Citation Num	Amended Citation – Fine amount reduced by 35% reduced to \$7,312.50 on May 11, 2018. Pursuant to Iowa Code Section 135C.43A					2018
Facility Name Bethany Life) :			Dates:	16-19 an	d 4/24/18
Facility Address/City/State/Zip 212 Lafayette Street Story City, IA 50248			7.02	·, · · -,		
		MW				
Rule or Code Section	Natu	re of Violation	Class Fine A		Amount	Correction date
			,	•	I	
58.28(3)e	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)			\$6000		UPON RECEIPT
	Description:					
	facility failed to ensure environment remained hazards as possible; a adequate supervision	d as free of accident and each resident received and assistance devices to 2 of 4 residents reviewed. cility census was one				

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Facility Administrator

Findings include:

1. A Minimum Data Set with assessment

reference date of 1/18/18, assessed Resident #6 with impaired short term memory and modified independence with decision making skills. The resident had no behavior symptoms identified. The resident required limited staff assistance with toileting and extensive staff assistance with bathing. The resident was frequently incontinent of bladder. The resident had diagnoses that

Date

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	ess/City/State/Zip		April 2-5, 9-12, 16-19 and 4/24/18				
212 Lafayette Story City, IA		MW					
Rule or Code Section	Natu	re of Violation	Class Fine Amount			Correction date	
	bone. The resident hat the previous assessment A PT (physical therapy summary dated 7/10/1 could ambulate safely CGA (contact guard as surfaces. The resident balance score of 6/16 a total balance and gas high risk for falls. An incident report date identified an unwitness bathroom. The resident the bathroom door. The on the head. The incident fell asleep on incident, staff instructed call for assistance. A care tool dated 12/2 was independent with the An incident report date revealed an unwitness room. Staff found the leby the bed. The resident resident resident resident the least room. Staff found the leby the bed. The resident res	y) progress and discharge 17 revealed the resident with 4 wheeled walker and ssistance) on even to demonstrated a Tinette and a gait score of 9/12 for ait score of 15/28 which is ed 12/2/17 at 5 a.m. seed fall in the resident and fell and hit her head on the resident received a bump dent report revealed the the toilet. Following the ed the resident to please					

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Facility Administrator

Date

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Facility Name Bethany Life	: :		Survey Dates: April 2-5, 9-12, 16-19 and 4/24/18			4/0.4/4.0
Facility Addre	ess/City/State/Zip		Aprii 2-5), 9-12, 1	6-19 and	14/24/18
212 Lafayette Story City, IA		MW				
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	kicked her out of bed. resident with increased (narcotic) due to pain. resident was more concause of the fall identification was possible footwear resident to get into anothe edge of the bed at identified the facility manily about a lower beintervention was Hospi better pain control. The facility approached the The care tool in place any changes in footwe. An incident report date revealed an unwitness room. A diagram identification by the bed. When said something about a feet were bare and the Contributing factors represident said she slid to the resident to have pendant call light	The report also stated the afused lately. The root fied on the incident report and bed was very high for diresident was always at all times. The report ay need to speak with the ed easier to get into. The ice changed medication for ere was no evidence the family about a lower bed. on 2/15/18 did not contain ar for the resident. Ed 2/24/18 at 5:15 a.m. ed fall in the resident's ified the resident on the aquestioned, the resident magazines. The resident's call light was not in reach. Evealed "footwear". The othe floor to look for her on following the incident call to ask for remote and available and pendant on ool changes/interventions				Page 3 of 2 3

Facility Administrator

Date

Citation Number: 6797		Amended Citation – Fine amount reduced by 35% reduced to \$7,312.50 on May 11, 2018. Pursuant to Iowa Code Section 135C.43A					
Facility Name: Bethany Life			Survey Dates: April 2-5, 9-12, 16-19 and 4/24/18				
Facility Address			April 2-3	, 5-12, 1	o-15 and	4/24/10	
212 Lafayette St Story City, IA 50		MW					
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date	
to D re w	pool changes following paily notes dated 3/2/2 esident was increasing valked by the resident esident seated on the rief or pants on. The line was Ok and she sident seated she sident she sident she sident she sident seated she sident she side	are tools showed no care the incident. 18 at 2 a.m. revealed the gly confused. A nurse is room and found the edge of the bed with no nurse asked the resident if tated she didn't know what she was seated there.					
A re T th s b o a fa	an incident report date evealed an unwitness he resident fell and he left corner of the behowed the resident or ed. The resident was n. The contributing farmount of assistance ppeared weak and diall occurred. The concesident took self to the	ed 3/4/18 at 9:15 a.m. sed fall in the resident room. it the left eye possibly on ed frame. A diagram in the floor at the foot of the confused and had slippers actor was identified as in effect". The resident dn't know why or how the					
fc th th	ound the resident on t ne bed on her bottom ne left eye. The pupil	18 at 11 p.m. revealed staff the floor at 9:15 a.m. facing . Staff observed an injury to and iris were completely f placed an ice pack over				Page 4 of 2	

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Date

Citation Number: 6797		Amended Citation – Fine amoun reduced to \$7,312.50 on May 11, Iowa Code Section 135C.43A				
Facility Name: Bethany Life			Survey Dates: April 2-5, 9-12, 16-19 and 4/24			4/24/18
Facility Address/City			7.01.12.0	,, 0 , .	io io alia	1/2-1/10
212 Lafayette Street Story City, IA 50248		MW				
Rule or Code Section	Natur	re of Violation	Class Fine Amount Co			Correction date
(emericality and not an eye in an eye in instruction colored corner and prinjury injury specion Review visit to 6:40 pringer And bright expired A dear of dear cancer Staff On 4/ she and the she are the staff and the staff and the staff are the staff and the staff	rgency room). They (no time listed) nultiple eye drops re doctor in the many dated 3/4/18 nigury as "hyphem actions identified is ed part of the eye as is the outer cle oupil. Hyphema is reto the face or eye, the resident will alist right away. Ew of 3/5/18 nurse on an eye specialist p.m. the resident oriefly opened eye and on 3/6/18 at 9: ath certificate identificate identifica	ntified the immediate cause vifailure due to breast				Page 5 of 2

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Date

Citation Num	ber: 6797	Amended Citation – Fine amount reduced to \$7,312.50 on May 11, Iowa Code Section 135C.43A		•	Date: May 4, 2	2018
Facility Name Bethany Life			Survey		6 10 and	1/2//49
	ess/City/State/Zip		— April 2-5, 9-12, 16-19 and 4/24/18			14/24/10
212 Lafayette Story City, IA		MW				
Rule or Code Section	Natur	e of Violation	Class			Correction date
	She got Staff U. The recon the corner of the bestuck when she tried to bed was kind of high a got a low bed. Her recobed and there wasn't resident was laying on helped her into the resident was shocked when he injury. The iris and pup with blood. The resident to ER and she multiple eye drops and supposed to see an ey 11:50 a.m. Staff U stat resident's wrist pendar	Staff U LPN stated the the edge of the bed so he liner. 5 to 10 minutes later e floor sitting on her bottom he bed. Staff U stated he saw the resident's eye oil were completely covered in twas confused and incident. Staff U sent the externed with orders for I an eye patch. She was be respecialist. On 4/12/18 at ed he thought the int was next to her on a lie stated the resident was				Page 6 of 2:

Citation Number: 6797		Amended Citation – Fine amount reduced by 35% reduced to \$7,312.50 on May 11, 2018. Pursuant to Iowa Code Section 135C.43A			2018	
Facility Name Bethany Life	:		Survey Dates:			
Facility Addre	ess/City/State/Zip		→ April 2-5	6, 9-12, 1	6-19 and	1 4/24/18
212 Lafayette Story City, IA		MW				
Rule or Code Section	Natur	e of Violation	Class	Class Fine Amount Correct date		
	reference date of 8/10/with impaired long and moderately impaired drarely understood verb sometimes understood communication ability requests. The resident vision and could not rebut could identify object symptoms identified in identified. The resident assistance of 2 or more transfers, toileting, per The resident did not arrange of motion limitat lower extremities. The incontinent of bowel arwas 65 inches tall and A care tool dated 9/13/the resident with an E2 Daily notes dated 9/13 documented by Staff Frevealed at approximate went to the resident's resi	limited to making concrete had moderately impaired and newspaper headlines ats. She had no behavior cluding no rejection of care trequired extensive e staff for bed mobility, sonal hygiene and bathing. In the solution of both upper and resident was frequently and bladder. Resident #7 weighed 118 pounds. If directed staff to transfer the stand and 2 staff. If at 1:40 p.m. and PRN (registered nurse) tely 11:15 a.m. Staff Proom due to a laceration to er leg during a transfer				Page 7 of 2 3

Citation Number: 6797		Amended Citation – Fine amoun reduced to \$7,312.50 on May 11, Iowa Code Section 135C.43A			Date: May 4, 2	2018
Facility Name Bethany Life			Survey Dates: April 2-5, 9-12, 16-19 and 4/24/18			A12A14.9
Facility Addr	ess/City/State/Zip		April 2-5), 9-1 <i>2</i> , 1	6-19 and	14/24/10
212 Lafayette Story City, IA		MW				
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	resident's leg and it was P notified the ARNP (a practitioner) who told so pressure to the wound ice and another towel and applied pressure. nurse for assistance was approximately 25 minuminimal and Staff P counter the wound. The right legal of the wound. The right legal of the wound, the resident was (emergency room) ED (emergency depart revealed resident from evaluation of a right legal of sustained when transfer caught on the edge of sustained the laceration C-shaped flap like lace subcutaneous tissue of below the knee. This has to the upper end of the 13 cm. There was a smoozing. The ED report	with the situation. After attes the bleeding was ompleted an assessment of ower leg wound measured ong and 2 cm. wide with eximated so staff continued or the ARNP assessed the as transported to the ER as transported to the ER the wheelchair and she on. There is a large gaping eration deep into the lateral right leg has a V-shaped component of the lateral length is				Page 8 of 2 3

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Facility Addr	ess/City/State/Zip		Aprii 2-5), 9- 12, 1	16-19 and	14/24/18
212 Lafayette Story City, IA		MW				
Rule or Code Section	Natur	e of Violation				Correction date
	complications. The wood 21 sutures. Observation: On 4/10/18 at 1:15 p.n staff transfer the reside bed via Hoyer lift. Obs leg shower a long black inches long. The residence any questions asked a She just smiled. Staff Interviews: An interview was conducted p.m. with Staff P RN. Streported the incident to who the CNA was but with the resident. During wheelchair, the resident on something. Staff Q transferred the resident what happened. Staff by herself. Staff P four and Staff Q was then the Staff P entered the roce.	nt must have caught her leg did not say how she at-another aide told Staff P Q transferred the resident ad out at the end of the day aken to the office. When om, she saw blood s a trail and then a pool of				
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Citation Number: 6797		Amended Citation – Fine amoun reduced to \$7,312.50 on May 11, Iowa Code Section 135C.43A			Date: May 4, 2	2018
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Facility Addr	ess/City/State/Zip		April 2-3	, 9-12, 1	10-19 allu	4/24/10
212 Lafayette Story City, IA		MW				
Rule or Code Section	Natur	re of Violation	Class	Fine A	Amount	Correction date
	skin was sliced and has approximated (put back went to the ER (emerge 21 stitches to close the she did not know of an resident improperly. On 4/22/18 at 6:13 p.n was getting a resident she would be right back Staff Q transferred the her leg. Staff Y stated Staff Q put pressure of blood on the floor, and Staff Q told Staff Y-"Yoweren't you" Staff Y staff Y staff Q. She report management and they right thing by not cove stated she was not aw transferring the resideral always used 2 to transform On 4/24/18 at 10 a.m. DON (director of nursing Staff Q asked a staff to other staff said no. She took over the investigation.	told Staff Y she didn't the ring for Staff Q. Staff Y are of anyone else nt alone. Staff Y stated she				Page 10 o

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Date

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Facility Name Bethany Life			Survey		16 10 and	A/2A/49
	ess/City/State/Zip		April 2-3), 9-12,	16-19 and	4/24/10
212 Lafayette Story City, IA		MW				
Rule or Code Section	Natur	re of Violation	Class Fine Amount (Correction date
	find the investigation in	nto the incident.				
	medication aide) state resident out of bed by foot up causing her leg wheelchair. The leg capedals hooked into the she knew the resident but the other aide was stated she was susper coached regarding the care tool said to use 2 Staff Q said she didn't get hurt. It was lunch to could transfer her. Staresident to get to her in p.m. Staff Q stated she when the incident occur knew the resident was that she should have 2 On 4/24/18 at 10:05 a. Staff Y to say she assistransfer. Staff Q stated the DON they spoke with a lawy	herself and she pulled her g to get caught on the aught on the part where the aught on the part where the wheelchair. Staff Q stated was a 2 person transfer busy giving a shower. She nded for one day and incident. Staff Q stated the staff. She used a gait belt. mean for the resident to ime and she thought she and she wanted the meal. On 4/10/18 at 1:40 the had the care tool with her turned and again said she anot a 1 assist transfer and 2 for transfers. I.m. Staff Q denied asking isted with the resident's the she told Staff Y not to lie. By Staff Y would say that. In and supervisor told her wer and Staff Q was told it by said they did their own				Dogo 44 of

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Facility Addre	ess/City/State/Zip		April 2-5, 9-12, 16-19 and 4/24/18				
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Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date	
	the facility did not repo	•					
58.19(2)b	58.19(2) Medication and treatment b. Provision of the appropriate care and treatment of wounds, including pressure sores, to promote healing, prevent infection, and prevent new sores from developing.		I	\$5250		UPON RECEIPT	
	Description:						
	Based on observation, interviews, the facility fresident with pressure treatment and services professional standards healing, prevent infection.				Page 12 of		

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Date

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Facility Name Bethany Life			Survey I		6-19 and	4/24/18	
	ess/City/State/Zip		April 2-5, 9-12, 16-19 and 4/24/			anu 4/24/16	
212 Lafayette Story City, IA		MW					
Rule or Code Section	Natui	re of Violation	Class	Fine A	Amount Correction date		
	Residents #2, #3 & #4 hundred fifty-four (154) Findings include: 1. A Minimum Data Sereference date of 3/8/with impaired long and impairments. The residing impairments and disorgates in the following signs in attention and disorgates ident had no behave rejection of care. The assistance with bed modileting, personal hygresident did not ambulfor mobility. The reside if bowel and bladder. The MDS identified the pressure sores. The lameasured 5.2 centimes wide by 1 cm. deep. The MDS identified a full thickness tissue loss.	et (MDS) with assessment 18, assessed Resident #2 d short term memory dent had moderately king ability. The resident is and symptoms of delirium: anized thinking. The viors identified including resident required total staff ability, transfers, dressing, iene and bathing. The late and used a wheelchair ent was always incontinent. The resident had diagnoses a and multiple sclerosis. It is resident with 2 Stage 3 argest pressure sore eters (cm.) long by 3 cm. Stage 3 pressure sore as iss. Subcutaneous fat may					
	be visible but bone, te	· · · · · · · · · · · · · · · · · · ·				Page 13	

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Date

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	ress/City/State/Zip		- April 2-3	, 5-12, 10	- 19 and	4/24/10
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Rule or Code Section	Natur	re of Violation	Class	Fine Ar	Fine Amount Corre	
	obscure the depth of the undermining and tunner	he tissue loss. May include eling.				
	by 3.5 cm. by 2 cm. The Stage 3 ulcer tunneling opening with yellow sleepensth dermal layer. ischium measurement greater than 2 cm. tun wound opening. On 4/	ough notes to muscle level On 3/30/18 the right s were unchanged with				
	on 3/30/18 measured cm. On 4/10/18 skin s	the coccyx measurement 3.1 cm. by 1.9 cm. by 0.2 heets revealed the coccyx 1.5 cm. with depth of 0.4				
	Hospice on 3/1/18. Or date were: pack sacru	he resident admitted to ders for treatment on that m and right ischial ulcers ed gauze and cover with				
	revealed orders for the	covered with "dressing of				Page 14 of

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Facility Name Bethany Life			Survey Dates:			<i>A/2A/</i> 18
	ess/City/State/Zip		April 2-5, 9-12, 16-19 and 4/24/18			4/24/10
212 Lafayette Story City, IA		MW				
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	as: betadine solution 1 moistened gauze to the wound daily and as not resident eating in bed. LPN (licensed practical pressure sore care to and coccyx wound. Stain Betadine and packed betadine soaked gauze wound after cleansing Betadine seeped out for Staff Betadine seeped out for Staff Betadine soaked used gauze to wipe out applied betadine soak area and covered it with the resident on her back p.m. and 4:50 p.m. The mattress. A 4/2/18 care tool direct resident every 2 hours.	e sacrum/right ischial seded. on 4/2/18 at 1:25 p.m. the Following the meal Staff B al nurse) completed a deep right ischial wound aff B soaked 2 by 2 gauze at the wound with 3 2 by 2 to pads into the ischial with wound cleanser. Staff derm to the wound. The regaderm to the coccyx wound and at the area. She then the did gauze to the coccyx the mepilex border. Staff left ck in bed. The resident in bed at 2:45 p.m., 3:55 to resident laid on an air cotted staff to reposition the				Dogo 15 of

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Facility Addr	ess/City/State/Zip		April 2-3), 9-12, 1	10-19 allu	4/24/10	
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Rule or Code Section	Natu	re of Violation	Class Fine Amount			t Correction date	
	when mashed potatoe resident should receive morning. Observation on 4/4/18 resident rolled up in bethe resident was asleed was no super cereal of contained biscuits and water. At 10:08 a.m. is provide pericare. Observation of the right ischial dress contained a date of 4/3. Review of the treatmer revealed Staff D LPN applied dressings to the p.m. to 10 p.m. shift of p.m. Staff D stated the either pressure sore wafternoon/evening shift the dressings around (Meaning the dressings suppertime) On 4/5/18 at 9:42 a.m. dressings on the resident receivers the side of the state of the dressings on the resident receivers the suppertime)	at 9:45 a.m. showed the ed feeding self. At 10 a.m. ep with fork in hand. There in the tray. The tray digravy and thickened taff entered the room to ervation showed the coccyx diremoved by Staff A CNA. ing was coming off and 3/18. The tadministration record (licensed practical nurse) are pressure sores on the 2 and 4/4/18. On 4/10/18 at 2:50 are were no dressing on when she worked the fit on 4/4/18. She reapplied suppertime that night. If were off all day until and observation showed no lent's bottom. At that time,					
		e dressings were off and in					

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212 Lafayette Story City, IA		MW				
Rule or Code Section	Natu	re of Violation	Class	Fine An	nount	Correction date
	the bed with the reside resident around 8 a.m					
	goals with review date goal of the resident wo from side to side to rel	ntervention of fortified real. Resident care plan of 3/21/18 revealed the buld allow staff to turn her lieve pressure.				
	1/4/18, assessed Resi and short term memor decision making skills following signs and sy inattention and disorga- resident did not have li identified. The resident assistance of 2 staff wand dressing and personal nonambulatory. The re- included: Alzheimer's The MDS identified the pressure sores. The Magnetic pressure sores.	mptoms of delirium: anized thinking. The behavior symptoms at required extensive with bed mobility, transfers, I hygiene. The resident was esident had diagnoses that disease and urine retention. The resident at risk for IDS did not identify				
	identified a 0.5 cm. by coccyx. A telephone o	/7/18 revealed the facility 2 cm. pressure area to the rder dated 1/15/18 venalex to open area on				Page 17 of

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	ess/City/State/Zip		—— April 2-5, 9-12, 16-19 and 4/24/18			4/24/10
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Rule or Code Section	Natur	re of Violation	Class	Fine A	Amount	Correction date
	mepilex every 3 days. The most recent meas completed on 3/30/18. cm. by 2.7 cm. with de area measured 3.4 cm. The most recent order 2/9/18 that directed state foam (3.2 by 3.2) to op days. A clarification days should discontinue the apply Aquacel AG foar after cleansing. Changwith opsite (transparer Review of the 2/18 TA the mepilex dressing. revealed the mepilex visigned for by staff. (evidiscontinued). Observation on 4/2/18 was dated 3/30/18 (3 cleans the continued). Observation on 4/2/18 was dated 3/30/18 (3 cleans the continued).	surement of the coccyx was a The area measured 3.1 both 0.1 cm. On 3/23/18 the n. by 2.2 cm. If for the area was dated aff to apply Aquacel AG on area. Change every 2 ated 2/15/18 revealed staff is venalex treatment and im to open area on bottom ge every 2 days and cover nt) dressing. IR showed a line through Review of the 3/18 TAR was on the 3/18 TAR and ren though it was Is showed the last dressing days). On 4/2/18 Staff B porder and not the ordered				
	The care tool dated 4/2 ensure the resident us					Dogo 19 . of

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Facility Addre	ess/City/State/Zip		April 2-3), 9-12, 1	l6-19 and	4/24/10
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Rule or Code Section	Natur	re of Violation	Class	Fine A	Amount	Correction date
	tool directed staff to re 2 hours and reposition Observation showed, or resident rolled up in be air mattress which was alternating air) normal A CNA (certified nurse the resident. A large be covered the resident's removed the dressing Observation showed a At 12:50 p.m. of the sa (licensed practical nurse cleanse the coccyx was sore with skin prep and (and no Aquacel AG), her bottom at an "8" or being no pain and 10 to pain. After the treatmer resident and rolled the same date at 2:23 p.m. resident remained on I static mattress. At 3:58 in a wheelchair at the first static mattress.	on 4/2/18 at 12:03 p.m. the ed. The resident laid on an set on "static" (not pressure. At that time Staff e aide) provided pericare to andage dated 3/30/18 coccyx area. Staff A since it was coming off. In open sore on the coccyx. Ame date Staff B LPN se) used wound cleanser to bund, cleansed around the dapplied mepilex border. The resident rated pain in a scale of 0 to 10 with 0 being the worst imaginable ent, staff covered the shead of the bed up. On the head of the bed on the final process. Aquacel/opsite every 2 e coccyx or reposition.				Page 19 of

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Facility Addre	ess/City/State/Zip		April 2-5, 9-12, 16-19 and 4/24/1			1 4/24/10
212 Lafayette Story City, IA		MW				
Rule or Code Section	Natur	re of Violation	Class	Correction date		
	reference date of 12/2 #4 with a brief interview score of "7" (severe coresident sometimes un sometimes understood had the following signs inattention and disorgatesident had no behaving resident had no behaving and personal hytransferred once or two assistance of 2 or more ambulate or use the tofunctional range of more of the upper and lower was always incontinent incontinent of bowel. The MDS identified the pressure sores. The Migrore present on the pressure as to partial thickness loss of the core of the pressure as the migrore of the matter of the migrore of the migrore of the migrore. The Migrore present on the pressure sore as the migrore of the migror	vior symptoms. The resident sistance with bed mobility, ygiene. The resident ice a week with the re staff. The resident did not bilet. The resident had be bilet. The resident had be restremities. The resident not of urine and frequently. The resident had diagnoses er's disease and fracture. The resident as at risk for the resident as at				Page 20 o

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Facility Name Bethany Life			Survey [6-19 and	<i>Δ/2Δ/</i> 18			
	ess/City/State/Zip		—— April 2-5, 9-12, 16-19 and 4/24			4/24/10			
212 Lafayette Story City, IA		MW							
Rule or Code Section	Natur	re of Violation	Class Fine Amount Co						Correction date
	with a score of 11 (high Hospice notes dated 2 informed Hospice that wound to the coccyx. Review of March 2019 records (TARs) reveal foam ADH 4 by 4. Appon bottom cover with right days. Staff last signed 3/11/18 and then staff did not identify further Telephone orders iden 3/14/18 "discontinue a Mepilex to sacrum charmed the Mepilex order was There were no skin as regarding the coccyx is a skin record identified 0.2 cm. dry scab on the Observation:	the resident still had a treatments administration ed an order for Aquacel AG oly topically to open areas mepilex and change every 3 for the treatment on wrote "repeat". The TAR treatment to the area. httified the following order on equa AG foam to coccyx. ange every 3 days" 1018 TARs did not reflect accarried out. seessment records available since 11/30/17. On 11/30/17 d a 0.6 centimeter (cm.) by				Page 21 of			

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Facility Administrator

Date

Citation Number: 6797		Amended Citation – Fine amoun reduced to \$7,312.50 on May 11, Iowa Code Section 135C.43A			Date: May 4, 2	2018		
Facility Name Bethany Life			Survey [6-19 and	4/24/18		
Facility Addr	ess/City/State/Zip		_ April 2-3	, 5-12, 1	0-13 and	7/2-7/10		
212 Lafayette Story City, IA		MW						
Rule or Code Section	Natur	re of Violation	Class Fine Amount C					Correction date
	resident in bed on her 4/3/18 at 8:42 a.m., 9: showed the resident o 9:05 a.m. observation coccyx area red and fr was no dressing on the pericare at this time. So with pericare. The resident in bed. A care tool for CNAs or repositioning schedule tool directed staff to appericare. A resident care plan gof 1/10/18 did not identificated the first corporate consultance.	05 a.m. and 10:22 a.m. In back in bed. On 4/3/18 at showed the skin on the ragile but not open. There is area. Staff provided staff did not apply periguard ident laid on an air mattress. It did not contain a set for the resident. The care oply periguard with all oals sheet with review date on the stated on 4/9/18 at facility was aware there is sure sores. On 4/3/18 the assessments on all did wound treatment orders				Page 22 of		

Facility Administrator

Date

er: 6797	reduced to \$7,312.50 on 1	Date: May 4,	2018		
		Survey Dates: April 2-5, 9-12, 16-19 and 4/24/18			
ss/City/State/Zip		April 2 o	,, 0 12, 1	o io and	1 4/24/10
50248	MW				
Natu	ure of Violation	Class	Class Fine Amount Correct date		
	ss/City/State/Zip Street 50248	reduced to \$7,312.50 on I Iowa Code Section 135C. ss/City/State/Zip Street	reduced to \$7,312.50 on May 11, 2018. Pursu Iowa Code Section 135C.43A Survey I April 2-5 Street 50248 MW	reduced to \$7,312.50 on May 11, 2018. Pursuant to Iowa Code Section 135C.43A Survey Dates: April 2-5, 9-12, 1 Street 50248 MW Fine A	reduced to \$7,312.50 on May 11, 2018. Pursuant to Iowa Code Section 135C.43A Survey Dates: April 2-5, 9-12, 16-19 and Street 50248 MW Fine Amount