

Iowa Department of Inspections and Appeals  
Health Facilities Division  
Citation

Citation Number: 6464		Date: February 27, 2017		
Facility Name: Pearl Valley Rehabilitation & Healthcare Center of Washington		Survey Dates: January 17-19, 23-26,2017 and February 2, 2017		
Facility Address/City/State/Zip 601 E. Polk Street Washington, Iowa 52353				
DS				
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

58.19(1)a	<b>481-58.19(1) (135C) Required nursing services for residents.</b> 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: <b>58.19(1) Activities of daily living</b> A. Bathing; (II,III)	II	\$500	Upon Receipt
+  58.20(2)	<b>481-58.20(135C) Duties of health service supervisor.</b> Every nursing facility shall have a health service supervisor who shall: <b>58.20(2)</b> Plan for and direct the nursing care, services, treatments, procedures, and other services in order that each resident's needs and choices, where practicable, are met; (II,III).  <b>DESCRIPTION:</b>  Based on observation, record review, and resident and staff interviews, the facility failed to provide bathing assistance at intervals that met hygiene requirements for at least 25 residents that included Resident's #2, #4, #6, #7, and 3 of 4 residents that participated in a group resident interview. The facility reported a census of 60 residents.  Findings include:  Review of resident bath and shower records on 1/24/17 identified 30 residents had not received a bath or shower since 1/11/17 and an additional 21 residents had only received 1 bath or shower in that time frame.  1. Resident #6 had a Minimum Data Set (MDS) assessment with a reference date of 11/16/16. The MDS identified the resident had diagnoses that included hypertension (high blood pressure), anxiety and depression. The MDS indicated the resident had a Brief Interview of Mental Status (BIMS) score of 12 out of 15. A score of 12 identified a moderate cognitive impairment. The MDS indicated Resident #6 required physical help with bathing.			

Facility Administrator

Date

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

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

<b>Citation Number: 6464</b>				
<b>Facility Name: Pearl Valley Rehabilitation &amp; Healthcare Center of Washington</b>		<b>Date: February 27, 2017</b>		
<b>Facility Address/City/State/Zip 601 E. Polk Street Washington, Iowa 52353</b>		<b>Survey Dates: January 17-19, 23- 26,2017 and February 2, 2017</b>		
		<b>DS</b>		
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class</b>	<b>Fine Amount</b>	<b>Correction date</b>

	<p>The care plan initiated on 5/12/16, identified the resident had a deficit with activities of daily living self-care due to weakness. The interventions directed one staff person to shower the resident twice a week and as necessary, Tuesday and Saturday evenings. Shower records identified the resident only received 1 shower since 1/11/17 and that date was documented as 1/21/17.</p> <p>During an interview on 1/26/17 at 1:50 p.m., Resident #6 stated he/she had not had a shower in over 2 weeks and that was when staff awakened her/him at 10:30 p.m. on Saturday. Resident #6 stated the staff informed her/him that a shower needed to be done at this time because they needed to get the showers caught up [behind]. The resident stated normally received showers after the supper meal.</p> <p>2. Resident #7 had a MDS assessment with a reference date of 12/30/16. The MDS identified the resident had diagnosis which included diabetes, asthma and chronic kidney disease. The MDS indicated the resident had a BIMS score of 15. A score of 15 represented the resident had no cognitive impairment. The MDS identified the resident depended upon staff for bathing needs.</p> <p>The care plan initiated a problem with activities of daily living self-care performance deficit on 4/13/16 and revised on 1/25/17. The intervention directed staff the resident required extensive assistance of 1 staff member with showering twice a week and as necessary. The shower records indicated the resident had 1 shower since 1/11/17 and that date to be on 1/22/17.</p> <p>During an interview on 1/26/17 at 1:55 p.m., Resident #7 stated she/he had a shower the other day but prior to that it had been 2 and ½ weeks without a shower. Resident #7 stated she/he could count on [expect] a shower if Staff B, certified nursing assistant (CNA), was assigned to care for him/her.</p>			
--	--	--	--	--

\_\_\_\_\_  
Facility Administrator

\_\_\_\_\_  
Date

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

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

Citation Number: 6464		Date: February 27, 2017		
Facility Name: Pearl Valley Rehabilitation & Healthcare Center of Washington		Survey Dates: January 17-19, 23-26, 2017 and February 2, 2017		
Facility Address/City/State/Zip 601 E. Polk Street Washington, Iowa 52353		DS		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>3. Resident #4 had a MDS assessment with a reference date of 1/1/17.revealed Resident #4 had diagnoses that included diabetes, depression, chronic pain and other mental disorder due to a known physiological condition. The BIMS test identified a score of 14. A score of 14 identified no cognitive problems. The MDS indicated the resident required physical help with part of the bathing activity.</p> <p>The shower records revealed the resident had 1 shower since 1/11/17 and that date was on 1/21/17.</p> <p>During an interview on 1/24/17 at 1:10 p.m. Resident #4 stated he/she had a shower a few days before, and thought close to 2 weeks had passed since the previous shower.</p> <p>4. Resident #2 had a MDS with a reference date of 1/19/17. The MDS identified the resident had diagnoses that included hip fracture and non-Alzheimer's dementia, symptoms of delirium present with cognitive deficits. The MDS indicated the resident required extensive assistance by 2 or more staff members for transfers to and from bed and chair and required physical assistance with bathing.</p> <p>The care plan, initiated on 12/30/15 and revised on 1/19/16 identified a focus area of activities of daily living self-care performance deficits due to a history of a CVA (stroke). The interventions directed the staff the resident required extensive assistance by 1-2 staff members with showering once a week and as necessary. The interventions directed the staff to give baths on Tuesday and Friday evenings.</p> <p>The shower records reviewed on 1/24/17 identified the resident had not had a bath or shower since before 1/11/17.</p> <p>Observations of the resident revealed:</p>			
--	--	--	--	--

Facility Administrator

Date

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

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

Citation Number: 6464		Date: February 27, 2017		
Facility Name: Pearl Valley Rehabilitation & Healthcare Center of Washington		Survey Dates: January 17-19, 23-26, 2017 and February 2, 2017		
Facility Address/City/State/Zip 601 E. Polk Street Washington, Iowa 52353		DS		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>On 1/24/17 at 9:05 a.m., the resident had a dried flaking powder residue food substance on the right side of the neck near the clavicle area, approximately 6 to 8 centimeters wide and black residue in the wrinkles/folds of the neck. Observation identified the resident had not had a bath or shower for several days if not longer.</p> <p>On 1/25/17 at 10:20 a.m., the resident continued to have dried white flaking powder residue on the right side of the neck without change, black colored residue in the wrinkles/folds of the neck, and ear canals, lower external ears filled with brown ear wax.</p> <p>On 1/25/17 at 5:50 p.m., the Interim Director of Nursing (DON) was directed to assess the resident's hygiene and determine when the resident had last received a bath or shower.</p> <p>During an interview on 1/26/17 at 3:55 p.m., the Interim DON stated the resident had received a thorough bed bath last evening and could not say when the resident was last bathed prior to then. The DON confirmed the resident had poor body hygiene and needed to be bathed.</p> <p>On 1/24/17 at 2:15 p.m. a small group of residents (4 residents) were interviewed. The residents stated the facility had been short staffed, during the previous 2 weeks. The residents voiced there were only 2 CNA's in the building on the 2:00 p.m. to 10:00 p.m. shift, on at least 2 different days. One resident stated he/she had not had a shower for 9 days; another resident stated it had been over 2 weeks since their last shower, 1 resident stated if it wasn't for the Hospice staff he/she probably wouldn't get a shower, and the 4th resident stated they used to get 2 showers a week and now only receive 1 per week, but uncertain when had the last shower. Staff interviews revealed:</p> <p>On 1/24/17 at 7:20 a.m., Staff E, CNA, stated the CNA assigned to the hall is responsible for</p>			
--	---	--	--	--

Facility Administrator

Date

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

Iowa Department of Inspections and Appeals  
Health Facilities Division  
Citation

Citation Number: 6464		Date: February 27, 2017		
Facility Name: Pearl Valley Rehabilitation & Healthcare Center of Washington		Survey Dates: January 17-19, 23-26,2017 and February 2, 2017		
Facility Address/City/State/Zip 601 E. Polk Street Washington, Iowa 52353				
DS				
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>showers on that hall, and staff fill out a skin sheet for every shower and put the sheet in the shower book.</p> <p>On 1/24/17 at 7:38 a.m., Staff D, CNA, stated each hall has a book with the assigned showers/shower schedule, and the CNA assigned to the hall is responsible for the showers scheduled on that day.</p> <p>On 1/26/17 at 8:45 a.m., Staff I, CNA, stated the CNA's were instructed for the last couple of weeks that they had to have their showers done before they could leave. She stated there frequently are only 3 CNA's scheduled for the day shift (6:00 a.m. to 2:00 p.m.) and to be honest, it was not possible to get them all done, some had to be skipped.</p> <p>On 1/24/17 at 4:00 p.m., the Administrator stated she was unaware of residents not having baths or showers for 9 or more days. The interim DON, present at the time, stated on 1/15/17, she directed staff to complete a skin sheet when they performed a shower and place the sheet in a 3 ring binder at the front nurse's station. When advised that the shower sheets were reviewed on that date and several residents had not received a bath or shower for nearly 2 weeks and longer, the Interim DON stated she planned to use another staffing agency with a goal of better staff coverage.</p> <p><b>FACILITY RESPONSE:</b></p>			
--	---	--	--	--

Facility Administrator

Date

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

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

Citation Number: 6464				
		Date: February 27, 2017		
Facility Name: Pearl Valley Rehabilitation & Healthcare Center of Washington		Survey Dates: January 17-19, 23-26, 2017 and February 2, 2017		
Facility Address/City/State/Zip 601 E. Polk Street Washington, Iowa 52353				
		DS		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

58.19(1)n(1)	<p><b>481-58.19(1) (135C) Required nursing services for residents.</b> 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><b>58.19(1) Activities of daily living</b>  <i>n.</i> Nutrition and meal service            (1) Regular, therapeutic, modified diets, and snacks; (I, II, III).</p> <p><b>DESCRIPTION:</b></p> <p>Based on observation, record review and resident and staff interviews, the facility failed to provide a therapeutic diet as prescribed by the physician for 1 of 1 residents receiving dialysis services outside of the facility (Resident #7). The facility reported a census of 60 residents.</p> <p>Findings include:</p> <p>1. Resident #7 had a MDS (Minimum Data Set) assessment with a reference date of 12/30/16. The MDS identified the resident as admitted to the facility on 3/22/16 with diagnoses that included hypertension (high blood pressure), diabetes, asthma (breathing disorder) and chronic kidney disease with dialysis required. The MDS indicated the resident had a BIMS (Brief Interview for Mental Status) score of 15. A score of 15 reflected the resident did not have cognitive deficits. The MDS indicated the resident required extensive assistance of 2 or more staff members for transfers to and from the bed and chair, dressing, bathing, toileting and personal hygiene.</p> <p>The physician current recertification orders, directed staff to serve a general renal diet.</p> <p>The current care plan and initiated on admission (3/9/16) included an End-Stage Renal Disease (ESRD) and on dialysis (process to remove toxins from the blood) with interventions that included the following:</p> <p>1. Provide double portions of protein at meals,</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; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

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

Citation Number: 6464		Date: February 27, 2017		
Facility Name: Pearl Valley Rehabilitation & Healthcare Center of Washington		Survey Dates: January 17-19, 23-26, 2017 and February 2, 2017		
Facility Address/City/State/Zip 601 E. Polk Street Washington, Iowa 52353		DS		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>encourage lower sodium selection. 2. Provide no added salt (NAS), low potassium diet with 1500 milliliter (ml) fluid restriction (approximate 50 ounces).</p> <p>A progress note transcribed by the facility's Registered and Licensed Dietician (RD/LD) on 12/31/16 directed the following: NAS (no added salt), low potassium diet with 1500 milliliter fluid restriction. Communication from the dialysis RD/LD revealed the resident tells her that he/she is hungry. The resident weighed 264.8 pounds, a 17 pound gain in 6 months. Skin concern identified on left buttocks and double portions of meat/protein at all meals recommended.</p> <p>During an interview on 1/26/17 at 1:55 p.m., the resident stated he/she went to dialysis at 5:00 a.m. on Monday, Wednesday and Friday. The resident stated the facility's dietary department did not provide a breakfast meal and staff served whatever food they could locate in the facility, sometimes the employee's food, and served a bowl of cold cereal and Oreo cookies for breakfast the day of dialysis. The resident voiced she/he would like a hot breakfast before going to dialysis.</p> <p>Staff interviews revealed:</p> <p>On 1/25/17 at 4:55 a.m., Staff F, Licensed Practical Nurse (LPN), stated the resident transported to dialysis at 5:00 a.m. on Monday, Wednesday and Friday when the facility's dietary department was closed, staff did not have access to it on the night shift and forced to locate whatever food they could find in the facility in order to provide breakfast prior to the resident's departure. Staff F stated today the resident received a bowl of Fruity Pebbles cereal and graham crackers for breakfast.</p> <p>On 1/26/17 at 2:45 p.m., Staff B, Certified Nursing Assistant (CNA) stated staff often bought boxes of cereal and brought them to the facility so the resident could have breakfast before dialysis 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; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (2013).**

Iowa Department of Inspections and Appeals  
Health Facilities Division  
Citation

Citation Number: 6464		Date: February 27, 2017		
Facility Name: Pearl Valley Rehabilitation & Healthcare Center of Washington		Survey Dates: January 17-19, 23-26,2017 and February 2, 2017		
Facility Address/City/State/Zip 601 E. Polk Street Washington, Iowa 52353				
		DS		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>the kitchen was closed at that time.</p> <p>During an interview on 1/26/17 at 3:40 p.m., Staff A, LPN, stated the dietary department did not provide the resident's breakfast on dialysis days. The staff would look throughout the facility in order to find food, sometimes a sandwich or food from vending machines for the resident's breakfast. This had been ongoing since the resident's admission. Staff A stated sometimes the staff would give money to the driver so he could drive through McDonald's [fast food restaurant] so the resident could get a breakfast sandwich.</p> <p>During an interview on 1/26/17 at 4:45 p.m., the facility's newly appointed dietary supervisor stated he would ensure the dietary staff made a nourishing breakfast meal available for the resident prior to dialysis.</p> <p><b>FACILITY RESPONSE:</b></p>			
--	--	--	--	--

\_\_\_\_\_

\_\_\_\_\_

Facility Administrator

Date

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