Citation Number: 6810  Facility Name: Fleur Heights Center  Facility Address/City/State/Zip 4911 SW 19 <sup>th</sup> Street		Fine amount of \$7,000 was reco 05, 2018. Pursuant to Iowa Coo 135C.43A.		June 7,	2018
Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date
				,	,
58.19(2)j +	receive and the appropriate, the formula services under the qualified nurses with forth in these rules:  58.19(1) Activities of	dents. The resident shall facility shall provide, as ollowing required nursing the 24-hour direction of the hancillary coverage as set of daily living.	I	\$7000	UPON RECEIPT
58.28(3)e	supervision to prot	safety. shall receive adequate tect against hazards from tents in the environment. (I,			
	interviews, the facili	dent #1. The facility			Page <b>1</b> of <b>15</b>

Facility Administrator Date

Citation Number: 6810		Fine amount of \$7,000 was red 05, 2018. Pursuant to Iowa Co 135C.43A.			, 2018
Facility Name: Fleur Heights			Survey I	Dates:	
			May 2-10	0, 2018	
Facility Addres	ss/City/State/Zip				
4911 SW 19 <sup>th</sup> S	Street	MW			
Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date
	T		<u> </u>	T	T
	Findings include:				
	assessment dated diagnoses of anxiet disorder, difficulty we status and delusion noted the resident of activities of daily living assistance of two for documented the resinterview for mental indicating severely in the resident's Care of 4/28/18 identified care deficit related to dementia. The Care staff:  a. Requires assistant transfers. b. Provide peri care episode. c. Extensive assistant	status) score 6 out of 15 impaired cognition.  Plan with a Target date I the resident with a self to confusion and Plan directed nursing			
			•	•	Page <b>2</b> of <b>15</b>
Facilit	y Administrator	Da	te		-

Citation Number: 6810		Fine amount of \$7,000 was rec 05, 2018. Pursuant to Iowa Co 135C.43A.			Date: June 7,	2018
Facility Name: Fleur Heights			Survey [	Dates:		
	ss/City/State/Zip		May 2-10	0, 2018		
4911 SW 19 <sup>th</sup> S	Street					
		MW				
Rule or Code Section	Natur	e of Violation	Class	Fine Ar	nount	Correction date
	f. Dependent on two g. Requires assistar personal hygiene ar h. Allow resident tim information. i. Do not rush during j. Provide safe envir l. Monitor for any sig pain. Anticipate the relief and to respond A Nurse's Note date noted that staff obse floor near the nurse a "thud" at 7:15 a.m Resident #1 sustain temple which warra evaluation and treat noted there were no that time.  Review of the Nursi Fall Assessment Fo a.m. revealed Resid	ot ambulate at this time. It is staff for toileting. Ince of one staff for and oral care. In the to process new are grants. It is staff for symptoms of resident's need for pain and immediately.  The nurse noted that is station after they heard it. The nurse noted that it is a hematoma to her left inted being sent to ER for timent. The nurse also is other visible injuries at and orm dated 3/10/18 at 7:15				Page <b>3</b> of <b>15</b>

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

Date

Citation Number: 6810		Fine amount of \$7,000 was rec 05, 2018. Pursuant to Iowa Co 135C.43A.			Date: June 7,	2018
Facility Name: Fleur Heights (			Survey D	Dates:		
Facility Addres	ss/City/State/Zip		May 2-10	), 2018		
4911 SW 19 <sup>th</sup> S	treet	MW				
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	The Emergency De Note dated 3/10/18 Resident #1 presensustained after she The report noted the why she was there at the time. The assess resident attempted after the time. The assess resident attempted after the time and the physician's assess the tenderness, no swe the CT scan ruled hemorrhage and the back to the facility.  The Nurse's Notes and the Nurse's Notes at the resident had not denied pain. The Nurse's Note of the Nurse's Nurse'	ted with a head injury she fell just prior to arriving. The resident did not know and had no complaints at sment documented the to stand and ambulate and side of her head. The ment revealed no lling and no deformities. Out any internal brain the resident discharged dated March 11, 12, 14, cumented the resident omfort. Dated 13, 15, documented the range of motion and ated 3/19/18 at 3:50 p.m. emained Hospice level of				Page <b>4</b> of <b>15</b>

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

Date

Citation Number: 6810		Fine amount of \$7,000 was rec 05, 2018. Pursuant to Iowa Co 135C.43A.		_	te: ne 7, 2	018
Facility Name: Fleur Heights			Survey I			
Facility Addre	ss/City/State/Zip		│ May 2-10	J, 2016		
4911 SW 19 <sup>th</sup> S	Street	MW				
Rule or Code Section	Natur	e of Violation	Class	Fine Amou	ınt	Correction date
	noted the resident rand an antianxiety rhad been administed. The Nurse's Note danoted the resident randed not rest, wandelusions. The nurse became combative medication. The nurse medication again at the Nurse's Note danoted the resident or right leg when move obtained for an x-rander An Incident/Accidented 4:00 p.m. noted the pain after a 3/10/18. The Nurse's Note danoted the x-ray report displaced oblique (stractures to the right)	ated 3/20/18 at 1:00 a.m. emained very agitated, ted to leave and had e noted that resident and refused bedtime rise tried antianxiety 1:00 a.m.  ated 3/21/18 at 4:00 p.m. complained of pain to her ed during transfers. Order y. at Report dated 3/21/18 at resident had increased fall. ated 3/21/18 at 8:30 p.m. ort revealed mildly slanted or angled) t distal (situated further attachment) tibial and haft of leg bones).				Page <b>5</b> of <b>15</b>

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

Date

Citation Number: 6810		Fine amount of \$7,000 was rec 05, 2018. Pursuant to Iowa Co 135C.43A.			2018
Facility Name: Fleur Heights			Survey D	Dates:	
	ss/City/State/Zip		May 2-10	, 2018	
4911 SW 19 <sup>th</sup> S					
4911 3W 19" 3	treet	MW			
Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date
	noted an order to: 1. Splint the right letthe night. 2. See an orthopedi The Patient Report right foot x-ray resufracture of the distadiaphyses.  The Major Injury Deand dated 3/22/18 aresident's physician sustained a broken inappropriate transfher chair to bed on The Nurse's Note denoted the resident to the immobilizer well right lower leg as sufficient to the Nurse's Note denoted the resident to the immobilizer well right lower leg as sufficient to the Nurse's Note denoted the resident to the Nurse's Note denoted the	date 3/21/18 revealed the lts noted a displaced I tibial and fibular stermination Form signed at 12:15 p.m. by the documented the resident right leg due to an er and rough landing from 3/19/18.  ated 3/22/18 at 3:30 a.m. olerated the application of I. The nurse noted the vollen and slightly pink. ated 3/22/18 at 3:00 p.m. are transported the resident			
					Page <b>6</b> of <b>15</b>
Facilit	y Administrator	Dat	:e		

Citation Number: 6810		Fine amount of \$7,000 was rec 05, 2018. Pursuant to Iowa Co 135C.43A.			Date: June 7,	2018
Facility Name: Fleur Heights			Survey [			
-	ss/City/State/Zip		- May 2-10	U, 2U16		
4911 SW 19 <sup>th</sup> S	treet	MW				
Rule or Code Section	Natur	e of Violation	Class	Fine Ar	nount	Correction date
	lower extremity and weeks.  When interview on a Administrator report concluded Staff B, C transfer. The Administrator and the because of being in on the bed. The Administrator and transfer and the Administrator and truth in what Resid Administrator said Administrator said actions caused the critical care had been B did not come forw occurred.  An interview on 5/2/	ith a hard cast to her right should be rechecked in 3  5/2/18 at 12:05 p.m. the ted their investigation CNA did an improper histrator believed Staff B 1 up in his arms, probably a hurry, and dropped her ministrator said the e saw the whole thing. aid Resident #2 (Resident be kind of histrionic or hink "there's nuggets of ent #2 reported. The Resident #2's is alert, BIMS of 15 out of 15 tive impairment). The Staff B's inappropriate resident's injury and en withheld because Staff yard and report what				Page <b>7</b> of <b>15</b>

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

Date

Citation Numb	er:	Fine amount of \$7,000 was rec 05, 2018. Pursuant to Iowa Co 135C.43A.			2018
Facility Name: Fleur Heights			Survey D		
Facility Addres	ss/City/State/Zip		May 2-10	), 2018	
4044 OW 40th 0					
4911 SW 19 <sup>th</sup> S	otreet	MW			
Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date
	between Staff B and place in their room or 9:00 p.m. Reside only pulled the privative way closed so she stranspired. Resident the entire room and edge of Resident #2 she could also see hung across from R Resident #2 said she than she normally wof how Staff B spok Resident #1, but sa are you sassing me anything to you, I'm bed." Resident #2 shave witnessed what were the only 3 peo and the door to their Resident #2 said St wheelchair facing his view of Resident #1	ne became more attentive would have been because e to Resident #1. raff B did not yell at id "quit sassing me, why or? I have not done just trying to put you to raid nobody else would at happened because they ople in the room at the time			Page <b>8</b> of <b>15</b>
					raye <b>o</b> 01 <b>13</b>
Facilit	y Administrator	Dat	:e		

Citation Number: 6810		Fine amount of \$7,000 was rec 05, 2018. Pursuant to Iowa Co 135C.43A.		Date: June 7,	2018
Facility Name: Fleur Heights			Survey D		
Facility Addres	ss/City/State/Zip		May 2-10	, 2016	
4911 SW 19 <sup>th</sup> S	street	MW			
Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date
	so he could put her Resident #1 scream touch me, get away Resident #1's shirt of "git, stop touching help, get away from sass me, I'm just try bed. You don't have Resident #2 said St forcefully pull Resid her arms and head object. Resident #2 the curtain complete According to Resident #1 under her armpits to wheelchair. He then used one of his legs out of his way and of her legs with one arthen used that morn Resident #1 onto he motion. Resident #1 hit so hard she bour	ned "stop it, stop it. Don't from me." Staff B got off and Resident #1 said g me. Get someone else to me." Staff B said "don't ring to help get you into any reason to sass me." aff B continued to ent #1's night shirt on over as she continued to said Staff B then pulled ely open again.  ent #2, Staff B came from put both of his arms o lift her from the a "scooped her up" and sto move the wheelchair caught Resident #1 under m, like cradling a baby,			Page 9 of 15
					Page <b>9</b> of <b>15</b>

Facility Administrator

Date

Citation Number: 6810		Fine amount of \$7,000 was recount of \$7,000 was recount to Iowa Count to Iowa Count 135C.43A.			, 2018
Facility Name: Fleur Heights (			Survey I	Dates:	
Facility Addres	ss/City/State/Zip		May 2-10	0, 2018	
4911 SW 19 <sup>th</sup> S	treet	MW			
Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date
	get somebody else. Staff B as a big guy Resident #2 said sh stop. She doesn't w get somebody else. #2, Staff B said nob because they were Resident #1 moane Staff B covered Reswheelchair and left Resident #2 said sh you OK Grandma?" "yes, I'm OK". Resident #2 said sh you OK Grandma?" "yes, I'm OK". Resident #2 said on sleep very well a night. Resident #2 said on to tice Resident #2 said on Staff G, CNA came she laid in her bed. notice Resident #1	the room.  The asked Resident #1 "are after he left and she said dent #2 said Resident #1 did after that and had a bad said "when Grandma is Resident #2 said she did #1 having any pain the nexter that she did.  The morning of 3/21/18 in to dress Resident #1 as Resident #2 said she didn't had any pain while Staff G went into the hall to find	t		Page <b>10</b> of <b>1</b>

Facility Administrator

Citation Numb	er:	Fine amount of \$7,000 was rec 05, 2018. Pursuant to Iowa Co 135C.43A.		l -	ate: une 7,	2018
Facility Name: Fleur Heights			Survey [	Dates:		
	ss/City/State/Zip		May 2-10	May 2-10, 2018		
4911 SW 19 <sup>th</sup> S	Street					
		MW				
Rule or Code Section	Natur	e of Violation	Class	Fine Am	ount	Correction date
	behind her. Resider entered the room ar Resident #1 from he (alone) while Staff J #2 said that is when that her leg hurt.  Resident #2 said Re of her bed, and Staff lifted her, spun her a wheelchair. Resident #1's feet to stand/pivot/transfer picked her up. Resident #1 to brea been complaining of because most of the the nurses station in her back in bed (alone Resident #2 said the she saw people transfer her back in the said Staff G if her up and she said	or if Staff G literally dent #2 said they took kfast and she must have				Page <b>11</b> of <b>1</b>

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**Facility Administrator** 

Citation Numb	oer:	Fine amount of \$7,000 was rec 05, 2018. Pursuant to Iowa Co 135C.43A.			Date: June 7,	2018
Facility Name: Fleur Heights			Survey I	Dates:		
_	ss/City/State/Zip		May 2-10	0, 2018		
4911 SW 19 <sup>th</sup> S						
4911 300 19	Street	MW				
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	and she did not know Resident #2 said St p.m. and she told he pain. Resident #2 sand they got an ord.  When interviewed of Staff G reported Releg pain when she gas/21/18. Staff G said Resident #1 alone to assisting her to star said Resident #1 us and bear weight with said she could not retransferred her alone Resident #1 could retransfer. Staff G said was in the room at the see any physical signommate did not woon. Staff G said she #1 to the shower room and the see and	on 5/9/18 at 3:50 p.m. with esident #1 complained of got her up the morning of d they usually transferred by giving her a hug and ad/pivot transfer. Staff G sually was able to stand h assist of one. Staff G				Page <b>12</b> of <b>1</b>

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**Facility Administrator** 

Citation Number: 6810		Fine amount of \$7,000 was received on October 05, 2018. Pursuant to Iowa Code Section 135C.43A.			Date: June 7, 2018		
Facility Name: Fleur Heights Center  Facility Address/City/State/Zip  4911 SW 19 <sup>th</sup> Street  Rule or Code Section  Nature			Survey Dates:				
			May 2-10, 2018				
		MW					
		re of Violation	Class	Fine Amount	Correction date		
	off and raised her gown they saw a nasty bruise on her right shin. Staff G described the bruise as purplish in color, kind of long and about 1 to 2 inches wide. She told Staff A about the bruise and said she needed to go look at it. Staff G said she finished getting residents up after telling the nurse about the bruise and Staff J stayed with Resident #1 in the shower. Staff G said she never received report from the overnight shift and no one said anything about a bruise.  Staff G continued that she saw Resident #1 at the nurse's station between 9:00 - 10:00 a.m. and put her to bed with the help of another aid. Staff G said Resident #1 did not get out of bed for the remainder of her shift. She checked on her before lunch and she stayed in bed. Staff G said she believed one of the nurses said to leave her in bed because she was resting; but she did not remember who. Staff G said she checked on Resident #1 about 1:30 p.m. before she left and she was still sleeping. Staff G said she did not know if Staff A followed up on the report of Resident #1's pain and bruised leg. Staff G said she told Staff F about the				Page <b>13</b> of		

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Date

Citation Number: 6810		Fine amount of \$7,000 was received on October 05, 2018. Pursuant to Iowa Code Section 135C.43A.			Date: June 7, 2018	
Facility Name: Fleur Heights Center			Survey Dates: May 2-10, 2018			
Facility Address/City/State/Zip						
4911 SW 19 <sup>th</sup> Street		MW				
Rule or Code Natur		e of Violation	Class	Class Fine Amount Co		
	off at shift change. So noticed if Resident is problems in the day.  When interviewed of J, CNA stated she was room nor did she he bed on the morning Staff G brought Reservom and the resident hurting. The resident hurting. The resident her in any way, ever console her. Staff J about 6" long and 1 shin and she immed A, LPN as Staff G to nurse's station.  During an interview Staff I, CNA stated #1's roommate) know kind of supervises of care when staff go it advocates for Resident.	on 5/7/18 at 2:05 p.m. Staff was not in Resident #1's elp get her up or put her to of 3/21/18. Staff J said sident #1 to the shower ent complained of her leg at wouldn't let her assist in when she tried to said she saw a bruise "wide on the resident's diately reported it to Staff book Resident #1 to the on 5/3/18 at 12:05 p.m. Resident #2 (Resident #2 dent #1, she informs staff of Resident #1, like "she				Page <b>14</b> of <b>1</b>

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**Facility Administrator** 

Citation Number: 6810		Fine amount of \$7,000 was rec 05, 2018. Pursuant to Iowa Co 135C.43A.				2018
Facility Name: Fleur Heights Center Facility Address/City/State/Zip			Survey Dates: May 2-10, 2018			
				o, =0.0		
4911 SW 19 <sup>th</sup> S	Street	MW				
Rule or Code Section	Natur	re of Violation	Class	Fine A	Amount	Correction date
	when asked what h Resident #1 replied	ed on 5/9/18 at 9:15 a.m. appened to her casted leg I "I ran into someone". eg hurt, Resident #1 said				
						Page <b>15</b> of <b>1</b> !
Facilit	tv Administrator	Dat	е		_	