Citation Number: 6992					Date: J	une 25, 2019	
Facility Name: Northern Mahaska Specialty			Survey Dates:				
	ss/City/State/Zip	JS, MW	June 9, 2019 to June 12, 2019				
2401 Crestview Drive Oskaloosa, IA 52577		· .					
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date	
58.28(3)e	facility shall be responsimal maintenance of a safe of personnel. (III) (III) 58.28(3) Resident safet e. Each resident shall reprotect against hazards			\$6,750		Upon Receipt	
	interviews, the facility far prevent a fall for 1 of 1 stresulted in a hip fracture census of 67. According to the Minimulassessment dated 4/17 diagnoses of dementia, osteoporosis without cure peated falls, and mushad severe cognitive im The MDS assessment of Resident #31 required experiences.	/19 Resident #31 had depression, age related rrent pathological fracture, cle weakness. Resident #31 pairments. dated 4/17/19 documented extensive assistance of one ansfer, dressing, toileting and					
						Page 1 of	
Facil	ity Administrator	Da	ate				

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Facility Name: Northern Maha	aska Specialty		Survey Dates: June 9, 2019 to June 12, 2019			
Facility Addre	ss/City/State/Zip	JS, MW	Julie	12, 2019		
2401 Crestview Drive Oskaloosa, IA 52577						
Rule or Code Section	Nature	e of Violation	Class	Fine A	Amount	Correction date
	The Care Plan revealed related to fall prior to ad incontinence, dementia, medication side effects. 10/25/2018, 11/4/2018, 2/27/2019, 3/5/2019 and directed staff to limit bac reminder sign in room, f bed, frequently used ite remind to use, monitor a footrest up on recliner. The Progress Notes dat revealed the staff found her right side with her hi (Agency Aide) reported Resident #31 on the flood discomfort and the staff staff notified the Nurse I new orders received. A complained of pain in the weight on the right leg. Practitioner who ordered the hospital for evaluation Review of the #1025 Ur at 9:15 p.m., revealed the	Resident #31 had a falls on 11/30/2018, 12/10/2018, d 3/14/2019. The Care Plan ckground noise, call light family education, grip strips by ms in reach, sign on walker to activities in room and do not put seed 6/8/19 at 4:00 p.m. Resident #31 on the floor on ead on the bed frame. Staff B a visitor notified her of or. Resident #31 denied any assisted her off the floor. The Practitioner of the fall and no at 4:45 p.m., Resident #31 to be right hip and unable to bear The staff notified the Nurse do to transfer Resident #31 to on.				
		dent #31to the bathroom and eliner chair and elevated her				
			-	-		Page 2 of
Faci	lity Administrator	Da	 ate			

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Facility Name: Northern Mahaska Specialty			Survey				
Facility Addres	ss/City/State/Zip	JS, MW	Js, MW June 9, 20				
2401 Crestview Drive Oskaloosa, IA 52577							
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date	
	6/8/19 revealed Staff B visitor that Resident #3/contributed to the fall infootrest of the recliner. minutes earlier when the then back to the recline. The undated Details of Resident #31 returned to toilet and the staff elevarance and the staff elevarance of the plan of care as the root. Observation on 6/11/19 on Resident #31's wall the my feet up When in recliner. The Radiology - Final revealed Resident #31's fracture of the right proximation fractures of the left superfactures of the left superfacility part time the last walked by Resident #31 the recliner chair. Staff Birefeet up in the recliner chaits out of habit. Staff E	Reporting Event sheet revealed to the recliner after using the steed her feet in the recliner. agency staff failed to follow the				Page 3 of	
Facil	lity Administrator		 ate			. aga a oi	

Citation Number: 6992					Date:	une 25, 2019	
Facility Name: Northern Mahaska Specialty Facility Address/City/State/Zip 2401 Crestview Drive			Survey				
		JS, MW	June 9, 2019 to June 12, 2019				
Oskaloosa, IA	1 525//						
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date	
	she found out that the c	reported at the end of the shift are plans were located on the at she was not aware of this.					
	(Nurse Aide) reported s the recliner with the foot staff carry an IPod that	6/11/19 at 3:31 p.m., Staff C he never saw Resident #31 in trest up. Staff C reported the directed them on the resident not know if the agency staff					
	(Agency Aide) reported times a week since Feb knowing not to put Resi reported Resident #31 h remind the staff not to p reported he/she carried used it to document car	dent #31's footrest up. Staff E had a sign above the recliner to but the footrest up. Staff F an IPod and had an IPod and es. Staff E reported the IPod dex that directed the staff how					
	(Agency Aide) reported weeks. Staff I reported	6/11/19 at 4:45 p.m., Staff I working at the facility for 3 she was issued an IPod her d the IPod directs the staff on s.					
	(Agency Licensed Pract the facility for 3 months.	6/12/19 at 5:50 a.m., Staff J tical Nurse) reported working at . Staff J reported the aides use ections on how to care for the					
	lity Administrator					Page 4 c	

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Facility Name: Northern Mahaska Specialty Facility Address/City/State/Zip 2401 Crestview Drive Oskaloosa, IA 52577		JS, MW	Survey Dates: June 9, 2019 to June 12, 2019				
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date	
	(Registered Nurse) reprin her room to remind the up. Staff K reported the is how they know how the Staff K reported the aid. During an interview on Director of Nurses reported the Kardex on the Interest the residents. The Directors new intervention staff's attention. The Director of Nurses reports the Kardex on the Interest new intervention staff's attention.	6/12/19 at 7:10 a.m., Staff K orted Resident #31 had a sign he staff not to put the footrest e aides carry an IPod and that o take care of the residents. es also document on the IPod. 6/12/19 at 8:40 a.m., the rted an expectation of staff to Pod to know how to care for ector of Nurses reported she in capital letters to get the irector of Nurses reported the Pod and received proper					
Fa -:11	ity Administrator		ate			Page 5	

Citation Number: 699	92			Date:	une 25, 2019		
Facility Name: Northern Mahaska	Specialty		Survey				
Facility Address/City/State/Zip		JS, MW	June 9, 2019 to June 12, 2019				
2401 Crestview Dri [.] Oskaloosa, IA 5257							
Rule or Code Section	Na	ture of Violation	Class	Fine Amount	Correction 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 lowa Code section 135C.43A (2013).

Date

Facility Administrator