

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

<b>Citation Number:</b> <b>6735</b>	<b>Fine amount reduced by 35% to \$975.00 on February 5, 2018 pursuant to Iowa Code Section 135C.43A</b>	<b>Date:</b> <b>January 8, 2018</b>
<b>Facility Name:</b> <b>QHC Mitchellville, LLC</b>	<b>Survey Dates:</b> <b>December 15, 19, 20, 21, 27</b>	
<b>Facility Address/City/State/Zip</b> <b>114 Carter Street SW</b> <b>Mitchellville, IA. 50169-5000</b>	<b>HL</b>	
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class</b>
		<b>Fine Amount</b>
		<b>Correction date</b>

56.6(1)	<b>481—56.6(135C) Treble and double fines.</b> <b>56.6(1) <i>Treble fines for repeated violations.</i></b> The director of the department of inspections and appeals shall treble the penalties specified in rule 481—56.3(135C) for any second or subsequent class I or class II violation occurring within any 12-month period, if a citation was issued for the same class I or class II violation occurring within that period and a penalty was assessed therefor.	II	<b>\$1,500.00 (\$500.X3)</b> <b>Treble fine</b>	<b>Upon Receipt</b>
58.28(3)e	<b>481-58.28(3) <i>Resident safety.</i></b> <b>e. Each resident shall receive adequate supervision to protect against hazards from self, others, or elements in the environment. (I, II, III)</b> <b>[ARC 1398C, IAB 4/2/14, effective 5/7/14]</b>  <b>DESCRIPTION:</b>  Based on record review, physician and staff interviews, the facility failed to provide adequate supervision to protect 1 of 9 residents from hazards (Resident #1). The facility reported a census of 47 residents.  Findings include:  1. According the Minimum Data Set (MDS) assessment tool with a reference date of 10/23/17, Resident #1 had diagnoses including thyroid disorder, hemiplegia, traumatic brain injury, anxiety disorder, depression, and schizophrenia. The MDS documented Resident #1 with long and short term memory			

\_\_\_\_\_  
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 (2015).**

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

<b>Citation Number:</b> <b>6735</b>	<b>Fine amount reduced by 35% to \$975.00 on February 5, 2018 pursuant to Iowa Code Section 135C.43A</b>	<b>Date:</b> <b>January 8, 2018</b>
<b>Facility Name:</b> <b>QHC Mitchellville, LLC</b>	<b>Survey Dates:</b> <b>December 15, 19, 20, 21, 27</b>	
<b>Facility Address/City/State/Zip</b> <b>114 Carter Street SW</b> <b>Mitchellville, IA. 50169-5000</b>	<b>HL</b>	
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class      Fine Amount      Correction date</b>

	<p>problems and impaired cognitive skills necessary for daily decision making. The MDS identified Resident #1 required extensive assistance of two (2) staff member for bed mobility, transfer, dressing, and total dependent on two staff members for toilet use, and personal hygiene and ambulation did not occur. The MDS identified resident had behavioral symptoms that significantly interfere with cares and put others at significant risk for physical injury. The MDS documented the resident with admission date of 12/15/15 to the facility.</p> <p>The Care Plan with dated 01/05/2017, identified the resident had decreased mobility as evidenced by daily need for staff assistance with activity of daily living (ADL) completion. The Plan of Care directed staff to have two staff members perform all cares and for staff to transfer resident with two staff and gait belt. On 11/1/17, staff documented pads applied to half side rails of resident's bed for safety.</p> <p>Review of Nursing Note dated 10/28/17 at 8:26 am, indicated Staff A, (sitter) reported to the nurse that Resident #1 left arm was lying through the middle of the side rail. Staff A stated she noticed the resident guarding of left arm and shaking, and wanted to report it. The nurse completed an assessment and documented: Tylenol administered as ordered, blood pressure 130/68, pulse 88, and respirations 18. Resident is aphasic, no distress or shaking noted upon assessment. Call placed to resident's physician,</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 (2015).**

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

<b>Citation Number:</b> <b>6735</b>	<b>Fine amount reduced by 35% to \$975.00 on February 5, 2018 pursuant to Iowa Code Section 135C.43A</b>	<b>Date:</b> <b>January 8, 2018</b>
<b>Facility Name:</b> <b>QHC Mitchellville, LLC</b>	<b>Survey Dates:</b> <b>December 15, 19, 20, 21, 27</b>	
<b>Facility Address/City/State/Zip</b> <b>114 Carter Street SW</b> <b>Mitchellville, IA. 50169-5000</b>	<b>HL</b>	
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class      Fine Amount      Correction date</b>

<p>awaiting call back.</p> <p>Record Review revealed the following timeline:</p> <p>a. Review of Nursing Note dated 10/28/17 at 10:25 am indicated nurse received a verbal order from Resident #1 physician for portable X-ray of left forearm and humerus. Call made to mobile X-ray and resident's spouse notified. At 12:12 pm, left shoulder and left hand added to X-ray of order.</p> <p>b. Review of Nursing Note dated 10/28/17 at 12:15 pm indicated Resident #1 physician notified or resident's grimacing and guarding of left side during movement with X-rays. New order received for Hydrocodone (pain medication) to be administered three times a day and PRN (as needed) every 6 hours. Spouse notified of new order.</p> <p>c. Review of Nursing Note dated 10/28/17 at 5:30 pm revealed X-rays received, all noted no fracture or dislocation. The record documented no concerns noted, and family and On-Call doctor notified.</p> <p>Review of X-ray Radiology report dated 10/28/17 revealed procedure of X-ray of left forearm, 2 views. Impressions: There is no acute fracture or dislocation. No soft tissue swelling.</p> <p>Review of X-ray Radiology report dated 10/28/17 revealed procedure of X-ray of left hand, 2 views. Impressions: no definite acute displaced fracture.</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 (2015).**

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

<b>Citation Number:</b> <b>6735</b>	<b>Fine amount reduced by 35% to \$975.00 on February 5, 2018 pursuant to Iowa Code Section 135C.43A</b>	<b>Date:</b> <b>January 8, 2018</b>
<b>Facility Name:</b> <b>QHC Mitchellville, LLC</b>	<b>Survey Dates:</b> <b>December 15, 19, 20, 21, 27</b>	
<b>Facility Address/City/State/Zip</b> <b>114 Carter Street SW</b> <b>Mitchellville, IA. 50169-5000</b>	<b>HL</b>	
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class      Fine Amount      Correction date</b>

	<p>Evaluation is limited on a single view. If symptoms persist, 3 views of the left hand are recommended in 5-7days.</p> <p>Review of X-ray Radiology report dated 10/28/17 revealed procedure of X-ray of left humerus, 2 plus views. Impressions: There is no acute fracture or dislocation. No focal soft tissue swelling.</p> <p>d. Review of Nursing Note dated 10/28/17 at 10:02 pm indicated Resident #1 noted to have slight swelling of left shoulder area and resident grimacing while getting into hour of sleep clothes. Routine pain medication administered as ordered.</p> <p>e. Review of Nursing Notes dated 10/29/17 at 8:23 am indicated voicemail left with X-ray regarding left shoulder X-ray.</p> <p>f. Review of Nursing Notes dated 10/29/17 at 8:36 am indicated X-ray called back and they put in a stat order to come take X-ray of left shoulder since they did not give report nor did they do one when they came yesterday.</p> <p>g. Review of Nursing Note dated 10/29/17 at 11:00 am portable X-ray here at Resident #1 bed side. X-ray of left shoulder re-taken, resident calm, and no distress noted.</p> <p>Review of X-ray Radiology report dated 10/29/17 revealed procedure of X-ray of left shoulder, complete,</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 (2015).**

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

<b>Citation Number:</b> <b>6735</b>	<b>Fine amount reduced by 35% to \$975.00 on February 5, 2018 pursuant to Iowa Code Section 135C.43A</b>	<b>Date:</b> <b>January 8, 2018</b>
<b>Facility Name:</b> <b>QHC Mitchellville, LLC</b>	<b>Survey Dates:</b> <b>December 15, 19, 20, 21, 27</b>	
<b>Facility Address/City/State/Zip</b> <b>114 Carter Street SW</b> <b>Mitchellville, IA. 50169-5000</b>	<b>HL</b>	
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class      Fine Amount      Correction date</b>

	<p>2 plus views. Impressions: 2 views of the left shoulder degrades sensitivity but no gross displaced fracture or malalignment is apparent. Acromioclavicular joint appears congruent. Recommend follow-up 3 view radiographs in 5 to 7 days if symptoms persist.</p> <p>h. Review of Nursing Note dated 10/29/17 at 1:00 pm indicated X-ray completed, notification of negative results to physician's office, no concerns noted, no distress noted, sitter at Resident #1 bedside, will continue to monitor.</p> <p>i. Review of Nursing Note dated 10/29/17 at 11:13 pm, indicated Resident #1 noted left shoulder remains swollen, slight grimacing noted when arm is moved, routine pain medication administered as ordered.</p> <p>j. Review of Nursing Note dated 10/30/17 at 10:32 am, indicated Resident #1 left shoulder continues to be swollen, no grimacing noted.</p> <p>k. Review of Nursing Note dated 10/31/17 at 12:07 pm, indicated Resident #1 left facility for an appointment.</p> <p>l. Review of Nursing Note dated 10/31/17 at 2:37 pm, indicated encounter note received from physician with new orders for labs and anti-inflammatory medication Sulindac 150 mg (milligrams) to be given twice a day for seven days.</p> <p>m. Review of Nursing Note dated 10/31/17 at 10:41 pm, indicated Resident #1 no pain noted to shoulder</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 (2015).**

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

<b>Citation Number:</b> <b>6735</b>	<b>Fine amount reduced by 35% to \$975.00 on February 5, 2018 pursuant to Iowa Code Section 135C.43A</b>	<b>Date:</b> <b>January 8, 2018</b>
<b>Facility Name:</b> <b>QHC Mitchellville, LLC</b>	<b>Survey Dates:</b> <b>December 15, 19, 20, 21, 27</b>	
<b>Facility Address/City/State/Zip</b> <b>114 Carter Street SW</b> <b>Mitchellville, IA. 50169-5000</b>	<b>HL</b>	
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class      Fine Amount      Correction date</b>

	<p>and moves it with no difficulty. No adverse reactions noted to pain medication.</p> <p>Review of Resident #1 physician encounter note dated 10/31/17 indicated Resident #1 does have acute arthritis pain right arm and shoulder. No injuries noted. Will start the medication Sulindac 150 mg twice a day for 7 days, continue ICF care, and continue current physical therapy.</p> <p>n. Review of Nursing Note dated 11/2/17 at 1:50 pm, indicated Resident #1 has no signs of pain with range of motion of left arm but swelling still present at this time, will continue to monitor.</p> <p>o. Review of Nursing Note dated 11/3/17 at 1:49 am, indicated Resident #1 showing no signs or symptoms of pain in left shoulder, swelling continues in shoulder area.</p> <p>p. Review of Nursing Note dated 11/3/17 at 3:32 pm, indicated Resident #1 noted to have no signs of pain with range of motion of left shoulder, scheduled pain medication given as ordered, swelling continues.</p> <p>q. Review of Nursing Note dated 11/5/17 at 8:00 am, indicated Resident #1 physician contacted and new order given to send resident to the emergency room for further evaluation and treatment. Resident displaying increased agitation, gritting teeth, hitting own head, and grimacing with movement of too left arm, sitter at bedside. PRN pain medication</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 (2015).**

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

<b>Citation Number:</b> <b>6735</b>	<b>Fine amount reduced by 35% to \$975.00 on February 5, 2018 pursuant to Iowa Code Section 135C.43A</b>	<b>Date:</b> <b>January 8, 2018</b>
<b>Facility Name:</b> <b>QHC Mitchellville, LLC</b>	<b>Survey Dates:</b> <b>December 15, 19, 20, 21, 27</b>	
<b>Facility Address/City/State/Zip</b> <b>114 Carter Street SW</b> <b>Mitchellville, IA. 50169-5000</b>	<b>HL</b>	
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class      Fine Amount      Correction date</b>

	<p>administered, ambulance called and spouse notified.</p> <p>Review of X-ray Radiology report dated 11/5/17 revealed exam of left humerus, 2 views. Impression: Fracture of the humeral diaphysis.</p> <p>r. Review of Nursing Note dated 11/5/17 at 1:15 pm indicated nurse received call from emergency room nurse reporting Resident #1 diagnosis included left humerus fracture, arm splinted, resident to follow-up with orthopedic physician, and resident started on antibiotic (ATB) medication for what looks like pneumonia starting per chest X-ray.</p> <p>Review of orthopedic encounter note dated 11/9/17 indicated three weeks ago, Resident #1 family member noted increased swelling of his right upper extremity. The resident was seen in the emergency department on 11/5/17 where resident diagnosed with distal third humeral shaft fracture. The resident is not verbal and is not complaining of pain. X-ray Report: 2 views of the left humerus were reviewed from November 5, 2017. It does reveal a mildly displaced fracture of the left humeral shaft fracture. There is poor quality noted. Assessment: left humeral shaft fracture of unknown age. Due to the resident's immobility and non-weight bearing status, does have poor bone quality. Feel it is in the resident's best interest at this time to treat non-operatively with a Sarmiento brace. Plan: supplementation medication Calcitrate 950 mg, twice a day, Ergocalciferol 50000 unit capsules, one capsule every day for 8 weeks, resident is to wear the</p>			
--	---	--	--	--

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

\_\_\_\_\_  
Date

**If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (2015).**

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

<b>Citation Number:</b> <b>6735</b>	<b>Fine amount reduced by 35% to \$975.00 on February 5, 2018 pursuant to Iowa Code Section 135C.43A</b>	<b>Date:</b> <b>January 8, 2018</b>
<b>Facility Name:</b> <b>QHC Mitchellville, LLC</b>	<b>Survey Dates:</b> <b>December 15, 19, 20, 21, 27</b>	
<b>Facility Address/City/State/Zip</b> <b>114 Carter Street SW</b> <b>Mitchellville, IA. 50169-5000</b>	<b>HL</b>	
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class      Fine Amount      Correction date</b>

	<p>Sarmiento brace on left upper extremity at all times unless bathing, resident to stay strictly non-weight bearing on left upper extremity. To follow-up in 3 weeks and will repeat x-rays of the left humeral shaft.</p> <p>Review of orthopedic encounter note dated 11/30/17 revealed Resident #1 has been doing well with non-operative treatment of a left humeral shaft fracture. The resident is non-communicative. Resident's family member reports resident will grimace in pain that is happening less often. Examination of left upper extremity reveals that the brace is well fitting. Plan: continue non-weight bearing of left upper extremity. Continue calcium and vitamin D supplementation. Return in 4 weeks for repeat x-rays of left humeral shaft.</p> <p>s. Review of Nursing Note dated 12/1/17 at 12:27 am, indicated Resident #1 seen by orthopedic physician today, left arm fracture is healing well, to return for follow-up appointment in 4 weeks.</p> <p>Interviews:</p> <p>Interview was conducted on 12/27/17 at 11:00 am with Resident #1 physician. The physician stated he noted no injury to resident's left arm on 10/28/17 office visit. The physician stated the facility informed him that the resident's spouse is taking resident out of facility for physical therapy and he recommended to continue with it.</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 (2015).**



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

<b>Citation Number:</b> <b>6735</b>	<b>Fine amount reduced by 35% to \$975.00 on February 5, 2018 pursuant to Iowa Code Section 135C.43A</b>	<b>Date:</b> <b>January 8, 2018</b>
<b>Facility Name:</b> <b>QHC Mitchellville, LLC</b>	<b>Survey Dates:</b> <b>December 15, 19, 20, 21, 27</b>	
<b>Facility Address/City/State/Zip</b> <b>114 Carter Street SW</b> <b>Mitchellville, IA. 50169-5000</b>	<b>HL</b>	
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class      Fine Amount      Correction date</b>

	<p>An interview was conducted on 12/19/17 at 2:30 pm with Staff B, Certified Nurse Aide (CNA)/ Certified Medication Aide (CMA). Staff B reported Resident #1 will let you know if he/she does not like something or cares; and resident likes to hold staff hands. Staff B stated Staff A, the resident's 1 to 1 sitter, came in at 6 am that morning [10/28/17]. Staff B stated around 7 am Staff A appeared out of sorts, nervous and asked to have the nurse check resident's left arm. Staff B reported she went with the nurse, the Director of Nursing (DON) and another CNA to the resident's room. Staff B indicated resident lying on back in bed with right arm in gown and left arm out of gown and Staff A with resident's T-shirt over arm. Staff B stated she assisted resident the night before with bed time cares and put a clean T-shirt on resident. Resident was in bed, in T-shirt when she left at 10 pm. Staff B stated on 11/5/17 she came into work at 6:00 am and was assigned to care for Resident #1. Staff B stated when she, DON, and other CNA went into resident's room, Staff A was picking up resident's left arm and letting it drop to the bed. Staff A stated to them, "look at his arm, is real loose" and she was going to put resident's shirt on when she noticed it. Staff B stated resident's arm had not been like that the night before. Staff B stated resident's sitters are not to dress resident and Staff A has been told this before. Staff B stated Staff A does all cares for resident, incontinence cares using applying two clean incontinent briefs, bed baths, etc. Staff B stated Staff A told her that the company she works for is ok with her</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 (2015).**

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

<b>Citation Number:</b> <b>6735</b>	<b>Fine amount reduced by 35% to \$975.00 on February 5, 2018 pursuant to Iowa Code Section 135C.43A</b>	<b>Date:</b> <b>January 8, 2018</b>
<b>Facility Name:</b> <b>QHC Mitchellville, LLC</b>	<b>Survey Dates:</b> <b>December 15, 19, 20, 21, 27</b>	
<b>Facility Address/City/State/Zip</b> <b>114 Carter Street SW</b> <b>Mitchellville, IA. 50169-5000</b>	<b>HL</b>	
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class      Fine Amount      Correction date</b>

	<p>doing cares.</p> <p>An interview was conducted on 12/19/17 at 3:40 pm with Staff C, Certified Nurse Aide (CNA). Staff C stated one of Resident #1 sitter's, Staff A does all resident's cares per her request. Staff C reported staff do the every 15 minute checks and will assist Staff A, sitter, as needed. Staff C stated they let her complete Resident #1cares.</p> <p>Staff C stated she witnessed Staff A, sitter, transfer resident by self by self and not using a gait belt. Staff C indicated the resident is two assist with gait belt for all transfers. Staff C stated she did report this to a nurse, but could not recall which nurse. Staff C indicated resident can position self in bed onto right and left side, onto back, up and down in bed, and move self for comfort.</p> <p>An interview was conducted on 12/19/17 at 4:20 pm with Staff D, Agency QA (Quality Assurance). Staff D stated the Agency does all background checks and training for their staff. The training includes what they can do at the facility. Staff D indicated their staff can do washing of resident's hand and face, stand by assist, dressing of lower extremities of pants, socks and shoes. Staff D states our staff are considered assistance.</p> <p>An interview was conducted on 12/19/17 at 4:39 pm with Staff A, Agency Sitter. Staff A stated she used to clean Resident #1 face, hands, back, arms, head and neck. Staff A stated when on 10/28/17 she came into</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 (2015).**

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

<b>Citation Number:</b> <b>6735</b>	<b>Fine amount reduced by 35% to \$975.00 on February 5, 2018 pursuant to Iowa Code Section 135C.43A</b>	<b>Date:</b> <b>January 8, 2018</b>
<b>Facility Name:</b> <b>QHC Mitchellville, LLC</b>	<b>Survey Dates:</b> <b>December 15, 19, 20, 21, 27</b>	
<b>Facility Address/City/State/Zip</b> <b>114 Carter Street SW</b> <b>Mitchellville, IA. 50169-5000</b>	<b>HL</b>	
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class      Fine Amount      Correction date</b>

	<p>work at 6 am as a sitter for resident. Staff A stated she entered resident's room he is lying on his back, reaching over with right arm, left arm out stretched to left side, slightly bent at elbow and between the mattress and side rail at end of rail towards foot of bed. Staff A stated she had never seen this before, arm in side rails like that. Staff A stated resident in gown. Staff A stated she got a CNA at the facility, who does not work there anymore, and she came and got resident's arm out of rail by herself and everything is ok. Staff A stated she reported this to the nurse. Staff A indicated later the next day or so resident's left arm started to swell. Staff A stated she has seen the resident's left arm caught in the side rail before. Staff A stated the facility had never told her she could not do cares and she stated she does not do cares. Staff A stated when resident sleeps he can move left arm all around.</p> <p>An interview was conducted on 12/20/17 at 7:47 am with Staff E, Licensed Practical Nurse (LPN). Staff E stated she worked 6 pm to 6 am on 10/27-10/28/17 and was assigned to Resident #1 and at 4 am she and Staff H, CNA, did cares on resident and resident not aggressive and no incident occurred with resident on her shift. Staff E indicated if something is bothering resident he will let you know or will get aggressive and slap at staff.</p> <p>Staff E stated Staff A (sitter) does cares for resident that she was told by the CNA's, and after Staff A leaves, she finds two or three incontinent brief on the resident, adding our staff do not do that.</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 (2015).**

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

<b>Citation Number:</b> <b>6735</b>	<b>Fine amount reduced by 35% to \$975.00 on February 5, 2018 pursuant to Iowa Code Section 135C.43A</b>		<b>Date:</b> <b>January 8, 2018</b>	
<b>Facility Name:</b> <b>QHC Mitchellville, LLC</b>	<b>Survey Dates:</b> <b>December 15, 19, 20, 21, 27</b>			
<b>Facility Address/City/State/Zip</b> <b>114 Carter Street SW</b> <b>Mitchellville, IA. 50169-5000</b>				
	<b>HL</b>			
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class</b>	<b>Fine Amount</b>	<b>Correction date</b>

	<p>Staff E indicated resident can move left arm sporadically, never seen resident with hand or arm in side rail before. Staff E stated Staff A said the resident was in a gown the morning of 10/28/17 when she came in at 6 am. Staff E stated resident not in gown but a T-shirt, we never changed resident out of T-shirt before 6 am on 10/28/17.</p> <p>An interview was conducted on 12/20/17 at 12:19 pm with Staff F, Registered Nurse (RN). Staff F stated she has witnessed Staff A (sitter) doing cares on Resident #1, including incontinent cares, transferring resident by herself and not using a gait belt, and dressing resident. Staff F stated no one ever told her before that resident's sitters cannot do cares.</p> <p>Staff F stated on 12/15/17 she was informed by the Administrator that "sitters" are not allowed to do cares. Staff F stated on 12/16/17 Staff A came in to sit with the resident at 6 am and was told she (Staff A) could not do cares. Staff A stated Staff A, sitter, became very upset and shortly after the Director of Nursing instructed me to have the sitter leave the facility and replace with our staff until replacement comes in.</p> <p>An interview was conducted on 12/20/17 at 1:31pm with Staff G, Certified Nurse Aide (CNA). Staff G stated Staff A (sitter) will do incontinent cares, wash resident, dresses resident, and assist her with Resident #1's transfers (as the resident is assist of two staff members with a gait belt.)</p> <p>An interview was conducted on 12/20/17 at 3:29 pm</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 (2015).**

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

<b>Citation Number:</b> <b>6735</b>	<b>Fine amount reduced by 35% to \$975.00 on February 5, 2018 pursuant to Iowa Code Section 135C.43A</b>	<b>Date:</b> <b>January 8, 2018</b>
<b>Facility Name:</b> <b>QHC Mitchellville, LLC</b>	<b>Survey Dates:</b> <b>December 15, 19, 20, 21, 27</b>	
<b>Facility Address/City/State/Zip</b> <b>114 Carter Street SW</b> <b>Mitchellville, IA. 50169-5000</b>	<b>HL</b>	
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class      Fine Amount      Correction date</b>

	<p>with Staff H, Certified Nurse Aide (CNA). Staff H stated she was told by facility staff and Staff A, that she does all cares for Resident #1 when she worked, and no one said anything different.</p> <p>Staff H stated on 10/27-10/28/17 she worked 10 pm to 6 am and was assigned to resident. Resident slept in a T-shirt and we never changed it on our shift. Staff H stated when she left work at 6 am on 10/28/17, resident was in bed with T-shirt on.</p> <p>An interview was conducted on 12/21/17 at 9:12 am with Staff I, Licensed Practical Nurse (LPN). Staff I stated on 11/3/17 she was assigned to care for Resident #1. Staff I reported she noted swelling of resident's left lower arm, notified resident's physician and received an order for Bio Freeze ointment and she applied to left arm. Staff I stated she attempted range of motion of resident's left arm but stopped due to resident having pain. Staff I stated she had never seen resident move left arm, resident always keeps left arm bent at elbow and across body.</p> <p>Staff I stated the resident's sitters are not to do cares on resident, however Staff A, sitter, told me she is doing cares. Staff I stated no concerns with other sitters doing cares. Staff I indicated Staff A, sitter, knew she is not to do cares. Staff I stated she did not recall if she reported to facility that Staff A was doing cares.</p> <p>An interview was conducted on 12/21/17 at 11:01 am with Staff J, Certified Nurse Aide (CNA). Staff J reported she does restorative therapy three times a</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 (2015).**

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

<b>Citation Number:</b> <b>6735</b>	<b>Fine amount reduced by 35% to \$975.00 on February 5, 2018 pursuant to Iowa Code Section 135C.43A</b>	<b>Date:</b> <b>January 8, 2018</b>
<b>Facility Name:</b> <b>QHC Mitchellville, LLC</b>	<b>Survey Dates:</b> <b>December 15, 19, 20, 21, 27</b>	
<b>Facility Address/City/State/Zip</b> <b>114 Carter Street SW</b> <b>Mitchellville, IA. 50169-5000</b>	<b>HL</b>	
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class      Fine Amount      Correction date</b>

	<p>week on Resident #1 left upper and lower extremity. Staff J stated on 11/3/17 doing restorative therapy on resident's fingers and wrist when resident took right hand and grabbed left arm so Staff J stopped and did no more therapy on resident.</p> <p>Staff J indicated resident can move left arm some but normally does not. Staff J stated Staff A did assist with resident's transfers and washing under resident's arms.</p> <p>An interview was conducted on 12/20/17 at 9:53 am with the Director of Nursing (DON). The DON stated she was Resident's nurse on 11/05/17 6 am to 6 pm, when Staff A came up to her very panicky around 7 am saying, "hurry, something is wrong with resident's arm." The DON reported she went to resident's room and assessed resident and could see by resident's face something was wrong. The resident was tense and would not let her take his blood pressure. The DON stated she called resident's spouse and informed them of the resident's condition and she agreed something was wrong. The spouse wanted the resident sent to the emergency room. The DON stated she called resident's physician and got the order. The DON stated the prior nurse did not report any concerns of resident, however when she assessed resident around 7 am, it was a big change of resident's condition.</p> <p>The DON stated the resident was dressed in a gown when she went to resident's room, the prior 3rd shift nurse, Staff E, LPN, stated she left that morning at 6 am and resident in a T-shirt.</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 (2015).**

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

<b>Citation Number:</b> <b>6735</b>	<b>Fine amount reduced by 35% to \$975.00 on February 5, 2018 pursuant to Iowa Code Section 135C.43A</b>	<b>Date:</b> <b>January 8, 2018</b>
<b>Facility Name:</b> <b>QHC Mitchellville, LLC</b>	<b>Survey Dates:</b> <b>December 15, 19, 20, 21, 27</b>	
<b>Facility Address/City/State/Zip</b> <b>114 Carter Street SW</b> <b>Mitchellville, IA. 50169-5000</b>	<b>HL</b>	
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class      Fine Amount      Correction date</b>

<p>The DON stated resident has had a sitter since 6/2016 due to resident's behaviors of hitting others, and it was an intervention we put in place for residents safety. The DON indicated sitters are here from 6 or 7 am to 10 pm, 7 days a week. The DON stated the only contract the facility had with the Agency for sitter service is the one dated 6/16/16.</p> <p>Interview conducted during this investigation with the Administrator revealed the facility pays for Resident #1 sitting service from Agency. The Administrator stated the Agency does all the background checks and training, we do not request a CNA as they are not to do any cares and our staff are aware of that. The Administrator stated no incidents have happened with the resident and the sitters. The Administrator stated she had heard through the grapevine that Staff A, was doing cares after Surveyor interviewed staff members, however staff never reported this to her until now.</p> <p>Review of Care Guidelines dated 6/16/16, from the Agency included: Agency staff core function is to provide companionship, client advocacy, as well as ensure Resident #1 does not strike out at any fellow residents.</p> <p>Staff is not to assist with transfers or any Activity of Daily Living (ADL), however they are able to assist with basic personal cares such as cleaning resident's face and hands, or applying lotion.</p> <p>Review of Documentation (15 minute checks for safety) for Resident #1 indicated Staff A had</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 (2015).**

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

<b>Citation Number:</b> <b>6735</b>	<b>Fine amount reduced by 35% to \$975.00 on February 5, 2018 pursuant to Iowa Code Section 135C.43A</b>	<b>Date:</b> <b>January 8, 2018</b>
<b>Facility Name:</b> <b>QHC Mitchellville, LLC</b>	<b>Survey Dates:</b> <b>December 15, 19, 20, 21, 27</b>	
<b>Facility Address/City/State/Zip</b> <b>114 Carter Street SW</b> <b>Mitchellville, IA. 50169-5000</b>	<b>HL</b>	
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class</b>
		<b>Fine Amount</b>
		<b>Correction date</b>

	<p>documented:  10/28/17- 6 am to 2 pm- when arrived, resident hand and arm was located between the rails of bed, reported it CNA and Nurse and sponge bath at 6 am.  10/29/17- 6 am to 10 pm - sponge at 6:15 am.  10/30/17- 7 am to 5 pm - bed bath at 7 am.  11/1/17- 7 am to 5 pm- thorough sponge at 7 am, resident's arm still swollen, I washed resident carefully.  11/2/17- 11:45 am to 5pm - 11:45 am-5 pm -bath at 12:30 pm and dressed at 1:30 pm.  11/3/17- 11:15 am to 5pm - complete sponge bath at 11:45 am.  11/5/17 - 6 am to 4:30 pm - Resident very agitated, left arm is like a noodle, won't let me touch it at all, reported to Nurse. I could not give resident his/her usual sponge bath.</p> <p><b>FACILITY RESPONSE:</b></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 (2015).**



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

<b>Citation Number:</b> <b>6735</b>		<b>Fine amount reduced by 35% to \$975.00 on February 5, 2018 pursuant to Iowa Code Section 135C.43A</b>		<b>Date:</b> <b>January 8, 2018</b>	
<b>Facility Name:</b> <b>QHC Mitchellville, LLC</b>		<b>Survey Dates:</b> <b>December 15, 19, 20, 21, 27</b>			
<b>Facility Address/City/State/Zip</b> <b>114 Carter Street SW</b> <b>Mitchellville, IA. 50169-5000</b>					
		<b>HL</b>			
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class</b>	<b>Fine Amount</b>	<b>Correction date</b>	


\_\_\_\_\_  
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 (2015).