

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

Citation Number: 6538		Date: May 17, 2017	
Facility Name: Panora Specialty Care		Fine amount reduced by 35% to \$650.00 on May 24, 2017 pursuant to Iowa Code Section 135C.43A	
Facility Address/City/State/Zip 805 E. Main, Box 69 Panora, Iowa 50216-0069		Survey Dates: February 24, 28, 2017 and March 2-3,15-6,28,2017 and April 16-19, 2017 and May 2, 2017	
DS			
Rule or Code Section	Nature of Violation	Class	Fine Amount Correction date

58.45(1)	481-45(135C) Dignity preserved. The resident shall be treated with consideration, respect, and full recognition of dignity and individuality, including privacy in treatment and in care for personal needs, (II) 58.45(1) Staff shall display respect for residents when speaking with, caring for, or talking about them, as constant affirmation of their individuality and dignity as human beings. (II). DESCRIPTION: Based on record review, staff and resident interviews and review of policy and procedures, the facility failed to display respect for residents when speaking to and caring for, as a constant affirmation of their individuality and dignity as human beings (Resident #1, #6, #8, #9, and #10. The sample consisted of 12 residents and the facility reported a census of 44 residents. Findings include: 1. Resident #1 had a MDS (Minimum Data Set) assessment with a reference date of 2/22/17. The MDS indicated the resident had diagnoses that included hip fracture, bipolar disorder (mental illness), arthritis, anxiety and chronic obstructive pulmonary disease (lung disease). The same MDS documented a BIMS (Brief Interview of	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: 6538		Date: May 17, 2017	
Facility Name: Panora Specialty Care		Fine amount reduced by 35% to \$650.00 on May 24, 2017 pursuant to Iowa Code Section 135C.43A	
Facility Address/City/State/Zip		Survey Dates: February 24, 28, 2017 and March 2-3,15-6,28,2017 and April 16-19, 2017 and May 2, 2017	
805 E. Main, Box 69 Panora, Iowa 50216-0069		DS	
Rule or Code Section	Nature of Violation	Class	Fine Amount Correction date

	Mental Status) score of 15. A score of 15 indicated the resident had no cognitive impairments. The MDS indicated the resident needed assistance for completion of transfer, ambulation, toileting and hygiene and continent of bowel and bladder. The Care Plan identified a problem on 2/15/17 with the resident occasionally incontinent of bladder. The approaches directed the staff to assist the resident to the bathroom or commode as needed. On 3/3/17 at 10:20 AM the resident stated Staff A, certified nursing assistant (CNA) , is "mean" to him/her and wanted to know what gave Staff A the right to make him/her feel badly because she/he requested assistant to go to the bathroom. The resident stated Staff A told her "I have taken you to the bathroom 100 times this shift". The resident reported this to the social worker. The resident stated Staff A no longer works in the facility and she/he is thankful. 2. Resident #6 had a MDS assessment with a reference date of 1/27/17. The MDS identified the resident had diagnoses that included bipolar disorder, viral hepatitis (liver disease), encephalopathy (disorder of the brain, caused by an agent), obesity and heart failure. The same			
--	---	--	--	--

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: 6538		Date: May 17, 2017		
Facility Name: Panora Specialty Care		Fine amount reduced by 35% to \$650.00 on May 24, 2017 pursuant to Iowa Code Section 135C.43A		
				Survey Dates: February 24, 28, 2017 and March 2-3,15-6,28,2017 and April 16-19, 2017 and May 2, 2017
Facility Address/City/State/Zip 805 E. Main, Box 69 Panora, Iowa 50216-0069		DS		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	MDS documented a BIMS score of 15. A score of 15 reflected the resident had no cognitive impairments. The MDS indicated the resident required supervision for completion of toileting and independent with wheelchair mobility and ambulation in his/her room. The Care Plan problem dated 1/14/16 identified the resident had a history of falls and required assistance with ambulation, incontinent of urine and required staff assistance for toileting, perineal care, dressing, grooming and hygiene. During an interview on 3/3/17 at 2:10 PM the resident stated staff are abrupt and rude when caring for him/her and referenced Staff A as being rude and yelling at him/her. The resident stated the facility needed more staff as they become frustrated. The resident stated she/he did not want Staff A to care for him/her because she is in a hurry all the time, is a little rough, and that makes him/her feel bad. The resident stated she/he reported concerns to the charge nurse. 3. Resident #8 had a MDS assessment with a reference date of 2/16/17. The MDS identified the resident's diagnoses included bipolar disorder, above the knee amputations of legs, chronic pain and schizophrenia. The same MDS documented a BIMS score of 15 (no cognitive			
--	---	--	--	--

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: 6538		Fine amount reduced by 35% to \$650.00 on May 24, 2017 pursuant to Iowa Code Section 135C.43A		Date: May 17, 2017	
Facility Name: Panora Specialty Care		Survey Dates: February 24, 28, 2017 and March 2-3,15-6,28,2017 and April 16-19, 2017 and May 2, 2017			
Facility Address/City/State/Zip 805 E. Main, Box 69 Panora, Iowa 50216-0069					
		DS			
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date	

	problems) and dependent upon staff for completion of transfers, toileting, wheelchair mobility and occasionally incontinent of bladder and continent of bowel. The Care Plan problem dated 7/30/15 identified the resident liked to stay up late into the night/early morning and preferred to sleep during daylight hours. During an interview on 3/3/17 at 3:30 PM, the resident expressed concerns regarding undignified treatment by Staff A. The resident stated Staff A has a bad attitude and short and rude and acts like she/he is a bother to her. Resident #8 stated she/he has reported her concerns to the charge nurse. 4. Resident #9 had a MDS assessment with a reference date of 2/20/17 documented diagnoses that included edema, chronic kidney disease stage III, heart failure and chronic obstructive pulmonary disease for Resident #9. The same MDS documented a BIMS score of 15, required supervision for ambulation and extensive assistance for completion of toileting and hygiene and occasionally incontinent of bladder and continent of bowel. The Care Plan problem dated 12/8/16 identified			
--	--	--	--	--

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: 6538		Date: May 17, 2017		
Facility Name: Panora Specialty Care		Fine amount reduced by 35% to \$650.00 on May 24, 2017 pursuant to Iowa Code Section 135C.43A		
				Survey Dates: February 24, 28, 2017 and March 2-3,15-6,28,2017 and April 16-19, 2017 and May 2, 2017
Facility Address/City/State/Zip 805 E. Main, Box 69 Panora, Iowa 50216-0069		DS		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	the resident requires assistance for some activities of daily living and directed staff assist the resident with personal hygiene, dressing, ambulation, transfers and bathing and set-up assistance with toileting. During an interview on 3/8/17 at 11:40 AM, with the DON from a sister facility present, the resident stated Staff A is a problem and she yells and yelled as his/her roommate (Resident #10). Resident #9 stated Staff A is rude to almost everyone. 5. Resident #10 had a MDS assessment with a reference date of 2/10/17. The MDS identified the resident had diagnoses that included pain in hips and lower back, muscle weakness and history of falls. The same MDS documented a BIMS score of 13 (no cognitive problems), required extensive assistance for completion of transfer, hygiene and toileting, frequently incontinent of bladder and occasionally incontinent of bowel. The Care Plan problem dated 12/8/16 identified the resident required staff assistance for completion of activities of daily living related to rheumatoid arthritis. The approaches directed staff to assist the resident with bathing, dressing, toileting and hygiene.			
--	---	--	--	--

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: 6538		Date: May 17, 2017	
Facility Name: Panora Specialty Care		Fine amount reduced by 35% to \$650.00 on May 24, 2017 pursuant to Iowa Code Section 135C.43A	
Facility Address/City/State/Zip		Survey Dates: February 24, 28, 2017 and March 2-3,15-6,28,2017 and April 16-19, 2017 and May 2, 2017	
805 E. Main, Box 69 Panora, Iowa 50216-0069		DS	
Rule or Code Section	Nature of Violation	Class	Fine Amount Correction date

	On 3/8/17 at 11:40 AM, the DON (Director of Nursing) was interviewed and stated the resident stated staff treat her alright "except for 1". The resident's roommate (Resident #9) present during interview and reminded the resident it is Staff A she is talking about. Resident #10 stated Staff A yelled at him/her and she "threw me in the chair" and is rough. Resident #10 stated she/he had to tell Staff A to calm down and is scared of her and did not want her caring for her. Resident #10 stated s/he is moving to another facility tomorrow and heard that Staff A works there and she would express his/her concerns to management there if Staff A does work there. During interview at 12:55 PM the resident stated Staff A did not really "throw" her into the chair, but handled her roughly. Resident#10 stated she/he reported the incident to the charge nurse last week when it occurred. During interview on 3/9/17 at 4:30 PM Staff B, CNA stated she works full time on the 2 PM-10 PM shift. She stated certified medication aide (CMA) but is often pulled from that duty to work on the floor taking care of residents due to shortness of staff. She stated concerns with Staff A, CNA, using a rude tone with residents. Staff B stated Staff A had good days and bad days and has reported her concerns to charge nurses 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: 6538		Date: May 17, 2017		
Facility Name: Panora Specialty Care		Fine amount reduced by 35% to \$650.00 on May 24, 2017 pursuant to Iowa Code Section 135C.43A		
				Survey Dates: February 24, 28, 2017 and March 2-3,15-6,28,2017 and April 16-19, 2017 and May 2, 2017
Facility Address/City/State/Zip 805 E. Main, Box 69 Panora, Iowa 50216-0069		DS		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	several occasions. Staff B stated Staff A self-terminated last week. During an interview on 3/7/17 at 3:35 PM Staff C, licensed practical nurse (LPN) stated she works full time on the 6 AM-6 PM shift. She stated the staffing on the 2 PM-10 PM shift is "not good". Staff C stated although she had never seen or heard Staff A being rude to residents, Staff J, registered nurse (RN) employed by a sister facility but picked up shifts, told her last week she reported Staff A for being rude/mean to the residents. During group interview on 3/2/7 at 3:00 PM, Residents #3 and #11 stated Staff A did not act real nice to them and pretty rude and loud. During an interview on 3/8/17 at 12 noon Staff J, registered nurse, stated she worked 6 PM-6 AM on 2/28/17 and witnessed a resident sitting in the doorway of his/her room asking Staff A for assistance. Staff A replied "I'm busy" in an inappropriate tone of voice. The resident stated "I need help, please" and Staff A replied "I need help, too" and slammed the linen barrels into the wall in the hallway. Staff A then told the resident to get into his/her room and said "I do not want to hear you need up at 3:00 AM". Staff J stated she called the DON and reported the incident 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: 6538		Date: May 17, 2017	
Facility Name: Panora Specialty Care		Fine amount reduced by 35% to \$650.00 on May 24, 2017 pursuant to Iowa Code Section 135C.43A	
Facility Address/City/State/Zip		Survey Dates: February 24, 28, 2017 and March 2-3,15-6,28,2017 and April 16-19, 2017 and May 2, 2017	
805 E. Main, Box 69 Panora, Iowa 50216-0069		DS	
Rule or Code Section	Nature of Violation	Class	Fine Amount Correction date

	also left a note for the DON. Staff J stated Staff A used inappropriate voice tone through the entire interaction. Review of the grievance form provided by the Social Worker dated 2/28/17, revealed Resident #1 complained about his/her treatment by Staff A. Resident #1 stated Staff A made him/her feel like a "bother" when requesting to go to the bathroom and staff A told Resident #1 she would not toilet him/her "100 times a shift". The Social Worker documented she spoke with the Administrator about the resident's concern and the Administrator then talked to Staff A and educated her to be mindful of how/what she says to residents. On 3/9/17 at 11:10 AM, Staff A expressed she gets frustrated very easily and often raises her voice which is probably perceived as being "rude or rough". Staff A stated she would "backtalk" residents when frustrated but meant no harm. Staff A stated she is no longer going to continue to be a CNA as she is "burnt out". On 3/8/17 at 12:40 PM the Administrator stated she prepared a write-up for Staff A based on the concerns received from Resident #1 and Staff J, but Staff A self-terminated on 3/4/17. The Administrator stated she did not talk to any other			
--	--	--	--	--

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: 6538				Date: May 17, 2017	
Facility Name: Panora Specialty Care		Fine amount reduced by 35% to \$650.00 on May 24, 2017 pursuant to Iowa Code Section 135C.43A		Survey Dates: February 24, 28, 2017 and March 2-3,15-6,28,2017 and April 16-19, 2017 and May 2, 2017	
Facility Address/City/State/Zip 805 E. Main, Box 69 Panora, Iowa 50216-0069		DS			
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date	

	residents or staff about Staff A but in retrospect she probably should have. The DON, present at this time, expressed concerns with inability to get staff to consistently do their job. Neither the Administrator, DON or social worker had any knowledge regarding the incident with Resident #9. Review of the Resident Council minutes dated 1/27/17, revealed 4 residents present who stated CNA's are short with residents. Review of the Resident Council minutes dated 2/24/17 identified 5 residents present who expressed CNAs have attitudes towards residents when having a bad day. The policy and procedures form titled <u>Resident/Family/Staff Grievance or Concern</u>, revised 5/8/13, identified the following: Policy- The resident has the right to voice concerns with respect to treatment or care that is, or fails to be, furnished without discrimination or reprisal, and prompt efforts by the facility to resolve concerns the resident may have, including those with respect to the behaviors of staff or other residents. After receiving a concern, the facility will actively seek a resolution and keep the complainant			
--	--	--	--	--

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: 6538		Date: May 17, 2017	
Facility Name: Panora Specialty Care		Fine amount reduced by 35% to \$650.00 on May 24, 2017 pursuant to Iowa Code Section 135C.43A	
Facility Address/City/State/Zip		Survey Dates: February 24, 28, 2017 and March 2-3,15-6,28,2017 and April 16-19, 2017 and May 2, 2017	
805 E. Main, Box 69 Panora, Iowa 50216-0069		DS	
Rule or Code Section	Nature of Violation	Class	Fine Amount Correction date

	appropriately apprised of its progress toward resolution, Within 3 working days the facility staff will notify the complainant that an investigation into allegations was initiated. Within 7 days, a written response will be given to the complainant, as well as, maintaining a copy for facility records. On 3/9/17 at 10:40 AM the Social Services Designee was interviewed and stated she fills out a grievance form for every concerned residents express during resident council meetings and sends them to the Administrator, DON and/or other Department Heads for an answer. She stated she has not received replies to resident council concerns for several months. On 3/14/17 at 11:40 AM the Administrator was interviewed and stated she would ask about any resident or family complaints in daily QA (Quality Assurance) meetings, but the social worker never brought up any concerns. The Social Worker did send copies of the resident council minutes but review of those fell through the cracks. On 3/14/17 the Administrator presented a Five Minute Meeting for Employees form dated 3/9/17 to be posted which educated staff to reporting of abuse, rudeness, unkindness in speech or physical interactions immediately to the charge nurse as well as the DON or Administrator. 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: 6538		Date: May 17, 2017	
Facility Name: Panora Specialty Care		Fine amount reduced by 35% to \$650.00 on May 24, 2017 pursuant to Iowa Code Section 135C.43A	
Facility Address/City/State/Zip		Survey Dates: February 24, 28, 2017 and March 2-3,15-6,28,2017 and April 16-19, 2017 and May 2, 2017	
805 E. Main, Box 69 Panora, Iowa 50216-0069		DS	
Rule or Code Section	Nature of Violation	Class	Fine Amount Correction date

	Administrator also presented another Five Minute Meeting form dated 3/10/17 directed to social services to complete a concern Investigation Form for each concern identified during monthly resident council meeting to be presented to the quality assurance (QA) team for investigation and follow-up. 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: 6538		Fine amount reduced by 35% to \$650.00 on May 24, 2017 pursuant to Iowa Code Section 135C.43A		Date: May 17, 2017	
Facility Name: Panora Specialty Care		Survey Dates: February 24, 28, 2017 and March 2-3,15-6,28,2017 and April 16-19, 2017 and May 2, 2017			
Facility Address/City/State/Zip					
805 E. Main, Box 69 Panora, Iowa 50216-0069		DS			
Rule or Code Section	Nature of Violation		Class	Fine Amount	Correction date

58.19(1)a,j(1) + 58.18(4)	481-58.19(135c) Required nursing services for residents. The resident shall receive and the facility shall provide, as appropriate, the following required nursing services under the 24-hour direction of qualified nurses with ancillary coverage as set forth in these rules: 58.19(1) Activities of daily living. a. Bathing: (II, III). j. Elimination. (1) Assistance to and from the bathroom and perineal care; (II, III). 481-58.18(135C) Nursing Care. 58.18(4) The facility shall prompt response from qualified staff for the resident's use of the nurse call system. (II,III) (Prompt response being considered as no longer than 15 minutes.) [ARC 1398C, IAB 4/2/14, effective 5/7/14] DESCRIPTION: Based on observations and resident and staff interviews, the facility failed to maintain staffing levels to assure prompt response to call lights and provide care as directed by individual plans of care for 7 residents (Residents #1, #3, #4, #8, #9, #10 and #11. The sample size consisted of 12 residents and the facility reported a census of 44 residents.	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: 6538				Date: May 17, 2017	
Facility Name: Panora Specialty Care Facility Address/City/State/Zip 805 E. Main, Box 69 Panora, Iowa 50216-0069		Fine amount reduced by 35% to \$650.00 on May 24, 2017 pursuant to Iowa Code Section 135C.43A		Survey Dates: February 24, 28, 2017 and March 2-3,15-6,28,2017 and April 16-19, 2017 and May 2, 2017	
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date	

	Findings include: 1. Resident #3 had a MDS (Minimum Data Set) assessment with a reference date of 12/15/16. The MDS identified the resident had diagnoses that included depression, chronic obstructive pulmonary disease and unspecified abnormalities of gait and mobility. The same MDS documented a Brief Interview of Mental Status (BIMS) score of 14. A score of 14 indicated the resident had no cognitive problems. The MDS indicated the resident required extensive assistance with completion of transfers, and toileting, has decreased functional range of motion in both lower extremities, non-ambulatory and utilizes a wheelchair for mobility. The Care Plan did not address the resident's bathing preference or assistance needed to complete bathing. The Care Plan problems dated 7/10/16 identified the resident did not walk due to paralytic polio as a child, incontinent of bowel and bladder, at risk for further skin breakdown and directed staff check the resident's skin with bathing and cares. During an interview with a group of residents, on 3/2/17 at 3:00 PM, Resident #3 voiced she/he did not always get a bath because staff are really busy and she/he required a mechanical lift for			
--	---	--	--	--

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: 6538		Fine amount reduced by 35% to \$650.00 on May 24, 2017 pursuant to Iowa Code Section 135C.43A		Date: May 17, 2017	
Facility Name: Panora Specialty Care		Survey Dates: February 24, 28, 2017 and March 2-3,15-6,28,2017 and April 16-19, 2017 and May 2, 2017			
Facility Address/City/State/Zip 805 E. Main, Box 69 Panora, Iowa 50216-0069					
		DS			
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date	

	transferring. Resident #3 stated she/he would prefer to get 2 baths per week, but is lucky to get 1 bath. 2. Resident #11 had a MDS with a reference date of 3/8/17. The MDS identified the resident had diagnoses that included blindness in right eye and low vision in the left eye. The MDS identified the resident also had left upper extremity monoplegia for Resident #11. The same MDS documented a BIMS score 9. A score of 9 represented a moderate cognitive impairment. The resident required extensive assistance for completion of bathing. The Care Plan dated 3/24/15 identified the resident had a problem that required assistance for completion of bathing. The Care Plan indicated the resident preferred morning showers, and to offer other options such as a sink/bed bath, whirlpool, evening shower, etc. During an interview with a group of residents on 2/24/17 at 3:00 PM, Resident #11 stated she/he did not always get showers and would prefer 2 a week, but usually gets 1 shower. During the group interview, Resident #3 and Resident #11 stated they had to wait greater than 15 minutes for a response to their call lights.			
--	--	--	--	--

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: 6538		Date: May 17, 2017	
Facility Name: Panora Specialty Care		Fine amount reduced by 35% to \$650.00 on May 24, 2017 pursuant to Iowa Code Section 135C.43A	
Facility Address/City/State/Zip		Survey Dates: February 24, 28, 2017 and March 2-3, 15-6, 28, 2017 and April 16-19, 2017 and May 2, 2017	
805 E. Main, Box 69 Panora, Iowa 50216-0069		DS	
Rule or Code Section	Nature of Violation	Class	Fine Amount Correction date

	Both residents indicated the facility short of care staff. 3. Resident #1 had a MDS assessment with a reference date of 2/22/17. The MDS indicated Resident #1 had diagnosis including hip fracture, bipolar disorder, arthritis, anxiety and chronic obstructive pulmonary disease. The same MDS documented a BIMS score of 15. A score of 15 Represented the resident had no cognitive impairment. The resident required extensive assistance for completion of transfer, ambulation, toileting, hygiene and continent of bowel and bladder. The Care Plan problem dated 2/15/17 identified the resident as occasionally incontinent of bladder and the approach directed staff to provide assistance with toileting and commode use. During an interview on 3/3/17 at 10:20 AM, the resident stated she/he "constantly" had to wait greater than 15 minutes for staff to response to his/her call light. 4. Resident #4 had a MDS assessment with a reference date of 2/10/17. The MDS identified diagnoses that included non-Alzheimer's dementia, anxiety, arthritis and depression. 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: 6538		Date: May 17, 2017	
Facility Name: Panora Specialty Care		Fine amount reduced by 35% to \$650.00 on May 24, 2017 pursuant to Iowa Code Section 135C.43A	
Facility Address/City/State/Zip		Survey Dates: February 24, 28, 2017 and March 2-3,15-6,28,2017 and April 16-19, 2017 and May 2, 2017	
805 E. Main, Box 69 Panora, Iowa 50216-0069		DS	
Rule or Code Section	Nature of Violation	Class	Fine Amount Correction date

	same MD documented a BIMS score of 15. A score of 15 represent no cognitive impairment. The resident required extensive assistance for completion of transfer, toileting and hygiene and frequently experienced episodes of bowel and bladder incontinence. The Care Plan identified a problem with skin breakdown on 3/5/15, related to incontinence. The approach directed staff to toilet the resident frequently and to perform perineal care after incontinent episodes. The Care Plan also identified the resident did not walk and required the assistance of 2 staff members and a mechanical sit-stand lift in order to transfer. During an interview on 3/3/17 at 8:50 AM the resident stated she/he had to wait longer than 15 minutes for staff to respond to the call light, especially in the afternoons and evenings, on a consistent basis. Resident #4 stated he/she had to wait a long time for staff to get the lift and help her/him to and from the bathroom. The resident stated there is not enough staff but is thankful for what staff did do for him/her because staff are busy and she/he required quite a bit of help. 5. Resident #9 had a MDS assessment with a reference date of 2/20/17. The MDS indicated the resident had diagnosis that included edema,			
--	--	--	--	--

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: 6538		Date: May 17, 2017	
Facility Name: Panora Specialty Care		Fine amount reduced by 35% to \$650.00 on May 24, 2017 pursuant to Iowa Code Section 135C.43A	
Facility Address/City/State/Zip		Survey Dates: February 24, 28, 2017 and March 2-3, 15-6, 28, 2017 and April 16-19, 2017 and May 2, 2017	
805 E. Main, Box 69 Panora, Iowa 50216-0069		DS	
Rule or Code Section	Nature of Violation	Class	Fine Amount Correction date

	chronic kidney disease- stage III, heart failure and chronic obstructive pulmonary disease (lung disease). The same MDS documented a BIMS score of 15, required supervision for ambulation and extensive assistance for completion of toileting and hygiene and occasionally incontinent of bladder and continent of bowel. The Care Plan problem dated 12/8/16, identified the resident required assistance for some activities of daily living and directed the staff assist the resident with personal hygiene, dressing, ambulation, transfers, bathing and set-up assistance with toileting. During an interview on 3/8/17 at 2:00 PM, the resident stated she/he "always" had to wait longer than 15 minutes for staff to respond to the call light and get assistance to and from the bathroom. Resident #9 stated the facility did not have enough staff. 6. Resident #10 had a MDS assessment with a reference date of 2/10/17. The MDS identified the resident had diagnoses that included pain in both hips and lower back, muscle weakness and a history of falls. The same MDS documented a BIMS score of 13. A score of 13 represent a moderate cognitive impairment. The resident required extensive assistance for completion of			
--	--	--	--	--

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: 6538		Date: May 17, 2017		
Facility Name: Panora Specialty Care		Fine amount reduced by 35% to \$650.00 on May 24, 2017 pursuant to Iowa Code Section 135C.43A		
				Survey Dates: February 24, 28, 2017 and March 2-3,15-6,28,2017 and April 16-19, 2017 and May 2, 2017
Facility Address/City/State/Zip 805 E. Main, Box 69 Panora, Iowa 50216-0069		DS		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	transfer, hygiene, toileting and frequently incontinent of bladder and occasionally incontinent of bowel. The Care Plan identified the resident required staff assistance for completion of activities of daily living related to rheumatoid arthritis on 12/8/16. The approaches directed the staff to assist the resident with bathing, dressing, toileting and hygiene. During an interview on 3/8/17 at 11:40 AM, with a Director of Nursing from a sister facility present, the resident stated staff are overworked and need more staff. The resident stated have had to "wait a long time" for staff to responds to his/her call light. 7. Resident #8 had a MDS assessment with a reference date of 2/16/17. The MDS identified the resident had diagnoses that included bipolar disorder, above the knee amputations of both legs, chronic pain and schizophrenia. The same MDS documented a BIMS score of 15, dependent upon staff for completion of transfer, toileting and wheelchair mobility and occasionally incontinent of bladder and continent of bowel. The Care Plan identified a problem dated 3/28/16 of impaired mobility related to lower extremity			
--	--	--	--	--

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: 6538		Date: May 17, 2017		
Facility Name: Panora Specialty Care		Fine amount reduced by 35% to \$650.00 on May 24, 2017 pursuant to Iowa Code Section 135C.43A		
				Survey Dates: February 24, 28, 2017 and March 2-3,15-6,28,2017 and April 16-19, 2017 and May 2, 2017
Facility Address/City/State/Zip 805 E. Main, Box 69 Panora, Iowa 50216-0069		DS		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	amputations. The approaches directed 2 staff assistance with transfer and toileting due to the use of a mechanical lift. Observation on 3/3/17 at 2:20 PM revealed the resident seated in a wheelchair in the dining area. The resident stated she/he told the social worker she/he needed to go to the bathroom. The social worker assisted him/her back into the building from the smoking area at 1:40 PM. The resident also stated she/he told Staff E, CNA/CMA of his/her need to go to the bathroom and now had to go "really bad". Staff E was observed at the medication cart counting narcotics with the off going nurse. Staff E stated she paged over all the CNA headsets for assistance for the resident to go to the bathroom and agreed the resident should have been toileted sooner. Staff F, CNA stated she heard the page for the resident needing the assistance to the bathroom. Observation at 2:35 PM (55 minutes after the resident's original request to go to the bathroom) revealed Staff F, CNA and Staff G assisted the resident to the toilet in the 300 hall bathing area. During an interview on 3/9/17 at 4:30 PM, Staff B certified nursing assistant (CNA) stated she works full time on the 2 PM-10 PM shift. She			
--	---	--	--	--

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: 6538		Date: May 17, 2017	
Facility Name: Panora Specialty Care		Fine amount reduced by 35% to \$650.00 on May 24, 2017 pursuant to Iowa Code Section 135C.43A	
Facility Address/City/State/Zip		Survey Dates: February 24, 28, 2017 and March 2-3,15-6,28,2017 and April 16-19, 2017 and May 2, 2017	
805 E. Main, Box 69 Panora, Iowa 50216-0069		DS	
Rule or Code Section	Nature of Violation	Class	Fine Amount Correction date

	stated the certified medication aide (CMA) is often pulled from that duty to work on the floor taking care of residents dues to shortness of staff. She stated it is very difficult to bathe residents scheduled on this shift because of lack of staff. Staff on this shift often document the resident refused bathing when it was not even offered to them because staff would not have time to complete them. Staff B stated sometimes residents have to sit for hours in soiled briefs because staff are not able to attend to them all. Staff A took a resident roster list and documented 14 of 44 residents required a mechanical lift and 2 residents need assistance with transfers and are basically dependent for all care. During an interview on 3/7/17 at 3:35 PM Staff C, licensed practical nurse (LPN) stated she works full time on the 6 AM-6 PM shift. Staff C stated the staffing on the 2 PM-10 PM shift is not good. Staff C stated the past Saturday, she came to work at 2 AM and worked until 4 PM and the 2 PM- 10 PM shift had only 1 CNA scheduled and that CNA quit without notice. Staff C stated she knew that baths are not getting done consistently on any shift due to lack of staffing. Staff C stated it is difficult to get resident care completed as it should be when there is not enough staff.			
--	---	--	--	--

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: 6538		Date: May 17, 2017	
Facility Name: Panorama Specialty Care		Fine amount reduced by 35% to \$650.00 on May 24, 2017 pursuant to Iowa Code Section 135C.43A	
Facility Address/City/State/Zip 805 E. Main, Box 69 Panora, Iowa 50216-0069		Survey Dates: February 24, 28, 2017 and March 2-3,15-6,28,2017 and April 16-19, 2017 and May 2, 2017	
DS			
Rule or Code Section	Nature of Violation	Class	Fine Amount Correction date

	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: 6538		Date: May 17, 2017	
Facility Name: Panora Specialty Care		Fine amount reduced by 35% to \$650.00 on May 24, 2017 pursuant to Iowa Code Section 135C.43A	
Facility Address/City/State/Zip 805 E. Main, Box 69 Panora, Iowa 50216-0069		Survey Dates: February 24, 28, 2017 and March 2-3,15-6,28,2017 and April 16-19, 2017 and May 2, 2017	
		DS	
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).