the bed and positioned on stomach. Staff G moved all objects surrounding the resident and placed a pillow under the resident's head and heels. Upon assessment of the resident no lacerations, bruising or bumps to the head or body. At 5:25 p.m. Staff G placed a call to the resident's physician and received an order to send the resident to the emergency room for further evaluation. The resident left the facility at 5:58 p.m. via ambulance continued to seize as leaving the facility.</p> <p>On 5/13/16 at 12:30 p.m. Resident #1 was</p>				

Facility Administrator _____

Date _____

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or withdraw your request for formal hearing, and (2) pay the penalty, the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (Supp. 2009).

**Iowa Department of Inspections and Appeals
Health Facilities Division
Citation**

FC#6210		Fine amount reduced by 35% to \$5,525.00 on August 16, 2016 pursuant to Iowa Code Section 135C.43A		Date: July 25, 2016	
Pearl Valley Rehabilitation & HC		Survey dates: June 20-23, 2016			
601 E. Polk Street					
Washington, Iowa 52353		Ds/cj/mw			
State Rules		Class	Fine Amount	Correction date	
	<p>interviewed and stated on 5/2/2016, he/she did not receive the scheduled 2 p.m. Sinemet medication. Resident #1 stated when he/she slept until 4 p.m. and the staff did not wake him/her for the 2 p.m. medication administration of Sinemet. Resident #1 stated he/she woke up at 4 p.m. and went to get his/her Sinmet medication from Staff EE, Certified Medication Aide (CMA). Resident #1 stated at 5 p.m. Staff EE administered the 2 p.m. dose and the 6 p.m. dose at the same time. Resident #1 stated he/she asked Staff EE before taking the medication if it would be safe to take all the medication at once and Staff EE said "I think so". Resident #1 stated he/she took the medication, which is a double dose of Sinmet. Resident #1 stated Staff EE never even checked with the nurse if it would be alright to take a double dose. Resident #1 stated he/she lay down in bed and about a half hour later he/she felt like the room spun. The resident stated he/she, could not see and had the call light on for 15 minutes. Resident #1 stated he/she attempted to transfer to a wheelchair and fell to the floor. Resident #1 stated he/she then called the on-call hospital nurse and got on the phone with that nurse about 25 minutes; the on-call nurse phoned the facility while he/she remained on the phone, and the facility nurse came into his/her room then and Resident #1 passed out at that time. Resident #1 stated they transferred him/her to the local hospital and then transferred to another hospital and he/she remembers waking up and being on life support in the intensive care unit of the hospital. Resident #1 stated he/she had continuous seizure activity and the double dose of Sinemet affected his/her heart.</p>				

Facility Administrator _____

Date _____

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or withdraw your request for formal hearing, and (2) pay the penalty, the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (Supp. 2009).

**Iowa Department of Inspections and Appeals
Health Facilities Division
Citation**

FC#6210		Fine amount reduced by 35% to \$5,525.00 on August 16, 2016 pursuant to Iowa Code Section 135C.43A		Date: July 25, 2016	
Pearl Valley Rehabilitation & HC		Survey dates: June 20-23, 2016			
601 E. Polk Street					
Washington, Iowa 52353		Ds/cj/mw			
State Rules		Class	Fine Amount	Correction date	
	<p>Resident #1 stated he/she reported this to the DON (Director of Nursing) and the DON said he would be writing up [discipline] Staff EE for administrating a double dose of Sinemet.</p> <p>Review of the Discharge Summary dated 5/5/16 indicated Resident #1 was admitted on 5/2/16 and discharged on 5/5/16. Resident #1 principal diagnoses included: epilepsy with other pertinent diagnoses: morbid obesity, cerebral arteriovenous malformation, seizure, Parkinson ' s disease, obstructive pulmonary disease, methicillin resistant staphylococcus aureus (MRSA) pneumonia, cerebral aneurysm, lumbar spinal stenosis (narrowing of lumbar vertebrae), On arrival the resident intubated and sedated, Resident able to be extubated the next day. Resident discharged on 5/5/16 back to skilled nursing facility.</p> <p>On 5/19/16 at 4:15 p.m. the Director of Nursing (DON) was interviewed and stated Resident #1 reported to her on 5/6/16 about medication administration. The DON stated she had not had a chance to investigate the issues. The DON stated the resident had just returned from the hospital when he/she reported concerns, The DON stated the resident was to confused at the time of reporting this. The DON further stated staff should never double up on a missed dose of medication with the next schedule time of medication. The DON stated if a dose is missed then staff are to fill out a medication error, monitor the resident, notify the resident's physician and family and document in the nurse's notes. The DON stated no medication</p>				

Facility Administrator _____

Date _____

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or withdraw your request for formal hearing, and (2) pay the penalty, the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (Supp. 2009).

**Iowa Department of Inspections and Appeals
Health Facilities Division
Citation**

FC#6210		Fine amount reduced by 35% to \$5,525.00 on August 16, 2016 pursuant to Iowa Code Section 135C.43A		Date: July 25, 2016	
Pearl Valley Rehabilitation & HC		Survey dates: June 20-23, 2016			
601 E. Polk Street					
Washington, Iowa 52353		Ds/cj/mw			
State Rules		Class	Fine Amount	Correction date	
	<p>error report was completed for Resident #1.</p> <p>On 5/20/16 at 2:11 p.m., Staff EE, CMA (Certified Medication Aide) was interviewed and stated on 5/2/16 she worked on the floor [giving cares] until 5:00 p.m. when asked to administer medications. Staff EE stated Resident #1 came up to her and said he/she never received their 2 p.m. Sinemet medication. Staff EE stated Staff G, nurse, stood by her and said "oh shoot" and Staff G gave the 2 p.m. dose. Staff EE stated she then immediately gave the resident the 6 p.m. dose of Sinemet and she signed out administering the 2 p.m. dose, even though she did not give it, and the 6 p.m. dose. Staff EE stated the resident did question her if it is ok to give both doses together and Staff EE stated she did not have an answer for that but did tell the resident that it should be ok. Staff EE stated she never checked with the nurse if it is ok to give back to back doses of Sinemet and never reported to the nurse that she gave back to back doses of Sinemet to the resident. Staff EE further stated that she is not aware of side effects of medications and there is a lot of pills going out.</p> <p>On 5/25/16 at 9:40 a.m., Staff G, Licensed Practical Nurse (LPN) was interviewed and stated she recalled on 5/2/16 pulling Staff EE from the floor to administer medications as the facility short was staffed and she went to the dining room to assist with the meal service. Staff G stated she did not recall giving Resident #1 the 2 p.m. scheduled dose of Sinemet and that Staff EE had signed out on the Medication Administration Record (MAR) as</p>				

Facility Administrator _____

Date _____

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or withdraw your request for formal hearing, and (2) pay the penalty, the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (Supp. 2009).

**Iowa Department of Inspections and Appeals
Health Facilities Division
Citation**

FC#6210		Fine amount reduced by 35% to \$5,525.00 on August 16, 2016 pursuant to Iowa Code Section 135C.43A		Date: July 25, 2016	
Pearl Valley Rehabilitation & HC		Survey dates: June 20-23, 2016			
601 E. Polk Street					
Washington, Iowa 52353		Ds/cj/mw			
State Rules		Class	Fine Amount	Correction date	
	<p>administering the 2 p.m. dose. Staff G stated she would not administer the 2 p.m. Sinemet dose at 5 p.m., she would have completed a medication error form, assess the resident, notify the resident's physician and family and document it. Staff G stated Staff EE never asked her about administering the resident's Sinemet nor did Staff EE report anything about doubling up on the resident ' s 2 p.m. and 6 p.m. dose of Sinemet. Staff G stated she received a phone call at 5:26 p.m. from the hospital on-call nurse regarding the resident and Staff G stated she went to the resident ' s room, no call light on, and resident on the floor having a seizure. Staff G stated she assessed the resident and called the resident ' s physician and order received to send resident to the emergency room for further evaluation, and resident was immediately transferred via ambulance. Staff G stated she looked at the resident's phone and noted the resident had called the on-call nurse at 5:04 or 5:06 p.m.</p> <p>On 5/25/16 at 3:30 p.m., the Pharmacist was interviewed and stated Sinemet has a long list of side effects and people who take this medication can build up a tolerance. The Pharmacist stated it would be difficult to relate the double dose of Sinemet to the resident's seizure.</p> <p>Review of Resident' s #1 clinical record lacked indication a medication error occurred, that Staff EE notified facility that she administered a back to back, 2 p.m. and 5 p.m. dose of Sinemet, resident being monitored after the double dose of Sinemet,</p>				

Facility Administrator _____

Date _____

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or withdraw your request for formal hearing, and (2) pay the penalty, the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (Supp. 2009).

**Iowa Department of Inspections and Appeals
Health Facilities Division
Citation**

FC#6210		Fine amount reduced by 35% to \$5,525.00 on August 16, 2016 pursuant to Iowa Code Section 135C.43A		Date: July 25, 2016	
Pearl Valley Rehabilitation & HC		Survey dates: June 20-23, 2016			
601 E. Polk Street					
Washington, Iowa 52353		Ds/cj/mw			
State Rules		Class	Fine Amount	Correction date	
	<p>and that the resident ' s physician notified of it.</p> <p>2. Resident #8 had a MDS (Minimum Data Set) dated 5/9/16. The MDS listed a diagnosis for Resident #8 of non-Alzheimer's dementia. The MDS stated the resident required the assistance of 1-2 staff for bed mobility, transfers, walking, dressing, eating, toilet use, personal hygiene, and bathing. The MDS indicated the resident had continuous disorganized thinking and inattention and stated the resident had trouble concentrating on things and was short-tempered nearly every day of the MDS review period. The MDS indicated the resident had physical behavioral symptoms directed toward others daily and had verbal behavioral symptoms directed toward others 4-6 days out of the week. The MDS listed the resident's cognition as severely impaired.</p> <p>The June Physician's Order Sheet for Resident #8 displayed the following orders:</p> <p>a. Haloperidol(an anti-psychotic medication) 5 mg(milligrams/ml(milliliter) and to inject 0.2 ml IM(intramuscularly) every 1 hour prn(as needed) for acute agitation</p> <p>b. Lorazepam(an anti-anxiety medication) 1 mg Take 1 tablet every 6 hours prn for anxiety</p> <p>Resident #8's Medication Administration Records (MAR) for May 2016-June 2016 identified staff administered the prn Haloperidol 10 times during the period of 5/10/16- 6/18/16. The facility lacked documentation of interventions implemented prior to administration of the medication.</p>				

Facility Administrator _____

Date _____

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or withdraw your request for formal hearing, and (2) pay the penalty, the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (Supp. 2009).

**Iowa Department of Inspections and Appeals
Health Facilities Division
Citation**

FC#6210		Fine amount reduced by 35% to \$5,525.00 on August 16, 2016 pursuant to Iowa Code Section 135C.43A		Date: July 25, 2016	
Pearl Valley Rehabilitation & HC		Survey dates: June 20-23, 2016			
601 E. Polk Street					
Washington, Iowa 52353		Ds/cj/mw			
State Rules		Class	Fine Amount	Correction date	
	<p>Resident #8's Medication Administration Records (MAR) for April 2016-June 2016 revealed staff administered the prn Lorazepam 54 times during the period of 4/26/16- 6/12/16. The facility lacked documentation of interventions implemented prior to the administration of the medication.</p> <p>The Care Plan for Resident #8, dated 5/10/16, directed staff to call the resident's family to come visit or talk on the phone with the resident when he/she "won't settle". The Care Plan directed staff to: intervene before agitation escalated, guide the resident away from the source of distress, engage calmly in conversation, and, if the resident's response was aggressive, walk away calmly and approach later.</p> <p>During an interview on 6/22/16 at 5:55 p.m., the MDS Coordinator stated nurses should document non-pharmacological interventions on the resident's behavior sheet or in the progress notes prior to administering anti-anxiety medications.</p> <p>FACILITIES RESPONSE:</p>				

Facility Administrator _____

Date _____

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or withdraw your request for formal hearing, and (2) pay the penalty, the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (Supp. 2009).

**Iowa Department of Inspections and Appeals
Health Facilities Division
Citation**

FC#6210		Fine amount reduced by 35% to \$5,525.00 on August 16, 2016 pursuant to Iowa Code Section 135C.43A		Date: July 25, 2016	
Pearl Valley Rehabilitation & HC		Survey dates: June 20-23, 2016			
601 E. Polk Street					
Washington, Iowa 52353		Ds/cj/mw			
State Rules		Class	Fine Amount	Correction date	
8.24(5)j	<p>481-58.24(135c) Dietary. 58.24(5) <i>Food handling, preparation and service.</i> All food shall be handled, prepared and served in compliance with the requirements of the Food and Drug Administration Food Code adopted under provisions of Iowa Code section 137f.2 (I, II, III) in addition, the following shall apply. <i>j.</i> A schedule of cleaning duties to be performed daily shall be posted. (III)</p> <p>DESCRIPTION:</p> <p>Based on observation, staff interviews, and review of the facility policy/procedures, the facility failed to prepare; distribute; and serve food under sanitary conditions and failed to check food temperatures after the puree process for 3 of 3 residents and prior to the service of lunch and dinner for 57 residents. The facility reported a census of 60 residents.</p> <p>Findings include:</p> <p>Observation on 6/22/16 at 12 pm identified Staff Y, cook, and began to serve food. Three plates of waxed beans were set without temperature of all food being checked on the steamtable. The surveyor prompted Staff Y to check the temperatures of all food being served.</p> <p>Observation on 6/22/16 at 12:45 pm identified Staff Y, cook, cutting the meat and cheese sandwiches</p>	II	\$500	Upon Receipt	

Facility Administrator _____

Date _____

Page 31 of 39

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or withdraw your request for formal hearing, and (2) pay the penalty, the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (Supp. 2009).

**Iowa Department of Inspections and Appeals
Health Facilities Division
Citation**

FC#6210		Fine amount reduced by 35% to \$5,525.00 on August 16, 2016 pursuant to Iowa Code Section 135C.43A		Date: July 25, 2016	
Pearl Valley Rehabilitation & HC		Survey dates: June 20-23, 2016			
601 E. Polk Street					
Washington, Iowa 52353		Ds/cj/mw			
State Rules		Class	Fine Amount	Correction date	
	<p>while wearing gloves. Staff Y, with gloves on, then touch his uniform and the resident's paper meal order and then returned to cutting meat and cheese sandwiches. This occurred 3 times.</p> <p>Observation on 6/22/16 at 1:00 pm revealed the MDS coordinator came into the kitchen to help serve sandwiches. The staff person walked in put a hair net on, donned gloves then preceded to handle meat and cheese sandwiches without washing her hands.</p> <p>Observation on 6/22/16 at 1:45 pm revealed Staff Y, cook, obtained the trays ready for the residents with pureed diets. Macaroni and cheese, smokies, and waxed beans pureed per guidelines and placed on service tray. Staff Y did not check the temperatures of the 3 items before serving them to 3 of 3 residents that required pureed diets.</p> <p>Observation on 6/22/16 at 1:52 pm revealed Staff Y go to the handwashing sink in the kitchen and placed soap on his right hand. Staff Y went to turn the water on and it would not turn on. Staff Y then went to sink at the dishwashing area and the water would not turn on. Maintenance staff had turned the water off due to handwashing sink leaking out of the collection buckets on to the floor. Staff Y then took a paper towel; wiped soap out of right hand, donned gloves then proceeded with meal service.</p>				

Facility Administrator _____

Date _____

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or withdraw your request for formal hearing, and (2) pay the penalty, the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (Supp. 2009).

**Iowa Department of Inspections and Appeals
Health Facilities Division
Citation**

FC#6210		Fine amount reduced by 35% to \$5,525.00 on August 16, 2016 pursuant to Iowa Code Section 135C.43A		Date: July 25, 2016	
Pearl Valley Rehabilitation & HC		Survey dates: June 20-23, 2016			
601 E. Polk Street					
Washington, Iowa 52353		Ds/cj/mw			
State Rules			Class	Fine Amount	Correction date
	<p>Observation on 6/22/16 at 2:00 pm revealed Staff C, Cook, cut meat and cheese sandwiches with gloves on, putting the sandwiches on room and unit trays, placed a lid on the plate then back to cutting meat and cheese sandwiches. This took place five (5) times.</p> <p>Observation on 6/22/16 at the service of lunch and dinner revealed the dietician and the administrator wearing open toed shoes. The dietician wore black $\frac{3}{4}$ heeled shoes with one strap across the base of toes with another strap below it. The dietician helped prepare and serve food multiple times. The administrator wore wedges with a thick strap at the base of toes. The administrator helped wash dishes and in the food preparation and service area multiple times.</p> <p>Observation on 6/22/16 at 5:30pm revealed the surveyor needed to prompt Staff Z, cook, to check the temperatures of all food prior to serving the dinner meal.</p> <p>Review of the facility policy/procedure titled, <u>Safe Food Preparation</u>, directed staff to obtain final cooking temperatures; foods must reach the following internal temperatures for a minimum of fifteen seconds, sanitizing your thermometer as you move from one food item to the next. The policy directed staff to achieve the following temperatures;</p>				

Facility Administrator _____

Date _____

Page 33 of 39

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or withdraw your request for formal hearing, and (2) pay the penalty, the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (Supp. 2009).

**Iowa Department of Inspections and Appeals
Health Facilities Division
Citation**

FC#6210		Fine amount reduced by 35% to \$5,525.00 on August 16, 2016 pursuant to Iowa Code Section 135C.43A		Date: July 25, 2016	
Pearl Valley Rehabilitation & HC		Survey dates: June 20-23, 2016			
601 E. Polk Street					
Washington, Iowa 52353		Ds/cj/mw			
State Rules		Class	Fine Amount	Correction date	
	<p>meats 165 degrees Fahrenheit; fresh, frozen or canned fruit and vegetables 165 degrees Fahrenheit; poultry and stuffed foods 165 degrees Fahrenheit.</p> <p>During an interview on 6/21/16 the Dietician Consultant reported the kitchen lacked leadership.</p> <p>During an interview on 6/21/16 at 6:45 a.m. Staff D, Cook, reported she did not receive any dietary training.</p> <p>During an interview on 6/22/16 at 2:45 p.m. the MDS Coordinator reported the kitchen staff did not have dietary training.</p> <p><u>Environment:</u></p> <p>During the initial kitchen tour on 6/20/16 at 9:30 a.m. to 10:12 a.m., identified the following concerns: the walk-in-refrigerator contained a large roast beef cooked in a 4 quart plastic container not sealed, labeled or dated, a 1.75 pound package of pepperoni, not sealed or dated, a 4 quart container of ham slices not sealed or dated, a 22.4 pound box of Farmland meat directly on the floor, 18 ham and cheese sandwiches on a cookie sheet not covered or dated, a box of 15 dozen pasteurized eggs directly on the floor, a 5 pound plastic bag of mozzarella cheese half full and unsealed nor dated. The walk-in-refrigerator floor contained a moderate amount of food debris to include shredded carrots, cheese, and butter packets.</p>				

Facility Administrator _____

Date _____

Page 34 of 39

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or withdraw your request for formal hearing, and (2) pay the penalty, the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (Supp. 2009).

**Iowa Department of Inspections and Appeals
Health Facilities Division
Citation**

FC#6210		Fine amount reduced by 35% to \$5,525.00 on August 16, 2016 pursuant to Iowa Code Section 135C.43A		Date: July 25, 2016	
Pearl Valley Rehabilitation & HC		Survey dates: June 20-23, 2016			
601 E. Polk Street					
Washington, Iowa 52353		Ds/cj/mw			
State Rules		Class	Fine Amount	Correction date	
	<p>The kitchen work area contained a 22 quart plastic container full of flour, with a one cup measuring cup in the flour directly on the floor. A white three-tiered plastic food cart contained a moderate amount of food debris. The kitchen floor in the prep area, under the sink, and under the dishwasher contained the following items; silverware, food debris, a plastic orange glass under the dishwasher. The entire kitchen floor had a sticky surface. Under the handwashing sink, contained 2 four inch by four inch cracked white floor tiles. The blue-green colored tile under the food prep table contained several cracked tile of various sizes. The countertops in the kitchen contained a cloudy appearance; the metal prep table contained a gritty surface with food debris. There were no sanitizer buckets in the kitchen. The meat slicer had a cloudy film on it with food debris; it was not being used and was uncovered. Both Vulcan ovens had a moderate amount of carbon build up inside, and the outer doors contained a greasy surface with food drippings. The griddle to the stove contained grease build up. The backsplash of the stove contain a heavy carbon build up. The shelf above the ovens contained a greasy, fuzzy surface. Above steamtable contained an air vent with black fuzzy debris. The front of the white cupboards in the kitchen contained a gummy surface with a moderate amount of food debris. The milk cooler contained 27 4 ounce undated thawed containers of strawberry Mighty shakes, and 40 4 ounce undated thawed containers of chocolate Mighty shakes.</p> <p>During an interview on 6/20/16 at 9:45 a.m. Staff D,</p>				

Facility Administrator _____

Date _____

Page 35 of 39

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or withdraw your request for formal hearing, and (2) pay the penalty, the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (Supp. 2009).

**Iowa Department of Inspections and Appeals
Health Facilities Division
Citation**

FC#6210		Fine amount reduced by 35% to \$5,525.00 on August 16, 2016 pursuant to Iowa Code Section 135C.43A		Date: July 25, 2016	
Pearl Valley Rehabilitation & HC		Survey dates: June 20-23, 2016			
601 E. Polk Street					
Washington, Iowa 52353		Ds/cj/mw			
State Rules		Class	Fine Amount	Correction date	
	<p>Cook reported that she did not know how long the Mighty shakes had been in the cooler.</p> <p>The dry storage area revealed boxes directly on the floor which included a 50 pound box of potatoes, box or 6- 6 pound cans of Crisco, a box with 24 cans of unpeeled diced red peppers, and 6 empty cardboard boxes. The dry storage floor contained a thin layer of dried mud, with a sticky film.</p> <p>The walk-in-freezer revealed the following items directly on the floor; 30 pound box of tater tots, a box of 6- 3 pound bags of blueberries, a 30 pound box of French fries, 2- 3 gallon drums of vanilla ice cream.</p> <p>The service hallway between the dry storage, and kitchen entrance revealed a floor coated with a thin layer of dirt.</p> <p>There were no cleaning schedules posted in the kitchen area, and no notebooks could be found either.</p> <p>Observation on 6/21/16 at 10:15 a.m. revealed the kitchen, service hallway floor, walk-in-freezer, walk-in-refrigerator, appeared same as the initial tour, and no cleaning schedules were found.</p> <p>Observation on 6/21/16 at 1:30 p.m. revealed concerns from the initial kitchen tour remain the same, and the walk-in-refrigerator also now included a 4 quart container half full of beets without a date.</p> <p>Observation on 6/21/16 at 3:24 p.m. revealed initial</p>				

Facility Administrator _____

Date _____

Page 36 of 39

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or withdraw your request for formal hearing, and (2) pay the penalty, the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (Supp. 2009).

**Iowa Department of Inspections and Appeals
Health Facilities Division
Citation**

FC#6210	Fine amount reduced by 35% to \$5,525.00 on August 16, 2016 pursuant to Iowa Code Section 135C.43A	Date: July 25, 2016		
Pearl Valley Rehabilitation & HC		Survey dates: June 20-23, 2016		
601 E. Polk Street				
Washington, Iowa 52353	Ds/cj/mw			
State Rules		Class	Fine Amount	Correction date
	<p>kitchen tour concerns remained the same.</p> <p>The Facility <u>Cleaning and Sanitizing</u> Policy documented the following: Surfaces are to be washed, rinsed and sanitized after each use, and following any interruption of operations when contamination may have occurred. The food-contact surfaces of grills, griddles and similar cooking devices, and the cavities and door seals of microwave ovens are to be cleaned at least once a day. Food-contact surfaces of all cooking equipment are to be kept free of encrusted grease deposits and other accumulated soil. All work surfaces are to be cleaned, and sanitized after each use; clean-as-you-go.</p> <p>The <u>Food Storage</u> Policy documented the following: Food removed from it's original packaging is to be protected from contamination, by storing in clean, covered, sanitized containers. Food containers are to be stored a minimum of 6 inches above the floor to protect food from splash, contamination, and at a height to prevent easy cleaning of the storage area. All items are to be 6 inches off the floor, including all cardboard boxes. The facility policy for Safe Food Preparation documented that the facility will monitor and control the safe preparation of all foodstuff, including potentially hazardous food, to prevent food-borne illness. The policy directed supervisors, as well as staff member, will be expected to check the concentration of sanitizer and the cleanliness of the solution. Work surfaces and equipment will be cleaned with detergent and sanitized between</p>			

Facility Administrator _____

Date _____

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or withdraw your request for formal hearing, and (2) pay the penalty, the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (Supp. 2009).

**Iowa Department of Inspections and Appeals
Health Facilities Division
Citation**

FC#6210		Fine amount reduced by 35% to \$5,525.00 on August 16, 2016 pursuant to Iowa Code Section 135C.43A		Date: July 25, 2016	
Pearl Valley Rehabilitation & HC		Survey dates: June 20-23, 2016			
601 E. Polk Street					
Washington, Iowa 52353		Ds/cj/mw			
State Rules		Class	Fine Amount	Correction date	
	<p>uses. Gloved hands are considered to be a food contact surface that can become contaminated or scolded. Failure to change gloves between tasks contributes to cross-contamination. Disposable gloves are single use items and must be disposed of after each use.</p> <p>During an interview on 6/21/16 at 6:45 a.m. Staff B, Staff C, and Staff D all cooks reported that they have tried to call the Dietary Supervisor, but he will not answer. The staff reported that the Dietary Supervisor had been at the facility for a month.</p> <p>During an interview on 6/21/16 at 10:11 a.m. the Administrator reported that they had not been able to get a hold of the Dietary Supervisor, and that different staff members have tried to call him.</p> <p>During an interview on 6/21/16 at 4:00 p.m. the facility Dietician Consultant reported that nobody had been able to get in contact with the dietary supervisor. The Dietician reported that she had been working with the current staff, and the dietary staff has a lot to learn. The Dietician reported staff are hard to keep. The Dietician reported she had been under part-time employment with the facility since December. The Dietician had been working with the dietary staff with education related to meal substitutions, the pureed process, and how to organize meal service so it has an organized system. The Dietician reported the kitchen lacked</p>				

Facility Administrator _____

Date _____

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or withdraw your request for formal hearing, and (2) pay the penalty, the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (Supp. 2009).

**Iowa Department of Inspections and Appeals
Health Facilities Division
Citation**

FC#6210		Fine amount reduced by 35% to \$5,525.00 on August 16, 2016 pursuant to Iowa Code Section 135C.43A		Date: July 25, 2016	
Pearl Valley Rehabilitation & HC		Survey dates: June 20-23, 2016			
601 E. Polk Street					
Washington, Iowa 52353		Ds/cj/mw			
State Rules		Class	Fine Amount	Correction date	
	<p>leadership.</p> <p>A continuous observation on 6/21/16 between 8:36 a.m. and 11:09 a.m. identified the staff did not sanitize the dining room tables after the conclusion of the breakfast meal and before the lunch meal was served. On 6/21/16 at 10:51 a.m., Staff D, cook, placed paper placemats on the dining room tables and over wet water rings that remained from breakfast beverages. Plated lunch meals were placed on top of the placemats.</p> <p>During an interview on 6/22/16 at 7:13 p.m., the facility's registered and licensed dietician (RDLD) stated a sanitizer was available in the kitchen and staff should sanitize the dining room tables between each meal service.</p> <p>FACILITY RESPONSE:</p>				

Facility Administrator

Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or withdraw your request for formal hearing, and (2) pay the penalty, the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (Supp. 2009).