

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 6866		Fine amount reduced by 35% reduction to \$325.00 on October 30, 2018. Pursuant to Iowa Code Section 135C.43A	Date: 10/17/18	
Facility Name: Fleur Heights Center for Wellness and Rehab		Survey Dates: 9/6/18, 9/14/18 – 10/5/18		
Facility Address/City/State/Zip 4911 SW 19th St Des Moines, IA 50315		JKM		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

58.18(4)	481—58.18(135C) Nursing care 58.18(4) The facility shall provide prompt response from qualified staff for the resident's use of the nurse call system. (II, III) (Prompt response being considered as no longer than 15 minutes.) [ARC 1398C, IAB 4/2/14, effective 5/7/14]	II	\$500	Upon Receipt
	58.45(1) 481—58.45(135C) Dignity preserved. The residents shall be treated with consideration, respect, and full recognition of dignity and individuality, including privacy in treatment and in care for personal needs.(II) 58.45(1) Staff shall display respect for residents when speaking with, caring for, or talking about them, as constant affirmation of their individuality and dignity as human beings. (II) DESCRIPTION: Based on resident and staff interview, resident council minutes and review of the facilities call light print out form the facility staff failed answer resident call lights in a timely manner (no longer than 15 minutes) for 5 of 5 residents reviewed . (Resident #1, #2, #3 #5 and #6). The facility identified a census of 82 residents.			

Page 1 of 11

Facility Administrator

Date

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

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 6866		Fine amount reduced by 35% reduction to \$325.00 on October 30, 2018. Pursuant to Iowa Code Section 135C.43A	Date: 10/17/18
Facility Name: Fleur Heights Center for Wellness and Rehab		Survey Dates: 9/6/18, 9/14/18 – 10/5/18	
Facility Address/City/State/Zip 4911 SW 19th St Des Moines, IA 50315		JKM	
Rule or Code Section	Nature of Violation	Class	Fine Amount
	<p>1. A Minimum Data Set (MDS) assessment form dated 9/18/18; Resident #1 had diagnosis that included respiratory failure, tracheostomy, quadriplegia, Parkinson's disease, diabetes mellitus (DM) and contractures. The assessment indicated the resident had a Brief Interview for Mental Status (BIMS) (measures cognitive status) score off 13 out 15, non-ambulatory, dependent on 2 staff with bed mobility, transfers, locomotion, personal hygiene, dressing and toilet use. The assessment indicated the resident as short of breath with exertion, sitting at rest and when laid flat.</p> <p>A Care Plan with a focus area dated 4/26/18 indicated the resident had an activities of daily living (ADL's) self-care deficit related (r/t) limited mobility (dated 4/26/18) and a communication deficit r/t a tracheostomy (dated 9/14/18). The interventions included the following:</p> <ul style="list-style-type: none"> a. Totally dependent with bed mobility, repositioning, dressing, personal hygiene and transfers. b. Call light in reach. <p>Review of the facilities call light response time from 9/21/18 thru 9/27/18 revealed the resident's call light on as documented below:</p> <ul style="list-style-type: none"> a. 9/21/18 at 4:33 a.m. for 31.05 minutes. 		

Page 2 of 11

Facility Administrator

Date

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

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 6866		Fine amount reduced by 35% reduction to \$325.00 on October 30, 2018. Pursuant to Iowa Code Section 135C.43A		Date: 10/17/18	
Facility Name: Fleur Heights Center for Wellness and Rehab		Survey Dates: 9/6/18, 9/14/18 – 10/5/18			
Facility Address/City/State/Zip 4911 SW 19th St Des Moines, IA 50315					JKM
Rule or Code Section	Nature of Violation		Class	Fine Amount	Correction date
	<p>b. 9/24/18 at 8:49 p.m. for 22:20 minutes.</p> <p>2. A MDS assessment form dated 8/17/18 indicated Resident #2 had diagnosis that included quadriplegia, hereditary and idiopathic neuropathies, pressure ulcer of the sacral region and buttock stage unidentified, weakness and a tracheostomy. The assessment indicated the resident had a BIMS score of 15, as dependent on staff with ADL's, with occasional pain rated at mild and with ROM exercises every day (QD).</p> <p>A Care Plan revealed focus areas as dated. A self-care deficit r/t quadriplegia and debility and need for assistance with ADL's and transfers (not rated), chronic pain r/t quadriplegia status, neuropathy and chronic obstructive pulmonary disease (COPD) dated 8/17/18, current pressures ulcers r/t a history of chronic wounds, chronic skin breakdown, quadriplegia, daily wheel chair use, unable to reposition self and COPD (dated 8/17/18), a potential for infection r/t trach status and a supra public catheter and a potential for altered respiratory status/difficulty breathing r/t trach status and inability to clear respiratory secretions. The approaches included the following:</p> <p>a. Suctioning as needed.</p> <p>Review of the facilities call light response time from 9/21/18 thru 9/27/18 revealed the resident's call light</p>				

Page 3 of 11

Facility Administrator

Date

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

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 6866		Fine amount reduced by 35% reduction to \$325.00 on October 30, 2018. Pursuant to Iowa Code Section 135C.43A	Date: 10/17/18	
Facility Name: Fleur Heights Center for Wellness and Rehab		Survey Dates: 9/6/18, 9/14/18 – 10/5/18		
Facility Address/City/State/Zip 4911 SW 19th St Des Moines, IA 50315		JKM		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>on as documented below:</p> <p>a. 9/21/18 at 6:39 a.m. for 83:58 minutes, 6:13 p.m. for 27:42 minutes, 9:39 p.m. for 20.12 minutes.</p> <p>b. 9/22 at 4:17 p.m. for 28:40 minutes, 5:28 p.m. for 50:43 minutes, 9:27 p.m. for 17:06 minutes, 9:50 p.m. for 54:25 minutes.</p> <p>c. 9/23 at 12:25 a.m. for 19:33 minutes, 7:21 a.m. for 40:26 minutes, 8:24 a.m. for 16:26 minutes, 10:25 a.m. for 19:12 minutes, 2:17 p.m. for 20:35 minutes.</p> <p>d. 9/24 at 7:50 a.m. for 16:18 minutes, 9:59 a.m. for 25:20 minutes, 4:31 p.m. for 28:05 minutes.</p> <p>e. 9/25 at 7:33 a.m. for 29:50 minutes. 10:22 a.m. for 19:51 minutes, 5:19 p.m. for 19:32 minutes.</p> <p>f. 9/26 at 7:49 a.m. for 18:51 minutes, 5:56 p.m. for 17:52 minutes.</p> <p>g. 9/27 at 6:12 p.m. for 65:59 minutes and 9:34 p.m. for 41:03 minutes.</p> <p>During an interview 9/28/18 @ 10:36 a.m. the resident indicated on 9/27/18 he timed his call light on approximately from 6:15 p.m. until 7:20 p.m. and at 9:15 p.m. until 10:15 p.m. at which time he wanted range of motion exercises and it made him pissed to have waited so long. The resident stated he used the only clock in his room to call light, the clock on his wall.</p> <p>3. A MDS assessment form dated 7/6/18 indicated Resident #3 had diagnosis that included non-</p>			
--	---	--	--	--

Page 4 of 11

Facility Administrator

Date

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

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 6866		Fine amount reduced by 35% reduction to \$325.00 on October 30, 2018. Pursuant to Iowa Code Section 135C.43A		Date: 10/17/18	
Facility Name: Fleur Heights Center for Wellness and Rehab		Survey Dates: 9/6/18, 9/14/18 – 10/5/18			
Facility Address/City/State/Zip 4911 SW 19th St Des Moines, IA 50315					JKM
Rule or Code Section	Nature of Violation		Class	Fine Amount	Correction date
	<p>Alzheimer's dementia, insomnia and DM. The assessment indicated the resident had a BIMS score of 7, required limited assistance of staff with ambulation, locomotion, dressing, toilet use and personal hygiene. The assessment indicated the resident with one fall and no injury.</p> <p>A Care Plan indicated the resident had the following focus areas as dated: Impaired cognitive function/dementia or impaired thought processes r/t dementia (dated 3/19/18), the resident had an actual fall at home with no injury r/t poor balance (dated 4/3/18) and functional bladder incontinence r/t confusion and impaired mobility.</p> <p>a. Pressure alarm to wheel chair (dated 10/2/18). b. Pressure alarm to bed (dated 9/17/18).</p> <p>Review of the facilities call light response time from 9/21/18 thru 9/27/18 revealed the resident's call light on as documented below:</p> <p>a. 9/23 at 9:54 p.m. for 16:00 minutes.</p> <p>4. A MDS assessment form dated 9/14/18 indicated Resident #5 had diagnosis that included morbid obesity, lymphedema, gastroparesis, cellulitis, DM, stiffness of a joint, muscle weakness, pain and dyspnea. The assessment indicated the resident had a BIMS score of 15, dependent on staff with most</p>				

Page 5 of 11

Facility Administrator

Date

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

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 6866		Fine amount reduced by 35% reduction to \$325.00 on October 30, 2018. Pursuant to Iowa Code Section 135C.43A		Date: 10/17/18	
Facility Name: Fleur Heights Center for Wellness and Rehab		Survey Dates: 9/6/18, 9/14/18 – 10/5/18			
Facility Address/City/State/Zip 4911 SW 19th St Des Moines, IA 50315					JKM
Rule or Code Section	Nature of Violation		Class	Fine Amount	Correction date
<div style="border: 1px solid black; padding: 10px;"> <p>ADL's, non-ambulatory, shortness of breath with exertion, at rest and lying flat. The assessment indicated the resident as on oxygen therapy, tracheostomy care and suctioning.</p> <p>A Care Plan with a focus area dated 8/14/17 indicated the resident had ADL self-care performance deficit r/t obesity, chronic obstructive pulmonary disease and arthritis and a tracheostomy r/t chronic respiratory failure. The interventions included the following:</p> <p style="margin-left: 20px;">a. Suction as necessary.</p> <p>Review of the facilities call light response time from 9/20/18 thru 9/27/18 revealed the resident's call light on as documented below:</p> <p style="margin-left: 20px;">a. 9/23/18 at 10:59 a.m. for 27:53 minutes.</p> <p>During an interview 10/3/18 at 10:20 a.m. the resident indicated call light response times depended on the day, what went on and the amount of staff call offs.</p> <p>5. A MDS assessment form dated 10/1/18 indicated Resident #6 had diagnosis that included morbid obesity, obstructive sleep apnea, COPD, respiratory failure, chronic pain syndrome, muscle weakness. The assessment indicated the resident had a BIMS score of 15, dependent on staff with bed mobility, transfers and toilet use and non-ambulatory. The assessment</p> </div>					

Page **6** of **11**

Facility Administrator

Date

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

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 6866		Fine amount reduced by 35% reduction to \$325.00 on October 30, 2018. Pursuant to Iowa Code Section 135C.43A		Date: 10/17/18	
Facility Name: Fleur Heights Center for Wellness and Rehab		Survey Dates: 9/6/18, 9/14/18 – 10/5/18			
Facility Address/City/State/Zip 4911 SW 19th St Des Moines, IA 50315		JKM			
Rule or Code Section	Nature of Violation		Class	Fine Amount	Correction date
	<p>indicated the resident required tracheostomy care, a ventilator, oxygen therapy and suctioning.</p> <p>A Care Plan with a focus area dated 5/7/17 indicated the resident had ineffective breathing pattern r/t respiratory failure and COPD as evidence by a trach with oxygen therapy. The interventions included:</p> <ul style="list-style-type: none"> a. Suction PRN. <p>Review of the facilities call light response time from 9/18/18 thru 9/27/18 revealed the resident's call light on as documented below:</p> <ul style="list-style-type: none"> a. 9/19/18 at 6:35 a.m. for 17:57 minutes, 9:12 a.m. for 18:31 minutes 6:13 p.m. 30:52 minutes. b. 9/20/18 at 10:41 p.m. for 15:51 minutes. c. 9/23/18 at 11:14 a.m. - 15:19 minutes, 6:22 p.m. for 33:06 minutes. d. 9/24/18 at 5:59 p.m. for 18:26 minutes, 6:28 p.m. for 17:15 minutes. e. 9/25/18 at 9:44 p.m. for 18:22 minutes. f. 9/26/18 at 5:08 p.m. for 55:59 minutes, 6:54 p.m. for 15:21 minutes. g. 9/27/18 at 6:29 p.m. for 17:11 minutes. <p>During an interview 10/4/18 at 4:30 p.m. the resident stated her call light as close to 1 hour which made her feel pissed and sometimes scared and like she had been suffocating because she could not breath and</p>				

Page 7 of 11

Facility Administrator

Date

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

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 6866		Fine amount reduced by 35% reduction to \$325.00 on October 30, 2018. Pursuant to Iowa Code Section 135C.43A		Date: 10/17/18	
Facility Name: Fleur Heights Center for Wellness and Rehab		Survey Dates: 9/6/18, 9/14/18 – 10/5/18			
Facility Address/City/State/Zip 4911 SW 19th St Des Moines, IA 50315					JKM
Rule or Code Section	Nature of Violation		Class	Fine Amount	Correction date
	<p>required suctioning. The resident also offered there had been times staff came into the room and shut off the call light, said they would return but failed to follow through so the resident put the call light right back on.</p> <p>During an interview 10/4/18 at 4:30 p.m. the resident indicated the facility staff failed to answer her call light within 15 minutes and there were times the call light remained on for close to or up to 1 hour. Waiting made the resident pissed and at times she felt scared because she could not breathe and felt like she was suffocating because she needed to be suctioned. The resident also indicated some staff came into her room, shut off the call light and left so she put the call light right back on.</p> <p>6. During an interview 9/27/18 at 3:53 p.m., Staff E, CNA indicated staff failed to answer resident call light within 15 minutes at all times which caused the residents anger and failed to reposition resident according to their needs and/or care plan as it depended on the staffing levels.</p> <p>During an interview 9/27/18 at 4:03 p.m., Staff F, RN indicated staff failed to answer resident call lights within 15 minutes at all times but denied a negative outcome.</p> <p>During an interview 9/27/18 at 3:41 p.m., Staff G, CNA indicated she felt staff failed to perform resident rounds</p>				

Page 8 of 11

Facility Administrator

Date

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

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 6866		Fine amount reduced by 35% reduction to \$325.00 on October 30, 2018. Pursuant to Iowa Code Section 135C.43A	Date: 10/17/18	
Facility Name: Fleur Heights Center for Wellness and Rehab		Survey Dates: 9/6/18, 9/14/18 – 10/5/18		
Facility Address/City/State/Zip 4911 SW 19th St Des Moines, IA 50315		JKM		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>according to their individual needs as when she worked the 6 a.m. to 2 p.m. shift and began morning rounds/cares she found residents saturated with urine which contained a dark dried yell ring around the wet soiled portion (significant of dried urine) and odorous.</p> <p>During an interview 9/27/18 at 4:14 p.m., Staff C, CNA indicated staff had been unable to reposition residents according to their individual needs at times to some resident's level of care. The staff member also confirmed staff as unable to answer resident call lights within 15 minutes if the facility encountered staff call offs.</p> <p>During an interview 9/27/18 at 4:11 p.m., Staff H, CNA confirmed that sometimes staff had been unable to answer resident call lights within 15 minutes but denied a negative outcome.</p> <p>During an interview 9/26/18 at 2:37 p.m., Staff I, RN confirmed residents complained that staff failed to provide rounds according to their individual needs especially on the night shift. The staff member also confirmed staff failed to answer resident call lights within 15 minutes as there had been residents that required 3 staff assistance with cares which left limited staff availability on the floor however there had been no negative outcome.</p>			
--	---	--	--	--

Page 9 of 11

Facility Administrator

Date

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

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 6866		Fine amount reduced by 35% reduction to \$325.00 on October 30, 2018. Pursuant to Iowa Code Section 135C.43A	Date: 10/17/18	
Facility Name: Fleur Heights Center for Wellness and Rehab		Survey Dates: 9/6/18, 9/14/18 – 10/5/18		
Facility Address/City/State/Zip 4911 SW 19th St Des Moines, IA 50315		JKM		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	FACILITY RESPONSE:			
--	---------------------------	--	--	--

Page 10 of 11

Facility Administrator

Date

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

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 6866		Fine amount reduced by 35% reduction to \$325.00 on October 30, 2018. Pursuant to Iowa Code Section 135C.43A		Date: 10/17/18
Facility Name: Fleur Heights Center for Wellness and Rehab		Survey Dates: 9/6/18, 9/14/18 – 10/5/18		
Facility Address/City/State/Zip 4911 SW 19th St Des Moines, IA 50315		JKM		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

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).