

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

Citation Number: 6986		Date: June 3, 2019		
Facility Name: Pearl Valley Rehabilitation and Nursing at Estherville		Survey Dates: May 5-8, 2019		
Facility Address/City/State/Zip 2001 1st Avenue North Estherville, Iowa 51334		MW/DC		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

58.28(3)e	<p>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 observation, record review, and staff interview, the facility failed to assure the provision of side rails in compliance with safety guidelines to reduce the resident's risk of entrapment for 1 of 7 residents reviewed (Resident #27) and failed to attempt to use appropriate alternatives prior to installing a side or bed rail, review the risks and benefits of bed rails with the resident or resident representative, and obtain informed consent prior to installation for 7 of 7 residents (Resident #27, #9, #15, #180, #5, and #7). The facility reported a census of 31 residents.</p> <p>Findings include:</p> <p>The undated, Sample Policy and Procedure for Side Rail Usage, documented partial side rails would be analyzed for safety and prevention of entrapment utilizing the guidelines of the U.S. Food and Drug Administration for the Prevention</p>	I	\$7250 (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: 6986		Date: June 3, 2019		
Facility Name: Pearl Valley Rehabilitation and Nursing at Estherville		Survey Dates: May 5-8, 2019		
Facility Address/City/State/Zip 2001 1st Avenue North Estherville, Iowa 51334		MW/DC		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>of Entrapment/Hospital Bed System Dimensional Assessment Guidance to Reduce Entrapment issued March 10 2006.</p> <p>The areas of entrapment would be checked when the bed was in the flat position and the partial rails upright including:</p> <ul style="list-style-type: none"> a. The open spaces within the rail would not exceed more than 4-3/4 inches. <p>Any assessment findings that did not meet the guidelines for the prevention of entrapment would require immediate corrective action including removal of the bed from the resident care area.</p> <p>1. According to the Minimum Data Set (MDS) assessment dated 4/5/19, Resident #27 demonstrated a persistent vegetative state. The resident depended on staff for activities of daily living. The resident's diagnoses included diabetes and a seizure disorder. The resident received nutrition through a feeding tube.</p> <p>A Side Rail Assessment dated 7/3/18 documented side rails recommended for resident safety. The resident moved her extremities freely and occasionally rolled in the bed. The assessment lacked any alternative interventions attempted, review of the risks and benefits with the residents representative or informed consent.</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: 6986					Date: June 3, 2019
Facility Name: Pearl Valley Rehabilitation and Nursing at Estherville		Survey Dates: May 5-8, 2019			
Facility Address/City/State/Zip 2001 1st Avenue North Estherville, Iowa 51334		MW/DC			
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date	

	<p>The current Care Plan edited 7/30/18 identified the resident at risk for falls due to involuntary muscle movements of arms and legs. The interventions included 1/2 side rail for boundaries/repositioning.</p> <p>The Nurse's Notes dated 12/16/18 at 1:15 a.m. documented upon entering the resident's room, the Licensed Practical Nurse (LPN) observed the resident at the lower half of the bed, with both feet over the left side, and the feeding tube disconnected from the pump. The resident had the tube in her hand and pulling on it, and appeared restless. The resident appeared to have rail indentations on her outer left thigh. Staff repositioned the resident and placed 2 pillows in front and 2 in back.</p> <p>During an observation on 5/5/19 at 11:00 a.m. the resident laid in bed in her room. The resident had bilateral 1/2 bed rails with large gaps between the vertical rails (5 vertical bars with 4 gaps) measuring greater than 7 inches.</p> <p>During an interview on 5/5/19 at 1:00 p.m. Staff A Certified Nursing Assistant and Staff F Registered Nurse (RN) stated the resident moved around in the bed, thrashed around and described her as a wiggle worm.</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: 6986		Date: June 3, 2019		
Facility Name: Pearl Valley Rehabilitation and Nursing at Estherville		Survey Dates: May 5-8, 2019		
Facility Address/City/State/Zip 2001 1st Avenue North Estherville, Iowa 51334		MW/DC		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>During an interview on 5/5/19 at 1:30 p.m. when notified the facility needed to intervene, the Director of Nursing (DON) stated they must have been old side rails they found when the resident came in. She stated the family wanted her to have side rails. She stated she understood the side rails in use had the potential for entrapment. She stated the resident moved about in the bed and they tried to keep pillows around her to keep her safe.</p> <p>During an observation on 5/5/19 at 4:10 p.m. the bed with side rails had been removed from the room. The resident had a high low bed with a scoop type mattress, in low position with the bed up to the wall on one side and a mat on the floor on the other side.</p> <p>During an interview on 5/6/19 at 11:30 a.m. the Maintenance Man stated he had checked the measurements of side rails about a year ago, and the resident admitted after that. He did not measure her side rails. He said when they started talking about the state coming, he eyeballed her rails and thought they were probably okay. He did not measure them until he was called in the day before to remove them and</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: 6986		Date: June 3, 2019		
Facility Name: Pearl Valley Rehabilitation and Nursing at Estherville		Survey Dates: May 5-8, 2019		
Facility Address/City/State/Zip 2001 1st Avenue North Estherville, Iowa 51334		MW/DC		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>he stated they measured well above the acceptable range.</p> <p>2. According to the MDS assessment dated 2/18/19, Resident #9 scored 9 on the BIMS indicating cognitive impairment. The resident required extensive assistance with bed mobility. The resident's diagnoses included cerebral palsy.</p> <p>The current Care Plan edited 8/7/18 identified the resident at risk for falls. The interventions included; okay for 1/4 side rails for positioning.</p> <p>During an observation on 5/7/19 at 8:20 a.m. the resident had 1/4 bilateral padded siderails.</p> <p>A Side Rail Assessment dated 4/12/19 documented the resident expressed a desire to have side rails raised while in bed for safety or comfort. The assessment lacked alternative interventions attempted, review of the risks and benefits with the residents representative, or informed consent.</p> <p>3. According to the MDS assessment dated 3/27/19 Resident #15 scored 10 on the BIMS</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: 6986		Date: June 3, 2019		
Facility Name: Pearl Valley Rehabilitation and Nursing at Estherville		Survey Dates: May 5-8, 2019		
Facility Address/City/State/Zip 2001 1st Avenue North Estherville, Iowa 51334		MW/DC		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>indicating cognitive impairment. The resident required extensive assistance with bed mobility. The resident's diagnoses included hemiplegia or hemiparesis (weakness or paralysis on one side of the body).</p> <p>The current Care Plan edited 4/27/19 identified the resident at risk for falls. The interventions included 1/4 side rail for positioning.</p> <p>During an observation on 5/7/19 at 9:00 a.m. the resident sat in bed with bilateral 1/4 side rails.</p> <p>A Side Rail Assessment dated 4/18/19 documented the resident expressed a desire to have side rails raised in bed for safety or comfort. The assessment lacked alternative interventions attempted, review of the risks and benefits with the residents representative, or informed consent.</p> <p>4. The Baseline Care Plan for Resident #180 noted the resident had been admitted to the facility on 4/27/19. The resident required assist of one to two staff for bed mobility. An intervention of 1/4 side rail for positioning was added on 4/29/19.</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: 6986		Date: June 3, 2019		
Facility Name: Pearl Valley Rehabilitation and Nursing at Estherville		Survey Dates: May 5-8, 2019		
Facility Address/City/State/Zip 2001 1st Avenue North Estherville, Iowa 51334		MW/DC		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>The Side Rail Assessment completed on 4/27/19 indicated the grab bar would be sufficient for repositioning per the resident.</p> <p>5. The MDS completed with ARD of 4/19/19 indicated Resident #5 had a BIMS score of 15, intact cognition. The resident had diagnoses morbid (severe) obesity due to excess calories, Rhabdomyolysis, and Diabetes Mellitus.</p> <p>The care plan edited 4/27/19 included the intervention for a 1/4 side rail or turn bar for positioning.</p> <p>An observation on 5/5/19 at 2:44 p.m. showed bilateral rails to the resident's bed.</p> <p>6. According to the MDS with ARD of 2/13/19 Resident #7 had a BIMS score of 14, indicating cognition intact. The resident had the diagnoses hypertension and heart failure.</p> <p>The care plan edited 4/29/19 included the intervention for 1/4 side rails for positioning.</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: 6986		Date: June 3, 2019		
Facility Name: Pearl Valley Rehabilitation and Nursing at Estherville		Survey Dates: May 5-8, 2019		
Facility Address/City/State/Zip 2001 1st Avenue North Estherville, Iowa 51334		MW/DC		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>Observation on 5/5/19 at 1:44 p.m. noted a rail to the left side of the resident's bed.</p> <p>Resident #7's Side Rail Assessment, with blank completed date, noted side rails not indicated unless resident requested them.</p> <p>Orders received on 4/29/19 for repositioning bar per nurse request following assessment.</p> <p>During an interview on 5/6/19 at 4:12 p.m. the Director of Nursing (DON), reported the facility did not complete side rail consents.</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: 6986		Date: June 3, 2019		
Facility Name: Pearl Valley Rehabilitation and Nursing at Estherville		Survey Dates: May 5-8, 2019		
Facility Address/City/State/Zip 2001 1st Avenue North Estherville, Iowa 51334		MW/DC		
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).