Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 6772	**Amended Citation – Fine amount reduced by 35% to $5,037.50 on March 16, 2018. Pursuant to Iowa Code Section 135C.43A.**		**Date: March 9, 2018**
Southern Hills Specialty Care		**Survey Dates: February 19-22,2018**	
444 NW View Drive Osceola, Iowa 50213	**DS**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
58.28(3)e	**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) **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 ensure against hazards from self, others, or elements in the environment. (I,II, III) **DESCRIPTION:** Based on record review and staff interviews, the facility failed to provide adequate supervision to ensure against hazards (Resident #1,#2). The sample consisted of 3 residents with a high risk of falling. The facility reported a census of 81 residents. Findings include: 1. Resident #1 had a MDS (Minimum Data Set) assessment with a reference date of 8/3/17. The MDS identified the resident had diagnosis including hypertension (elevated blood pressure), orthostatic hypotension (blood pressure drops with positional changes), anxiety, Alzheimer's	**I**	**$7250**	**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: 6772	**Amended Citation – Fine amount reduced by 35% to $5,037.50 on March 16, 2018. Pursuant to Iowa Code Section 135C.43A.**	**Date: March 9, 2018**
Southern Hills Specialty Care		**Survey Dates: February 19-22,2018**
444 NW View Drive Osceola, Iowa 50213	**DS**	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	disease. The MDS also noted that Resident #1 required limited assistance of 1 staff person for most ADLs (activities of daily living) skills including transfer and ambulation. The MDS indicated the resident had inattention, disorganized thing and a BIMS (Brief Interview for Mental Status) score of 0. A score of 0 identified the resident as severely impaired cognitively. The MDS indicated the resident received antipsychotic and antianxiety medications as prescribed. The Care Plan dated 3/30/17 noted the resident to be at risk for falls and instructed staff to keep the bed in the lowest position and a landing mat at the bedside. Revisions noted that a one way slide to the bed had been implemented on 4/3/17, a one way slide to the recliner and a concave mattress on r/8/17, 15 minutes checks when in bed at night on the 5/15/17, gripper socks on at all times on 7/19/17 and Dycem (material placed in seat to keep from sliding) to the wheelchair on 8/1/17, The Fall Risk Evaluation dated 5/1/17 identified Resident #1 at high risk for falling. A Nurse's Note dated 7/11/17 at 3:50 p.m. indicated the staff found Resident #1 sitting on the floor in front of her recliner with the leg			

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: 6772	**Amended Citation – Fine amount reduced by 35% to $5,037.50 on March 16, 2018. Pursuant to Iowa Code Section 135C.43A.**	**Date: March 9, 2018**
Southern Hills Specialty Care		**Survey Dates: February 19-22,2018**
444 NW View Drive Osceola, Iowa 50213	**DS**	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	resident still up in place. According to the note, family had been notified and agreed to call visitors that had been there to instruct them Resident #1 should not be left alone in her room. A Nurse's Note dated 7/19/17 at 2:10 a.m. noted staff observed the resident lying face down on the ground near her roommate's bed with a laceration to her upper lip and complaints of bilateral (both) hip pain, right knee pain and facial pain. An x-ray dated 7/24/18 noted an fracture of the ulna (forearm bone) and not identified on a previous x-ray. The subsequent x-ray was ordered because of continuing pain from an injury sustained in the 7/19/17 fall. A Nurse's Note dated 7/31/17 at 10:30 p.m. noted Resident #1 fell trying to get out of her wheelchair and sat on the pedals. A Nurse's Note dated 8/7/17 at 9:25 p.m. indicated Resident #1 was left under the direct supervision of a CNA (certified nursing assistant) at the nurses' station. According to the nurse, she heard a CNA calling for assistance and saying "She's on the floor". The nurse noted that she arrived to find the resident lying on her right side and complained of right hip pain. The nurse obtained orders to send the resident to 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: 6772	**Amended Citation – Fine amount reduced by 35% to $5,037.50 on March 16, 2018. Pursuant to Iowa Code Section 135C.43A.**			**Date: March 9, 2018**
Southern Hills Specialty Care		**Survey Dates: February 19-22,2018**		
444 NW View Drive Osceola, Iowa 50213	**DS**			

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	emergency room. A Nurse's Note dated 8/7/17 at 1:00 a.m. noted the physician admitted the resident to the hospital with a right hip fracture. On 2/20/18 at 3:30 p.m., Staff B, CNA, was interviewed and stated she remembered the resident at the nurses' station, sitting in her wheelchair. This is when they went to answer call lights. Staff B stated they found the resident on the floor when they returned. Staff B stated although Staff A, LPN (licensed practical nurse) did not tell her to watch the resident, she knew the resident was a fall risk. Staff B stated she did not hear an alarm sounding when the resident fell, but the resident typically had an alarm on the recliner and the wheelchair. Staff B stated the resident would not sit still, she kept getting up and down. As a result, Staff B stated they took her out to the nurses' station to keep a better eye on her, but she ended up falling any way. Staff B stated the resident would just get up on her own and go; she did not understand that she shouldn't. Staff B stated a co-worker and her were only gone 5 minutes from the nurses' station. Staff B stated she found the resident lying on the floor by the cabinets near the nurses' station. Staff B stated she told Staff C to get the nurse.			

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: 6772	**Amended Citation – Fine amount reduced by 35% to $5,037.50 on March 16, 2018. Pursuant to Iowa Code Section 135C.43A.**		**Date: March 9, 2018**
Southern Hills Specialty Care		**Survey Dates: February 19-22,2018**	
444 NW View Drive Osceola, Iowa 50213	**DS**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	On 2/20/18 at 3:47 p.m., Staff A was interviewed and stated the resident seemed anxious and restless, which warranted one to one supervision. Staff A stated Resident #1 kept setting off the chair alarm so they transferred her into the wheelchair. Staff A and Staff C were behind the nurses' station charting. Staff A stated she told them to supervise the resident while she went to complete her duties. Staff A stated she could not recall if the alarm got transferred from the recliner to the wheelchair, but should have been transferred. Staff A stated the resident should be behind the nurses' station because they probably could not have gotten to her in time if she self-transferred. Staff A stated she heard the CNAs calling her to the nurses' station from the end of the 400 hall. Staff A stated once she assessed the resident and obtained orders to send her to the emergency room, she asked the CNAs how she could have fallen once she told them to provide one to one supervision. According to Staff A, they told her they left Resident #1 unattended to answer call lights. Staff A stated she thought the incident could have been prevented if they had supervised her as they were told. Staff A stated it would have eventually happened anyway. On 2/21/18 at 11:35 a.m. Staff C, CNA, was interviewed and stated the resident had sat in her			

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: 6772	**Amended Citation – Fine amount reduced by 35% to $5,037.50 on March 16, 2018. Pursuant to Iowa Code Section 135C.43A.**	**Date: March 9, 2018**
Southern Hills Specialty Care		**Survey Dates: February 19-22,2018**
444 NW View Drive **Osceola, Iowa 50213**	**DS**	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	wheelchair behind the nurses' station. Staff C stated she thought her and Staff B were charting. Staff C stated staff A told her to provide one to one supervision to Resident #1 although the behaviors the resident exhibited required close supervision. Staff C stated she remembered Resident #1 getting up frequently and wandering. Staff C stated a resident that required assistance of 2 staff persons had activated the call light and they left to attend to that resident. Staff C stated she could not remember where the nurse was when they left, but they were gone only for about 5 minutes. Staff C stated they found the resident alone on the floor crying out in pain returned. Staff C stated the resident remained in the same position until the ambulance arrived. On 2/21/18 at 12:15 p.m. the Director of Nursing (DON) was interviewed and stated the staff are to remain with a resident if they had been instructed to provide one to one supervision. The DON stated if the nurse did not specify how long they should supervise the resident; it should be assumed they should supervise until hearing otherwise. The DON stated they should inquire or bridge any communication gaps before leaving the resident unsupervised. 2. Resident #68 had a MDS assessment with a reference date of 2/22/18. The MDS			

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: 6772	**Amended Citation – Fine amount reduced by 35% to $5,037.50 on March 16, 2018. Pursuant to Iowa Code Section 135C.43A.**	**Date: March 9, 2018**
Southern Hills Specialty Care		**Survey Dates: February 19-22,2018**
444 NW View Drive **Osceola, Iowa 50213**	**DS**	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	identified the resident had diagnosis that included anxiety, urinary tract infection, and Alzheimer's disease. According to the MDS, the resident had short and long-term memory problems and inattention and disorganized thinking. The MDS indicated the resident required limited assistance of 1 staff member for transfers, locomotion on and off the unit and used a wheelchair. The Care Plan dated 10/21/16, indicated the resident needed assistance with activities of daily living (ADLs) and the resident's primary mode of locomotion is wheelchair propelled by staff. Observation on 02/19/18 at 11:01 AM, Staff P (CNA) pushed Resident #68 from the TV area to the dining area with no foot pedals on the wheelchair. Staff P pushed the resident in the wheelchair for approximately 22 yards. Observation on 02/21/18 at 08:41 AM Staff P, CNA pushed resident #68 from the dining area to the TV area with no foot pedals on the wheelchair, approximately 22 yards. On 02/22/18 at 08:28 AM Staff Q, Nurse			

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: 6772	**Amended Citation – Fine amount reduced by 35% to $5,037.50 on March 16, 2018. Pursuant to Iowa Code Section 135C.43A.**	**Date: March 9, 2018**
Southern Hills Specialty Care		**Survey Dates: February 19-22,2018**
444 NW View Drive **Osceola, Iowa 50213**	**DS**	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	Manager was interviewed and stated she would expect staff to use foot pedals while pushing residents. Pushing a resident in a wheelchair without foot pedals can be considered hazardous. In the event the resident lowered feet onto the floor, the resident can be propelled out of the chair and onto the floor. The resident can also injure feet and ankles. **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: 6772	**Amended Citation – Fine amount reduced by 35% to $5,037.50 on March 16, 2018. Pursuant to Iowa Code Section 135C.43A.**	**Date: March 9, 2018**
Southern Hills Specialty Care		**Survey Dates: February 19-22,2018**
444 NW View Drive Osceola, Iowa 50213	**DS**	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
58.18(4)	**481-58.18(135c) Nursing care.** **58.18(4)** The facility shall provide prompt response from qualified staff for the resident's use of the nurse call system. (II,III) (Prompt response being considered as no longer than 15 minutes.) **DESCRIPTION:** Based on record review and staff and resident interviews, the facility failed to have adequate nursing staff to answer call lights promptly (within 15 minutes) for Residents #43, 45, 54, 55, 329, and failed to provide adequate supervision and assistance for residents in the activity dining room who required assistance during mealtimes for 2 of 2 meal observations. The facility reported a census of 81 residents. Findings include: 1. According to the MDS (minimum data set) with a reference date of 2/22/18 revealed Resident #45 had a BIMS (brief interview of mental status) score of 15, indicating no cognitive impairment. The MDS indicated Resident #45 required limited assistance of 1 person for bed mobility, transfers, dressing, and toilet use. The MDS indicated Resident #45 was always continent of urine and occasionally incontinent of bowel. The MDS listed the following diagnoses for Resident #45:	**II**	**$500**	**Upon Receipt**

Facility Administrator _____ Date _____

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

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 6772	**Amended Citation – Fine amount reduced by 35% to $5,037.50 on March 16, 2018. Pursuant to Iowa Code Section 135C.43A.**		**Date: March 9, 2018**
Southern Hills Specialty Care		**Survey Dates: February 19-22,2018**	
444 NW View Drive Osceola, Iowa 50213	**DS**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	hypertension, morbid obesity, constipation, insomnia, BMI (body mass index) greater than 70, pain to bilateral knees, and asthma. Review of Resident #45's Care Plan, with a revision date of 1/30/18, identified she required assistance of 1 staff person with personal hygiene, bed mobility, dressing, ambulating in room, and transfers in room. The Care Plan indicated the resident's primary mode of locomotion is a powered wheelchair that is propelled by her, can she can use a walker with ambulation. Resident #45 required assistance of 2 staff members with bathing, ambulation, and transfers. During a resident interview on 02/19/18 at 11:26 AM, she stated she had to wait an hour with her call light on. She stated while waiting, she was incontinent of urine and stool. When asked how this made her feel, she stated she felt awful and at times degrading. When asked how she could keep track of the time, Resident #45 showed me her I-Pad tablet and clock that was on the wall across from her bed. Resident #45 stated she has used her iPad tablet to call the nurse's station to tell them she needed assistance. Resident #45 stated they have been short staffed for a while. Resident #45 stated she has heard staff say they cut staff because of the low census. 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: 6772	**Amended Citation – Fine amount reduced by 35% to $5,037.50 on March 16, 2018. Pursuant to Iowa Code Section 135C.43A.**	**Date: March 9, 2018**
Southern Hills Specialty Care		**Survey Dates: February 19-22,2018**
444 NW View Drive Osceola, Iowa 50213	**DS**	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	#45 stated she had seen some staff in tears because they are so busy. Review of the Alarm Response report revealed the following responses for the last 30 days: 2/21/18 38 minutes and 19 seconds, 2/20/18 23 minutes and 20 seconds, 2/20/18 20 minutes and 47 seconds, 2/19/18 20 minutes and 06 seconds, 2/19/18 32 minutes and 01 second, 2/18/18 26 minutes and 52 seconds, 2/18/18 25 minutes and 13 seconds, 2/18/18 23 minutes and 53 seconds, 2/16/18 24 minutes and 18 seconds, 2/14/18 26 minutes and 36 seconds, 2/13/18 44 minutes and 08 seconds, 2/13/18 45 minutes and 27 seconds, 2/12/18 41 minutes and 23 seconds, 2/12/18 22 minutes and 17 seconds, 2/11/18 23 minutes and 44 seconds, 2/10/18 25 minutes and 34 seconds, 2/10/18 22 minutes and 45 seconds, 2/10/18 29 minutes 38 seconds, 2/9/18 43 minutes 37 seconds, 2/9/18 39 minutes and 02 seconds, 2/8/18 30 minutes and 07 seconds, 2/8/18 21 minutes and 15 seconds, 2/8/18 20 minutes and 02 seconds, 2/7/18 31 minutes and 53 seconds, 2/6/18 21 minutes and 16 seconds, 2/6/18 21 minutes and 44 seconds, 2/4/18 24 minutes and 46 seconds, 2/4/18 29 minutes and 2 seconds, 2/3/18 25 minutes and 46 seconds, 2/3/18 28 minutes and 08 seconds, 2/2/18 37 minutes and 13 seconds, 2/1/18 34 minutes and 49 seconds, 2/1/18 37 minutes and 44 seconds, 1/31/18 30			

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: 6772	**Amended Citation – Fine amount reduced by 35% to $5,037.50 on March 16, 2018. Pursuant to Iowa Code Section 135C.43A.**	**Date: March 9, 2018**
Southern Hills Specialty Care		**Survey Dates: February 19-22,2018**
444 NW View Drive Osceola, Iowa 50213	**DS**	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	minutes and 10 seconds, 1/31/18 21 minutes and 22 seconds, 1/30/18 22 minutes and 47 seconds, 1/30/18 53 minutes and 32 seconds, 1/29/18 53 minutes and 38 seconds, 1/28/18 40 minutes and 40 seconds, 1/27/18 25 minutes and 33 seconds, 1/26/18 45 minutes, 1/26/18 1 hour, 22 minutes and 30 seconds, 1/26/18 29 minutes and 39 seconds, 1/25/18 25 minutes and 53 seconds, 1/24/18 33 minutes and 22 seconds, 1/23/18 34 minutes and 07 seconds, 1/22/18 23 minutes and 04 seconds. 2. According to the MDS with a reference date of 2/22/18 revealed Resident #55 had BIMS of 15, indicating no cognitive impairment. The MDS indicated Resident #55 was totally dependent of 2 staff for bed mobility, transfers, toilet use, and bathing. The MDS indicated Resident #55 was occasionally incontinent of urine and bowel. The MDS listed the following diagnoses for Resident #55: hypertension, dementia, anxiety, and depression. Review of Resident #55's Care Plan indicated the staff is to ensure the resident has access to a clock or watch at all times. The Care Plan identified her primary mode of locomotion as a powered wheelchair propelled by her as she did not ambulate at this time. The Care Plan indicated Resident #55 required the assistance of			

Facility Administrator _____ Date _____

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

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 6772	**Amended Citation – Fine amount reduced by 35% to $5,037.50 on March 16, 2018. Pursuant to Iowa Code Section 135C.43A.**	**Date: March 9, 2018**
Southern Hills Specialty Care		**Survey Dates: February 19-22,2018**
444 NW View Drive **Osceola, Iowa 50213**	**DS**	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	2 staff members with transfers, toileting, and bathing and used a bedpan. The Care Plan indicated Resident #55 required a Hoyer lift for transfers. During a resident interview on 02/19/18 at 11:06 AM Resident #55 said she has had to wait 30 minutes from staff to answer to call light, while on bed pan. Resident #55 stated some staff will just answer call light and leave, never return. Resident #55 stated she believes they are short staffed and it wasn't like this when she first came in to the facility. Review of the Alarm Response Report revealed the following response times from the last 30 days: 2/21/18 20 minutes and 19 seconds, 2/21/18 23 minutes and 08 seconds, 2/16/18 25 minutes and 34 seconds, 2/16/18 22 minutes and 43 seconds, 2/16/18 43 minutes and 17 seconds, 2/13/18 20 minutes and 32 seconds, 2/12/18 21 minutes and 26 seconds, 2/12/18 21 minutes and 31 seconds, 2/12/18 31 minutes and 10 seconds, 2/11/18 20 minutes and 45 seconds, 2/10/18 30 minutes and 58 seconds, 2/9/18 38 minutes and 36 seconds, 1/27/18 20 minutes and 40 seconds, 1/27/18 23 minutes and 49 seconds. 3. Review of Resident #329's baseline Care Plan completed upon admission on 2/15/18 identified			

Facility Administrator _____ Date _____

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

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 6772	**Amended Citation – Fine amount reduced by 35% to $5,037.50 on March 16, 2018. Pursuant to Iowa Code Section 135C.43A.**	**Date: March 9, 2018**
Southern Hills Specialty Care		**Survey Dates: February 19-22,2018**
444 NW View Drive Osceola, Iowa 50213	**DS**	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	the resident as alert and cognitively intact and is verbal. The Care Plan listed Resident #329's vision and hearing as adequate. The Care Plan indicated Resident #329 required assistance of 2 staff for bed mobility, transfers, toileting and utilizes a wheelchair. The Care Plan listed Resident #329 as being incontinent of urine and bowel. Review of Resident #329's diagnosis/history worksheet revealed the following diagnoses: sepsis, alcohol abuse, nicotine abuse, depression, anxiety, and acute kidney failure. During a resident interview on 02/19/18 at 1:10 PM, Resident #329 stated he knows they are short staffed. Resident #329 stated he has had to wait 20-30 minutes to use the bathroom. Resident #329 stated he has had accidents of bowel and bladder incontinence and it's humiliating. Resident stated he uses his cell phone to watch for the time. During the interview his cell phone was located in his shirt pocket. Review of the Alarm Response Report for 2/16/18-2/21/18 revealed the following response times: 2/18/18 40 minutes and 04 seconds, 2/18/18 55 minutes and 38 seconds, 2/18/18 22 minutes and 14 seconds, 2/17/18 20 minutes and 20 seconds.			

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: 6772	**Amended Citation – Fine amount reduced by 35% to $5,037.50 on March 16, 2018. Pursuant to Iowa Code Section 135C.43A.**	**Date: March 9, 2018**
Southern Hills Specialty Care		**Survey Dates: February 19-22,2018**
444 NW View Drive Osceola, Iowa 50213	**DS**	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	During a staff interview on 2/21/18 at 01:34 PM Staff M CNA (certified nursing assistant) stated she usually works 6am-6pm, mainly on the 200 hall. Staff M stated all CNAs work together on each hall. She stated staffing does get short when people call in, but the Administrator and Director of Nursing (DON) are on the phone calling to get staff in here. She states it is hard to get to all of the call lights in a timely manner because of the number of residents, but they do try hard to get to them. The Administrator and DON will try to jump in and answer call lights too. During a staff interview on 02/21/18 at 1:45 PM Staff O CNA stated she thinks call lights don't get answered in a timely fashion and a lot of tasks get pushed back because of this. During a staff interview on 02/21/18 at 2:35 PM Staff L CNA stated she usually works 6am-2pm. Staff L stated there are 3-4 aides that share the 100, 200, 300 halls, 2 aides on the 400 hall and 2 aides on the 500 hall. When asked if she felt like there are enough staff to complete everyday tasks, she stated not at all times. When asked if staff can get to call lights in a timely fashion, she stated there are times they can't get to them. Staff L stated there are some residents that require 20-40 minutes of their time if it's their bath days, so that takes time away from other			

Facility Administrator _____ Date _____

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

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 6772	**Amended Citation – Fine amount reduced by 35% to $5,037.50 on March 16, 2018. Pursuant to Iowa Code Section 135C.43A.**	**Date: March 9, 2018**
Southern Hills Specialty Care		**Survey Dates: February 19-22,2018**
444 NW View Drive Osceola, Iowa 50213	**DS**	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	residents. She also stated she gets pulled from doing restorative and to the floor to help when there have been call ins. When that happens, restorative therapy gets put on the back burner and at times it is not getting done. During a staff interview on 02/21/18 at 03:30 PM Staff H CNA state she works 2-10pm, stated she is usually on main which is halls 100, 200, 300. Staff H stated they all work together to get stuff done on all the halls. When asked if she felt that they are staffed adequately she stated not usually and they try to do their best to make sure the residents are taken care. She stated she was told their census was low so they started cutting staff to 3 on main. She stated it gets hard to get everything done when they have a lot of people that require a Hoyer lift. She stated running short staff with their population is hard. When asked if she felt they were getting to the call lights in a timely fashion she stated no, it takes a while and they try to get to them as soon as they can. During a staff interview on 9/22/18 at 9:42 am, the DON stated staff are required to answer call lights within 15 minutes. When asked how staff know when a call light is activated, the DON stated there is a marque (digital reader) at the end of each hall. When a call light is activated it reads on the marque until the light is shut off. The DON			

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: 6772	**Amended Citation – Fine amount reduced by 35% to $5,037.50 on March 16, 2018. Pursuant to Iowa Code Section 135C.43A.**			**Date: March 9, 2018**
Southern Hills Specialty Care		**Survey Dates: February 19-22,2018**		
444 NW View Drive Osceola, Iowa 50213	**DS**			

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	stated all CNAs have pagers that will alarm when a call light is activated. It initially alarms when it's been activated, then another alarm every 5 minutes until it shuts off. The DON stated only the CNAs have the pagers. 4. Resident #43 had a MDS assessment with a reference date of 2/7/18. The MDS identified the resident had diagnosis that included a fractured right tibia and fibula (two leg bones below the knee). The MDS documented the resident had a BIMS score of 15. A BIMS score of 15 identified the resident had no cognitive impairments. The MDS documented the resident required extensive assistance of two staff members for bed mobility and toileting, and had total dependence on two staff for transfers. The MDS documented the resident had bladder incontinence. The Care Plan dated 4/17/13, documented the resident required assistance with activities of daily living. The Care Plan directives included no weight bearing to the right lower extremity, use a Hoyer lift and assistance of 2 staff for transfers, and assistance of one staff when toileted.			

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: 6772	**Amended Citation – Fine amount reduced by 35% to $5,037.50 on March 16, 2018. Pursuant to Iowa Code Section 135C.43A.**			**Date: March 9, 2018**
Southern Hills Specialty Care		**Survey Dates: February 19-22,2018**		
444 NW View Drive **Osceola, Iowa 50213**	**DS**			

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	In an interview on 02/19/18 at 11:27 AM, Resident #43 stated she had waited quite a while at times before staff answered her call light. Review of the Code Alert Alarm Response Report revealed Resident #43 had the following call light response times documented: 2/1/18 -11:24 AM = 47.48 minutes 2/2/18 - 4:26 AM = 20:44 minutes 2/3/18 -12:34 AM = 46.28 minutes 2/3/18 -11:35 AM = 26:40 minutes 2/5/18 - 4:19 AM = 16:46 minutes 2/5/18 - 10:39 AM = 21:56 minutes 2/6/18 - 7:01 AM = 25:42 minutes 2/7/18 - 4:49 PM = 22:56 minutes 2/8/18 - 7:06 AM = 41:05 minutes 2/8/18 - 3:31 PM =18:48 minutes 2/8/18 - 4:28 PM = 23:17 minutes 2/11/18 - 3:26 PM = 25:49 minutes 2/12/18 - 12:29 AM = 27:43 minutes 2/12/18 - 6:19 PM = 25:26 minutes 2/17/18 - 12:38 PM = 16:00 minutes 2/17/18 - 5:14 PM = 29:38 minutes 2/19/18 - 7:58 PM = 29:26 minutes 5. The MDS assessment dated 2/9/18			

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: 6772	**Amended Citation – Fine amount reduced by 35% to $5,037.50 on March 16, 2018. Pursuant to Iowa Code Section 135C.43A.**			**Date: March 9, 2018**
Southern Hills Specialty Care		**Survey Dates: February 19-22,2018**		
444 NW View Drive Osceola, Iowa 50213	**DS**			

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	recorded Resident #54 had diagnoses that included heart failure, seizures, dementia, and shortness of breath. The MDS documented the resident had a BIMS score of 15. The MDS documented the resident required extensive assistance of two staff for bed mobility, transfers, and toilet use. The MDS documented the resident had bowel incontinence. In an interview on 2/19/18 at 2:02 PM, Resident #54 stated he had waited up to an hour before staff answered his call light and provided assistance. The resident reported on 2/17/18, he had soiled his pants while he waited for staff assistance and had call light answered. Review of the Code Alert Alarm Response Report revealed Resident #54 had the following call light response times documented: 1/22/18 -7:44 AM 37:02 minutes 1/22/18 -3:13 PM 33:01 minutes 1/24/18 -2:28 PM 24:12 minutes 2/17/18 -1:32 AM 25:26 minutes 2/21/18 -9:19 AM 21:12 minutes			

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: 6772	**Amended Citation – Fine amount reduced by 35% to $5,037.50 on March 16, 2018. Pursuant to Iowa Code Section 135C.43A.**		**Date: March 9, 2018**
Southern Hills Specialty Care		**Survey Dates: February 19-22,2018**	
444 NW View Drive **Osceola, Iowa 50213**	**DS**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	In an interview on 2/21/18 at 2:35 PM, Staff R, CNA, and Staff T, CNA, reported 2 CNA's assigned to 400 hall, 2 CNA's assigned to the 500 Hall, and 4 CNA's assigned to the Main Hall (which included Halls 100, 200, & 300); Staff T reported they currently had 21 residents in the 400 hall, 15 of those residents required the assistance of 2 staff for transfers, or residents who used a Hoyer. Staff R reported the 400 Hall had a heavy load of residents in terms of the type of cares needed. Staff R and Staff T stated when staff called in due to illness or other absence, the facility rarely replaced the staff person, so staff had worked short. Staff R reported she had difficulty answering all of the call lights during certain times of the day. Staff R stated the beeper she carried had gone off several times, and she tried to get to residents as soon as possible, and knew residents had waited longer than 15 minutes for assistance. Staff T stated she doesn't think there is enough staff to care for the types of residents at the facility, and when census dropped, the facility cut staff. In an interview 2/21/18 at 4:55 PM, the Director of Nursing (DON), shared the call			

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: 6772	**Amended Citation – Fine amount reduced by 35% to $5,037.50 on March 16, 2018. Pursuant to Iowa Code Section 135C.43A.**			**Date: March 9, 2018**
Southern Hills Specialty Care		**Survey Dates: February 19-22,2018**		
444 NW View Drive Osceola, Iowa 50213	**DS**			

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	light audit. The DON stated she identified a problem with call light response times and an action plan was developed on 7/26/17. The DON reported she started doing call light audits in 9/17, after they had identified a problem with call lights not answered timely. The DON reported she audited the room number, amount of time it took before staff answered the call lights, and the time of day when it took greater than 15 minutes before staff responded to call lights. The DON attributed call light response delayed when had a holiday and when less staff worked. 6. Observations of the Activity Dining Room revealed the following: On 2/20/18 - 8:08 AM, residents in the Activity dining room (ADR) and no facility staff in or by the ADR. - 8:12 AM , no facility staff in the area - 8:17 AM, Staff R, Certified Nursing Assistant (CNA) walked into the ADR and wheeled Resident #46 in a wheelchair (w/c) out of the ADR. - 8:18 AM, No staff in ADR - 8:19 AM, Staff R, CNA, walked past ADR, looked into the ADR, and then walked down			

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: 6772	**Amended Citation – Fine amount reduced by 35% to $5,037.50 on March 16, 2018. Pursuant to Iowa Code Section 135C.43A.**			**Date: March 9, 2018**
Southern Hills Specialty Care		**Survey Dates: February 19-22,2018**		
444 NW View Drive **Osceola, Iowa 50213**	**DS**			

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	the hall. 14 residents in ADR. - 8:20 AM No staff in or near ADR. 13 residents in area at this time eating breakfast and conversing with tablemates. -8:22 AM, 14 residents in ADR and no staff in the area -8:24 AM, Staff S, Licensed Practical Nurse (LPN) walked into ADR and gave Resident #53 a cup of medications, then left the ADR. On 2/21/18 -8:10 - 8:22 AM, 15 Residents in the Activity DR, no staff in the area. -8:23 AM, Resident #47 walked down hall holding pants up. The resident had saliva that hung from his beard. The resident stopped by the ADR and stated he needed someone to help him because his pants had fallen down. -8:24 AM Staff M, CNA, stopped and assisted Resident #47 as she walked down the hall, then left the ADR. - 8:25 AM Dietary staff served Resident #47 breakfast, then wheeled the cart to the kitchen. Eighteen residents remained in the ADR at this time. - 8:26 AM Resident #53 propelled electric wheelchair to ADR. Resident #10 thrusted			

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: 6772	**Amended Citation – Fine amount reduced by 35% to $5,037.50 on March 16, 2018. Pursuant to Iowa Code Section 135C.43A.**			**Date: March 9, 2018**
Southern Hills Specialty Care		**Survey Dates: February 19-22,2018**		
444 NW View Drive Osceola, Iowa 50213	**DS**			

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	upper body and attempted to propel and move w/c forward. The resident had blocked the ADR doorway. Resident #53 asked Resident #10 if she wanted him to get someone to help her. At that time, the Dietary Manager walked by and asked to help Resident #10. then wheeled the resident down the hall toward the main DR. - 8:35 AM, Resident #53 propelled electric w/c down hall to the Main DR and requested a CNA to go to the ADR. - 8:37 AM A CNA from the main DR walked down the hall, entered the ADR, and assisted Resident #110. The nutritional evaluation dated 2/17/18, documented the Resident #54 had dysphagia. The dietician documented the resident currently missing dentures, but tolerated food fine. In an interview on 2/21/18 at 2:35 PM, Staff R, CNA, and Staff T, CNA, reported the facility expected all of the CNA's in the Main DR during mealtime, where most of the residents needed assistance with feeding. No staff were assigned to the ADR. If a resident in ADR needed 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: 6772	**Amended Citation – Fine amount reduced by 35% to $5,037.50 on March 16, 2018. Pursuant to Iowa Code Section 135C.43A.**		**Date: March 9, 2018**
Southern Hills Specialty Care		**Survey Dates: February 19-22,2018**	
444 NW View Drive **Osceola, Iowa 50213**	**DS**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	sometimes activity staff in their office, next to the DR, assisted the resident but activity staff not always in the office during mealtime. Staff R stated another resident may also let them know when a resident needed assistance in the ADR. If a resident in the ADR not eating or resident required additional feeding assistance and needed moved to the Main DR, then dietary staff let them know. **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

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).