

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

<b>Citation Number:</b> <b>#6837</b>	<b>Fine amount reduced by 35% reduction to \$5,200.00 on October 02, 2018. Pursuant to Iowa Code Section 135C.43A.</b>	<b>Date:</b> <b>9/13/18</b>
<b>Facility Name:</b> <b>Donnellson Health Center</b>	<b>Survey Dates:</b> <b>July 18 – August 13, 2018</b>	
<b>Facility Address/City/State/Zip</b> <b>901 State St</b> <b>Donnellson, IA 52625</b>	<b>JKM</b>	
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class</b>
		<b>Fine Amount</b>
		<b>Correction date</b>

<b>58.28(3)e</b>	<p><b>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)</b></p> <p><b>58.28(3) Resident safety</b></p> <p><b>e. Each resident shall receive adequate supervision to protect against hazards from self, others, or elements in the environment. (I, II, III)</b></p> <p><b>DESCRIPTION:</b></p> <p>Based on observation, record review, and staff, physician and family member interviews, the facility failed to provide adequate supervision to protect against hazards from injuries from falls for residents with history of falls for 3 of 6 resident records reviewed with fall histories (Residents #2, #3 and #4). Due to repeated falls, Resident #3 sustained a closed fracture of the right, 5th metatarsal bone (toe), a small rug burn on right knee, 4 small abrasions/bruises on right forearm, a closed, displaced fracture of the right greater trochanter, contusion of left hip,</p>	<b>I</b>	<b>\$7,500</b>	<b>Upon Receipt</b>
------------------	---	----------	----------------	---------------------

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

\_\_\_\_\_  
Date

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

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

<b>Citation Number:</b> <b>#6837</b>	<b>Fine amount reduced by 35% reduction to \$5,200.00 on October 02, 2018. Pursuant to Iowa Code Section 135C.43A.</b>	<b>Date:</b> <b>9/13/18</b>
<b>Facility Name:</b> <b>Donnellson Health Center</b>	<b>Survey Dates:</b> <b>July 18 – August 13, 2018</b>	
<b>Facility Address/City/State/Zip</b> <b>901 State St</b> <b>Donnellson, IA 52625</b>	<b>JKM</b>	
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class      Fine Amount      Correction date</b>

	<p>facial contusion, a bloody nose, and another bruise to the right arm. In addition, Resident #4 sustained an acute, mildly displaced, transcervical left femoral neck fracture due to a fall, and Resident #2 fell face forward from a wheelchair and sustained an abrasion to the forehead. The facility reported a census of 51 residents.</p> <p>Findings include:</p> <p>1. The Minimum Data Set (MDS) Assessment tool dated 6/4/18 revealed Resident #3 admitted to the facility's dementia unit on 2/5/18, with diagnoses that included diabetes, dementia, and depression. The MDS identified the resident scored 5 out of 15 points possible on the Brief Interview of Mental Status (BIMS) cognitive assessment (severe cognitive impairment), and displayed symptoms of delirium. The MDS documented the resident required extensive assistance of at least 1 staff for transfers to and from the bed and chair, bathing, dressing, toilet use and personal hygiene. The MDS documented the resident as always incontinent of bowel</p>			
--	---	--	--	--

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

\_\_\_\_\_  
Date

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

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

<b>Citation Number:</b> <b>#6837</b>	<b>Fine amount reduced by 35% reduction to \$5,200.00 on October 02, 2018. Pursuant to Iowa Code Section 135C.43A.</b>	<b>Date:</b> <b>9/13/18</b>
<b>Facility Name:</b> <b>Donnellson Health Center</b>	<b>Survey Dates:</b> <b>July 18 – August 13, 2018</b>	
<b>Facility Address/City/State/Zip</b> <b>901 State St</b> <b>Donnellson, IA 52625</b>	<b>JKM</b>	
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class      Fine Amount      Correction date</b>

	<p>and frequently incontinent of bladder, and revealed the resident experienced 2 or more falls without injury since the previous assessment completed on 4/4/18.</p> <p>A fall risk problem on the nursing care plan initiated on 2/5/18 contained interventions and information that included:</p> <p>2/5/18 - Assist resident with appropriate footwear with ambulation (walking) or transfers.</p> <p>2/5/18 - Ensure call light within reach and remind resident to use it for assistance, as the resident required prompt response to all requests for assistance.</p> <p>2/12/18 - Remind the resident to use front-wheeled walker for ambulation.</p> <p>2/22/18 - Apply sign to the walker: "Please use me," and follow order for physical and occupational therapy for evaluation and treatment.</p> <p>4/29/18 - Contact physician for concerns with antidepressant medication, order MRI scan, and start 15 minute checks.</p> <p>5/8/18 - Pressure alarm at all times.</p>			
--	---	--	--	--

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

\_\_\_\_\_  
Date

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

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

<b>Citation Number:</b> <b>#6837</b>	<b>Fine amount reduced by 35% reduction to \$5,200.00 on October 02, 2018. Pursuant to Iowa Code Section 135C.43A.</b>	<b>Date:</b> <b>9/13/18</b>
<b>Facility Name:</b> <b>Donnellson Health Center</b>	<b>Survey Dates:</b> <b>July 18 – August 13, 2018</b>	
<b>Facility Address/City/State/Zip</b> <b>901 State St</b> <b>Donnellson, IA 52625</b>	<b>JKM</b>	
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class      Fine Amount      Correction date</b>

	<p>5/8/18 - Resident to wear hipsters (hip pads).  5/21/18 - Staff to encourage hydration as ordered by physician.  6/9/18 - Lower clothing rod in closet.  7/13/18 - Apply non-skid strips on the floor by the closet.</p> <p>A dementia problem on the nursing care plan, initiated 2/12/18, contained interventions and information that included:</p> <p>2/12/18 - Resident exhibited unsteady gait.  2/12/18 - Staff assistance for toilet use every 2 hours and as needed.  2/12/18 - Staff assistance for personal hygiene and perineal care.  2/12/18 - Staff assistance for dressing and undressing.  5/7/18 - Staff assistance of 1 with gait belt for transfers with four wheeled walker.  6/7/18 - Staff assistance of 1 with gait belt for ambulation with four wheeled walker.  7/19/18 - Resident had and used E-cigarettes</p> <p>Physician order dated 5/30/18 directed staff to offer 8 ounces of water every 2 hours</p>			
--	---	--	--	--

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

\_\_\_\_\_  
Date

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

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

<b>Citation Number:</b> <b>#6837</b>	<b>Fine amount reduced by 35% reduction to \$5,200.00 on October 02, 2018. Pursuant to Iowa Code Section 135C.43A.</b>	<b>Date:</b> <b>9/13/18</b>
<b>Facility Name:</b> <b>Donnellson Health Center</b>	<b>Survey Dates:</b> <b>July 18 – August 13, 2018</b>	
<b>Facility Address/City/State/Zip</b> <b>901 State St</b> <b>Donnellson, IA 52625</b>	<b>JKM</b>	
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class      Fine Amount      Correction date</b>

	<p>while awake for hydration.</p> <p>Nurse's Notes and facility incident reports documented the resident had the following falls and outcomes as noted:</p> <ol style="list-style-type: none"> <li>1. 2/12/18 at 1:30 p.m., Staff D, licensed practical nurse (LPN), documented the resident opened the door to the patio with her buttocks, and landed on her buttocks in the snow. The staff sent the resident to the hospital emergency room (ER), where a closed fracture of the right 5th metatarsal bone was diagnosed. The resident returned to the facility in a cam-boot with weight bearing as tolerated, and a referral to an orthopedic physician.</li> <li>2. 2/22/18 at 2:10 a.m., Staff E, LPN, wrote the resident ambulated in the hall without her walker, tripped over the cam-boot, fell, landed on her right side with a sliding motion, and sustained a small rug burn on the right knee and 4 small abrasions/bruises on right forearm. A certified nursing assistant (CNA) witnessed the fall and staff reminded the resident to use a walker with ambulation.</li> </ol>			
--	--	--	--	--

\_\_\_\_\_  
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**

<b>Citation Number:</b> <b>#6837</b>	<b>Fine amount reduced by 35% reduction to \$5,200.00 on October 02, 2018. Pursuant to Iowa Code Section 135C.43A.</b>	<b>Date:</b> <b>9/13/18</b>
<b>Facility Name:</b> <b>Donnellson Health Center</b>	<b>Survey Dates:</b> <b>July 18 – August 13, 2018</b>	
<b>Facility Address/City/State/Zip</b> <b>901 State St</b> <b>Donnellson, IA 52625</b>	<b>JKM</b>	
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class      Fine Amount      Correction date</b>

	<p>3. 2/26/18 at 7:00 p.m., Staff F, LPN, documented the resident reported an unwitnessed fall when she fell out of her roommate's recliner. Staff found no injuries and educated the resident regarding the importance of using her call light.</p> <p>4. 2/27/18 at 4:05 p.m., Staff F wrote the resident reported an unwitnessed fall in which she slipped and fell on spilled soda on the floor, and hit her knees and head. No injuries were identified and staff assisted the resident to a common area for closer monitoring.</p> <p>5. 3/1/18 at 8:45 a.m., Staff G, RN, described an unwitnessed fall in the shower room, when staff found the resident unclothed and on her right side. The resident stated she hit her head and complained of right arm and right hip pain. Staff sent the resident to the ER where she was diagnosed with a urinary tract infection and returned with an antibiotic prescription, her medications reviewed, and an MRI scan scheduled.</p> <p>6. 3/8/18 at 6:44 a.m., Staff D documented an unwitnessed fall, when staff found the</p>			
--	--	--	--	--

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

\_\_\_\_\_  
Date

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

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

<b>Citation Number:</b> <b>#6837</b>	<b>Fine amount reduced by 35% reduction to \$5,200.00 on October 02, 2018. Pursuant to Iowa Code Section 135C.43A.</b>	<b>Date:</b> <b>9/13/18</b>
<b>Facility Name:</b> <b>Donnellson Health Center</b>	<b>Survey Dates:</b> <b>July 18 – August 13, 2018</b>	
<b>Facility Address/City/State/Zip</b> <b>901 State St</b> <b>Donnellson, IA 52625</b>	<b>JKM</b>	
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class      Fine Amount      Correction date</b>

	<p>resident on her hands and knees. The resident stated she could not feel her legs and complained of right hip pain. Staff, sent to the resident to the ER, where she was diagnosed with musculoskeletal pain and the need for close outpatient follow up. The record contained no incident report for the event.</p> <p>7. 4/4/18 at 5:30 a.m., Staff A, LPN, wrote a CNA saw the resident stood from the couch, took a few steps without her walker, stumbled to the couch, flipped over, and fell to the floor. Staff noted no injuries and educated the resident to use her walker.</p> <p>8. 4/8/18 at 12:40 a.m., Staff A documented an unwitnessed fall when the resident ambulated without her walker and ran into the night stand. Staff found her on top of the night stand and against the dresser with no injuries. Facility staff recommended no new interventions.</p> <p>9. 4/18/18 at 2:00 a.m., Staff E described an unwitnessed fall when resident ambulated without her walker and complained of pain in the right thigh area. Staff noted the resident could ambulate with her walker, but sent her</p>			
--	--	--	--	--

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

\_\_\_\_\_  
Date

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

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

<b>Citation Number:</b> <b>#6837</b>	<b>Fine amount reduced by 35% reduction to \$5,200.00 on October 02, 2018. Pursuant to Iowa Code Section 135C.43A.</b>	<b>Date:</b> <b>9/13/18</b>
<b>Facility Name:</b> <b>Donnellson Health Center</b>	<b>Survey Dates:</b> <b>July 18 – August 13, 2018</b>	
<b>Facility Address/City/State/Zip</b> <b>901 State St</b> <b>Donnellson, IA 52625</b>	<b>JKM</b>	
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class      Fine Amount      Correction date</b>

	<p>to the ER, where she was diagnosed with a urinary tract infection and hip contusion. Resident #3 returned to the facility with orders for an antibiotic. Interventions included the resident to ambulate with assist of 1 or 2 staff and walker, and physical therapy to treat the resident's mobility.</p> <p>10. 4/19/18 at 1:10 p.m., Staff E described an unwitnessed fall near the nurse's station. Staff found the resident on the floor with her walker near her head. The resident complained of right hip pain. Staff transferred the resident to a bed via mechanical lift, and applied a personal alarm.</p> <p>11. 4/25/18 at 7:15 a.m., Staff D, LPN, described an unwitnessed fall near the nurse's station. The resident lay on her left side on the left wheel chair foot pedal. The right foot pedal was over her, with the wheel chair tipped over and folded around her, right arm stuck between the side of the wheel chair and the arm rest. The resident had pain with range of motion, so staff sent her to the ER. She returned with diagnoses of urinary tract infection and dehydration.</p> <p>12. 4/28/18 at 6:30 p.m., Staff H, RN,</p>			
--	---	--	--	--

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

\_\_\_\_\_  
Date

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



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

<b>Citation Number:</b> <b>#6837</b>	<b>Fine amount reduced by 35% reduction to \$5,200.00 on October 02, 2018. Pursuant to Iowa Code Section 135C.43A.</b>	<b>Date:</b> <b>9/13/18</b>
<b>Facility Name:</b> <b>Donnellson Health Center</b>	<b>Survey Dates:</b> <b>July 18 – August 13, 2018</b>	
<b>Facility Address/City/State/Zip</b> <b>901 State St</b> <b>Donnellson, IA 52625</b>	<b>JKM</b>	
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class      Fine Amount      Correction date</b>

	<p>described an unwitnessed fall in which the resident stood from bed. The pressure alarm remained in wheel chair and had not been used. The resident presented with an abnormal neurological examination. Staff sent the resident to the ER. She returned to the facility with a diagnosis of closed displaced fracture of the right greater trochanter and orders for partial weight bearing with use of walker at all times and referral to orthopedic physician. The record did not contain an incident report that described the event, and staff implemented no new interventions.</p> <p>13. 4/29/18 at 10:20 a.m., Staff E described an unwitnessed fall. The resident removed the alarm, stood by the dresser without her walker, fell, and hit her head and nose on dresser. The resident's nose bled and she complained of head, left wrist, nose and right leg pain. Staff sent her directly to the ER and she returned to the facility with contusions of the left hip and face. Staff implemented 15 minute checks.</p> <p>14. 5/4/18 at 1:00 p.m., Staff E described an unwitnessed fall from the wheel chair. The resident's alarm sounded when she</p>			
--	---	--	--	--

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

\_\_\_\_\_  
Date

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

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

<b>Citation Number:</b> <b>#6837</b>		<b>Fine amount reduced by 35% reduction to \$5,200.00 on October 02, 2018. Pursuant to Iowa Code Section 135C.43A.</b>		<b>Date:</b> <b>9/13/18</b>	
<b>Facility Name:</b> <b>Donnellson Health Center</b>		<b>Survey Dates:</b> <b>July 18 – August 13, 2018</b>			
<b>Facility Address/City/State/Zip</b> <b>901 State St Donnellson, IA 52625</b>					
		<b>JKM</b>			
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class</b>	<b>Fine Amount</b>	<b>Correction date</b>	

	<p>attempted a self-transfer to a recliner chair. Staff found no injuries.</p> <p>15. 5/8/18 at 2:45 p.m., Staff E described an unwitnessed fall when the resident self-transferred from her recliner to wheel chair. The note contained no documentation related to the use of walker or alarm. The resident complained of pain in the coccyx area. Interventions included staff to apply hipsters to the resident's hips and a bed alarm to the resident's bed.</p> <p>16. 5/12/18 at 1:45 p.m., Staff E documented the resident sat unattended outside on the patio in her wheelchair; staff heard alarm and found the resident on her right side. The resident reported she hit her head. Staff documented no injuries identified and staff to perform 15 minute checks if patio door unlocked.</p> <p>17. 5/21/18 at 6:30 a.m., Staff D described an unwitnessed fall when the resident stood from the wheel chair to obtain clothes from her closet (no mention of alarm or walker in note). The resident stated she fell because the floor was wet. Staff identified the resident had urinated on the floor and noted a bruise</p>			
--	---	--	--	--

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

\_\_\_\_\_  
Date

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

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

<b>Citation Number:</b> <b>#6837</b>	<b>Fine amount reduced by 35% reduction to \$5,200.00 on October 02, 2018. Pursuant to Iowa Code Section 135C.43A.</b>	<b>Date:</b> <b>9/13/18</b>
<b>Facility Name:</b> <b>Donnellson Health Center</b>	<b>Survey Dates:</b> <b>July 18 – August 13, 2018</b>	
<b>Facility Address/City/State/Zip</b> <b>901 State St</b> <b>Donnellson, IA 52625</b>	<b>JKM</b>	
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class      Fine Amount      Correction date</b>

	<p>on the resident's right arm.</p> <p>18. 5/29/18 at 9:00 a.m., Staff D described an unwitnessed fall when the resident tripped over the wheel chair foot pedals and lost her balance. Resident #3 complained of right wrist pain. The alarm in the wheel chair did not sound. Staff were to remove foot pedals from wheel chair unless in use by resident.</p> <p>19. 6/9/18 at 12:45 p.m., Staff E described an unwitnessed fall by the resident's closet. The resident had placed clothes in her wheel chair "packing to go home." The alarm did not sound. Intervention: staff to provide activities for resident.</p> <p>20. 6/27/18 at 5:45 a.m., Staff A described staff witnessed the resident rise from the wheel chair, the wheel chair moved, and the resident fell. No injuries identified.</p> <p>21. 7/3/18 at 3:15 p.m., Staff I, RN, described an unwitnessed fall when staff responded to the alarm. The resident reported she slipped when she attempted to transfer to her wheel chair. Staff to provide frequent reminders.</p> <p>22. 7/4/18 at 4:15 p.m., Staff I documented the staff witnessed Resident #3 fell</p>			
--	--	--	--	--

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

\_\_\_\_\_  
Date

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

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

<b>Citation Number:</b> <b>#6837</b>	<b>Fine amount reduced by 35% reduction to \$5,200.00 on October 02, 2018. Pursuant to Iowa Code Section 135C.43A.</b>	<b>Date:</b> <b>9/13/18</b>
<b>Facility Name:</b> <b>Donnellson Health Center</b>	<b>Survey Dates:</b> <b>July 18 – August 13, 2018</b>	
<b>Facility Address/City/State/Zip</b> <b>901 State St</b> <b>Donnellson, IA 52625</b>	<b>JKM</b>	
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class      Fine Amount      Correction date</b>

	<p>backwards when she stood with the walker. Staff to prompt the resident to get up between 3:00 p.m. and 4:00 p.m.</p> <p>23. 7/31/18 at 6:30 a.m., Staff J documented the resident found on floor in common area upon her return to the unit.</p> <p>The facility's undated Smoking Contract policy directed:</p> <ol style="list-style-type: none"> <li>1. Smoking status will be assessed prior to or upon admission.</li> <li>2. The Smoking Assessment form utilized on admission and as needed to assess resident safety.</li> <li>3. Electronic cigarettes may be permitted inside.</li> </ol> <p>The resident's record lacked any completed Smoking Assessment forms.</p> <p>Observations revealed:</p> <p>7/18/18 at 2:55 p.m. - Resident #3 seated in her wheel chair in the common area. The resident held an electronic cigarette that</p>			
--	---	--	--	--

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

\_\_\_\_\_  
Date

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

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

<b>Citation Number:</b> <b>#6837</b>		<b>Fine amount reduced by 35% reduction to \$5,200.00 on October 02, 2018. Pursuant to Iowa Code Section 135C.43A.</b>		<b>Date:</b> <b>9/13/18</b>	
<b>Facility Name:</b> <b>Donnellson Health Center</b>		<b>Survey Dates:</b> <b>July 18 – August 13, 2018</b>			
<b>Facility Address/City/State/Zip</b> <b>901 State St Donnellson, IA 52625</b>					
		<b>JKM</b>			
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class</b>	<b>Fine Amount</b>	<b>Correction date</b>	

	<p>wasn't powered with the chair pad alarm in use. 7/31/18 at 8:10 a.m. and 12:50 p.m., Resident sat in her wheel chair, chair pad alarm in use, foot pedals off the wheel chair while she self-propelled it with her feet. The resident held an electronic cigarette that wasn't activated.</p> <p>Staff, physician and family interviews revealed:</p> <p>7/31/18 at 9:05 a.m., Staff D stated the resident was impulsive and had many falls from self-transfers. Staff D reported the resident had an electronic cigarette and the CNA's charged the batteries. Staff D added the resident used the electronic cigarette by herself on the dementia unit.</p> <p>7/19/18 at 1:24 p.m., Staff K, CNA, reported the resident used electronic cigarettes in the dementia unit. Staff D stated the facility staff recharged the batteries and notified family when the resident needed more cartridges.</p>			
--	--	--	--	--

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

\_\_\_\_\_  
Date

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

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

<b>Citation Number:</b> <b>#6837</b>	<b>Fine amount reduced by 35% reduction to \$5,200.00 on October 02, 2018. Pursuant to Iowa Code Section 135C.43A.</b>	<b>Date:</b> <b>9/13/18</b>
<b>Facility Name:</b> <b>Donnellson Health Center</b>	<b>Survey Dates:</b> <b>July 18 – August 13, 2018</b>	
<b>Facility Address/City/State/Zip</b> <b>901 State St</b> <b>Donnellson, IA 52625</b>	<b>JKM</b>	
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class      Fine Amount      Correction date</b>

	<p>7/19/18 at 1:36 p.m., Staff J, CNA, stated the resident used electronic cigarettes independently and staff charged the batteries and helped the resident with the cartridges. Staff J added all staff aware the resident had it. Staff J reported the nurses instructed the aides when the residents required checks every 15 minutes due to fall risk, although they didn't have any resident currently on the 15 minute checks.</p> <p>8/1/18 at 11:35 a.m., the DON stated residents could use electronic cigarettes in the facility and in the dementia unit, she expected staff to charge the batteries, switch cartridges, notify family if more supplies were needed, and didn't expect staff to supervise the residents when they used them. The DON stated she expected staff to identify factors that contributed to a resident's fall and get ahead of it, such as take the resident to the toilet every few hours, if an alarm used the resident should be able to stand for 30 seconds so staff could get to them. The DON reported the resident fell at 6:30 a.m. on 7/31/18 when she self-transferred from her</p>			
--	--	--	--	--

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

\_\_\_\_\_  
Date

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

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

<b>Citation Number:</b> <b>#6837</b>	<b>Fine amount reduced by 35% reduction to \$5,200.00 on October 02, 2018. Pursuant to Iowa Code Section 135C.43A.</b>	<b>Date:</b> <b>9/13/18</b>
<b>Facility Name:</b> <b>Donnellson Health Center</b>	<b>Survey Dates:</b> <b>July 18 – August 13, 2018</b>	
<b>Facility Address/City/State/Zip</b> <b>901 State St Donnellson, IA 52625</b>	<b>JKM</b>	
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class      Fine Amount      Correction date</b>

	<p>wheel chair in the common area with only 1 of the brakes locked. The CNA's were in resident rooms for cares and the nurse had left the unit for a few minutes to obtain a pitcher of ice water for her morning med pass.</p> <p>7/23/18 at 7:20 p.m., the physician of record for Residents #2, #3, and #4 stated she was very concerned about the nursing supervision and number of falls the residents at the facility sustained. She reported the facility notified her via fax (facsimile) of the residents' falls and it was not uncommon to have from 4 to 8 of the notifications daily. She added facility residents were dehydrated as confirmed through laboratory tests and several observations in the dementia unit where the resident's seldom had anything to drink. The physician stated the dehydration contributed to the residents' dehydration diagnoses (where applicable) and she met with the DON in April to state her concerns.</p> <p>8/13/18 at 6:35 p.m., the resident's family member stated the resident experienced</p>			
--	--	--	--	--

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

\_\_\_\_\_  
Date

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

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

<b>Citation Number:</b> <b>#6837</b>	<b>Fine amount reduced by 35% reduction to \$5,200.00 on October 02, 2018. Pursuant to Iowa Code Section 135C.43A.</b>	<b>Date:</b> <b>9/13/18</b>
<b>Facility Name:</b> <b>Donnellson Health Center</b>	<b>Survey Dates:</b> <b>July 18 – August 13, 2018</b>	
<b>Facility Address/City/State/Zip</b> <b>901 State St</b> <b>Donnellson, IA 52625</b>	<b>JKM</b>	
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class      Fine Amount      Correction date</b>

	<p>many falls when she lived in her own at home and that was the reason why Resident #3 had to go to the nursing home. The family member reported being concerned about the resident's injuries from the falls.</p> <p>2. The MDS dated 7/9/18 revealed Resident #4 had diagnoses that included diabetes, hip fracture, other fracture, non-Alzheimer's dementia, and depression and displayed severe cognitive impairment. The MDS revealed the resident required extensive assistance of at least 1 staff for transfers to and from bed and chair, bathing, dressing, toilet use, personal hygiene and ambulation, and had 2 or more falls without injury since the previous assessment completed 6/20/18.</p> <p>A fall history problem on the nursing care plan, initiated 7/25/17, had interventions and directives that included:</p> <p>8/15/17 - Assist resident with appropriate footwear for ambulation and transfers.</p> <p>3/23/18 - Non-skid socks at night.</p>			
--	--	--	--	--

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

\_\_\_\_\_  
Date

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



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

<b>Citation Number:</b> <b>#6837</b>	<b>Fine amount reduced by 35% reduction to \$5,200.00 on October 02, 2018. Pursuant to Iowa Code Section 135C.43A.</b>	<b>Date:</b> <b>9/13/18</b>
<b>Facility Name:</b> <b>Donnellson Health Center</b>	<b>Survey Dates:</b> <b>July 18 – August 13, 2018</b>	
<b>Facility Address/City/State/Zip</b> <b>901 State St</b> <b>Donnellson, IA 52625</b>	<b>JKM</b>	
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class      Fine Amount      Correction date</b>

	<p>5/25/18 - Request physical and occupational therapy for strengthening and safety with transfers.</p> <p>5/31/18 - Educate staff to leave wheel chair within the resident's reach.</p> <p>6/1/18 - Pressure alarm on bed.</p> <p>6/1/18 - Transfer and ambulate with 2 staff assist, gait belt and four wheeled walker.</p> <p>6/3/18 - Staff to remove foot pedals from wheel chair when not in use.</p> <p>6/13/18 - Resident to wear hipsters.</p> <p>Nurse's Notes and incident reports revealed the resident had the following falls and outcomes:</p> <p>1. 5/25/18 at 3:00 p.m., Staff F, LPN described an unwitnessed fall when staff found the resident on the floor next to a recliner with no injuries identified.</p> <p>2. 5/31/18 at 10:30 p.m., Staff I, RN described a witnessed fall when staff saw the resident ambulating in the hall without a walker and no injuries identified. Staff to positron walker where the resident would see it before attempting ambulation.</p>			
--	--	--	--	--

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

\_\_\_\_\_  
Date

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

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

<b>Citation Number:</b> <b>#6837</b>	<b>Fine amount reduced by 35% reduction to \$5,200.00 on October 02, 2018. Pursuant to Iowa Code Section 135C.43A.</b>	<b>Date:</b> <b>9/13/18</b>
<b>Facility Name:</b> <b>Donnellson Health Center</b>	<b>Survey Dates:</b> <b>July 18 – August 13, 2018</b>	
<b>Facility Address/City/State/Zip</b> <b>901 State St</b> <b>Donnellson, IA 52625</b>	<b>JKM</b>	
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class      Fine Amount      Correction date</b>

	<p>3. 6/1/18 at 8:00 p.m., Staff I described an unwitnessed fall when staff found the resident on the bathroom floor as she had ambulated there without the walker. The resident reported she hit her head and the assessment revealed a small purple mark on the left side of the neck. Staff placed a bed alarm on the bed due to the resident's repeated attempts to self-transfer. No other injuries assessed.</p> <p>4. 6/3/18 at 12:45 p.m., Staff D, LPN documented an unwitnessed fall when the resident self-transferred from wheel chair to bed and landed on the left wheel chair foot pedal. Staff found no other injuries. Staff to remove the wheel chair foot pedals when not in use.</p> <p>5. 6/3/18 at 9:40 p.m., Staff L, RN described an unwitnessed fall when staff responded to the bed alarm and found the resident on their left side by bathroom entry. The resident complained of pain to the left mid side and pain to knee with previous abrasion area, no other injuries assessed. Staff encouraged the resident to use the call light.</p> <p>6. 6/4/18 at 6:30 p.m., Staff E described the</p>			
--	---	--	--	--

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

\_\_\_\_\_  
Date

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

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

<b>Citation Number:</b> <b>#6837</b>	<b>Fine amount reduced by 35% reduction to \$5,200.00 on October 02, 2018. Pursuant to Iowa Code Section 135C.43A.</b>	<b>Date:</b> <b>9/13/18</b>
<b>Facility Name:</b> <b>Donnellson Health Center</b>	<b>Survey Dates:</b> <b>July 18 – August 13, 2018</b>	
<b>Facility Address/City/State/Zip</b> <b>901 State St</b> <b>Donnellson, IA 52625</b>	<b>JKM</b>	
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class      Fine Amount      Correction date</b>

	<p>resident's fall in the dining room. After she stood up, her left foot caught behind the other foot and she fell to the floor. The resident complained of left arm pain and cried out in pain when staff attempted to assist her to stand and she rubbed her left leg. Staff sent the resident to the ER. The hospital identified an acute mildly displaced transcervical left femoral neck fracture. The resident admitted to the hospital with surgical repair required and returned to the facility on 6/11/18 with orders for fall precautions, ambulation with walker at all times, and resident to drink at least 6 glasses of water during the day.</p> <p>7. 6/25/18 at 3:15 a.m., Staff M, LPN described an unwitnessed fall when staff found the resident on the bathroom floor with no injuries found and no mention of the resident's walker or alarm in the report. The resident to wear non-skid socks when in bed.</p> <p>8. 7/8/18 at 3:55 a.m., Staff N, RN, described an unwitnessed fall when the resident rolled out of bed. Staff assessed no injuries and would place a fall mat next to the resident's bed.</p>			
--	--	--	--	--

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

\_\_\_\_\_  
Date

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

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

<b>Citation Number:</b> <b>#6837</b>	<b>Fine amount reduced by 35% reduction to \$5,200.00 on October 02, 2018. Pursuant to Iowa Code Section 135C.43A.</b>	<b>Date:</b> <b>9/13/18</b>
<b>Facility Name:</b> <b>Donnellson Health Center</b>	<b>Survey Dates:</b> <b>July 18 – August 13, 2018</b>	
<b>Facility Address/City/State/Zip</b> <b>901 State St Donnellson, IA 52625</b>	<b>JKM</b>	
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class      Fine Amount      Correction date</b>

	<p>A facility Daily Census sheet dated 6/4/18 revealed 18 residents in the unit that day, 9 of the 18 had recent fall histories.</p> <p>Observations of the resident revealed:</p> <p>7/18/18 at 12:15 p.m., resident seated in a wheel chair in the dining room, dressed, shoes on with feet on foot pedals of wheel chair.</p> <p>7/18/18 at 2:55 p.m., the resident remained seated in the wheel chair and at a large round table in the common area with other residents.</p> <p>7/31/18 at 9:42 a.m., the resident sat in a wheel chair at a large table in the common area. The resident was dressed with their shoes on and feet on the foot rests of wheel chair.</p> <p>Staff interviews revealed:</p> <p>7/31/18 at 2:48 p.m., Staff E stated she worked in the unit the evening shift on 6/4/18, was not in the dining room when the</p>			
--	---	--	--	--

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

\_\_\_\_\_  
Date

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

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

<b>Citation Number:</b> <b>#6837</b>	<b>Fine amount reduced by 35% reduction to \$5,200.00 on October 02, 2018. Pursuant to Iowa Code Section 135C.43A.</b>	<b>Date:</b> <b>9/13/18</b>
<b>Facility Name:</b> <b>Donnellson Health Center</b>	<b>Survey Dates:</b> <b>July 18 – August 13, 2018</b>	
<b>Facility Address/City/State/Zip</b> <b>901 State St</b> <b>Donnellson, IA 52625</b>	<b>JKM</b>	
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class      Fine Amount      Correction date</b>

	<p>resident fell and didn't observe the fall. She stated the aides would have been in the dining room.</p> <p>8/1/18 at 10:08 a.m., Staff O, CNA stated she worked in the unit on the evening shift on 6/4/18. Staff O reported she was in the dining room and assisted Resident #5 with the evening meal. She stated she faced away from the exterior wall and did not see the resident fall. She stated she was made aware of the fall when a visitor said the resident had fallen and there were no other staff in the dining room at the time.</p> <p>8/1/18 at 11:05 a.m., Staff P, agency CNA, stated she worked at the facility from 6:00 p.m. to 10:00 p.m. on 6/4/18 on the unit, but she was not in the dining room when a resident fell. She added she did remember a resident had fallen that night.</p> <p>8/1/18 at 11:35 a.m., the DON stated the resident's foot got caught behind the other when she fell on 6/4/18, but she must have gotten up by herself. She stated the fall wasn't investigated and at least 1 staff was required in the dining room on the unit. The DON stated the unit was staffed with 1 nurse</p>			
--	--	--	--	--

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

\_\_\_\_\_  
Date

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

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

<b>Citation Number:</b> <b>#6837</b>		<b>Fine amount reduced by 35% reduction to \$5,200.00 on October 02, 2018. Pursuant to Iowa Code Section 135C.43A.</b>		<b>Date:</b> <b>9/13/18</b>	
<b>Facility Name:</b> <b>Donnellson Health Center</b>		<b>Survey Dates:</b> <b>July 18 – August 13, 2018</b>			
<b>Facility Address/City/State/Zip</b> <b>901 State St</b> <b>Donnellson, IA 52625</b>		<b>JKM</b>			
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class</b>	<b>Fine Amount</b>	<b>Correction date</b>	

	<p>and 2 CNA's on the day shift, 1 nurse and 2 CNA's on the evening shift, with a companion employee between 4 p.m. and 7 p.m. if available, and 1 CNA on the night shift, with a nurse available from the other side of the facility when needed.</p> <p>3. The MDS dated 7/5/18 revealed Resident #2 had diagnoses that included non-Alzheimer's dementia, other fracture, anorexia, depression and adult failure to thrive. The MDS revealed the resident displayed severe cognitive impairment and documented the resident required extensive assist of at least 1 staff for transfers to and from bed and chair, bathing, toilet use, personal hygiene, and ambulation (walking). The MDS also documented the resident exhibited deficits of bilateral upper and lower extremities, and experienced no falls since the previous assessment completed on 6/12/18.</p> <p>The nursing care plan included a fall risk problem, initiated on 1/24/18, with</p>			
--	---	--	--	--

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

\_\_\_\_\_  
Date

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

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

<b>Citation Number:</b> <b>#6837</b>	<b>Fine amount reduced by 35% reduction to \$5,200.00 on October 02, 2018. Pursuant to Iowa Code Section 135C.43A.</b>	<b>Date:</b> <b>9/13/18</b>
<b>Facility Name:</b> <b>Donnellson Health Center</b>	<b>Survey Dates:</b> <b>July 18 – August 13, 2018</b>	
<b>Facility Address/City/State/Zip</b> <b>901 State St</b> <b>Donnellson, IA 52625</b>	<b>JKM</b>	
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class      Fine Amount      Correction date</b>

	<p>interventions that directed staff:</p> <p>1/24/18 - Assist resident with appropriate footwear for ambulation or transfers.</p> <p>7/17/18 - Hipster garment for safety.</p> <p>7/18/18 at 2:44 p.m. - Staff education for daily bathroom checks.</p> <p>7/18/18 at 6:45 p.m. - Lab work and medication review.</p> <p>7/26/18 - Staff education and occupational therapy for wheel chair.</p> <p>Observation on 7/31/18 at 7:29 a.m. revealed the resident had a purple colored circular shaped bruise located on the center of her forehead approximately 3 to 4 centimeters in size, with evidence of abrasion.</p> <p>A Nurse's Note transcribed on 7/27/18 at 11:23 p.m. by Staff A, LPN revealed the protocol for a scrape on forehead was initiated. The abrasion/scrape was sustained when the resident fell forward from wheel chair on 7/26/18.</p> <p>Nurse's Notes did not describe a fall on</p>			
--	---	--	--	--

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

\_\_\_\_\_  
Date

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

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

<b>Citation Number:</b> <b>#6837</b>	<b>Fine amount reduced by 35% reduction to \$5,200.00 on October 02, 2018. Pursuant to Iowa Code Section 135C.43A.</b>	<b>Date:</b> <b>9/13/18</b>
<b>Facility Name:</b> <b>Donnellson Health Center</b>	<b>Survey Dates:</b> <b>July 18 – August 13, 2018</b>	
<b>Facility Address/City/State/Zip</b> <b>901 State St</b> <b>Donnellson, IA 52625</b>	<b>JKM</b>	
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class      Fine Amount      Correction date</b>

	<p>7/26/18. An incident report dated 7/26/18 at 9:00 a.m. by Staff C, RN documented the resident fell out of a wheel chair face forward when a certified nursing assistant, (CNA), pushed her in the wheel chair. The report didn't identify which staff involved or witnessed the event, and did not describe any injury received. The form documented first aid that included normal saline, pat dry, Vaseline gauze, and gauze and tape administered.</p> <p>During an interview on 8/1/18 at 11:35 a.m., the DON stated Staff B, CNA pushed Resident #2 in the wheel chair without foot pedals, the resident had shoes on, and leaned forward in the chair. The DON reported the resident fell face forward out of the wheel chair and hit her head on the floor. The DON stated the resident received an abrasion on the forehead as a result of the fall. The DON stated staff should not push a resident if the foot pedals are not on the wheel chair, or resident's feet not positioned on the foot pedals.</p>			
--	--	--	--	--

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

\_\_\_\_\_  
Date

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



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

<b>Citation Number:</b> <b>#6837</b>		<b>Fine amount reduced by 35% reduction to \$5,200.00 on October 02, 2018. Pursuant to Iowa Code Section 135C.43A.</b>		<b>Date:</b> <b>9/13/18</b>	
<b>Facility Name:</b> <b>Donnellson Health Center</b>		<b>Survey Dates:</b> <b>July 18 – August 13, 2018</b>			
<b>Facility Address/City/State/Zip</b> <b>901 State St Donnellson, IA 52625</b>					
		<b>JKM</b>			
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class</b>	<b>Fine Amount</b>	<b>Correction date</b>	

	<b>FACILITY RESPONSE:</b>			

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

\_\_\_\_\_  
Date

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

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

<b>Citation Number:</b> <b>#6837</b>	<b>Fine amount reduced by 35% reduction to \$5,200.00 on October 02, 2018. Pursuant to Iowa Code Section 135C.43A.</b>	<b>Date:</b> <b>9/13/18</b>
<b>Facility Name:</b> <b>Donnellson Health Center</b>	<b>Survey Dates:</b> <b>July 18 – August 13, 2018</b>	
<b>Facility Address/City/State/Zip</b> <b>901 State St</b> <b>Donnellson, IA 52625</b>	<b>JKM</b>	
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class      Fine Amount      Correction date</b>

<b>50.7(1)a,2</b>	<b>481—50.7(10A,135C) Additional notification. The director or the director's designee shall be notified within 24 hours, or the next business day, by the most expeditious means available (I,II,III): 50.7(1) Of any accident causing major injury. a. "Major injury" shall be defined as any injury which:</b>  <b>(2) Requires admission to a higher level of care for treatment, other than for observation;</b>  <b>DESCRIPTION:</b>  Based on record review and staff interviews, the facility failed to notify the Iowa Department of Inspections & Appeals (DIA) as required by regulation, of a resident's fall with major injury that required hospitalization and surgical intervention, for 1 of 6 resident records reviewed (Resident #4). The facility reported a census of 51 residents.  Findings include:  The Minimum Data Set (MDS) Assessment tool dated 7/9/18 revealed Resident #4 had diagnoses that included diabetes, hip fracture, other fracture, non-Alzheimer's dementia and depression, had severe	<b>II</b>	<b>\$500</b>	<b>Upon Receipt</b>

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

\_\_\_\_\_  
Date

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

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

<b>Citation Number:</b> <b>#6837</b>	<b>Fine amount reduced by 35% reduction to \$5,200.00 on October 02, 2018. Pursuant to Iowa Code Section 135C.43A.</b>	<b>Date:</b> <b>9/13/18</b>
<b>Facility Name:</b> <b>Donnellson Health Center</b>	<b>Survey Dates:</b> <b>July 18 – August 13, 2018</b>	
<b>Facility Address/City/State/Zip</b> <b>901 State St</b> <b>Donnellson, IA 52625</b>	<b>JKM</b>	
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class      Fine Amount      Correction date</b>

	<p>cognitive impairment and required extensive assistance of at least 1 staff for transfers to and from bed and chair, bathing, dressing, toileting, personal hygiene and ambulation, and had 2 or more falls without injury since the previous assessment completed 6/20/18.</p> <p>A fall history problem on the nursing care plan, initiated 7/25/17, had interventions that included:</p> <p>5/25/18 - Request physical and occupational therapy for strengthening and safety with transfers.          6/1/18 - Pressure alarm on bed.          6/1/18 - Transfer and ambulate with 2 staff assist, gait belt and four wheeled walker.</p> <p>An Incident Report dated 6/4/18 at 6:30 p.m., described the resident's fall in the dining room after she stood up, left foot caught behind other foot and fell to floor and sent to the hospital Emergency Room. A hospital Discharge Summary dated 6/11/18 described the resident sustained an acute mildly displaced transcervical left femoral neck fracture identified (fractured hip) from a fall at the nursing home on 6/4/18, hospitalized with surgical repair required, and discharged to the facility 6/11/18.</p> <p>During an interview on 8/1/18 at 1:18 p.m., the facility administrator stated they didn't report the resident's injury to the Iowa DIA because they had the physician sign a form opining the resident's injury was not a major injury, unaware the notification was mandated when the resident required a higher level of care.</p>			
--	---	--	--	--

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

\_\_\_\_\_  
Date

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

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

<b>Citation Number:</b> <b>#6837</b>		<b>Fine amount reduced by 35% reduction to \$5,200.00 on October 02, 2018. Pursuant to Iowa Code Section 135C.43A.</b>		<b>Date:</b> <b>9/13/18</b>	
<b>Facility Name:</b> Donnellson Health Center		<b>Survey Dates:</b> July 18 – August 13, 2018			
<b>Facility Address/City/State/Zip</b> 901 State St Donnellson, IA 52625					
		JKM			
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class</b>	<b>Fine Amount</b>	<b>Correction date</b>	

	<b>FACILITY RESPONSE:</b>			

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

\_\_\_\_\_  
Date

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