

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

Citation Number: 6546		Date: May 25, 2017			
Facility Name: Pleasant Acres		Survey Dates: May 8-11, 2017			
Facility Address/City/State/Zip					
309 Railroad Street Hull, Iowa 51239					
		DS			
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date	

56.6(1)	<b>481-56.6 (135C) Treble and double fines.</b> <b>56.6(1) Treble fines for repeated violations.</b> The director of the department of inspections and appeals shall treble the penalties specified in rule 481-56.3(135C) for any second or subsequent class I or class II violation occurring within any 12-month period, if a citation was issued for the same class I or class II violation occurring within that period and a penalty was assessed therefor.	I	\$15,000 Trebled (\$5,000 x3)	Upon Receipt
+				
58.19(2)j	<b>481-58.19(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(2) Medications and treatment</b> <i>j.</i> Provision of accurate assessment and timely intervention for all residents who have an onset of adverse symptoms which represent a change in mental, emotional, or physical condition (I, II, III).  <b>DESCRIPTION:</b>  Based on record review, physician and staff interviews and review of the policy and procedures, the facility failed to perform ongoing			

\_\_\_\_\_  
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: 6546		Date: May 25, 2017		
Facility Name: Pleasant Acres		Survey Dates: May 8-11, 2017		
Facility Address/City/State/Zip				
309 Railroad Street Hull, Iowa 51239				
DS				
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>thorough assessment and timely intervention, including notification to the physician, when a resident has a change of condition (Resident #4). The sample consisted of 15 residents and the facility reported a census of 57 residents.</p> <p>Findings included:</p> <p>1. According to a Diagnosis Report form dated 5/10/17, Resident #4's diagnoses included urinary tract infection (UTI), urine retention, acute kidney failure, aphasia (inability to express speech), and hemiplegia and hemiparesis (paralysis) following cerebrovascular (CVA) disease (area of the brain that is temporarily or permanently affected by bleeding or lack of blood flow).</p> <p>Resident #4 had a quarterly MDS (Minimum Data Set) assessment with a reference date of 2/26/17. The MDS identified the resident had short term memory loss, moderately impaired cognition, made poor decisions and required cues and supervision. The MDS indicated the resident required extensive assistance from 2 staff members for bed mobility, transfer, toilet use and personal hygiene. The MDS identified the resident as frequently incontinent of bowel.</p> <p>Review of a physician note dated 3/7/17, indicated the resident recently hospitalized on</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: 6546		Date: May 25, 2017		
Facility Name: Pleasant Acres		Survey Dates: May 8-11, 2017		
Facility Address/City/State/Zip				
309 Railroad Street Hull, Iowa 51239		DS		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>2/27/17 with hematuria (blood in the urine), had an acute kidney injury, may have had an infection and required the use of a Foley catheter (urinary catheter).</p> <p>A Care Plan with a revision date of 3/2/17, included a focus for alteration in elimination and frequent incontinence of bowel and bladder. The Care Plan indicated the resident had a history of UTI's and had a Foley catheter (indwelling catheter tube in bladder to drain urine into a bag). The Care Plan included an intervention for staff to monitor the resident for signs and symptoms of a UTI such as urinary frequency, urgency, bloody urine, odorous urine, painful urination, flank discomfort and directed staff to notify a physician of any of the above signs and symptoms.</p> <p>Review of a facility Clinical Change in Condition Management form dated 6/2015 included an overview for the facility to strive to identify and manage residents who experienced a change in condition and included the following procedures: Assess a resident when a change in condition is identified, which may include but not limited to: vital signs (temperature, pulse, respirations and blood pressure), lung sounds, pulse oximetry ( a sensor that monitors oxygenation of the blood), mental and neurological status, bowel sounds, pain, skin color and temperature. Review the</p>			
--	---	--	--	--

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

\_\_\_\_\_  
Date

**If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (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: 6546		Date: May 25, 2017		
Facility Name: Pleasant Acres		Survey Dates: May 8-11, 2017		
Facility Address/City/State/Zip				
309 Railroad Street Hull, Iowa 51239				
DS				
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class</b>	<b>Fine Amount</b>	<b>Correction date</b>

	<p>resident's condition with a registered nurse, contact a physician and provide information about the resident's condition.</p> <p>Review of Resident #4's nursing Progress Notes identified the following:</p> <p>On 4/26/17 at 2:30 P.M. - Staff changed the resident's Foley catheter with difficulty, had return of pale yellow urine with some blood noted and notified the resident's Physician.</p> <p>4/26/17 at 6:31 P.M. - The Resident continued to have pain at the catheter insertion site, noted blood in the urine and documented the need to continue to monitor for any increased blood. Record review revealed staff failed to document any further assessment of the resident such as vital signs, lung sounds, bowel sounds, observation of or palpation (touch) of the resident's abdominal area or an attempt to communicate with the resident in regards to his/her pain severity.</p> <p>Not until 4/27/17 at 3:08 A.M. ( approximately 8 1/2 hours), staff described the resident as moaning and crying some. Unable to understand what he/she needed and the Foley catheter drainage bag had no urine in it. Staff flushed and advanced the catheter with a return of a small</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: 6546		Date: May 25, 2017		
Facility Name: Pleasant Acres		Survey Dates: May 8-11, 2017		
Facility Address/City/State/Zip				
309 Railroad Street Hull, Iowa 51239		DS		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>amount of pink urine. The resident had 2 large bowel movements and a suppository for bladder spasms due to the Foley catheter being change earlier in the day. The note lacked any further assessment of the resident such as vital signs, lung sounds, bowel sounds, palpation or exam of the resident's abdomen, or an attempt to communicate with the resident in regards to his/her pain.</p> <p>Not until 4/27/17 at 8:03 A.M. - (5 hours after the last assessment in regards to the resident moaning and crying), the resident still had near to nothing urinary output, staff flushed the catheter with resultant few blood clots. Monitor the resident to see if he/she gets any better at the time staff assisted the resident out of bed.</p> <p>4/27/17 at 8:30 A.M. - Staff assisted the resident out of bed, the resident had a large dark brown emesis and became unresponsive for a few seconds. Staff documented the resident's vital signs as temperature- 103.1 degrees Fahrenheit, pulse-136 beats per minute, respirations- 38 and blood pressure 112/72. Staff recorded a pulse oximetry of 88% on room air. Staff documented the resident's lung sounds as diminished and administered oxygen. (The Wikipedia Encyclopedia identified the following for normal temperature, pulse and</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: 6546		Date: May 25, 2017		
Facility Name: Pleasant Acres		Survey Dates: May 8-11, 2017		
Facility Address/City/State/Zip				
309 Railroad Street Hull, Iowa 51239				
DS				
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>respiration rates at rest for adults: Temperature: 97.7 - 99.5, Pulse: 60 - 100 beats per minute and Respirations: 12 - 18 per minute. A Pulse Oximetry reading of 100 % is the best possible oximetry reading).</p> <p>4/27/17 at 8:35 A.M. - Staff contacted a nurse in an Emergency room and documented the need for the resident to be transferred to the Emergency room via ambulance.</p> <p>5/2/17 at 1:45 - The resident returned to the facility after hospitalized for approximately 5 days.</p> <p>Review of Emergency Room Visit Notes dated 4/27/17, included the following Physician documentation: Laboratory results revealed severe sepsis (life threatening condition that arises when the body's own response to infection causes injury to it's own tissue and organs) documented the resident in critical status and admitted to eICU (electronic intensive care unit). The Physician documented a primary impression as Severe sepsis with septic shock.</p> <p>A hospital Discharge Summary dated 5/2/17, revealed the resident's Physician documented the resident's diagnoses at the time of hospitalization as Sepsis due to UTI.</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: 6546		Date: May 25, 2017		
Facility Name: Pleasant Acres		Survey Dates: May 8-11, 2017		
Facility Address/City/State/Zip				
309 Railroad Street Hull, Iowa 51239				
DS				
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>During interview on 5/10/17 at 8:30 A.M., Staff C, Licensed Practical Nurse/LPN stated if a resident moaned and cried in pain, she needed to obtain vital signs and do a thorough assessment of the resident.</p> <p>During telephone interview on 5/10/17 at 9:10 A.M., the resident's Physician confirmed an assessment of the resident's vital signs in the middle of the night on 4/27/17, may have been beneficial in assessment of a change in condition in the resident, especially because of the resident's inability to speak.</p> <p>During interview on 5/10/17 at 9:30 A.M., the facility Administrator/Registered Nurse confirmed she expected nursing staff to perform further assessment of a resident moaning and crying in pain.</p> <p>During interview on 5/10/17 at 9:40 A.M., Staff D, LPN stated if a resident moaned and cried in pain she needed to complete a head to toe assessment and obtain vital signs.</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).**