

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

Citation Number: 6504		Date: April 13, 2017		
Facility Name: Parkridge Specialty Care		Survey Dates: March 22-23, 28-29, 2017		
Facility Address/City/State/Zip 5800 NE 12 th Street Pleasant Hill, Iowa 50327				
		Ds/pg/mw		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

58.28(3)e	481—58.28 (135C) Safety. The licensee of a nursing facility shall be responsible for the provision and maintenance of a safe environment for residents and personnel. (III) 58.28(3) Resident safety. e. Each resident shall receive adequate supervision to ensure against hazard from self, others, or elements in the environment. (I,II, III) DESCRIPTION: Based on record review and staff interviews, the facility failed to use the planned pressure alarm to mitigate a resident's risk for falls (Resident #6). The sample consisted of 4 residents and the facility reported a census of 85 residents. Findings include: Resident #6 had a MDS (Minimum Data Set) assessment with a reference date of 1/13/17. The MDS identified the resident had a BIMS (Brief Interview for Mental Status) score of 4. A score of 4 indicated the resident had severe cognitive impairments. The MDS indicated the resident required extensive assistance with transfers, dressing, toilet use and personal hygiene needs. The MDS identified diagnosis that included non-Alzheimer's dementia, aphasia and syncope.	I	\$8,000 (Held in suspension)	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: 6504		Date: April 13, 2017		
Facility Name: Parkridge Specialty Care		Survey Dates: March 22-23, 28-29, 2017		
Facility Address/City/State/Zip 5800 NE 12 th Street Pleasant Hill, Iowa 50327		Ds/pg/mw		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	The Care Plan identified the resident at risk for falls due to poor safety awareness and attempts to get up unassisted. The approaches and Interventions included the use of a pressure alarm, initiated on 8/11/16 and a reminder to staff that Resident #6 has personal alarms and to ensure they are on and functioning (Initiated on 9/19/16). The Incident Report dated 3/20/17 at 11:45 p.m. indicated Staff A was summoned to the room of Resident #6 by Staff B. Resident #6 was found lying on the floor on his/her left side with his/her face towards the chair. Resident #6 had blood all over his/her face and was not speaking. Resident #6 was unable to open his/her eyes. The resident's left hand had no grip. The nurse immediately called 911. The resident had an abrasion to the top of his/her scalp, facial bruising and swelling and a bruise on the left elbow. The CT (computed tomography) Scan report of the resident's head, dated 3/21/17, noted small focus of intraparenchymal hemorrhage in the frontoparietal region, small amount of subarachnoid hemorrhage, small hemorrhagic contusion in the right temporal lobe and mild swelling in the extracranial soft tissues in the frontal region.			
--	---	--	--	--

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: 6504		Date: April 13, 2017		
Facility Name: Parkridge Specialty Care		Survey Dates: March 22-23, 28-29, 2017		
Facility Address/City/State/Zip 5800 NE 12 th Street Pleasant Hill, Iowa 50327		Ds/pg/mw		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	On 3/28/17 at 1:26 p.m. Staff A, certified nurse aide, was interviewed and stated on the evening of 3/20/17, she assisted Resident #6 to bed at around 7:00 p.m. Staff A stated she attached the personal safety alarm (clip alarm) to the resident's nightgown and the box was attached to the right side rail. Staff A stated there was no pressure alarm noted in his/her room or on the resident's wheelchair. Staff A stated she was new to the facility and not familiar with the residents on 100 hall. Staff A stated at around 8:00 p.m. the alarm sounded in Resident #6's room. Staff A responded and re-attached the magnet to the box. Resident #6 was not attempting to get up at that time. Staff A stated she did rounds around 10:00 p.m. with the on-coming aide (Staff B) and Resident #6 was in bed with the personal safety alarm clip attached to his/her clothing. In an interview on 3/28/17 at 10:05 p.m. Staff B, certified nurse aide, stated on the evening of 3/20/17 she did rounds with the off going aide (Staff A) around 10:20 p.m. Resident #6 was lying in bed asleep with his/her head of bed up 30 degrees, 1/2 side rails up and the clip to his/her alarm attached to his/her gown at the right shoulder. At about 11:45 p.m. Staff B returned to Resident #6's room and found him/her lying on the floor next to his/her bed. There was no alarm sounding and the clip to the alarm was still on			
--	---	--	--	--

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: 6504		Date: April 13, 2017		
Facility Name: Parkridge Specialty Care		Survey Dates: March 22-23, 28-29, 2017		
Facility Address/City/State/Zip 5800 NE 12 th Street Pleasant Hill, Iowa 50327		Ds/pg/mw		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	his/her bed. Staff B noticed emesis on the floor next to Resident #6 and his/her bed stand pushed away. Resident #6 appeared to be bleeding from his/her head. Staff B got the nurse (Staff C), who assessed Resident #6 and had him/her sent out to the hospital. Staff B stated there was no pressure alarm being used for Resident #6 that evening, but recalled it had been used a week earlier. Staff B stated there had been a push at the facility to reduce the use of alarms and thought maybe the pressure alarm had been discontinued. Staff B stated she has seen Resident #6 pull at the clip on occasion, but noted Resident #6 hasn't been getting up at night. In an interview on 3/28/17 at 2:12 p.m. Staff C, Registered Nurse, stated she typically works 200 hall and was not as familiar with residents on 100 hall. Staff C stated on the evening of 3/20/17 she was at the nurse's station documenting when Staff B summoned her to Resident #6's room. Staff C responded and noted the alarm was not sounding. Resident #6 was lying on the floor semiconscious. Blood was noted on the floor beneath his/her head. Staff C initiated an assessment and called 911. Staff C stated Resident #6's blood pressure was low, heart rate was high and he/she had no grip in his/her left hand. Resident #6 was sent out to be evaluated. Staff C stated Resident #6 used a clip alarm and			
--	--	--	--	--

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: 6504		Date: April 13, 2017		
Facility Name: Parkridge Specialty Care		Survey Dates: March 22-23, 28-29, 2017		
Facility Address/City/State/Zip 5800 NE 12 th Street Pleasant Hill, Iowa 50327				
Ds/pg/mw				
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	was known to occasionally detach the magnet from the box and one time detached the clip, but noted she did not know if his/her actions were intentional. Staff C stated that evening the clip was removed from his/her clothing. Staff C stated she was unaware if a pressure alarm was to be used as well. In an interview on 3/28/17 at 10:26 p.m. Staff D, Registered Nurse, stated on the evening of 3/20/17 she was in another resident's room when she heard the commotion related to Resident #6's fall. Once finished she assisted Staff C with coordinating the transfer to the hospital. Staff D stated there was no alarm sounding and she noticed the clip was sitting on the bed. Staff D stated she did not know whether a pressure alarm was to be used. Staff D stated she has only worked overnight shifts since 2/1/17 and since that time she has never known Resident #6 to get up unassisted at night, noting he/she usually sleeps all night. In an interview on 3/28/17 at 2:00 p.m. Staff E, certified nurse aide, stated she was familiar with Resident #6 and it was her understanding that Resident #6 was using both the clip and pressure alarm. Staff E stated Resident #6 gets restless during the day if not toileted frequently. Resident #6 was often kept at the nurse's station during the			
--	---	--	--	--

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: 6504		Date: April 13, 2017		
Facility Name: Parkridge Specialty Care		Survey Dates: March 22-23, 28-29, 2017		
Facility Address/City/State/Zip 5800 NE 12 th Street Pleasant Hill, Iowa 50327		Ds/pg/mw		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	day to maintain close supervision. In an interview on 3/28/17 at 2:05 p.m. Staff F, Registered Nurse, stated Resident #6 had a personal safety alarm (clip) and during the day sat at the nurse's station in between meals. Staff F stated at one time Resident #6 was also using a pressure alarm. Staff F was uncertain whether the pressure alarm was discontinued and if so why. Staff F stated she believed the pressure alarm is a much more reliable alarm system. In an interview on 3/28/17 at 3:00 p.m. the Director of Nursing (DON), stated following the fall of Resident #6 on 3/20/17, she discovered staff were using a clip alarm when a pressure alarm was care planned. The DON stated the pressure alarm was never discontinued and she was unable to find out who may have changed it and when. In an interview on 3/29/17 at 9:50 a.m. Staff G, Care Plan Coordinator, reviewed the records of Resident #6 and stated the personal safety alarm (clip) was first initiated upon Resident #6's admission on 7/15/16 and following a fall on 8/10/16, was changed to a pressure alarm and the clip alarm was discontinued. Staff G stated it did not appear that both alarms were to be used. Staff G stated she was not certain why staff was			
--	--	--	--	--

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: 6504		Date: April 13, 2017			
Facility Name: Parkridge Specialty Care		Survey Dates: March 22-23, 28-29, 2017			
Facility Address/City/State/Zip 5800 NE 12 th Street Pleasant Hill, Iowa 50327					
		Ds/pg/mw			
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date	

	not using a pressure alarm as care planned. FACILITY RESPONSE:			
--	--	--	--	--

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: 6504		Date: April 13, 2017		
Facility Name: Parkridge Specialty Care		Survey Dates: March 22-23, 28-29, 2017		
Facility Address/City/State/Zip 5800 NE 12 th Street Pleasant Hill, Iowa 50327				
		Ds/pg/mw		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

58.43(2)	481-58.43(135C) Resident abuse prohibited. Each resident shall receive kind and considerate care at all times and shall be free from mental, physical, sexual, and verbal abuse, exploitation, neglect, and physical injury. Each resident shall be free from chemical and physical restraints except as follows; When authorized in writing by a physician for a specific period of time; when necessary in an emergency to protect the resident from injury to the resident or to others, in which case restraints may be authorized by designated professional personnel who promptly report the action taken to the physician; and in the case of an intellectually disabled individual when ordered in writing by a physician and authorized by a designated qualified intellectual disabilities professional for use during behavior modification sessions. Mechanical supports used in normative situations to achieve proper body position and balance shall not be considered to be a restraint. (II) 58.43(2) Physical abuse includes; but is not limited to, humiliation, harassment, and threats of punishment or deprivation. (II) DESCRIPTION: Based on record review and staff interviews, the facility failed to ensure a resident was free of abuse (Resident #1). The sample consisted of 5 residents and the facility reported a census of 85 residents. Findings include:	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: 6504		Date: April 13, 2017		
Facility Name: Parkridge Specialty Care		Survey Dates: March 22-23, 28-29, 2017		
Facility Address/City/State/Zip 5800 NE 12 th Street Pleasant Hill, Iowa 50327				
		Ds/pg/mw		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	According to the Admission Record dated 3/22/17, Resident #1 had a diagnosis of dementia with behavioral disturbance. The Minimum Data Set (MDS) assessment, with a reference date of 3/3/17, identified Resident #1 with severe cognitive impairments. The MDS indicated the resident required extensive assistance of 2 staff members with transfers, dressing and toilet use. The MDS indicated the resident experienced frequent bowel and bladder incontinence. The document titled <u>Alleged Abuse</u>, dated 2/18/17 at 1:16 p.m., identified an aide reported to the nurse an incident with another staff member and Resident #1. The document identified It was reported during incontinence cares that the resident became combative with the staff member. The resident hit the staff and the staff member swatted the resident's leg and stated, "How do you like it?" The other staff member continued to care for Resident #1. The form titled <u>ASE Complaint/Incident Investigation Report</u> dated 2/27/17 identified the facility submitted a self-report to the Department of Inspections and Appeals. The facility reported on 2/18/17 at 11:20 a.m. Staff A (nurse aide) reported to Staff B (nurse) suspected abuse by			
--	---	--	--	--

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: 6504		Date: April 13, 2017		
Facility Name: Parkridge Specialty Care		Survey Dates: March 22-23, 28-29, 2017		
Facility Address/City/State/Zip 5800 NE 12 th Street Pleasant Hill, Iowa 50327				
		Ds/pg/mw		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	Staff C (nurse aide) during cares. Staff A reported that Staff A and Staff C had Resident #1 in the bathroom providing incontinent cares. Resident #1 had agitation and combative behaviors during the care. Staff C hit Resident #1 on the left thigh and stated, "How do you like it?" Staff A reported this immediately to Staff B. Staff B completed an assessment of Resident #1. Resident #1 had no injuries and no recollection of the incident. On 3/23/17 at 11:00 a.m. the Administrator was interviewed and reported all staff received abuse training on 2/23/17. The policy and procedures titled, <u>Dependent Adult Abuse</u>, revised May 2016, directed the staff that all residents have the right to be free from verbal, sexual and mental abuse, corporal punishment, and involuntary seclusion. Residents must not be subject to abuse by anyone including, but not limited to, facility staff, other residents, consultants or volunteers, staff of other agencies serving the resident, family member or legal guardians, friends or other individuals. FACILITY RESPONSE:			
--	--	--	--	--

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: 6504		Date: April 13, 2017		
Facility Name: Parkridge Specialty Care		Survey Dates: March 22-23, 28-29, 2017		
Facility Address/City/State/Zip 5800 NE 12 th Street Pleasant Hill, Iowa 50327				
Ds/pg/mw				
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

--	--	--	--	--

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).