Citation Numb	er: 6547	Date: June 1, 2			une 1, 2017	
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Rule or Code Section	Natur	e of Violation				Correction date
58.28(3)f	nursing facility shall be provision and mainter for residents and per 58.28(3) Resident sate. Residents shall be environmental hazar.  DESCRIPTION:  Based on record revision environment has were placed with the baseboard heater. Rout of bed unassisted heater sustaining but sixteen remaining be heaters and unsafe. a bed side rail function lowered to a safe her sample consisted of reported a census of Findings include:  Resident #4 had an a Data Set) assessment 4/12/17. The MDS in	protected against physical or ds to themselves. (I, II, III).  ew, observation, and staff y failed to protect residents zards when residents' beds side of the beds against the esident #4 attempted to get d and fell on the baseboard rns. Observation identified ds were located near. The facility failed to ensure oned properly and a bed 19th (Resident #1). The 17 residents. The facility		\$8,00 Held susper	in	Upon Receipt

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	stroke (a cerebrovas documented the residual short term memory losymptoms, required estaff members for benot walk.  The Care Plan identification falls due to a CVA (Costroke), weakness, a Plan listed the following on 4/6/17- Assess quirisk of falls; On 4/6/17- Assure apup; On 5/8/17- High low on 5/4/17- Use a recon 5/2/17-Personal at The Care Plan identificativities of daily living following intervention on 4/26/17-t transfer Hoyer (mechanical) In The Skin Integrity Inventors	uarterly and as needed for propriate footwear on when bed; eline back wheelchair; alarm at all times fied the resident had an g deficit and listed the is:			Page <b>2</b> of <b>4</b> 2

Part - Advisor -

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	prevention intervention from the radiator.  The Care Plan docume for skin breakdown and leg as well as toes do unassisted out of bed blisters from touching Care Plan listed the from 4/26/17-Air mattre On 4/26/17-Heel profon 4/6/17-Monitor sk of any open/red area contacted.  On 4/27/17-Keep bed On 5/8/17- Treatment The Hospice Physicial Certification/Recertificated 4/18/17, identificated	in with cares, alert the nurse s so the physician can be d away from radiant heater t to blisters, as ordered.			

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	discomfort, and surro	ounding skin slightly pink.		<u> </u>		1
	During an interview of B stated she worked and documented in the documentation about right calf. Staff H, certo the area. Staff B state an abrasion. Staff the resident's chart a of the area. Staff B state and the area. Staff B state and the area and the area. Staff B state and the area and	on 5/10/17 at 12:56 p.m. Staff the night shift on 4/20/17 he Progress Notes there was an area on the resident's tified nurse aide, alerted her tated the area appeared to B stated she looked through and found no documentation tated she did not notify the ue to the hour [during the ed the information to the next on 5/10/17 at 1:55 p.m. Staff erved a red area to the nat looked like an opened				
	blister. Staff H stated legs and kicked legs  During an interview of F, Hospice nurse, state on the 4/21/17 and of Staff F stated the are	the resident had restless out of bed. on 5/10/17 at 3:34 p.m. Staff ated she observed the area btained treatment orders. a originally looked like an yer lift sling and now the				
	_	dated 4/21/17 at 10:39 a.m. pice social worker visited the				Page <b>4</b> of <b>42</b>

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	called regarding the cright calf. The Progress Note d documented the resident radiator causing a but a factor of the country o	Report dated 4/21/17 ed area with drainage to the I calf that measured 3.5 cm x measured 3.5 cm x 1.7 cm. neasured 5.7 cm x 4 cm. neasured 12 cm x 5 cm. otification of the right leg size to the physician. inistration Record or for Bactroban ointment 3, started 4/21/17 or 4 days yed the area until the			

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	4th left foot toes. The documented the staff physician and notified. The new skin area daresident had a burn of toes sustained during bed landing on the rate. A facsimile dated 4/2 7:43 a.m. asked for the resident's burns to 4th on the left foot. The measurements of the measurements of the measured 1.9 cm x area that measured includer area that measured. The Skin Condition Redocumented the left of the Skin Condition Redocumented as the skin area that measured area that m	f sent a facsimile to the d the family.  ated 4/27/17 documented the on the left lower leg and left g an attempt to transfer from adiator by the bed.  7/17 sent to the physician at riple antibiotic ointment to to the left leg and 2nd, 3rd, the facsimile did not include a description of the wounds.  Report dated 4/27/17 rea on the left lower leg that 5.2 cm, left foot 2nd toe that 7 cm, left foot 3rd toe circular 9, and left foot 4th toe asured .8 cm.  Report dated 5/2/17 leg area measured 5.7 cm x to circular area that foot 3rd toe circular area that foot 3rd toe circular area x .1 cm, and left foot 4th toe			

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	documentation of the measurements for the unchanged.  The Quality Assurant Improvement (undate move all beds away for the incident, the facility the baseboard heaters from the head of the heaters. The ADON (could not recall the resident had fallen on The ADON stated the and the other leg lying The ADON touched to the ADON stated heaters witch by the bed that the baseboard heater measured the areas physician requesting The ADON stated he examinations of the rimpairment. The ADO the cause of the right	ce Performance ed) documented a plan to from heating registers.  on 5/10/17 at 7:45 a.m. the Nursing (ADON) stated after ity moved all beds away from rs and moved all beds away bed against the baseboard stated a certified nurse aide name) informed him the nto the baseboard heater. e resident had one leg in bed g on the baseboard heater. the heater and found it hot. e did not know about the light at controlled the activation of r. The ADON stated he and sent a facsimile to the triple antibiotic ointment. e performed the weekly				Page <b>7</b> of <b>4</b>

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	had not yet examined	d the wounds.		1		
	During an interview of V, certified nurse aided duty discovered the relieg on top of the hear resident kicked his/he and would not wear shad foam boots but which the switch; located and located against the heated against the heated in the resident's room switch; located on the (the switch resemble)	on 5/16/17 at 11:37 a.m. Staff e, stated the other aide on resident half in the bed and ter. Staff V stated the er legs out of bed frequently socks in bed. The resident would kick the boots off.  Im. a tour of the resident dditional 16 beds were eater and the head of the er.  In, observation identified a e wall to activate the heater d a light switch). The switch minutes after activation, the				
	Staff G, certified nurse nurse aide, assisted cares. The resident nuith ease and kicked times during the assistaff used the Hoyer	n on 5/9/17 at 8:00 a.m. se aide, and Staff E, certified the resident with personal noved the lower extremities legs out of bed multiple stance with personal cares. mechanical lift to transfer. went around the upper thigh				Page <b>8</b> of

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	area and did not hav	e contact with the calf area.				
	During an observation Staff C, licensed practices of the control of the staff C, licensed practices of the control of the cont	on on 5/10/17 at 1:09 p.m. ctical nurse, performed the hotographs identified he toes and leg.  a MDS assessment with a 5/17. The MDS identified gnoses that included mer's dementia, heart failure on. The MDS indicated the y impaired cognition and s. The MDS documented the ensive assistance of two				
	mobility, remind the ruse a hi-lo bed and ritems within reach.  An incident report daidentified staff found floor by the bed and pain. The resident re	resident to use the call light, mat at the bedside, and place ated 2/27/17, at 10:30 p.m., the resident lying on the complained of left shoulder eported he/she fell out of bed to go to the bathroom.				

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	revealed a hi-lo bed to bedside whenever the report dated 2/28/17 fractures.  During observation of J. Certified Nursing Apericare (perineal cleathen left the resident's worker and the resident's worker and the resident's position, and left vertical position, and left vertical position, but on side rail in place. The right side and held on the right side of the bobservation identified resident's bed, and the around a bar on the subtton rested on the resident. At 6:51 a.m. bathroom door and we staff J reported the refunny, and then asked had done with his/heather resident's bed town. In an interview on 5/1	In no mat on the floor by the ne call light cord wrapped side rail but the call light floor and away from the m., Staff J opened the valked by the resident's bed. esident's side rail looked d Resident #1 what he/she r side rail. Staff J lowered				Page <b>10</b> of <b>42</b>

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	reasons. Staff K reposhould be in the up poshould be in the side resident in bed.  On 5/10/17, at 8:05 a facility were observed side rail on Resident position attached to to side rail could be turn clockwise and then a without the side rail eattached loosely on the side rail eattached loosely on the side rail of the side rail at a side rail eattached loosely on the side rail to side rail to side rail to side rail eattached loosely on the side rail to side rail eattached loosely on the side rail to side rail eattached loosely on the side rail to side rail eattached loosely on the side rail to side rail eattached loosely on the side rail eattached loosely o	the bed frame. The metal and 360 degrees in a counterclockwise direction angaged and the side rail the bed.  The bed and reported the ventative measures on the counterpain the bed.  The bed he had received no work on the bed.  The bed he had received no work on the bed.  The bed bed bed.  The bed bed bed bed bed bed.  The bed bed bed bed bed bed bed bed bed be				

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	she expected the ver or beds to inspect the it to the facility.  On 5/11/17, at 10:40 both side rails in an u bed. The observation secured to the bed fr appropriately when rails	aised to an up position, and kwise or counterclockwise.			Page <b>12</b> of <b>4</b>

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 lowa Code section 135C.43A (2013).

Date

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58.24(3)a	the nutritional needs accordance with the process accordance with the process accordance with the process accordance with the process accordance with the preferences. (II, III).  481-58.19(135C) Recresidents. The residents. The residents accordance acco	d menu planning. Inned and followed to meet of each resident in physician's orders and in resident's choices and  quired nursing services for ent shall receive and the as appropriate, the following rices under the 24-hour nurses with ancillary in these rules: daily living. service. Itic, modified diets, and  ew, observation and ent, family member and staff or failed to provide planned ans, document consumption communicate effectively nterventions to maintain rs of nutritional for 4 of 17 Residents #1, #3, #4, and	II	\$500 (Held in susper		Upon Receipt  Page 13 of 4:

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	residents.		<u> </u>	l		
	Findings include:					
	dated 2/15/17; docur diagnoses that includ Alzheimer's dementia depression. The res the Brief interview for interview indicating simpairment. The MD needed supervision a	a, heart failure (CHF), and ident scored 5 out of 15 on r Mental Status (BIMS) evere cognitive and memory of S documented the resident and set up for eating. The nted the resident had an ess and to receive a				
	2/23/17, documented nutritional risk due to depression, diabetes failure). The Care Pl recommended dietar adequate nutrient integround meat, and pro	diagnoses of dementia, and CHF (congestive heart an directed staff to follow y interventions to ensure ake, serve a regular diet with ovide a sippy cup during he Care Plan identified the				
		nange order for 2/13/17 nilk with meals to increase				Page <b>14</b> of <b>4</b>

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	3/29/17, gave direction at lunch.  The facility provided which included the form 11/10/16 -209 pound 12/9/16 - 207 lbs. 1/9/17 - 201 lbs. 2/20/17 - 199 lbs. 3/20/17 - 190.5 lbs. 4/24/17 - 184.5 lbs.  The weights reflect a (March-April 2017). The weights reflect a months (February -A The weights reflected 11.7 % in 6 months (The Dietary Progress following:  On 1/9/17, resident of diet and had a continuity dietician recommend snacks to the resider On 2/13/17, chocolat increase caloric intak On 3/2/17, a family merchanic continuity of the continuity	3 % weight loss in 1 month 7.3 % weight loss in 3 pril 2017). d a significant weight loss of November -April 2017). s Notes recorded the an a regular, ground meat ued slow weight loss. The ed offering high calorie int. e milk started with meals to				Page <b>15</b> of <b>4</b> 2

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	chocolate milk discor On 3/29/17, the resident had significant weigh dietician recommend to increase nutrient in On 5/8/17, the resident the dietician wrote the pudding at lunch.  A fax to the physician Hospice evaluation of resident's weight.  A fax to the physician supplements twice a because the resident months ago.  Dining observations in On 5/9/17 at 7:40 a.r. dining room and fed of the resident. At 12 a wheelchair in the dietician weight.	dent weighed 188 lbs. and at loss in 6 months. The led Ensure pudding at lunch ntake. Ent weighed 183.5 lbs. and e resident received Ensure on 0.2/2/17 requested a lue to a decline in the lunch on 3/1/17 requested day for weight maintenance to had broken their dentures 3 identified the following:  m. Resident #1 sat in the				Page <b>16</b> of

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	contained the following potatoes and broccol and a glass of water the resident. The resident from a sippy cup.  On 5/10/17 at 8:05 at wheelchair in the dinificates with milk. The in a sippy cup. At 12 the dining room and focup with tomato juice resident.  In an interview 5/10/1 family member report was supposed to have member routinely visuand reported the resist supplement at that the concerned if the resist supplement at that the concerned if the resist supplement at that the concerned if the resident could eat.  2. The MDS assessment documented Resident could and the resident could resident could resident could resident resident Resident Resident Resident could resident Resid	ements. The family member cision to not fix the broken t should reflect food the				

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	muscle weakness. The resident needed supereating. The assessment resident had no or unanonth period.  The Care Plan dated 4/24/17 documented risk due to diagnoses. The Care Plan indical weight loss. The Care serve recommended increase nutrients and regular diet and obtain protocol.  The resident's diet character of the care and the care who meals to increase call order 4/24/17 indicated during meals to increase.	nange order for 2/20/17 ble chocolate milk during loric intake. The diet change ed Ensure Clear served ase caloric intake and fluids. a list of the resident's weight,			

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	14447 400 7 "		П		
	4/4/17 - 130.5 lbs.				
	month (March-April 2) The weights reflected months (February -A) The weights reflected months (November -A) The Dietary Progress following: On 1/23/17 - Resider and had their meat of slight weight loss from On 2/20/17 - The Dietary Chocolate milk or who caloric intake due to 30 days. On 3/3/17 - Chocolate the resident refused the resident refused The dietician recommon of the resident's weight loss. The dietar with meals for weight loss prevention. Dining observations on 5/9/17 at 9:15 a.m.	d a 2.09 % weight loss in 3 pril 2017). d an 8.74 % weight loss in 6 April 2017). s Notes recorded the at #3 received a regular diet ut up. The resident had a m 140's to 130's. Stician recommended ole milk at meals to increase a significant weight loss in the emilk discontinued because the chocolate milk at meals. The nended continued monitoring light, ident had a continued slow tician recommended Ensure increased nutrient intake and			
	Tailing room and led	SCII IIIS/IIEI DIEANIASI. IIIE	1	<u>ı                                      </u>	Page <b>19</b> of <b>42</b>

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	observation revealed table by the resident sat in a wheelchair in self. The resident hat his/her plate on the taupside down and drar Observation revealed table by the resident.  On 5/11/17 at 10:20 was interviewed and residents who receive recommended by the the dietary aides are dietary nutritional supmilk, Ensure pudding products. Staff M con Resident #3 on the lisensure pudding during On 5/11/17 at 11:05 Dietary Aides, were instaff documented the IPAD, but they had not the satisfication of the table by the resident who is table to take the table by the resident who is table to take the table by the table tab	a.m. the resident sat in the nk tea from a cup. It no other beverages on the a.m. Staff M, Dietary Cook, reported they had a list of ed dietary supplements ed dietician. Staff M reported assigned to pass out any oplements such as chocolate or other nutritional infirmed Resident #1 and st and supposed to receive				Page <b>20</b> of <b>4</b>

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	staff could only record consumed by each reconsumed and stroke. The MDS included hypertension and stroke. The resident term memory produmented the resident lunction of the resident lunch chocolate milk. During observation of the resident lunch chocolate milk. During each of the resident lunch chocolate milk. During each term of the resident lunch chocolate milk. During each the resident lunch chocolate milk. During each term of the resident lunch chocolate milk. During each the resident lunch chocolate milk. During each term of the resident lunch chocolate milk. During each term of the most provide chocolate milk. The MDS assessing documented Resider postprocedural intest assessment docume facility on 4/7/17, had impairment and required.	a MDS with a reference date identified diagnoses that n, high cholesterol, demential dent had impaired long and roblems. The MDS dent weighed 157 pounds. ment dated 5/24/17 dent lost 21 pounds since The dietician plate milk at meals.  In 5/9/17 at 12:30 p.m., staff n. Staff did not provide ng observation on 5/10/17 at the resident breakfast. Staff plate milk. During an t 3:08 p.m., the resident's sident loved chocolate milk.  In the dated 4/14/17 at the fact of the diagnosis of the dated diagnosis of the diagno				Page <b>21</b> of 4

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facility.  The Weekly Weight Sesident #21 weighe 183 pounds on 4/24/1 and 160.5 pounds on 4/24/17 documented the dietary intervention meals.  Observation of the meals.  Observation of the meals.  Observation of the meals on the room. The resident selarge glasses of white Resident #21 stated sechocolate milk but die white milk.  On 5/8/17 at 12:55 p. interviewed and state increased calories du weight loss. The diet	al Intervention sheet dated Resident #21 was to receive on of chocolate milk with eal service on 5/8/17 at Resident #21 did not receive tray delivered to his/her stated she/he received two e milk and drank only one. she/he would have drank the dn't want two glasses of				
	ll meals and Ensure Clear				Page 22 of A

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	5/8/17 at noon for Red documentation of the with meals. They sul	r provided the meal card on esident #21 which had no edirection for chocolate milk beequently added the etitian directed to do so.			Page <b>23</b> of <b>4</b>
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+	of multiple lesser vi the department of ins issue a citation for a physical condition or in a facility which are violations of the statu as a whole constitute substantial probability	class I violation as a result olations. The director of spections and appeals may class I violation when a one or more practices exist a result of multiple lesser stees or rules, but which taken an imminent danger or a y of resultant death or residents of the facility.	I	\$5,000 (Held suspe		Upon Receipt	
58.20(2)(10) +	supervisor. Every n health service superv 58.20(2) Plan for and services, treatments,	I direct the nursing care, procedures, and other each resident's needs and					
	work schedules for a	sible for all assignments and Il health services personnel alth needs of the residents					
58.18(4)	use of the nurse call					Page <b>24</b> of <b>42</b>	

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Facility Addres	ss/City/State/Zip					
2241 NW Stree Carroll, Iowa 5	=	DS				
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	[ARC 1398C, IAB 4/2	2/14, effective 5/7/14]				
	DESCRIPTION:	•				
	group of residents, the facility had sufficient needs of the residents for 1 of 7 residents refacility reported a ceres Findings include:  1. Resident #14 had assessment with a residentified at the MDS identified at the MDS identified at the MDS revealed the rephysical assistance of walking in room and on and off the unit. The material resident's balance duas not steady, only a assistance for the fol to standing position; facing the opposite of moving on and off to the standing of the	ion and an interview with a me facility failed to ensure the staff assigned to meet the its and prevent a major injury eviewed (Resident #14). The insus of 74 residents.  a MDS (Minimum Data Set) reference date of 4/29/17. In admission date of 4/26/17, the resident able to make self d understand others. The sident required the limited of 1 person for transfers, corridor, and for locomotion				Page <b>25</b> of <b>4</b> :

1 ago **20** 01

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Rule or Code Section	Natur	e of Violation	Class	Fine Am	ount	Correction date
	documented diagnos degeneration of the lepain.  The Brief Interview for 4/26/17 at 11:10 a.m. A score of 12 indicate impairment.  The Care Plan identification of the lepain identification of the lepain.	or Mental Status dated . documented a score of 12. ed moderate cognitive  fied a focus area revised activities of daily living) ess. The Care Plan directed tance of 1 (person), walker, efers. The Care Plan pertaining to removal of a				
	a Nursing Rehab pro The task directed sta and from all meals ar the assistance x1 (or scheduled the ambul a.m., 1:00 p.m., 6:00  The Rehab Commun documented recomm	printed 5/3/17 documented gram initiated on 4/27/17. If to ambulate the resident to adactivities with walker and activities with walker and action to be done at 9:00 p.m., and PRN (as needed). ication 2 form dated 4/27/17 inendation/instructions from the resident				

For the Administration of the Control of the Contro

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Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
to/from assist of the results of the	all meals and (1; and the whident's room.) ogress Notes ented the residual (1)/OT (occupation and asserted the entry dotant with using in the room, gucation on the gassistance. ogress Notes ented the care of to receive as divities with wang wheelchair odated. ogress Notes ented the residual (1) ogress Notes ented the residual (2) ogress Notes ented the residual (3) ogress Notes ented the residual (4) ogress Notes ented	d transfers; to ambulate activities with FWW and reelchair to be removed from dated 4/27/17 at 10:25 a.m. dent skilled for PT (physical tional therapy) for essment. The entry recorded ed with assist of 1 with recumented the resident non-call light, up walking with ait steady, balance good, a use of the call light and dated 4/27/17 at 10:46 a.m. e plan changed. The esist x1 with walker for all inbulate to and from meals alker, assist x1; therapy from the room; and the Care dated 4/27/17 at 8:21 p.m. dent used a FWW in the and ambulated with a steady dated 4/29/17 at 6:23 p.m.				Page <b>27</b> of <b>4</b>

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	room due to the residunwitnessed fall with front of the chair. The alert and oriented.  The untitled incident p.m. and revised on a documented the residunwitnessed fall. The resident stated he/she wheelchair after suppfloor bumping head of the Progress Notes documented a change completed and faxed.  The Progress Notes documented the oncompleted and faxed.  The Progress Notes documented the oncompleted and faxed.  The Progress Notes documented the oncompleted and faxed.  The Progress Notes documented a late en (Licensed Practical Notation of the floor. The entry of speech clear, the resident and the floor. The entry of speech clear, the resident and the floor.	the resident on the floor in e entry recorded the resident report dated 4/29/17 at 6:30 5/8/17 at 1:11 p.m., dent experienced an e report recorded the retried to get up from the per, missed, and fell on the per, missed and a self to send the resident to the per, per				Page <b>28</b> of <b>4</b>

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	documented the ambresident. The entry repersonnel attempted questions regarding to no rx (response) and.  The Progress Notes documented by Staff resident stated he/sh the wall but not hard, resident made the stawhen alert/oriented x residents VS (vital siglimits) for the first 4 c pressure increased a slur speech, and the.  The Imaging Report results of a CT (compart the resident's head. Impression, documented hematoma with local herniation (a traumat the brain).  The Progress Notes documented a report	dated 4/29/17 at 8:30 p.m. pulance arrived to pick up the ecorded the ambulance to ask the resident the fall, but the resident gave speech slurred/garbled.  dated 4/29/17 at 8:45 p.m., Q, LPN, recorded the e bumped his/her head on The entry documented the attement at the time of the fall 4. Staff Q wrote the gns) WNL (within normal hecks but the B/P (blood and the resident started to began to vomit.			Page <b>29</b> of <b>42</b>	

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	time in the ER and acremained unresponsion.  The Major Injury Dete 5/5/17 by the resident the physician reviewer and prognosis of the injury sustained was.  Staff statements, stinterviews:  In a written statement CNA (Certified Nurse the resident on the floresident's room on 4/recorded she asked the and the resident state the dining room so he back in wheelchair wheelchair wheelshe got back to his he/she could stand uncouch. Staff R states he/she fell hitting health on 5/3/17, Staff O, M. Coordinator, typed and the remainder the states of the	ermination Form signed on t's physician, documented ed the circumstances, injury, patient and believed the a major injury.  aff interviews, family  It dated 4/30/17, Staff R, Aide), documented she saw for in a sitting position in the 1/29/17 at 6:00 p.m. Staff R 1/29/17 at 6:00 p.m. Staff R 1/29/16 the resident what happened ed he/she tired of waiting in 1/29/she pushed him/herself eith walker in front of him/her. The resident said when 1/29/16 the resident reported				

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Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	4/27/17 at 10:45 a.m recommended the re with walker for all gai ambulated to and from with walker and assist wheelchair from the recommendation was ambulate to and from wheelchair from the resistance of 1 staff for transfers, she did wheelchair from the resistance of 1 staff for transfers, she did wheelchair for long ritired, the resident constaff O wrote she emprogram, based on the recommendations, in section of the computation of the computation of the computation of the computation of the wheelch information). Staff O removed the wheelch in an interview on 5/8 (Agency nurse) state fall on 4/29/17 around	mmendation paper on . Staff O wrote the paper sident: receive assist x1 and transfers; be m all meals and activities at x1; and remove the room. Staff O explained the as so the resident would all meals and not ride in the room. Staff O documented already directed the person, walker, and gait belt not include removing the resident's room in the Care resident needed the des, appointments, or if all still use the wheelchair.				Page <b>31</b> of <b>4</b>

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Date

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	commented the reside and oriented with no dementia. Staff P stawas enough staff thaneeds. Staff P recall because staff split the other hallways take a oversee). Staff P consafe for aides to split hall.  In an interview on 5/9 (certified nursing assat 6:00 p.m. on 4/29/down 100 hall and safloor. Staff R reporte got tired of waiting in wheelchair and walke Staff R commented the	ng to the loveseat. Staff P lent at that time very alert signs/symptoms of ated he did not feel there t night to meet the resident's ed no CNA for the 100 hall e hall (CNA's assigned to			
	fell hitting head on the completed vitals on the 4 times and then on the noticed the resident of the resident laid over on Staff R responded what staff she did not feel	e wall. Staff R reported she he resident every 15 minutes the 1st 30 minute check she changed. Staff R said the the couch, non-coherent. Then asked about enough there was enough staff. They had enough that night			Page <b>32</b> of <b>42</b>

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	from the 100 hall had hall. Staff R stated s 6 or 7 residents living reported if staff called pulled the 100 hall aimust split the 100 har resident on the 100 har resident on the 100 har members. Staff R states a lot and she shared management. Staff I responded they should be cause there is a real arm. Staff T said the approximately 20 resistaff T reported the responsible to cover Staff T said the facilit 100 hall aide. Staff T the 100 hall have the has a personal alarm transfers; 1 resident assist with cares; 1 resident assist with a care	R commented management all be able to handle it.  In., Staff T, CMA (Certified is interviewed and stated she he 100 hall aide is pulled esident on 100 hall with an he 200 hall has aidents as does the 300 hall. esidents on the 200 and 300 ed but call lights going on stated the 300 hall aide rooms 103, 108, and 109. The sy often short staffed with no a following needs: 1 residents.				Page <b>33</b> of <b>4</b>

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	treatments required f bathroom. Staff T stathe resident with the be heard on the 400 a danger.  On 5/9/17 at 6:50 p.m worked from 2:30 p.m Staff S reported the residents needing the independent. Staff S when asked if she fel staff to meet resident she did not think split because when on the 100 hall and when as can't hear anything from the standing on the to see the 100 hall. On the standing on the to see the 100 hall. On the standing on the to see the 100 hall. On the standing on the standing on the standing on the standing of the 200 or 300 residents living in the standing in the s	ated the 400 hall aide covers alarm but the alarms can't hall and Staff T felt that was in., Staff S, CNA, stated she in. to 11:00 p.m. on 4/29/17. 100 hall to be for those erapy and mostly is responded yes and no lit the facility had enough the facility had enough the acting the 100 hall doable in 300 hall she can't see the estigned to the 200 hall she from the 100 hall.  7 at 7:00 p.m. identified in 300 or 400 hall, as unable cobservation revealed an anom at the end of the 100 hall the room, turn 90 degrees in hall. Observations further ing on the 400 hall or at the contact of the 100 halls, could not hear			Page <b>34</b> of <b>42</b>

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	on 4/28/17. The family resident reported he/snot get help. The family resident said he/she talk to the resident at resident in a coma ur 5/7/17.  In an interview on 5/1 CNA, stated she was on 4/29/17. Staff G r 5:00 p.m. to 8:00 p.m. cover his hall. Staff C resident to walk to su said she walked the resident sat in the whole pulling the where resident sat in the whole staff G reported the versident's room. Staff R came at 6:00 p.m., the resident laid on the after she was pulled fassignment, the 400 charge of the resident outstated she had not talk assignment.	ed he/she visited the resident illy member stated the she would put light on and nily member stated the was supposed to get help. eported he/she unable to the hospital due to the ntil he/she passed away on 10/17 at 12:40 p.m., Staff G, scheduled to the 100 hall eported Staff U left from 1. so she had been pulled to 1. Stated she assisted the apper but not back. Staff G resident with the walker elchair behind them and the neelchair in the dining room. Wheelchair obtained from the ff G commented when Staff she called for help because the floor. Staff G reported from the 100 hall hall aide would have been in the because the hall was split said she did not see anyone at of the dining room. Staff G ken care of the resident aff G said her 1st interaction				Page <b>35</b> of <b>4</b>

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	introduced herself to interaction occurred or resident to the dining did not assist the resor after walking. Stat typical for the 100 has feel the facility could needs because so fa hallways can't hear the 100 hall was ded residents except for 2 with behaviors. The depending on time at tried to staff a dedicaresidents are on the stated with the censulcase load there. The resident on the 100 hmembers. The Admit therapy removed the resident's sciatica (no resident to move. The acknowledged she didocumentation of the The Administrator states.	room. Staff G reported she ident with any cares before if G stated it was very often all to be split and she did not safely meet the residents' raway from the other he alarms.  I.m., the Administrator stated icated to skilled short term 2 residents that are long term Administrator stated had complexity, the facility sted CNA if 4 or 5 skilled hall. The Administrator is under 77, she did not feel and required assist of 2 staff inistrator stated 1 hall required assist of 2 staff inistrator stated she thought wheelchair due to the erve pain) and wanted the ne Administrator id not see any a resident refusing to walk. A ated the facility did have 19ths (necklace) but the				Page <b>36</b> of <b>42</b>

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Rule or Code Natur Section		e of Violation	Class	Class Fine Amount Correct date		
	Nature of Violation  On 5/10/17 at 2:40 p.m., Staff Q stated she worked 2:00 p.m. to 10:00 p.m. 4/29/17. Staff Q said she conversed with the resident after the fall and they had a good conversation. Staff Q stated she questioned the resident about what he/she was doing and the resident responded he/she tried to get up but did not have the wheelchair backed up to the wall. Staff Q said the resident reported he/she hit his/her head on the wall but not hard. Staff Q stated at the 7:30 p.m. check, the resident couldn't get any clear speech out. Staff Q reported that day to be the 1st time she met the resident. Staff Q stated the 1st time she saw the resident, she saw him/her in the dining room in a wheelchair but did not know who he/she was yet. Staff Q said the resident did not have a pendent call light and the residents that walk have pendent call lights. Staff Q recalled the resident self-propelled from the dining room in a wheelchair towards the hallways. Staff Q stated she did not know the resident was supposed to be ambulated because she did not recognize who he/she was the 1st time she seen him/her. Staff Q recalled Staff G pulled at 5:00 p.m. from the 100 hall because Staff U left. Staff Q stated the aides on the other 3 halls are responsible for covering the 100 hall. Staff Q said if on the 400 hall, she could not hear the 100 hall because of the big activity room between the halls. Staff Q said she could not hear the 100					Page <b>37</b> of <b>4</b> 2

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	hall from the 200 or 300 halls either. Staff Q commented with people with alarms, needed to have someone assigned to the 100 hall. Staff Q stated she understood 100 hall for the skilled short term residents and those residents needed more focus and attention. Staff Q said it seemed the 100 hall got pushed to the back burner when split rather than focusing on it due to greater acuity.  In a family interview on 5/10/17 at 4:25 p.m., a family member stated he/she visited the resident on the morning of 4/29/17. The family member stated the resident reported when he/she put the call light on it took a long time for someone to respond.  In an interview on 5/10/17 at 4:45 p.m., Staff A, RN/Corporate Compliance Nurse, stated the expectations is the plan of care tasks (Task List Report) to be completed by the CNA's. Staff A confirmed the resident should have been ambulated to and from the dining room.  100 Hall Census Information:  The Daily Census report printed 5/10/17 documented the following number of residents residing on the 100 hall from 4/19/17 thru 5/10/17:					

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Facility Administrator Date

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	a. 6 on 4/19 b. 5 on 4/20, 4/21 c. 4 on 4/22, 4/23, 4/24, 4/25 d. 5 on 4/26, 4/27 e. 6 on 4/28, 4/29 (1 discharged and 1 admitted this day), 4/30, 5/1 f. 5 on 5/2, 5/3, 5/4, 5/5, 5/6, 5/7, 5/10  Staffing assignments:  From 4/1/17 thru 5/11/17, the daily hall assignment sheets titled Today's Care Givers, assigned no CNA's to the 100 Hall directly for the Day Shift (6:00 a.m. to 2:00 p.m.) on these dates: a. April - 4/15, 4/18 from 6:00 a.m. to 11:00 a.m., 4/22, 4/23, 4/24, 4/25, 4/26, 4/27, 4/28, 4/29, 4/30 b. May - 5/1, 5/2, 5/3, 5/4, 5/5, 5/6, 5/7, 5/8, 5/9, 5/10  From 4/1/17 thru 5/11/17, the Today's Care Givers, assigned no CNA's to the 100 Hall directly for the Eve Shift (2:00 p.m. to 10:00 p.m.) on these dates: a. April - 4/10, 4/15 from 2:00 p.m. to 6:00 p.m., 4/17, 4/18 from 6:00 p.m. to 10:00 p.m., 4/22, 4/23, 4/24, 4/25, 4/26, 4/27, 4/28, 4/29 from 5:00 p.m. to 8:00 p.m., 4/30				

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Rule or Code Section	Natur	e of Violation	Class	Fine Amou	nt Correction date
	Nature of Violation  From 4/1/17 thru 5/11/17, the Today's Care Givers, assigned no CNA's to the 100 Hall directly for the Overnight Shift (10:00 p.m. to 6:00 a.m.) on these dates: a. April - 4/7 from 10:00 p.m. to 4:00 a.m., 4/20, 4/21, 4/22, 4/30 from 10:00 p.m. to 2:00 a.m. b. May - 5/3, 5/5, 5/6, 5/7  On 5/8/17 at 3:00 p.m. a group of 5 residents were interviewed. Five of the 5 residents in attendance voiced the facility is short staffed on Saturdays.  FACILITY RESPONSE:				

Facility Administrator

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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 lowa Code section 135C.43A (2013).

Date

**Facility Administrator**