Number 6424				Report I January	Date 25, 2017
West Des Moir	e Health Services-		22-23, 20	Dates 25, 2016, Nov 016, December January 20, 20	r 14-15-16,19,
Facility Addres 5010 Grand Ri					
City West Des Moir	nes, Iowa 50265	HL			
Rule or Code Section	Nat	ure of Violation	Class	Fine Amount	Correction Date
58.28(3)f	environmental hazar 1398C, IAB 4/2/14, ef DESCRIPTION: Based on clinical reco the facility failed to pro physical/environmental Interviews and record requested additional s falling out of bed. Thre #6 rolled out of bed and right thigh which dever and hospitalization. The residents. Findings include: Resident #6 had a Mit assessment dated 9/2 resident had diagnose (RLS), malignant neo mellitus, cellulitis of a Brief Interview for Met completed. The resident needed bed mobility, transfers staff with ambulation. limitation in range of r and unsteady balance The resident's record admitted on 9/13/16 a	e protected against physical or rds to themselves. (I, II, III) [ARC ffective 5/7/14} ord reviewed and staff interviews, otect 1 of 7 residents from al hazards (Resident # 6). review revealed Resident #6 supports to prevent him/her from ee days after admission, Resident nd sustained injuries to his/her eloped into compartment syndrome he facility reported a census of 90 nimum Data Set (MDS) with an 20/16. The MDS indicated the es including restless leg syndrome plasm of the prostate, diabetes limb, morbid (severe) obesity. The ntal Status (BIMS) had not been extensive assistance of 2 staff with s, and extensive assistance of 1 The resident had functional motion of a lower extremity (leg) e and required staff assistance. indicated h/she had been at 2:08 p.m. The Progress notes		\$3000.00 Held in Suspension	Upon Receipt
	dated 9/13/16 at 2:08 transferred and ambu The 67 year old had b from a fall with his/hei Progress notes dated	p.m. revealed the resident lated with the assistance of 1 staff. been admitted following trauma			

Fine amount reduced on Class Il fine by 35% to \$325.00 on February 14, 2017 pursuant to Iowa Code Section 135C.43A HL	22-23, 2	[.] 25, 2016, No	ovember 17-18, er 14-15-16,19, 2017
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HL			
ature of Violation	Class	Fine Amount	Correction Date
erated. bous area dated of 9/14/16 indicted ansfer independently in h/her room. 9/13/16 identified the resident at risk ated date of 9/14/16, established ng staff to assist with transfer and ed and have commonly used . An intervention dated 9/17/16, e of 9/19/16 indicated a wider bed sessment completed 9/14/16 at 7:29 esident had decreased level of tivities of daily living (ADL's) and an assistance from others. evaluation completed 9/14/16 at 9:19 esident needed "contact guard s. Risk factors included physical sociated functional deficits and a ted pain, limited out of bed activity, level of mobility. ed 9/15/16 at 1:01 p.m. revealed a luation completed by a nurse d fall precautions directing staff to and ambulation as needed. Notes eff thigh wound has a wound vac e serous/sanguineous draining, n scatter black speckles and both ends. The right leg is nd left leg at 2+. The resident rated			
se fotritidhte seconders so teaendetitation	ssistance with transfers and erated. focus area dated of 9/14/16 indicted transfer independently in h/her room. 19/13/16 identified the resident at risk tiated date of 9/14/16, established ting staff to assist with transfer and ded and have commonly used h. An intervention dated 9/17/16, te of 9/19/16 indicated a wider bed seessment completed 9/14/16 at 7:29 resident had decreased level of ctivities of daily living (ADL's) and an assistance from others. evaluation completed 9/14/16 at 9:19 resident needed "contact guard rs. Risk factors included physical ssociated functional deficits and a sed pain, limited out of bed activity, d level of mobility. ted 9/15/16 at 1:01 p.m. revealed a aluation completed by a nurse ed fall precautions directing staff to and ambulation as needed. Notes left thigh wound has a wound vac te serous/sanguineous draining, th scatter black speckles and at both ends. The right leg is nd left leg at 2+. The resident rated ut of 10 and described the pain as a	ssistance with transfers and erated. focus area dated of 9/14/16 indicted transfer independently in h/her room. 9/13/16 identified the resident at risk tiated date of 9/14/16, established ting staff to assist with transfer and ded and have commonly used h. An intervention dated 9/17/16, te of 9/19/16 indicated a wider bed sessment completed 9/14/16 at 7:29 resident had decreased level of ctivities of daily living (ADL's) and an assistance from others. evaluation completed 9/14/16 at 9:19 resident needed "contact guard rs. Risk factors included physical ssociated functional deficits and a sed pain, limited out of bed activity, d level of mobility. ted 9/15/16 at 1:01 p.m. revealed a aluation completed by a nurse ed fall precautions directing staff to and ambulation as needed. Notes left thigh wound has a wound vac te serous/sanguineous draining, th scatter black speckles and at both ends. The right leg is nd left leg at 2+. The resident rated ut of 10 and described the pain as a	ssistance with transfers and erated. focus area dated of 9/14/16 indicted transfer independently in h/her room. I 9/13/16 identified the resident at risk tiated date of 9/14/16, established ing staff to assist with transfer and ded and have commonly used h. An intervention dated 9/17/16, te of 9/19/16 indicated a wider bed ssessment completed 9/14/16 at 7:29 resident had decreased level of ctivities of daily living (ADL's) and an assistance from others. evaluation completed 9/14/16 at 9:19 esident needed "contact guard rs. Risk factors included physical ssociated functional deficits and a sed pain, limited out of bed activity, d level of mobility. ted 9/15/16 at 1:01 p.m. revealed a aluation completed by a nurse ed fall precautions directing staff to and ambulation as needed. Notes left thigh wound has a wound vac te serous/sanguineous draining, th scatter black speckles and at both ends. The right leg is nd left leg at 2+. The resident rated

Number 6424 Facility Name Manorcare Health Services- West Des Moines				Repor Janua	t Date ry 25, 2017
		February 14, 2017 pursuant	22-23, 2	25, 2016, No	ovember 17-18, er 14-15-16,19, 2017
Facility Addres 5010 Grand Ri					
City West Des Moir	nes, Iowa 50265	HL			
Rule or Code Section		ure of Violation	Class	Fine Amount	Correction Date
	staff found the residen The Incident Report of the resident was asless of bed and onto the flu or pain when assesses had been in a low poss A written statement by reported a 42 inch ma resident's bed on 9/13 (wider size than the n 9/17/16, he was aske the resident's bed fran Progress notes dated staff attempted to give pain greater than 4 ou degrees. The residen requested a stronger dated 9/17/16 at 11:1. Hydrocodone/Acetam - 1 tablet every 6 hour because the resident An Encounter note da documented the residen The report documente for skilled care at the skilled post hospitalize. The resident is curren to Coumadin therapy mitral valve replacem transfer with 1 assist. administration of Cou Sunday-Monday-Wea 13 mg on Tuesday-Th	y maintenance supervisor, attress had been placed on the 8/16 at the time of admission ormal size initially placed.) On d to place a 48 inch mattress on me as a fall intervention. 9/17/16 at 9:25 a.m. revealed e Tylenol 325 mg - 2 tablets for ut of 10 or fever greater than 100.5 nt refused this medication and pain medication. Progress notes 3 a.m. revealed inophen 10 milligram (mg)/325mg rs as needed (prn) had been given complained of pain of 3 out 9. ated 9/17/16 at 2:49 p.m. lent had been seen for insomnia. ed the resident is a new admission nursing home on 9/13/16 for ation for left inner thigh wound. atly on Lovenox with bridging back for atrial fibrillation/mechanical ent. The resident is able to			

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Facility Name Manorcare He West Des Moin Facility Addre	nes	Fine amount reduced on Class Il fine by 35% to \$325.00 on February 14, 2017 pursuant to Iowa Code Section 135C.43A	22-23, 2	[.] 25, 2016, No	ovember 17-18, per 14-15-16,19, 2017
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City West Des Moir	nes, Iowa 50265	HL			
Rule or Code Section	Nat	ure of Violation	Class	Fine Amount	Correction Date
	indicated a right total pain at 5 out of 10. Progress notes dated resident complained of the pain at 6 on a 0 to distraction not effective revealed the resident knee and thigh rating scale. The Progress revealed Hydrocodon (mg)/325mg - 1 tablet had been given for a s dated 9/18/16 at 6:00 Hydrocodone/Acetarm - 1 tablet was not effe Progress notes dated the Hydrocodone/Acet (mg)/325mg - 1 tablet Progress notes dated resident complained of Acetaminophen 325 r at 4:30 a.m. Hydrocod (mg)/325mg - 1 tablet	inophen 10 milligram (mg)/325mg			
	nurse practitioner had staff the resident repor- knee after the fall from had landed on the right scratch to right abdom with decreased range extend the leg but had reported inability to be	9/19/16 at 9:20 a.m. revealed the I been notified by the rehabilitation orted increased pain to the right in bed on 9/17/16. The resident ht side and sustained a bruise and nen and the right knee swollen of motion. The resident is able to d difficulty with bending and ear weight on the right leg. An x- ire/dislocation or effusion. An			

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Facility Name Manorcare Health Services- West Des Moines		Il fine by 35% to \$325.00 on February 14, 2017 pursuant		U Survey Dates October 25, 2016, November 17-1 22-23, 2016, December 14-15-16, 2016 & January 20, 2017		
Facility Addre 5010 Grand Ri						
City West Des Moir	nes, Iowa 50265	HL				
Rule or Code Section	Nat	ure of Violation	Class	Fine Amount	Correction Date	
	order to switch to a "b to decrease swelling.	peri" bed and apply ice to the knee				
	practitioner follow-up with new bruising to the the resident had incre- extensive bruising to the had revealed negative leg now had 4+ edem distal pulses due to en- bear weight due to para a hospital emergency treatment related to h A medical practitioner 3:20 p.m., indicated a therapy for deep vein fibrillation manageme resident had been pre- (ER) for evaluation of history of left leg injur- pinned between pave The resident develope which got secondary in hematoma evacuation line antibiotics to the Saturday [September bed and landed on the right knee pain and a reported increasing left tenderness over the ri- decided to transfer hind emergency room todard	9/21/16 at 11:45 a.m.; a nurse documented increased swelling he right leg. Nursing staff reported ased edema to the right leg with the right posterior thigh. An x-ray e injury to the right knee. The right a, tight skin and difficulty palpating dema and the resident unable to in. The facility sent the resident to department for evaluation and ematoma complications. r progress note dated 9/21/16 at diagnosis of anticoagulation thrombosis (DVT)/valve/atrial nt. The progress note revealed the esented to the emergency room right leg injury. The resident had a y whereas his/her left leg was ment and scooter [August 2016]. ed a left thigh hematoma wound infection and eventually required n and he/she discharged with picc nursing home. Unfortunately r 17, 2016] he/she rolled out of e right knee. The resident had reassuring x-ray. The resident ag swelling and muscular hext few days. The nursing home m/her to the veterans (VA) ay by ambulance. The examination had right leg 3 + (plus) edema				

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		February 14, 2017 pursuant	22-23, 20	[•] 25, 2016, No	ovember 17-18, er 14-15-16,19, 017
Facility Address 5010 Grand Ride					
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Rule or Code Section	Nat	ure of Violation	Class	Fine Amount	Correction Date
	post right total knee re (computed tomograph cm x 12.5 x 7.5 cm he anterior compartment The addendum to the documented the resid by the physician with p for signs of compartm syndrome is a serious pressure in a muscle of muscle or nerve(s) da flow. Surgery is needed lead to permanent dar web search at: https://medlineplus.go The discharge summar resident had been adr primary diagnosis of r right thigh compartme The summary reveale from the nursing home transferred to a local of due to falling out of be resident reported h/sh rails] for the bed as h/ the bed"; and was infor was considered a rest Three (3) days later, t injured the right thigh compartment syndrom emergency department On 9/24/16 a surgical decompress the right	progress note dated 9/22/16 ent had been seen and examined plans to monitor the resident's leg ent syndrome. [Compartment condition that involves increased compartment which can lead to mage and problems with blood ed immediately and delaying can mage according to MedlinePlus ev/ency/article/001224.htm] ary dated 11/17/16, indicated the mitted on 10/6/2016 for the ight and left thigh hematoma and			

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Facility Name Manorcare Hea West Des Moin	nes	Fine amount reduced on Class II fine by 35% to \$325.00 on February 14, 2017 pursuant to Iowa Code Section 135C.43A	22-23, 2	⁻ 25, 2016, No	ovember 17-18, er 14-15-16,19, 2017
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Rule or Code Section	Nat	ture of Violation	Class	Fine Amount	Correction Date
	10/6/16. On 11/17/16 home.	the facility discharged the resident			
	the resident reported facility, h/she told stat of bed and asked about the facility did not use about the use of a flo next to the bed). Fac floor mats. The resid bed and the bed had reported h/she had fa 9/17/16. The residen pain and then hospita During an interview d G, a licensed practical resident voiced conce and possibly falling of for side rails but had them. The resident re around in bed. She r admitted to the hospit possible blood clot. During a phone interv Staff F, RN reported I conversation with the of concerns of falling the use of a floor mat dated 12/15/16 at 2:0 resident needed to be	lated 12/19/16 at 8:05 a.m., Staff al nurse (LPN) reported the erns about the size of h/her bed ut of bed. The resident had asked been told the facility didn't use eported h/she dreams and rolls eported the resident had been tal following the fall of 9/17/16 for a view dated 12/14/16 at 3:30 p.m., he didn't recall having a e resident at the time of admission, out of bed, the use of side rails or t. During a follow-up interview 05 p.m., Staff F, RN reported the			

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Facility Name Manorcare Hea West Des Moir		Fine amount reduced on Class Il fine by 35% to \$325.00 on February 14, 2017 pursuant to lowa Code Section 135C.43A	Survey Dates October 25, 2016, November 17-1 22-23, 2016, December 14-15-16,1 2016 & January 20, 2017		ber 14-15-16,19,
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	for mobility. He reme wider bed due to the r comfortable while in b would need a wider b oriented without cogn During an interview da H, RN and unit manag the resident needed 2 1 staff assistance with resident had continuo had a wound vacuum During a meeting data Administrator reported local hospital emerge treatment. She report	ated 12/15/16 at 2:50 p.m., Staff ger, reported at time of admission 2 staff assistance with transfer and a the use of a wheel-chair. The us oxygen via nasal cannula and in place. ed 12/20/16 at 4:10 p.m., the d the resident had been sent to a ncy department for evaluation and ed the resident hadn't been happy by and didn't want to return.			

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Facility Addres						
City West Des Moir	es, Iowa 50265	HL				
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Facility Name Manorcare Hea West Des Moin Facility Addres	nes	Fine amount reduced on Class Il fine by 35% to \$325.00 on February 14, 2017 pursuant to Iowa Code Section 135C.43A	October 25, 2016, Novemb 22-23, 2016, December 14-		14-15-16,19,	
5010 Grand Ri						
City West Des Moir	nes, Iowa 50265	HL				
Rule or Code Section	Nat	ure of Violation	Class	Fine Amour	nt	Correction Date
50.7(1)a (2)	director or the direct within 24 hours, or the most expeditious may 50.7(1) Of any accide a. "Major injury" shat which: (2) Requires admisses treatment, other that DESCRIPTION: Based on record revise failed to report to the Appeals (DIA) a fall eresulted in hospitalization of 90 residents. Findings include: Resident #6 had a Mit assessment dated 9/2 resident had diagnose (RLS), malignant neo mellitus, cellulitis of a Brief Interview for Me completed. The resident needed bed mobility, transfers staff with ambulation. limitation in range of r and unsteady balances The resident's record admitted on 9/13/16 a been admitted followin scooter. Progress notes dated staff found the resident) Additional notification. The tor's designee shall be notified he next business day, by the eans available (I,II,III): ent causing major injury. All be defined as any injury ion to a higher level of care for n for observation; ew and staff interview, the facility Department of Inspections and xperienced by Resident #6 which tion. The facility reported a census nimum Data Set (MDS) with an 20/16. The MDS indicated the es including restless leg syndrome plasm of the prostate, diabetes limb, morbid (severe) obesity. The ntal Status (BIMS) had not been extensive assistance of 2 staff with s, and extensive assistance of 1 The resident had functional notion of a lower extremity (leg) e and required staff assistance. indicated h/she had been t 2:08 p.m. The 67 year old had ng trauma from a fall with his/her	1	\$500.0	0	Upon Receipt

Number 6424					eport Date anuary 25, 2017	
Facility Name Manorcare He West Des Moin Facility Addre	nes	Fine amount reduced on Class Il fine by 35% to \$325.00 on February 14, 2017 pursuant to Iowa Code Section 135C.43A	22-23, 2	[•] 25, 2016, No	ovember 17-18, er 14-15-16,19, 017	
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City West Des Moir	nes, Iowa 50265	HL				
Rule or Code Section	Nat	ture of Violation	Class	Fine Amount	Correction Date	
	of bed and onto the fle or pain when assesses had been in a low poss Progress notes dated staff attempted to give pain greater than 4 ou degrees. The resider requested a stronger Progress notes dated Hydrocodone/Acetam - 1 tablet every 6 hour because the resident An Encounter note da documented the resident An Encounter note da documented the resident for skilled care at the skilled post hospitaliza The resident surgical replacement and rate Progress notes dated resident complained of On 9/18/16 at 5:10 a.1 complained of pain to The Progress notes dated revealed Hydrocodon (mg)/325mg - 1 tablet had been given for a s Progress notes dated Hydrocodone/Acetam - 1 tablet was not effe	 9/17/16 at 9:25 a.m. revealed Tylenol 325 mg - 2 tablets for at of 10 or fever greater than 100.5 at refused this medication and pain medication. 9/17/16 at 11:13 a.m. revealed ainophen 10 milligram (mg)/325mg rs as needed (prn) had been given complained of pain of 3 out 9. ated 9/17/16 at 2:49 p.m. lent had been seen for insomnia. ed the resident is a new admission nursing home on 9/13/16 for ation for left inner thigh wound. history indicated a right total knee d h/her pain at 5 out of 10. 9/18/16 at 2:00 a.m. revealed the of right thigh and knee pain. m. revealed the resident the right knee and thigh. lated 9/18/16 at 10:00 a.m. e/Acetaminophen 10 milligram tevery 6 hours as needed (prn) swollen right leg. 9/18/16 at 6:00 p.m. revealed the binophen 10 milligram (mg)/325mg 				

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		Fine amount reduced on Class Il fine by 35% to \$325.00 on February 14, 2017 pursuant to Iowa Code Section 135C.43A	22-23, 20	25, 2016, No	ovember 17-18, er 14-15-16,19, 017
Facility Addre 5010 Grand Ri					
City West Des Moin	nes, Iowa 50265	HL			
Rule or Code Section	Nat	ure of Violation	Class	Fine Amount	Correction Date
	Progress notes dated nurse practitioner had staff the resident repor- knee after the fall from had landed on the right scratch to right abdom with decreased range extend the leg but had reported inability to be ray revealed no fractur. Progress notes dated practitioner follow-up with new bruising to the the resident had incre- extensive bruising to the the resident had incre- extensive bruising to the the resident had incre- extensive bruising to the distal pulses due to ear bear weight due to para a hospital emergency treatment related to h A medical practitioner 3:20 p.m., revealed the the emergency room injury. Unfortunately S he/she rolled out of be The resident had right The resident reported muscular tenderness nursing home decided veterans (VA) emerge The examination reve	of right quadriceps pain. 9/19/16 at 9:20 a.m. revealed the been notified by the rehabilitation orted increased pain to the right in bed on 9/17/16. The resident and the right knee swollen of motion. The resident is able to d difficulty with bending and ear weight on the right leg. An x- are/dislocation or effusion. 9/21/16 at 11:45 a.m.; a nurse documented increased swelling he right leg. Nursing staff reported ased edema to the right leg with the right posterior thigh. An x-ray e injury to the right knee. The right a, tight skin and difficulty palpating dema and the resident unable to in. The facility sent the resident to department for evaluation and ematoma complications. Forogress note dated 9/21/16 at the resident had been presented to (ER) for evaluation of right leg Saturday [September 17, 2016] ed and landed on the right knee. t knee pain and a reassuring x-ray. increasing leg swelling and over the next few days. The d to transfer him/her to the ency room today by ambulance. aled the resident had right leg 3 + derness in the right thigh. The			

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5010 Grand Ridge Drive City		HL					
West Des Moines, Iowa 50265							
Rule or Code Section	Nat	ure of Violation	Class	Fine Amount	Correction Date		
	flexion. The right CT (right thigh revealed 34 cm heterogeneous flu compartment right thigh The addendum to the documented the reside by the physician with for signs of compartm syndrome is a serious pressure in a muscle muscle or nerve(s) da flow. Surgery is neede lead to permanent da web search at: https://medlineplus.go The discharge summa been admitted from th 9/21/16 and transferred department on 9/21/16 h/her right thigh. The requested guard rails nursing home as h/sh bed". The nursing hor restraint and could no the resident fell out of which developed into was sent back to the or readmitted on 9/21/16 On 9/24/16 a surgical decompress the right	https://medlineplus.gov/ency/article/001224.htm] The discharge summary revealed Resident #6 had been admitted from the nursing home on 9/13/16 to 9/21/16 and transferred to a local emergency department on 9/21/16 due to falling out of bed, injuring h/her right thigh. The resident reported h/she had requested guard rails [side rails] for the bed when at the nursing home as h/she "has RLS and will fall out of the bed". The nursing home that it was considered a restraint and could not be done. Three (3) days later, the resident fell out of bed and injured the right thigh which developed into a compartment syndrome and was sent back to the emergency department and readmitted on 9/21/16. On 9/24/16 a surgical procedure had been performed to decompress the right leg hematoma. The resident transferred to the hospital long term care facility on 10/6/16.					

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Facility Address 5010 Grand Ridge Drive		HL					
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Rule or Code Section	Nat	ure of Violation	Class	Fine Amount	Correction Date		
	the resident reported facility, h/she told staff of bed and asked about the facility did not use about the use of a floor next to the bed). Faci floor mats. The reside bed and the bed had reported h/she had fa 9/17/16. The resident pain and then hospita During an interview da G, a licensed practical resident voiced conce and possibly falling ou for side rails but had to them. The resident re around in bed. She re admitted to the hospit During an interview da Director of Nursing re fall and subsequent in the facility did not know to the hospital. During a meeting date Administrator reported local hospital emergent treatment and had be returning to the facility	iew dated 12/14/16 at 2:30 p.m., when h/she first came to the f h/she had a history of falling out out side rails. The facility told h/her side rails. The resident asked or mat (a pad placed on the floor ility staff reported they did not use ent reported he/she had a normal not been lowered. The resident llen out of bed the morning on t reported h/she had increased					

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Facility Address 5010 Grand Ridge Drive						
City West Des Moines, Iowa 50265		HL				
Rule or Code Section		ure of Violation	Class	s Fine Correc Amount Date		Correction Date
	FACILITY RESPONS	ie;				

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