

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

Citation Number: # 6890		Date: January 3, 2019			
Facility Name: Regency Care Center		Survey Dates: November 6 – December 27, 2018			
Facility Address/City/State/Zip: 815 High Road Norwalk, IA 50211		MW/SS			
Rule or Code Section	Nature of Violation		Class	Fine Amount	Correction date

56.6	<p>481—56.6(135C) Treble and double fines. 56.6(1) Treble fines for repeated violations. The director of the department of inspections and appeals shall treble the penalties specified in rule 481—56.3(135C) for any second or subsequent class I or class II violation occurring within any 12-month period, if a citation was issued for the same class I or class II violation occurring within that period and a penalty was assessed therefor. 56.6(2) Double fines for intentional class I violations. The director of the department of inspections and appeals shall double the penalties specified in subrule 56.3(1) when the violation is due to an intentional act by the facility in violation of a provision of Iowa Code chapter 135C or rule adopted pursuant thereto. <i>a.</i> For purposes of this subrule, “intentional” means doing an act voluntarily, not by mistake or accident, and doing the act with a specific purpose in mind. <i>b.</i> The facts and circumstances surrounding the act shall be considered when determining whether the act was done intentionally. <i>c.</i> It is assumed that a person intends the natural results of the person’s act(s).</p>			
58.19(2)b	<p>481—58.19(135C) Required nursing services for residents. The resident shall receive and the facility shall provide, as appropriate, the following required nursing services under the 24-hour direction of qualified nurses with ancillary coverage as set forth in these rules:</p>	I	\$ 5000.00 Held in Suspension	Upon Receipt

Facility Administrator

Date

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

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

Citation Number: # 6890		Date: January 3, 2019		
Facility Name: Regency Care Center		Survey Dates: November 6 – December 27, 2018		
Facility Address/City/State/Zip: 815 High Road Norwalk, IA 50211		MW/SS		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>58.19(2) Medication and treatment. <i>b. Provision of the appropriate care and treatment of wounds, including pressure sores, to promote healing, prevent infection, and prevent new sores from developing; (I, II)</i></p> <p>DESCRIPTION:</p> <p>Based on clinical record review, observation and staff and family member interviews, the facility failed to provide care to prevent the development of pressure ulcers for one of three residents reviewed with pressure ulcers (Resident #1). The facility reported a census of 66 residents.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) assessment dated 6/17/18 recorded Resident #1 had diagnoses that included arthritis, anxiety, Alzheimer's disease and schizophrenia. Resident #1 scored 4 out of 15 points on the Brief Interview for Mental Status (BIMS) cognitive assessment, indicating indicated severe memory and cognitive impairment. The resident required the assistance of one with bed mobility, the assistance of two with transfers and used a wheelchair for mobility. The assessment documented she had no risk of pressure ulcer development and no ulcers at the time of assessment.</p> <p>The resident's care plan documented she had the potential for impaired skin integrity problem related to decreased mobility, incontinence and poor circulation</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**

Citation Number: # 6890		Date: January 3, 2019		
Facility Name: Regency Care Center		Survey Dates: November 6 – December 27, 2018		
Facility Address/City/State/Zip: 815 High Road Norwalk, IA 50211		MW/SS		
Rule or Code Section	Nature of Violation		Class	Fine Amount
				Correction date

	<p>problem and showed an initiation date of 10/21/14. The care plan instructed to provide supplementation as directed by the dietician, to handle Resident #1 carefully due to fragile skin and to float her heels on pillows as tolerated when in bed. Staff care planned an actual impaired skin integrity problem related to immobilizer leg braces on 10/29/18. The care plan directed staff to assess the areas to both (bilateral) lower extremities and initiate skin sheets, initiate treatments per physician orders, and measure the areas per facility guidelines.</p> <p>A hospital Discharge and Transfer Form dated 8/8/18 revealed the resident transferred to the facility under Hospice care with bilateral femur fractures and a fracture of the left 5th digit (finger). The resident did not walk or bear weight and had no skin breakdown identified.</p> <p>The Hospice Comprehensive Assessment and Plan of Care Report for the 8/8/18 to 10/6/18 period revealed the resident as bedbound with bilateral leg immobilizers in place.</p> <p>Review of a Skin Assessment form dated 9/27/18 revealed a 5 centimeter (cm) by 1.5 cm area noted on the right ankle and an old scab noted to the right inner ankle with redness that surrounded the scab.</p> <p>A Physician Order dated 9/28/18 directed staff to check the skin to the resident's bilateral lower extremities underneath the immobilizers each shift.</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**

Citation Number: # 6890		Date: January 3, 2019		
Facility Name: Regency Care Center		Survey Dates: November 6 – December 27, 2018		
Facility Address/City/State/Zip: 815 High Road Norwalk, IA 50211		MW/SS		
Rule or Code Section	Nature of Violation		Class	Fine Amount
Correction date				

	<p>On 10/19/18, the weekly wound assessment described the area as a Stage 3 pressure ulcer (full thickness tissue loss, subcutaneous fat may be visible but bone, tendon or muscle is not exposed) that measured 3.2 cm by 3 cm, without depth, with 80 percent slough tissue in the wound, and interventions that included floating her heels and application of sheep's wool to the areas under the immobilizer brace.</p> <p>On 10/29/18, staff documented the right inner ankle wound had worsened Stage 3 pressure ulcer that measured 3.5 cm by 4 cm, with 85 to 90 percent slough in the wound bed, and odorous.</p> <p>A Physician Order dated 10/30/18 directed staff to cleanse her right inner ankle wound with wound cleanser, pat it dry, apply calcium alginate with silver to the wound bed, cover it with a border foam dressing and change daily until healed.</p> <p>Observation of wound care performed by Staff F, LPN (Licensed Practical Nurse) on 11/15/18 revealed a circular shaped open wound on the resident's right inner ankle that measured approximately 3 cm wide, with approximate 0.3 - 0.4 cm depth, slough tissue at the wound bed, tan wound drainage, and a margin of 0.4 - 0.5 cm of redness that surrounded the edge of the wound. Staff F stated at that time the condition of the wound had greatly improved.</p> <p>During interviews on 12/6/18, the Administrator and Consultant Nurse stated Resident #1 was on bed rest with full length bilateral leg immobilizers with metal</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**

Citation Number: # 6890		Date: January 3, 2019	
Facility Name: Regency Care Center		Survey Dates: November 6 – December 27, 2018	
Facility Address/City/State/Zip: 815 High Road Norwalk, IA 50211		MW/SS	
Rule or Code Section	Nature of Violation	Class	Fine Amount
			Correction date

	<p>bars worn 24 hours per day since her return from the hospital on 8/8/18. Staff turned the resident at least every two hours and the facility had not implemented other skin interventions specific to the leg immobilizers before identification of the pressure ulcer on 9/27/18.</p> <p>FACILITY RESPONSE:</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**

Citation Number: # 6890		Date: January 3, 2019		
Facility Name: Regency Care Center		Survey Dates: November 6 – December 27, 2018		
Facility Address/City/State/Zip: 815 High Road Norwalk, IA 50211		MW/SS		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

58.28(3)e	<p>481—58.28(135C) Safety. The licensee of a nursing facility shall be responsible for the provision and maintenance of a safe environment for residents and personnel. (III) 58.28(3) Resident safety. e. Each resident shall receive adequate supervision to protect against hazards from self, others, or elements in the environment. (I, II, III)</p> <p>DESCRIPTION:</p> <p>Based on clinical record review, observation, and resident, family and staff member interviews, the facility failed to ensure that staff performed safe resident transfers which resulted in serious injury for one of six residents reviewed (Resident #1). The facility reported a census of 66 residents.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) assessment dated 6/17/18 recorded Resident #1 had diagnoses that included arthritis, anxiety, Alzheimer's disease and schizophrenia. Resident #1 scored 4 out of 15 points on the Brief Interview for Mental Status (BIMS) cognitive assessment, indicating indicated severe memory and cognitive impairment. The resident required the assistance of one with bed mobility, the assistance of two with transfers and used a wheelchair for mobility.</p> <p>The resident's care plan documented a focus area of</p>		\$24,000.00 (\$ 8000 x3) Held in Suspension	
------------------	---	--	--	--

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: # 6890		Date: January 3, 2019		
Facility Name: Regency Care Center		Survey Dates: November 6 – December 27, 2018		
Facility Address/City/State/Zip: 815 High Road Norwalk, IA 50211		MW/SS		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>self care deficit, initiated 8/18/16, which directed two staff were required to transfer the resident, the resident did not walk and she used a wheel chair for mobility.</p> <p>The pocket care plan utilized by the certified nursing assistants (CNA's) last revised on 7/23/18 revealed Resident #1 required the assistance of two staff for transfers.</p> <p>The facility's self-reported incident dated 8/2/18 documented that staff found the resident with multiple bruised areas that morning, the resident said yes when asked if someone had hurt her, had pain upon movement of her left leg and sent to the hospital Emergency Room (ER) for further assessment. X-rays performed in the ER on 8/2/18 revealed a comminuted impacted fracture of the distal right femur and an impacted comminuted fracture of the distal left femur (upper leg bones, the areas near the knee).</p> <p>The facility's investigative summary revealed Staff A, agency CNA, had been assigned to the resident on the 2:00 p.m. to 10:00 p.m. shift on 8/1/18 and she stated she knew the resident required two staff assist to transfer and had the pocket care plan that stated the resident required two for transfer, Staff A stated she transferred the resident from the bed to the wheel chair by herself and lowered the resident to her knees on the floor prior to the evening meal on 8/1/18. She then lifted the resident back to the bed and to the wheel chair, also by herself. Staff A did not report the incident to any staff as required.</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**

Citation Number: # 6890		Date: January 3, 2019		
Facility Name: Regency Care Center		Survey Dates: November 6 – December 27, 2018		
Facility Address/City/State/Zip: 815 High Road Norwalk, IA 50211				
		MW/SS		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>On 12/17/18 at 2:55 p.m., Staff A stated she transferred the resident to bed with Staff B earlier in the shift. She stated the agency she worked for didn't provide her with a gait belt and she didn't have the pocket care plan. Staff A thought everyone transferred Resident #1 by themselves. Staff A stated when she got the resident up for supper she locked the wheel chair, attempted to transfer the resident by herself from bed and the wheel chair scooted back. She lowered the resident to her knees on the floor, her legs were bent under her, she was able to lift her off the floor to her bed, then transferred her to the wheel chair. She stated if a resident falls or is lowered to the floor staff are supposed to report it to the nurse, but she didn't report the incident because she didn't think it was that serious. When questioned the following day by the Administrator, she didn't admit she lowered the resident to the floor because she heard the resident was injured and felt scared of what would happen to her.</p> <p>During an interview on 11/7/18 at 1:41 p.m., Staff B, CNA, stated she worked on 8/1/18 from 2:00 p.m. - 10:00 p.m. Staff B stated she transferred Resident #1 to bed with Staff A between 2:30 p.m. and 3:00 p.m. without incident. Staff A had asked her to help transfer her from bed for supper and when she got to the room the resident wasn't ready. She asked Staff A to get her when the resident was ready for transfer. Staff B did not assist with the transfer, but Staff A may have had another staff member help her. Staff B saw the resident in the dining room for supper that day. The next day, everyone had to write statements because</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**

Citation Number: # 6890		Date: January 3, 2019		
Facility Name: Regency Care Center		Survey Dates: November 6 – December 27, 2018		
Facility Address/City/State/Zip: 815 High Road Norwalk, IA 50211				
		MW/SS		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>the resident's legs were broken, Staff A approached her and said she already spoke to the Administrator and told her that she (Staff B) assisted with her transfer for supper on 8/1/18. Staff B informed Staff A that wasn't true and she wasn't going to lie for her.</p> <p>On 11/7/18 at 1:53 p.m., Staff C, CNA, stated she worked on 8/1/18 from 2:00 p.m. - 10:00 p.m., she assisted Staff A to transfer Resident #1 from her wheel chair to bed after supper with a gait belt and without incident. The resident needed 2 staff to transfer, the agency CNA's had pocket care plans accessible and available to them, and if they had questions they could ask the nurse questions about a resident's care requirements.</p> <p>During interview on 11/7/18 at 4:34 p.m., Staff E, CNA, stated she worked on 8/1/18 from 10:00 p.m. until 6:00 a.m. At approximately 5:15 a.m. on her last rounds, she turned the lights on to provide care and prepare the resident for day shift and noted a bruise on the resident's left hand. Staff E reported it to the nurse and assisted the nurse when she examined the resident. There were more bruises, the resident had not fallen, got out of bed or indicated pain prior to that on her shift.</p> <p>On 11/8/18 at 10:21 a.m., Staff D, licensed practical nurse (LPN), stated she worked on 8/1/18 from 10:00 p.m. until 6:00 a.m. Staff E called her to the resident's room approximately 5:45 a.m. and asked if she was aware of the resident's bruises. No injuries had been reported by the previous shift. Staff D assessed 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**

Citation Number: # 6890		Date: January 3, 2019		
Facility Name: Regency Care Center		Survey Dates: November 6 – December 27, 2018		
Facility Address/City/State/Zip: 815 High Road Norwalk, IA 50211		MW/SS		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>resident with another nurse present, noted multiple bruises that she measured and recorded. The resident grimaced with pain and yelled when her left leg was moved. She called the Director of Nursing and the physician, she received orders to transfer the resident to the ER.</p> <p>During an interview on 11/14/18 at 3:45 p.m., the resident's husband stated he visited Resident #1 every afternoon and saw Staff A transfer the resident alone from the wheel chair to her bed three or four days before the incident. He told Staff A at the time Resident #1 was a two person transfer.</p> <p>FACILITY RESPONSE:</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).