Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 6630			**Date: August 28, 2017**
Facility Name: Pearl Valley Rehabilitation & Healthcare Center of Washington		**Survey Dates: July 31 – August 14, 2017**	
Facility Address/City/State/Zip: 601 E Polk St. Washington, IA 52353	**JKM**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
58.28(3)e,f	**481—58.28(135C) Safety. The licensee of a nursing facility shall be responsible for the provision and maintenance of a safe environment for residents and personnel. (III)** **58.28(3) Resident safety.** **e. Each resident shall receive adequate supervision to protect against hazards from self, others, or elements in the environment. (I, II, III)** **f. Residents shall be protected against physical or environmental hazards to themselves. (I, II, III) [ARC 1398C, IAB 4/2/14, effective 5/7/14** **DESCRIPTION:** The facility failed to protect residents against physical or environmental hazards to themselves for 3 of 12 residents sampled (Residents #6, #15, #16). Specifically, the facility failed to implement a system to ensure gaps in side rails were not large enough to create the risk for entrapment and serious injury. The facility also failed to provide adequate supervision to protect residents against hazards from themselves, others and hazards in the environment. Specifically, the facility failed to implement interventions to prevent a fall for 1 of 2 residents who experienced a fall that resulted in a major injury (Resident #19), and failed to implement interventions to prevent future falls for 1 of 6 residents with a history of falls (Resident #14). The facility reported a census of 46 residents.	**I**	**$8,000 Held in Suspension**	**Upon Receipt**

_____ _____

Facility Administrator Date

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

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 6630				**Date: August 28, 2017**
Facility Name: Pearl Valley Rehabilitation & Healthcare Center of Washington		**Survey Dates: July 31 – August 14, 2017**		
Facility Address/City/State/Zip: 601 E Polk St. Washington, IA 52353	**JKM**			
Rule or Code Section	**Nature of Violation**	**Class**	**Fine Amount**	**Correction date**

	Findings include: Review of the Food and Drug Administration's (FDA) Hospital Bed Safety Workgroup article, "Clinical Guidance For the Assessment and Implementation of Bed Rails In Hospitals, Long Term Care Facilities, and Home Care Settings," dated April 2003, indicated, in pertinent part,"...Use of bed rails should be based on patients' assessed medical needs and should be documented clearly and approved by the interdisciplinary team...Bed rail use for patient's mobility and/or transferring, for example, turning and positioning within the bed and providing a hand-hold for getting into or out of bed, should be accompanied by a care plan...Inspect, evaluate, maintain, and upgrade equipment(beds/mattresses/bed rails) to identify and remove potential fall and entrapment hazards and appropriately match the equipment of patient needs, considering all relevant risk factors...If it is determined that bed rails are required...The mattress to bed rail interface should prevent an individual from falling between the mattress and bed. Maintenance and monitoring of the bed, mattress, and accessories such as patient/caregiver assist items...should be ongoing..." According to the FDA's Guidance for Industry and FDA Staff article, "Hospital Bed System Dimensional and Assessment Guidance to Reduce Entrapment," issued 3/10/06, "For 20 years, FDA has received reports in which vulnerable patients have become entrapped in hospital beds while undergoing care and treatment in			

_____ _____

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: 6630				**Date: August 28, 2017**
Facility Name: Pearl Valley Rehabilitation & Healthcare Center of Washington		**Survey Dates: July 31 – August 14, 2017**		
Facility Address/City/State/Zip: 601 E Polk St. Washington, IA 52353	**JKM**			
Rule or Code Section	**Nature of Violation**	**Class**	**Fine Amount**	**Correction date**
	health care facilities. The term "entrapment" describes an event in which a patient/resident is caught, trapped, or entangled in the space in or about the bed rail, mattress, or hospital bed frame. Patient entrapments may result in deaths and serious injuries. FDA received approximately 691 entrapment reports over a period of 21 years from January 1, 1985 to January 1, 2006. In these reports, 413 people died, 120 were injured, and 158 were near-miss events with no serious injury as a result of intervention. These entrapment events have occurred in openings within the bed rails, between the bed rails and mattresses, under bed rails, between split rails, and between the bed rails and head or foot boards. The population most vulnerable to entrapment are elderly patients and residents, especially those who are frail, confused, restless, or who have uncontrolled body movement. Entrapments have occurred in a variety of patient care settings..." 1. The Quarterly Minimum Data Set (MDS- a federally mandated resident assessment tool) with an assessment reference date of 05/06/2017 revealed a BIMS (Brief Interview of Mental Status) of 15 which indicated minimal or no long and short term memory deficits. Resident # 6 required extensive assistance from 1 staff for bed mobility, transfers, personal hygiene, and toilet use. The MDS documented occasional bowel incontinence and an indwelling urinary catheter to release urine from the bladder. Active diagnoses included diabetes mellitus, a seizure disorder, psychotic disorder, and legally blind.			

_____ _____

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: 6630				**Date: August 28, 2017**
Facility Name: Pearl Valley Rehabilitation & Healthcare Center of Washington		**Survey Dates: July 31 – August 14, 2017**		
Facility Address/City/State/Zip: 601 E Polk St. Washington, IA 52353	**JKM**			

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	The plan of care with a problem revision date of 01/03/2016 directed facility staff to use half rails on the resident's bed for safety, observe for injuries or entrapment, monitor behaviors every shift due to verbal aggression and psychosis, place a star on the name plate to identify for risk of falls, and monitor for seizures. An undated facility document entitled "Side Rail Policy" listed the following guidelines: 1. All residents will be evaluated for the appropriateness for use of bed rails prior to initiation on admission. 2. The Rehab department will assess the need for bed rails for mobility. 3. Evaluations will include risk of entrapment. 4. Maintenance will follow guidelines for measuring rails. 5. Assure that the bed's dimensions are appropriate for the resident's size and weight. 6. The facility will incorporate the guidelines from regulating agencies in regards to Bed Safety. The facility's Side Rail Rational Screen with an assessment date of 08/03/2017 indicated side rail would promote independence of movement for the resident. Resident # 7's poor visual acuity and decreased hearing complicated communication and understanding. A fracture to the right ankle and decline in overall function increased the risk of falls. The plan of care documented 1 staff person needed to			

_____ _____

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: 6630				**Date: August 28, 2017**
Facility Name: Pearl Valley Rehabilitation & Healthcare Center of Washington		**Survey Dates: July 31 – August 14, 2017**		
Facility Address/City/State/Zip: 601 E Polk St. Washington, IA 52353	**JKM**			

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	assist with transfers and personal cares. The Fall Risk Assessment completed on 03/31/2017 revealed a score of 16. A score of 10 or above indicated a high risk for falls. During an interview on 07/31/2017 at 11:50 A.M., Resident # 6 sat in a chair at bedside. An observation of the upper 1/2 rails (in the up position) noted the middle opening in the rail exceeded the 4.75 inches allowed. The bed rails failed to have any padding in case of seizures. An observation on 08/03/2017 at 12:00 P.M., found Resident #6 out to lunch. Both upper 1/2 rails remained in the up position. A ruler measurement of the middle part of the bed rail discovered the open area to be 7.5 inches horizontally by 7.75 inches vertically which is in excess of the 4.75 inches allowed. Both of the upper bed rails measured the same 7.5 by 7.75 inches for the opening. 2. An observation of an unoccupied bed in room 100 (bed 2), revealed 2 metal rails which exceeded the guidelines for bed rail openings. The middle bar opening measured 7.5 inches horizontally and 17.5 inches vertically. 3. According to the MDS dated 07/14/2017, resident #16 had a BIMS score of 13 which indicated the resident experienced intact long and short term memory deficits. Staff provided extensive assistance			

_____ _____

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: 6630				**Date: August 28, 2017**
Facility Name: Pearl Valley Rehabilitation & Healthcare Center of Washington		**Survey Dates: July 31 – August 14, 2017**		
Facility Address/City/State/Zip: 601 E Polk St. Washington, IA 52353	**JKM**			
Rule or Code Section	**Nature of Violation**	**Class**	**Fine Amount**	**Correction date**

	with bed mobility due to both upper and lower extremity impairments. Diagnoses included diabetes mellitus, a cerebral vascular accident, hemiplegia, a seizure disorder, Schizophrenia, and depression. The plan of care with a revision date of 01/03/2016 directed staff to provide assistance with bed mobility and use side rails (1/2 rails) for safety. Staff should observe for entrapment. A Side Rail Assessment completed on 08/03/2017 documented Resident # 15's lack of safety awareness, poor trunk control, and required frequent monitoring by staff. Recommendations included the resident's desire for bed rails and to promote independence. During this assessment period the resident received antipsychotic medications 7 of 7 days. Observations of bed 2 in room 306 on 03/2017 at 11:30 A.M., found the bed to be horizontal along the length of the room. The bed 1/2 rail towards the wall did not meet the 4.74 requirements for openings in a rail. Both rails were in the upright position. The middle opening measured 7.5 inches horizontally and 7.75 inches vertically. The bed rail toward the center of the room met standards. The heating register ran the length of the room behind the bed and did not allow the bed to be placed flush against the wall. The bed's distance from the wall with the rail in the up position measured 6.75 inches. A			

_____ _____

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: 6630				**Date: August 28, 2017**
Facility Name: Pearl Valley Rehabilitation & Healthcare Center of Washington		**Survey Dates: July 31 – August 14, 2017**		
Facility Address/City/State/Zip: 601 E Polk St. Washington, IA 52353	**JKM**			
Rule or Code Section	**Nature of Violation**	**Class**	**Fine Amount**	**Correction date**

	bed placed against the wall with the heat register could become a fire risk. 4. The Annual MDS dated 05/26/2017 documented Resident # 16's difficulty with long and short term memory and severely impaired decision-making abilities. Facility staff provides extensive assistance with all personal cares and bed mobility. Resident #16 displayed no upper or lower extremity limitations. Diagnoses included Non-Alzheimer's dementia, a seizure disorder, and a compulsive personality disorder. The plan of care with a revision date of 01/01/2017 directed facility staff to assist with turning and repositioning in bed and provide seizure precautions. The Side Rail Assessment of 08/03/2017 indicated Resident # 16 demonstrated alterations in safety awareness and needed to be monitored frequently at night. The facility removed the side rails. The Side Rail Assessment of 05/28/2017 documented the altered, poor trunk control, medications which required safety precautions, and the need for frequent monitoring. Observation of Bed # 1 in room 306 noted bilateral 1/2 rails in the up position. Both rails displayed a middle bar which failed to meet the 4.75 inch total for openings in a rail. The opening measured 7.5 inches horizontally and 4.75 inches vertically. Neither rail			

_____ _____

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: 6630			**Date: August 28, 2017**
Facility Name: Pearl Valley Rehabilitation & Healthcare Center of Washington		**Survey Dates: July 31 – August 14, 2017**	
Facility Address/City/State/Zip: 601 E Polk St. Washington, IA 52353	**JKM**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	contained any padding for the diagnoses of seizures. 5. The MDS (Minimum Data Set) assessment tool, dated 6/30/17, listed diagnoses for Resident #19 included muscle weaknesses, heart failure, and diabetes. The MDS stated the resident required extensive assistance of 1 staff for dressing, extensive assistance of 2 staff for bed mobility, depended totally on 1 staff for personal hygiene and bathing, and depended totally on 2 staff for transfers and toilet use. The MDS stated the resident did not walk during the review period and listed the resident's BIMS (Brief Interview for Mental Status) score as 15 out of 15, indicating intact cognition. A fall incident report, dated 7/9/17, documented the nurse received a phone call at 10:51 p.m. from the resident's roommate who stated the resident needed help. The nurse sent a CNA (Certified Nursing Assistant) to the room and the CNA assisted the resident to get his/her feet back into the bed. At 10:57 p.m., the nurse received a second phone call from the resident's roommate who stated the resident needed help. The report stated the nurse responded immediately and the resident was on the floor beside the bed with his/her left leg buckled under him/her. The resident was crying out in pain and stated "I felt my hip pop when I rolled out of bed; I was just trying to adjust myself when my legs fell out of bed and then I rolled out onto the floor." The report stated the facility sent the resident to the hospital.			

_____ _____

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: 6630				**Date: August 28, 2017**
Facility Name: Pearl Valley Rehabilitation & Healthcare Center of Washington		**Survey Dates: July 31 – August 14, 2017**		
Facility Address/City/State/Zip: 601 E Polk St. Washington, IA 52353	**JKM**			

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	A care plan entry, revised 11/3/16, documented the resident preferred all 4 bed rails up. A care plan entry, revised 4/13/16, documented the resident was at high risk for falls and the resident would be free of serious injury through the review date. The care plan included the following interventions: a. Be sure the resident's call light is within reach and encourage the resident to use it. b. Front wheelie bars to wheelchair to prevent it from tipping forward c. Physical therapy to evaluate and treat as ordered and as needed The care plan lacked any interventions to prevent the resident from slipping out of bed. The facility schedule for the 10:00 p.m. - 6:00 a.m. shift on 7/9/17 listed 1 nurse and 2 CNAs for the entire shift and 1 additional CNA working from 2:00 a.m. onward. The schedule listed another CNA with her name crossed out. The facility policy on side rails, dated 6/28/17, stated full top and bottom side rails were strictly prohibited. A 7/10/17 hospital report revealed the resident sustained a fracture of the left femur (thigh bone) treated with an intramedullary rod (a rod used to treat fractures of long bones of the body).			

_____ _____

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: 6630				**Date: August 28, 2017**
Facility Name: Pearl Valley Rehabilitation & Healthcare Center of Washington		**Survey Dates: July 31 – August 14, 2017**		
Facility Address/City/State/Zip: 601 E Polk St. Washington, IA 52353	**JKM**			
Rule or Code Section	**Nature of Violation**	**Class**	**Fine Amount**	**Correction date**
	During an interview on 7/13/17 at 5:05 a.m., Staff N CNA stated he worked at the facility on 7/9/17 from 6:00 p.m.-6:00 a.m. He stated aside from a CNA working in the unit, he was the only CNA in the building as well as the nurse. He stated he was helping another resident when Resident #19's call light was on. Resident #19's roommate called the facility on the phone for help and Staff O asked him to check on him/her. When he entered the room, both of the resident's legs were hanging out of the bed. Staff N placed the resident's legs back in bed. The resident requested body pillows on each side. Staff N then helped another resident and Staff O found the resident when he/she fell which Staff O thought was around 11:00 p.m. He stated the resident did not fall or have his/her legs out of the bed when all 4 side rails were on the bed. He stated the resident requested all 4 side rails and it was in the care plan and the resident was upset he/she did not have the lower side rails anymore. During an interview on 7/13/17 at 7:01 a.m., Staff O RN (Registered Nurse) stated she worked 6:00 p.m.-6:00 a.m. on 7/9/17. She stated on 7/9/17, she was sending another resident to the emergency room when she received a phone call at 10:51 p.m. from Resident #19's roommate who stated Resident #19 needed help. Staff O sent Staff N CNA to the resident's room to help him/her. After Staff N returned, he told Staff O he found the resident in bed with his/her legs coming out of the bed and he put his/her legs back and repositioned him/her. At 10:57 p.m., Staff O received			

_____ _____

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).

Citation Number: 6630				**Date: August 28, 2017**
Facility Name: Pearl Valley Rehabilitation & Healthcare Center of Washington		**Survey Dates: July 31 – August 14, 2017**		
Facility Address/City/State/Zip: 601 E Polk St. Washington, IA 52353	**JKM**			

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	another phone call from the roommate who stated the resident needed help. Staff O stated she heard Resident #19 screaming but couldn't remember if this was on the phone or after she arrived in the resident's room. She stated she went to the resident's room and found the resident on the floor on the buttocks with his/her legs buckled under him/her. The resident told her he/she was trying to reposition himself/herself and rolled out of bed. The resident stated his/her legs were out and the body followed. Staff O then called an ambulance. She stated on this shift, the third CNA did not show up or call. Staff O stated on another instance, the resident's legs were hanging out of bed but there was no fall. During an interview on 7/12/17 at 10:55 a.m., the resident's roommate stated Resident #19 fell sometime between 10:30-10:45 p.m. He/she stated Resident #19 told him/her he/she was falling out of bed and asked him/her to call for help. The roommate pulled the call light but no one came to assist. They both yelled for help and Staff N CNA arrived and helped place the resident's feet back in bed. Not long after that, the resident stated he/she was falling out of bed again. The resident pulled the call light again but no one came to assist. The roommate then called the facility on his/her cell phone and stated someone answered and told him/her they were busy with another emergency and he/she would have to wait. The roommate stated the resident then fell out of bed and he/she heard a "pop" sound and the resident started screaming. The roommate called the facility			

_____ _____

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: 6630				**Date: August 28, 2017**
Facility Name: Pearl Valley Rehabilitation & Healthcare Center of Washington		**Survey Dates: July 31 – August 14, 2017**		
Facility Address/City/State/Zip: 601 E Polk St. Washington, IA 52353	**JKM**			
Rule or Code Section	**Nature of Violation**	**Class**	**Fine Amount**	**Correction date**
	again on his/her cell phone and he/she stated staff told him/her they were busy and to stop calling. He/she stated he/she then held the phone up so they could hear the resident screaming and stated they hung up on him/her. He/she stated no one came for almost 10 minutes after the resident fell. The roommate stated he/she could not help the resident and couldn't get any of the staff to help either. He/she stated he/she thought the facility removed the resident's side rails sometime last week and the resident started to slip his/her legs out of bed a couple times before this fall. During an interview on 7/12/17 at 11:20 a.m., the MDS Coordinator stated she removed 4 side rails from the care plan due to "company policy. She stated the owners directed that residents could not have all 4 side rails because it was a restraint. She stated maintenance removed the lower 2 side rails from every resident who had them. During an interview on 7/13/17 at 8:29 a.m., the ADON (Assistant Director of Nursing) stated she was the manager on call for the night of 7/9/17. She stated she received a call sometime after 10:00 p.m. stating that a CNA did not show up. During an interview on 8/8/17 at 11:04 a.m., the resident's daughter stated the resident's roommate told her 2-3 days prior to the fall the resident had been falling out of bed. During an interview on 8/8/17 at 11:20 a.m., Staff 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: 6630				**Date: August 28, 2017**
Facility Name: Pearl Valley Rehabilitation & Healthcare Center of Washington		**Survey Dates: July 31 – August 14, 2017**		
Facility Address/City/State/Zip: 601 E Polk St. Washington, IA 52353	**JKM**			

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	CNA stated at one time the resident had 4 side rails and was very angry when the facility removed 2 of the side rails. She stated after he/she had only 2 side rails, staff would walk by his/her room and see his/her feet dangling out of bed and would need to go in and help him/her put them back. During an interview on 8/9/17 at 9:16 a.m., the Maintenance Supervisor stated the Administrator instructed him to remove the 2 bottom side rails from some beds and stated it was a "state mandated decision". During an interview on 8/8/17 at 11:36 a.m., the DON (Director of Nursing) stated the facility removed the resident's side rails and staff put a pillow under the resident's sheet to keep him/her from rolling out of bed. 6. The MDS assessment tool, dated 5/26/17, listed diagnoses for Resident #14 included muscle weakness, schizophrenia, and coronary artery disease. The MDS stated the resident required supervision assistance with eating, limited assistance of 1 staff for personal hygiene, and extensive assistance of 1 staff for bed mobility, transfers, dressing, toilet use, and bathing. The MDS revealed the resident did not walk during the review period and was not steady and only able to stabilize with staff assistance when moving from seated to standing position, moving on and off the toilet, and transferring between bed and chair or wheelchair. The MDS stated the resident had 2 falls resulting in no injury			

_____ _____

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).

Citation Number: 6630			**Date: August 28, 2017**
Facility Name: Pearl Valley Rehabilitation & Healthcare Center of Washington		**Survey Dates: July 31 – August 14, 2017**	
Facility Address/City/State/Zip: 601 E Polk St. Washington, IA 52353	**JKM**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	since the last assessment and listed the resident's BIMS score as 8 out of 15, indicating moderately impaired cognition. During an observation on 8/7/17 at 3:00 p.m., the resident laid in bed. No floor mat was present in front of the bed. The call light was not in reach of the resident. During an observation on 8/8/17 at 8:06 a.m., the resident's door was almost completely closed (open approximately 1 inch). The resident lay in bed and no floor mat was present in front of the bed. A sign on the outside of the door directed the resident to ask the staff for assistance. With the door closed, the sign could not be seen by the resident. During an observation on 8/8/17, the resident's door was completely closed. During an observation on 8/8/17 at 11:42 a.m., the resident wheeled himself/herself back from lunch. As he/she was entering the room, Staff H CNA told the resident to pull the call light if he/she needed anything. Staff H did not offer to assist the resident to the toilet or assist the resident with anything in his/her room. The resident then wheeled himself/herself into his/her room and closed the door until it was open about 1 inch. The resident stood up by himself/herself from the wheelchair, turned around, and sat on the bed. Progress notes, dated 11/12/16 5:53 a.m. revealed a			

_____ _____

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: 6630				**Date: August 28, 2017**
Facility Name: Pearl Valley Rehabilitation & Healthcare Center of Washington		**Survey Dates: July 31 – August 14, 2017**		
Facility Address/City/State/Zip: 601 E Polk St. Washington, IA 52353	**JKM**			

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	staff member found the resident on the floor and the resident stated he/she fell after trying to turn around in the bathroom. The resident complained of leg, knee, and side hip pain. A 12/6/16 10:40 a.m. incident report revealed the staff found the resident lying on the floor of the bathroom. The resident stated he/she got his/her feet tangled and fell on the buttocks. The report revealed the resident sustained no injuries and listed the interventions of encouraging the resident to ask for assistance and the installation of grab bars in the bathroom. A 12/14/16 3:00 a.m. incident report documented the resident sat on the edge of the bed and slid onto the floor and sustained no injury. A 12/14/16 3:00 p.m. incident report stated the resident transferred themselves from the bed to the wheelchair and the wheelchair rolled and he/she slid out. The resident sustained a skin tear and the intervention listed to prevent a recurrence was adding an anti-roll back device to the wheelchair and change the resident's transfers to require an assist of 1 staff for transfers. The report documented the resident went to the emergency room. Progress notes, dated 12/14/16 5:05 p.m. revealed a staff member found the resident on the floor; the resident had hit his/her head against the bed. The resident complained of pain from his/her neck down to the back so the facility sent him/her to the emergency			

_____ _____

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).

Citation Number: 6630				**Date: August 28, 2017**
Facility Name: Pearl Valley Rehabilitation & Healthcare Center of Washington		**Survey Dates: July 31 – August 14, 2017**		
Facility Address/City/State/Zip: 601 E Polk St. Washington, IA 52353	**JKM**			

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	room. Progress notes, dated 12/15/16 at 2:09 a.m., documented the resident returned from the hospital at 7:00 p.m. with no new orders. A 12/14/16 3:43 p.m. hospital report documented the resident sustained a superficial (not deep) skin avulsion (tearing) of the right great toe. A 5/4/17 hospital report revealed the resident fell from the toilet while sleeping and sustained hip contusions (bruises). A 5/5/17 incident report documented the resident took themselves to the bathroom and fell off the toilet onto the floor. The incident report documented Resident # 14 complained of pain in the right shoulder. A 5/17/17 physician's report revealed the resident had new and old compression fractures and osteoporosis. The physician ordered an LSO (lumbar sacral orthosis) brace (a brace used to support the spine) and stated the resident needed a DEXA scan (a scan measuring bone density) and treatment for osteoporosis. The report described the resident as at substantial risk for further compression fractures and documented the resident should return for a follow up appointment in 6 weeks. The facility records lacked documentation of the completion of a DEXA scan or the initiation 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).

Citation Number: 6630			**Date: August 28, 2017**
Facility Name: Pearl Valley Rehabilitation & Healthcare Center of Washington		**Survey Dates: July 31 – August 14, 2017**	
Facility Address/City/State/Zip: 601 E Polk St. Washington, IA 52353	**JKM**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	osteoporosis treatment. The facility also had no documentation to indicate the resident received an LSO brace or attended a follow up appointment in 6 weeks. A 5/22/17 incident report revealed staff found the resident on the floor by the bathroom door. The resident stated he/she came out of the bathroom and started shaking. The resident's roommate came over to help but the resident shook so much he/she let go and the resident sat on the floor. The report documented the resident sustained no injuries. A 5/23/17 radiology report indicated the resident had mild compression deformities, potentially new since 2/20/16, but duration unknown. The radiology reported also listed chronic compression fractures of variable severity. Progress notes, dated 5/24/17 at 1:35 a.m. (late entry), and revealed staff found the resident on the floor lying on the right side. The resident complained of pain in the right hip, back and arm; the facility sent the resident to the emergency room. A hospital report, dated 5/24/17, revealed the resident experienced a fall that resulted in a right hip bruise and a mild closed head injury. A 5/25/17 fall incident report documented the resident attempted to transfer themselves out of bed without assistance and slid to the floor. The incident report			

_____ _____

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: 6630				**Date: August 28, 2017**
Facility Name: Pearl Valley Rehabilitation & Healthcare Center of Washington		**Survey Dates: July 31 – August 14, 2017**		
Facility Address/City/State/Zip: 601 E Polk St. Washington, IA 52353	**JKM**			
Rule or Code Section	**Nature of Violation**	**Class**	**Fine Amount**	**Correction date**
	revealed the resident sustained an abrasion to the left toe. The report documented the facility gave the resident a high/low bed, re-instructed the resident to use the call light, and placed a mat on the floor in front of the bed. A 5/25/17 physician's order documented an order for Occupational Therapy and Physical Therapy to evaluate and treat. A 5/25/17 Therapy Screening Form documented the resident had difficulty performing activities of daily life, reduced upper/lower extremity functioning or muscle weakness, difficulty with mobility (transfers) and was at risk for falls. The screening recommended both Occupational Therapy and Physical Therapy for the resident. The facility lacked documentation the resident began Occupational Therapy or Physical Therapy. A 6/4/17 incident report showed a nurse found the resident lying on the floor in front of the wheelchair. The report documented the resident stated he/she went to the bathroom and didn't quite make it back to the chair. The report revealed the resident sustained no injuries and documented the nurse reminded the resident to utilize the call light and leave the door open. A 6/19/17 incident report documented staff found the resident lying on the right side on the floor in front 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).

Citation Number: 6630				**Date: August 28, 2017**
Facility Name: Pearl Valley Rehabilitation & Healthcare Center of Washington		**Survey Dates: July 31 – August 14, 2017**		
Facility Address/City/State/Zip: 601 E Polk St. Washington, IA 52353	**JKM**			

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	the wheelchair. The report revealed the resident sustained no injuries. A 7/4/17 incident report documented the resident tried to urinate in the trash, lost his/her balance and fell on a mat near the bed. The resident stated he/she tried to go to the bathroom and lost his/her balance. The care plan included the following dated entries: 4/28/17 The resident is able to use the toilet himself/herself. 4/28/17 The resident required supervision to transfer. 7/17/17 The resident required moderate to maximum assist of 1 staff with transfers. 6/15/17 Attempt to toilet before/after meals. 7/11/17 Be sure the resident's call light is within reach. 7/11/17 Place a floor mat beside the bed. An 8/3/17 Fall Risk Assessment stated the resident was at high risk for falls. During an interview on 8/7/17 at 3:30 p.m., Staff I CMA (Certified Medication Aide) stated the resident did not require assistance with transfers. During an interview on 8/8/17 at 8:15 a.m., Staff J CMA stated the resident went to the bathroom independently. During an interview on 8/8/17 the Director of Nursing stated she never saw the resident wear a brace.			

_____ _____

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: 6630				**Date: August 28, 2017**
Facility Name: Pearl Valley Rehabilitation & Healthcare Center of Washington		**Survey Dates: July 31 – August 14, 2017**		
Facility Address/City/State/Zip: 601 E Polk St. Washington, IA 52353	**JKM**			
Rule or Code Section	**Nature of Violation**	**Class**	**Fine Amount**	**Correction date**
	During an interview on 8/8/17 at 9:29 a.m., Staff H CNA stated the resident sometimes needed help with transfers but sometimes transferred to his/her chair before she could help him/her. During an interview on 8/8/17 at 11:45 a.m., the ADON (Assistant Director of Nursing) stated the facility didn't have "much luck" obtaining a brace from orthopedics and stated Hospice canceled the 6 week follow-up with the physician. She stated the local clinic didn't carry out DEXA scans and she didn't realize this until the resident arrived at the clinic. She stated the resident had an x-ray in lieu of the DEXA scan. During an interview on 8/8/17 at 11:45 a.m., the Regional Vice President stated the resident received a therapy evaluation on 5/25/17, but did not begin therapy. She stated Hospice "probably dropped him". During an interview on 8/9/17 at 11:00 a.m., the MDS Coordinator stated staff should offer the resident assistance with transfers. She agreed the resident was likely to fall again and stated staff did not always communicate new fall interventions to her so she could add them to the care plan. During an interview on 8/8/17 at 11:36 a.m., the Director of Nursing stated staff should attempt to take the resident to the bathroom. She stated the resident had a mat but staff kept removing it from the room and reported the facility was going to work on changing 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: 6630				**Date: August 28, 2017**
Facility Name: Pearl Valley Rehabilitation & Healthcare Center of Washington		**Survey Dates: July 31 – August 14, 2017**		
Facility Address/City/State/Zip: 601 E Polk St. Washington, IA 52353	**JKM**			

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	care plans in the future.			
58.19(2)b	Based on observation, record review, and interviews the facility failed to prevent two pressure sores for 1 of 1 residents reviewed with pressure sores (Resident #2). The facility reported a census of 46 residents. Findings include: The Admission Minimum Data Set (MDS) dated 6/20/17 documented Resident #2 scored a 3 of 15 for the brief interview for mental status (severely impaired cognitive skills for daily decision making). The MDS documented the resident required total assistance of two staff for bed mobility, transfers, and dressing. The MDS also documented limitation in range of motion for one side of lower and upper extremity. The MDS the resident had diagnoses that included cerebral vascular accident (stroke) and an irregular heart rhythm. The MDS documented the resident had a pressure reducing device for the bed and chair. The MDS documented the resident had been on a repositioning program, and had applications of medications for skin treatments other than to the feet. The Nurses Progress Note dated 6/13/17 at 3:15 p.m. documented the resident had inner elbow needle stick areas, the coccyx area had scabbed areas present,	**I**	**$3,000 Held in Suspension**	**Upon Receipt**

_____ _____

Facility Administrator Date

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

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 6630				**Date: August 28, 2017**
Facility Name: Pearl Valley Rehabilitation & Healthcare Center of Washington		**Survey Dates: July 31 – August 14, 2017**		
Facility Address/City/State/Zip: 601 E Polk St. Washington, IA 52353	**JKM**			
Rule or Code Section	**Nature of Violation**	**Class**	**Fine Amount**	**Correction date**
	the right buttock had a 1.5 centimeter (cm) by 2 cm area, and the left buttock had two, 0.5 cm by 0.5 cm circular areas on top and a 2 cm by 1 cm area on the bottom. The documentation lacked measurements of the coccyx area. The resident's record lacked documentation of further assessment to the areas on the buttocks, and the inner elbow needle stick areas. The coccyx documentation resumed on 6/28/17. The Skin Observation tool dated 6/14/17 documented the same areas mentioned in the Nurses Progress Note dated 6/13/17. The Braden Scale for Predicting Pressure Sore Risk dated 6/13/17 documented the resident had slightly limited sensory perception, occasional moist skin, very limited mobility, very poor nutrition, and a friction and shear problem. The Braden Scale also documented the resident required moderate to maximum assistance with moving, frequently slides down in bed or chair, and required frequent repositioning with maximum assistance. The Admission Nutrition Assessment Note dated 6/16/17 at 4:11 p.m. lacked documentation of any skin related issues. The Nurse Practitioner Progress Note dated 6/16/17 documented that the resident had resolving diarrhea related to infectious C. difficile, and was on antibiotic course of oral vancomycin.			

_____ _____

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: 6630				**Date: August 28, 2017**
Facility Name: Pearl Valley Rehabilitation & Healthcare Center of Washington		**Survey Dates: July 31 – August 14, 2017**		
Facility Address/City/State/Zip: 601 E Polk St. Washington, IA 52353	**JKM**			
Rule or Code Section	**Nature of Violation**	**Class**	**Fine Amount**	**Correction date**
	The Nurse Practitioner Progress Note dated 7/14/17 documented the resident's had a coccyx wound which was closed upon admission, but it had since reopened. The Nurses Progress Noted dated 6/16/17 at 1:42 p.m. documented the resident defecated green, mushy stool. The Nurse's Progress Note dated 6/18/17 at 4:19 p.m. documented the nurse noticed the resident's feet were very dry and lotion applied. At that time, the nurse noted the resident's left heel had been very spongy. The nurse notified the physician and family. The note did not indicate the nurse notified the wound nurse. A Therapy Recommendation Note dated 6/22/17 at 6:43 p.m. directed staff to use a Hoyer for transfers and to position the resident in a wheelchair for two hours in the morning and two hours in the afternoon. The Note also directed staff to float heels at all times and use boots when in the wheelchair. The Skin Wound Note dated 6/26/17 7:11 a.m. documented the resident had a 1.6 cm by 0.6 cm open area to the intercalate crease (area had previously been open at hospital prior to admission here), which was without drainage, odor, or other signs or symptoms of infection. The Note directed staff to apply barrier cream after each episode of incontinence as the resident still had multiple episodes of soft stool. The Note directed staff to reposition the resident with heels floating and pillows providing support. The Note			

_____ _____

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).

Citation Number: 6630				**Date: August 28, 2017**
Facility Name: Pearl Valley Rehabilitation & Healthcare Center of Washington		**Survey Dates: July 31 – August 14, 2017**		
Facility Address/City/State/Zip: 601 E Polk St. Washington, IA 52353	**JKM**			

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	documented the resident had been non-compliant with said measures and repeatedly rolled him/herself onto the back. The Weekly Wound Observation Tool dated 6/28/17 documented an acquired area to the intergluteal cleft on 6/26/17 with that measured 15 millimeters (1.5 centimeters) x 7 millimeters (0.7 centimeters), and depth 2 millimeters (0.2 centimeters). The Tool documented the visible tissue had been pink epithelial moist tissue, without drainage. Upon record review weekly wound assessments were completed to the intergluteal cleft area after the date 6/28/17 up to 7/19/17. The Wound Weekly Observation Tool dated 7/19/17 documented the intergluteal cleft measured 15 millimeters x 11 millimeters, with a depth of depth 2 millimeters. The Tool documented the visible tissue had been pink, and dry without drainage. The Wound Weekly Observation Tool dated 7/5/17 documented an acquired area to the left heel on 6/29/17 that measured 75 millimeters x 70 millimeters with no depth. The Tool documented this had been the first observation. The area to the left heel had been identified by a Nurse Progress Note dated on 6/18/17, but the Nurse Progress Note lacked a complete assessment of the area. The Wound Weekly Observation Tool dated 7/19/17			

_____ _____

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: 6630				**Date: August 28, 2017**
Facility Name: Pearl Valley Rehabilitation & Healthcare Center of Washington		**Survey Dates: July 31 – August 14, 2017**		
Facility Address/City/State/Zip: 601 E Polk St. Washington, IA 52353	**JKM**			
Rule or Code Section	**Nature of Violation**	**Class**	**Fine Amount**	**Correction date**
	documented left heel measurements of 45 millimeters x 30 millimeters and no depth, with dry skin. The Wound Clinic Progress Note dated 8/1/17 documented the coccyx wound currently presented as a Stage 3 pressure injury and the heel wound could have presented as a deep tissue injury, so it needed to be staged at a 3 or 4. The nature of the wound is pressure injury. Left Heel; small dark pink spots and weeping of serous fluid in several spots on the post left heel where a large, dry, black eschar (scab) was removed. After the eschar had been removed a 1 centimeter by 3 centimeter linear area of non blanchable dark pink red tissue surrounded by new epithelium remained. Coccyx wound measured 2 centimeters by 1.2 centimeters with a depth of 0.15 centimeters. The coccyx wound bed appeared clean, moist, roughly 30 percent granulation, 70 percent adherent slough with what appeared to be granulation buds noted within the slough in the wound bed. The facility did not provide the survey team with an initial Care Plan for the resident. The Care Plan with initiated date of 6/29/17 directed staff to float heels in bed, have the resident up in the wheelchair twice a day for two hours in the morning and evening, and to wear boots while in the wheelchair. The Care Plan also documented the resident required total assistance of two staff members for repositioning and turning in bed at least every two hours and as necessary.			

_____ _____

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: 6630			**Date: August 28, 2017**
Facility Name: Pearl Valley Rehabilitation & Healthcare Center of Washington		**Survey Dates: July 31 – August 14, 2017**	
Facility Address/City/State/Zip: 601 E Polk St. Washington, IA 52353	**JKM**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	During an observation on 8/01/17 at 7:45 a.m., the resident had been laying on the back in bed, with heel protectors on. However, the resident's heels were directly on the bed, and the Hoyer sling had been under the resident. During an observation on 8/01/17 at 1:47 a.m., the resident had been on the back, with heel protectors on. However the heel protectors appeared worn and ineffective because the resident's heels were directly on the mattress. During an observation on 8/01/17 at 2:27 p.m., the residents left heel contained a large white and dark brown loose scab with bloody drainage. During an interview on 8/01/17 at 2:59 p.m., Staff C and Staff D both certified nurse's aides reported they were not sure when the heel protectors started being used. During observation on 8/2/17 at 7:20 a.m., the resident had been positioned on his/her back, with heels touching the mattress. During an interview on 8/2/17 at 9:12 a.m., Staff A, Licensed Practical Nurse (LPN) reported if a resident had a blister or boggy heel no skin sheet is started by facility staff. Staff A stated sheep skin had been started when she first noticed the spongy heel, and then later heel protectors were added. Staff A stated the resident			

_____ _____

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: 6630				**Date: August 28, 2017**
Facility Name: Pearl Valley Rehabilitation & Healthcare Center of Washington		**Survey Dates: July 31 – August 14, 2017**		
Facility Address/City/State/Zip: 601 E Polk St. Washington, IA 52353	**JKM**			

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	had a standard facility mattress. During an interview on 8/2/17 at 9:43 a.m. Staff F, Certified Nurse's Aide (CNA.) reported the resident had a Roho cushion in the wheelchair, but had not been sure when the facility started the heel protectors. Staff F reported the Hoyer sling should be out from under the resident when the resident is in the bed. Staff F stated staff should turn the resident every two hours while he/she is in bed. During an interview on 8/2/17 at 9:50 a.m., Staff G CNA reported staff was to assure the resident was repositioned every two hours, their heels were floated off the bed, and heel protectors were applied when the resident was up in the wheelchair. During an interview on 8/2/17 at 10:00 a.m. Staff E, Registered Nurse reported if a resident had a blister or spongy heel, staff initiate a skin sheet right away, and then notify the wound nurse, family, and doctor. Staff E could not remember when the heel protectors started. During an interview on 8/3/17 at 8:30 a.m. Staff B, RN (facility wound nurse) reported she would expect staff to notify her of any skin changes; she would complete weekly measurements and also do monthly rounds with the wound nurse from the hospital. During an interview on 8/3/17 at 8:52 a.m. Staff A, LPN reported the resident likes to lay on his/her back, and that they will be using more pillows now to help with			

_____ _____

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: 6630				**Date: August 28, 2017**
Facility Name: Pearl Valley Rehabilitation & Healthcare Center of Washington		**Survey Dates: July 31 – August 14, 2017**		
Facility Address/City/State/Zip: 601 E Polk St. Washington, IA 52353	**JKM**			
Rule or Code Section	**Nature of Violation**	**Class**	**Fine Amount**	**Correction date**
	heel protection. Staff A stated the resident had always been a very active person before the stroke. Staff A also reported that the resident can squirm around in bed and staff need to keep repositioning the resident, and check on the resident frequently. Staff A reported she would have to frequently remind the CNAs to reposition the resident and sometimes it was not getting done. During an interview on 8/3/17 at 12:38 p.m. the Director of Nursing (DON) reported the facility does not have a skin/wound policy and procedure. The DON reported that she did not know how old the heel protectors were for the resident, as they had found them in a closet. During an interview on 8/3/17 at 12:48 p.m. the DON reported the wedge cushion had been requested for purchase to the owners of the facility two weeks ago. During an interview on 8/3/17 at 1:09 p.m. the DON reported that they just ordered wedge cushions to be sent overnight for backups. The Essential Services Invoice dated 7/20/17 documented a request for 2 wedge cushions. **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: 6630				**Date: August 28, 2017**
Facility Name: Pearl Valley Rehabilitation & Healthcare Center of Washington		**Survey Dates: July 31 – August 14, 2017**		
Facility Address/City/State/Zip: 601 E Polk St. Washington, IA 52353	**JKM**			
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).