

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 7078		Date: December 23, 2019
Facility Name: Pearl Valley Lake Park		Survey Dates:
Facility Address/City/State/Zip 1304 S. Market Street Lake Park, IA 51058	MW/DC	November 24- December 12, 2019
Rule or Code Section	Nature of Violation	Class
		Fine Amount
		Correction date

135C.33	<p>135C.33 Employees and certified nurse aide trainees — child or dependent adult abuse information and criminal record checks — evaluations — application to other providers — penalty.</p> <p>1. a. For the purposes of this section, the term “<i>crime</i>” does not include offenses under chapter 321 classified as a simple misdemeanor or equivalent simple misdemeanor offenses from another jurisdiction.</p> <p>b. Prior to employment of a person in a facility, the facility shall request that the department of public safety perform a criminal history check and the department of human services perform child and dependent adult abuse record checks of the person in this state. A facility shall inform all persons prior to employment regarding the performance of the record checks and shall obtain, from the persons, a signed acknowledgment of the receipt of the information</p>	II	\$500	UPON Receipt
50.9	481—50.9(135C) Criminal, dependent adult abuse,			

Page 1 of 26

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: 7078		Date: December 23, 2019
Facility Name: Pearl Valley Lake Park		Survey Dates:
Facility Address/City/State/Zip 1304 S. Market Street Lake Park, IA 51058	MW/DC	November 24- December 12, 2019
Rule or Code Section	Nature of Violation	Class
		Fine Amount
		Correction date

58.11(3)	and child abuse record checks. 50.9(1) Definitions. The following definitions apply for the purposes of this rule. “Background check” or “record check” means criminal history, child abuse and dependent adult abuse record checks.			
	58.11(3) Employee criminal record checks, child abuse checks and dependent adult abuse checks and employment of individuals who have committed a crime or have a founded abuse. The facility shall comply with the requirements found in Iowa Code section 135C.33 as amended by 2013 Iowa Acts, Senate File 347, and rule 481—50.9(135C) related to completion of criminal record checks, child abuse checks, and dependent adult abuse checks and to employment of individuals who have committed a crime or have a founded abuse. (I, II, III)			

DESCRIPTION:

Based on personnel file review and staff interview, the facility failed to obtain Department of Human Services (DHS) approval for staff with criminal history to work in

Page 2 of 26

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: 7078		Date: December 23, 2019	
Facility Name: Pearl Valley Lake Park		Survey Dates:	
Facility Address/City/State/Zip 1304 S. Market Street Lake Park, IA 51058	MW/DC	November 24- December 12, 2019	
Rule or Code Section	Nature of Violation		
	Class	Fine Amount	Correction date

	<p>the facility for 2 of 5 staff reviewed, (Staff G and Staff E). The facility reported a census of 25 residents.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. A New Hire Form printed 11/24/19, included Staff G, Certified Nursing Assistant (CNA) hired 6/19/19. <p>A Single Contact License and Background Check completed 6/11/19, directed to please await the Division of Criminal Investigation (DCI's) final response for Staff G's criminal history.</p> <p>An Iowa Record Check Request Form showed Staff G had a criminal history.</p> <p>An Iowa DHS Record Check Evaluation form showed Staff G the person being evaluated, but lacked an entry in the provider requesting the evaluation, or a determination by DHS whether Staff G may work in the facility.</p> <ol style="list-style-type: none"> 2. A New Hire Form printed 11/24/19, included Staff E, Certified Nursing Assistant (CNA) hired 4/8/19 and terminated 8/8/19. <p>A Single Contact License and Background Check completed 4/1/19, directed to please await the DCI's final response for Staff E's criminal history.</p>		
--	---	--	--

Page 3 of 26

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: 7078		Date: December 23, 2019	
Facility Name: Pearl Valley Lake Park		Survey Dates:	
Facility Address/City/State/Zip 1304 S. Market Street Lake Park, IA 51058	MW/DC	November 24- December 12, 2019	
Rule or Code Section	Nature of Violation		
	Class	Fine Amount	Correction date

	<p>An Iowa Record Check Request Form showed Staff E had a criminal history.</p> <p>Staff E's personnel record lacked a DHS evaluation form with determination of whether Staff E could work in the facility.</p> <p>During an interview on 11/26/19 at 1:21 p.m., the Administrator stated she did not have the DHS determination for the 2 staff. She called DHS and they don't keep them that long. She stated neither staff work at the facility any longer. She said Staff D terminated 11/21/19.</p> <p>The facility Abuse Prevention, Identification, Investigation, and Reporting Policy, revised 12/18/16, documented the facility would conduct an Iowa criminal record check and dependent adult/child abuse registry check on all prospective employees and other individuals engaged to provide services to residents, prior to hire, in the manner prescribed under 481 Iowa Administrative Code 58.11(3)</p>		
FACILITY RESPONSE:			

Page 4 of 26

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: 7078		Date: December 23, 2019		
Facility Name: Pearl Valley Lake Park		Survey Dates:		
Facility Address/City/State/Zip 1304 S. Market Street Lake Park, IA 51058	MW/DC	November 24- December 12, 2019		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

50.7(5)	<p>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: (1) Results in death; or (2) Requires admission to a higher level of care for treatment, other than for observation; or (3) Requires consultation with the attending physician, designee of the physician, or physician extender who determines, in writing on a form designated by the department, that an injury is a "major injury" based upon the circumstances of the accident, the previous functional ability of the resident, and the resident's prognosis.</p> <p>Description: Based on record review and staff interview the facility failed to report a potential suicide attempt to the Department of Inspections and Appeals for 1 discharged resident reviewed (Resident #75). The facility reported a census of 25 residents.</p> <p>Findings include: An Initial Nursing Assessment documented the resident admitted 9/11/19. The resident spoke Spanish, was quiet and reserved sitting at the nurse's</p>	II	\$500	Upon Receipt
---------	---	----	-------	--------------

Page 5 of 26

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: 7078		Date: December 23, 2019
Facility Name: Pearl Valley Lake Park		Survey Dates:
Facility Address/City/State/Zip 1304 S. Market Street Lake Park, IA 51058	MW/DC	November 24- December 12, 2019
Rule or Code Section	Nature of Violation	Class
		Fine Amount
		Correction date

	<p>station with a tear streaming down her cheek as family left.</p> <p>The Nurse's Notes dated 9/13/19 documented the nurse went to the resident's room to assist with 1 to 1 situation. The resident's behaviors did not subside so continued to evaluate the resident to ensure safety. A call placed to family at 6:40 a.m. with little response. The cords in the resident's room were used on staff to try to go to the resident's neck. All cords in room removed. IV tubing removed from room.</p> <p>A Behavior Documentation form for September 2019 directed back of sheet on day shift 9/12 and 9/13/19. The back of the sheet 9/12/19 documented resident throwing pedals, hitting staff and non- compliant. On 9/13/19 the entry read put call cord around her neck. Neither day gave a time or initials indication who documented the entries.</p> <p>During an interview on 11/25/19 at 11:42 a.m., the previous Director of Nursing (DON) stated the resident exhibited many behaviors after she admitted. The resident took the cord toward her neck and they removed all cords from the room. They did 1 to 1's until deemed safe. They did 15 minute checks and increased from there to bigger gaps in the time checked. She said she came in early that morning and did her Intravenous (IV) administration. They did not</p>		
--	---	--	--

Page 6 of 26

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: 7078		Date: December 23, 2019
Facility Name: Pearl Valley Lake Park		Survey Dates:
Facility Address/City/State/Zip 1304 S. Market Street Lake Park, IA 51058	MW/DC	November 24- December 12, 2019
Rule or Code Section	Nature of Violation	Class
		Fine Amount
		Correction date

	<p>leave her unattended while it ran. She would try to hit staff and threw things. The previous DON knew Spanish so she could communicate well with the resident.</p> <p>During an interview on 11/25/19 at 12:54 p.m. Staff H, Certified Nursing Assistant (CNA) stated she didn't witness the resident put the cord around her neck. When she came on she heard they had removed the cords from the room due to the resident putting it around her neck.</p> <p>During an interview on 11/25/19 at 1:23 p.m. Staff G, CNA stated she walked in the resident's room and the resident didn't understand her attempts to speak to her in Spanish. The resident took the metal call light clip across her neck like she was trying to cut her throat. She stated it occurred on 2-10 shift and they removed the cords and tubing right after that. At 3:45 p.m. Staff G came to the facility. She clarified she took the call cord from the resident on the 12th, 2-10 shift, not out of the room, and reported to the charge nurse. She did not know what he did about that.</p> <p>The clinical record lacked any documentation the evening of 9/12/19.</p> <p>During an interview on 11/27/19 10:35 AM Staff I, Registered Nurse (RN) stated he worked 9/12/19 with</p>		
--	---	--	--

Page 7 of 26

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: 7078		Date: December 23, 2019
Facility Name: Pearl Valley Lake Park		Survey Dates:
Facility Address/City/State/Zip 1304 S. Market Street Lake Park, IA 51058	MW/DC	November 24- December 12, 2019
Rule or Code Section	Nature of Violation	
		Class Fine Amount Correction date

	<p>Staff G but he did not recall her telling him about an incident with the call cord clip.</p> <p>During an interview on 11/25/19 at 3:05 p.m., the Administrator stated they reported a fall with fracture which included the 15 minute checks, but it did not include the episode with the cord. The Administrator didn't think the resident actually tried to hurt herself.</p> <p>During an interview on 11/26/19 at 9:02 a.m., the resident's family member stated she called the facility to see if the resident could go home with them overnight and they would bring her back after dialysis the next day. The DON told her no, that the resident had wrapped the cord around her neck in attempt to harm herself.</p> <p>During interview on 11/26/19 at 10:12 AM, the Administrator stated they had not identified who wrote the statement about the cord around the neck and the person it may have been could not be located. She said that would be CNA documentation.</p>		
Facility Response:			

Page 8 of 26

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: 7078		Date: December 23, 2019		
Facility Name: Pearl Valley Lake Park		Survey Dates:		
Facility Address/City/State/Zip 1304 S. Market Street Lake Park, IA 51058	MW/DC	November 24- December 12, 2019		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

58.28(3)f	<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)</p> <p>58.28(3) Resident safety.</p> <p>f. Residents shall be protected against physical or environmental hazards to themselves. (I, II, III)</p> <p>Description: Based on observations, interviews and record reviews, the facility failed to prevent a resident from falling with the use of a mechanical lift for one of one resident reviewed, (Resident #12). Staff interview revealed the facility was aware the sling was not the correct sling for the mechanical lift used before the residents fall. Even after the resident's fall, the facility continued to use the sling and mechanical lift together. The facility reported a census of 25.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) completed for Resident #12 with an Assessment Reference Date of 9/15/19 showed a Brief Interview for Mental Status score of 00, indicating severe cognitive impairment. The resident was at risk for pressure ulcers. The resident had diagnoses of displaced spiral fracture of the</p>	I	\$8750.00	Upon Receipt
------------------	---	----------	------------------	-------------------------

Page 9 of 26

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: 7078		Date: December 23, 2019
Facility Name: Pearl Valley Lake Park		Survey Dates:
Facility Address/City/State/Zip 1304 S. Market Street Lake Park, IA 51058	MW/DC	November 24- December 12, 2019
Rule or Code Section	Nature of Violation	Class
		Fine Amount
		Correction date

	<p>subtrochanteric proximal right femoral diaphyseal and Diabetes Mellitus.</p> <p>The form labeled, LTC Progress Note, dated 10/4/19, noted the resident saw the provider on nursing home rounds. The resident continued to be in a semi-attentive state. The resident required total care.</p> <p>The form labeled, Routine Nursing Home Rounds, dated 10/4/19, indicated the resident transitioned to the mechanical full-body lift as the transfers with the standing lift were not appropriate at times.</p> <p>The Progress Note dated 11/13/19 at 12:15 PM, stated the nurse was requested to the resident's room. Upon arrival the resident was noted to be laying on her left side under the mechanical lift, head resting on the left of the lift with two CNAs present. The Progress Note reported a laceration noted to the back of the left side of the head, back of the left ear. The resident usually non-verbal sentences and only mumbles few words as per usual. Unable to obtain vital signs as resident was resistive with arms as per usual. Ambulance called, resident maintained in the same position until the ambulance arrived. At 12:40 PM, the resident was transported to the emergency room (ER) per ambulance. The provider notified per fax and the family was notified at 12:50 PM by the ADON.</p>		
--	---	--	--

Page 10 of 26

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: 7078		Date: December 23, 2019
Facility Name: Pearl Valley Lake Park		Survey Dates:
Facility Address/City/State/Zip 1304 S. Market Street Lake Park, IA 51058	MW/DC	November 24- December 12, 2019
Rule or Code Section	Nature of Violation	Class
		Fine Amount
		Correction date

	<p>The Progress Note dated 11/13/19 at 3:30 PM, reported the resident returned from the ER per ambulance. Vital signs were a temperature of 100.2, a pulse of 56, respirations of 20 and blood pressure of 148/108. The discharge instructions were received. The resident was assisted in the bed with no bruises noted on the assessment. The resident received the scheduled Tylenol.</p> <p>The Progress Note dated 11/13/19 labeled 6 AM to 6 PM, out of order, indicated the charge nurse called the hospital about the resident. The nurse informed the hospital staff the resident had fallen on the left side and requested to make sure the resident's hip and shoulder were not affected. An ER charge nurse stated everything looked good with no injury to the hip or shoulder. The resident returned to the facility.</p> <p>The Incident Report dated 11/13/19 indicated at 12:15 PM, the resident, was lifted into the mechanical lift when turned to move to the bed the resident slid to the floor. The resident was being raised in the mechanical lift by two CNAs to assist into bed, the left side of the sling came loose, and the resident slid to the floor. The resident went to the ER for assessment. The ER called to report the resident would be returning to the facility following a CT of the head and neck. No bleeds or fractures observed on the exam.</p>		
--	---	--	--

Page 11 of 26

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: 7078		Date: December 23, 2019		
Facility Name: Pearl Valley Lake Park		Survey Dates:		
Facility Address/City/State/Zip 1304 S. Market Street Lake Park, IA 51058	MW/DC	November 24- December 12, 2019		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>The Fall-Investigation Report dated 11/13/19 at 1:30 PM, indicated transfer techniques were followed appropriately with no environmental concerns noted. No observation of the resident being combative at the time of the incident. The resident did hit their head and a neurological assessment flow sheet needed initiating. The corrective action taken was staff education on the use of mechanical resident lifts.</p> <p>The Root Cause Analysis Investigative Tool dated 11/13/19, described the incident as the resident slid out of the mechanical lift while being transferred. No report of vital signs as the nurse was unable to obtain. The resident noted to be non-verbal. The equipment involved was a non-faulty mechanical lift appropriately used. The intervention for the incident was staff education related to lift transferring training.</p> <p>The Fall Review Assessment Form dated 11/13/19 indicated the resident did not have a history of falls.</p> <p>The Physician Contact Form dated 11/13/19 indicated the resident slid out of the sling of the mechanical lift and landed on the floor. The resident went to the ER per ambulance.</p> <p>The Emergency Department Tests, procedures, and medications form dated 11/13/19 indicated the resident</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: 7078		Date: December 23, 2019
Facility Name: Pearl Valley Lake Park		Survey Dates:
Facility Address/City/State/Zip 1304 S. Market Street Lake Park, IA 51058	MW/DC	November 24- December 12, 2019
Rule or Code Section	Nature of Violation	
		Class Fine Amount Correction date

<p>had a CT to the head without interavenous (IV), CT to the cervical spine without IV, and blood work.</p> <p>The Progress Note dated 11/13/19 at 8:20 PM, stated the resident fall follow-up showed a blood pressure of 132/88, the pulse of 84, the temperature of 100.1. The as-needed (PRN) Tylenol was given. The resident was unable to speak or verbalize pain.</p> <p>The Progress Note dated 11/13/19 at 11:45 PM, revealed the resident was resting in bed with eyes closed with no facial grimacing or moaning at that time. The assessment showed no new injuries noted related to the fall, but the nurse would continue to observe.</p> <p>The resident's chart lacked neuro assessments following the resident's fall.</p> <p>The Progress Note dated 11/14/19 at 2:00 PM noted the resident observed resting in bed with no signs of pain. The resident's sutures to the head remained intact - temp 99.1. The resident's ROM observed to be normal per the resident's baseline. The resident received the scheduled Tylenol.</p> <p>The Progress Note dated 11/14/19 at 4:00 PM, the fall follow-up showed the resident moved all extremities as the resident did before the fall. The nurse saw the resident with slight grimaces with movement. The</p>			
---	--	--	--

Page 13 of 26

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: 7078		Date: December 23, 2019
Facility Name: Pearl Valley Lake Park		Survey Dates:
Facility Address/City/State/Zip 1304 S. Market Street Lake Park, IA 51058	MW/DC	November 24- December 12, 2019
Rule or Code Section	Nature of Violation	Class
		Fine Amount
		Correction date

	<p>resident's vital signs were a temperature of 101.2, a pulse of 86, respirations of 20, and blood pressure of 156/70. The resident's temperatures ranged from 101.1 to 99.4 throughout the day - scheduled Tylenol given to the resident. The resident remained in the room for meals and ate 75-100% of meal. At 4:30 PM the provider was called regarding increased temperatures. The facility notified the family of the resident's status.</p> <p>The Progress Note dated 11/14/19, the fall follow-up showed the resident denied pain when asked. The resident moved all extremities with ease with observed slight grimacing at times. The resident's vital signs were a temperature of 98.9, a pulse of 80, respirations of 18, a blood pressure of 139/76, and Oxygen saturation of 94% on room air. Scheduled Tylenol given for pain and to prevent the temperature from increasing throughout the shift. No new injuries noted to the resident, but the nurse would continue to monitor.</p> <p>The resident's chart lacked assessment of the resident on 11/15/19.</p> <p>The Progress Note dated 11/16/19 at 10:00 AM, reported a call placed to the provider related to concerns of the right hip pelvis area. An observation of the resident showed the resident to have swelling of</p>			
--	--	--	--	--

Page 14 of 26

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: 7078		Date: December 23, 2019
Facility Name: Pearl Valley Lake Park		Survey Dates:
Facility Address/City/State/Zip 1304 S. Market Street Lake Park, IA 51058	MW/DC	November 24- December 12, 2019
Rule or Code Section	Nature of Violation	
		Class Fine Amount Correction date

	<p>the knee with non-verbal signs of pain. X-rays ordered and the resident sent to the hospital via ambulance.</p> <p>The Progress Note dated 11/16/19 at 2:30 PM, stated the hospital notified of a displaced right hip with spiral fracture, fever, and increased blood pressure with increased d-dimer. The hospital would be running more tests and would call back with more information.</p> <p>The Progress Note dated 11/16/19 at 5:30 PM indicated a call received from the ER. The provider spoke with the family. The family requested the resident to return to the facility and on hospice level of care.</p> <p>The Progress Note dated 11/16/19 at 7:00 PM, noted the resident returned to the facility from the hospital via ambulance. The resident returned with new orders and diagnoses of spiral fracture to right hip and sepsis. The hospital inserted a catheter for the resident. New orders received for Rocephin 1 gram intermuscular for four days for sepsis with a referral to hospice.</p> <p>Progress Note dated 11/16/19 at 11:00 PM, indicated the resident planned for admission to hospice.</p> <p>The Emergency Room Visit Notes dated 11/16/19 indicated the resident arrived via an ambulance due to complaints of right hip pain and external rotation. The</p>		
--	---	--	--

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 7078		Date: December 23, 2019
Facility Name: Pearl Valley Lake Park		Survey Dates:
Facility Address/City/State/Zip 1304 S. Market Street Lake Park, IA 51058	MW/DC	November 24- December 12, 2019
Rule or Code Section	Nature of Violation	Class
		Fine Amount
		Correction date

	resident lived in nursing home but was residing at another care center due to boiler repairs. The facility reported the resident was in a mechanical lift on 11/13/19 to transfer the resident. The resident fell from the lift and hit her head. The resident was sent to the ER at that time and had a head CT with stitches placed. There was no report or noted injury reported to the resident's right hip at that time. The staff noted concerns with the right hip prior to sending the resident to the ER to be evaluated with x-rays. The resident had a history of dementia and was not able to give history at time of evaluation. The review of presenting symptoms indicated the resident did not report any pain, but after speaking with the resident's representative, the patient's normal daily behavior was sitting in a chair with her face downward, eyes closed with little speech. The hip exam showed the hip non-tender with normal ROM, shortening of the right lower extremity, and deformity noted as external rotation. The provider was able to lift, externally, and internally rotate the leg with minimal to no grimacing. The medical decision making determined that the family discussed with the provider treatment options and family decided to forego surgical options and admit the resident to comfort care with a transition to hospice. The resident would return to the nursing home on hospice level of care. The resident would receive a catheter and Rocephin due to urinary infection with sepsis.			
--	--	--	--	--

Page 16 of 26

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: 7078		Date: December 23, 2019
Facility Name: Pearl Valley Lake Park		Survey Dates:
Facility Address/City/State/Zip 1304 S. Market Street Lake Park, IA 51058	MW/DC	November 24- December 12, 2019
Rule or Code Section	Nature of Violation	Class
		Fine Amount
		Correction date

	<p>The Physician Contact Form dated 11/16/19 stated the resident went to the hospital for x-rays of the right femur, pelvis, and hip.</p> <p>The Radiology - Diagnostic Imaging form dated 11/16/19 indicated the findings showed there was a displaced spiral subtrochanteric proximal femoral diaphyseal fracture. Severe right hip joint arthrosis was unchanged.</p> <p>The Physician Contact Form dated 11/16/19 stated that the resident returned from the hospital with a noted right hip displaced spiral fracture on x-ray. The resident had new orders to admit to hospice level of care. The plan was for the resident to admit to hospice upon return to the facility.</p> <p>The form labeled Hospice Medication Orders SNF dated 11/16/19 indicated an order to admit to hospice.</p> <p>The Care Plan dated 11/16/19, indicated the resident admitted to hospice.</p> <p>The Care Plan problem dated 11/16/18, indicated the resident was at risk for falls due to a history of falls at home and impaired gait. An intervention dated 11/1/19, showed the resident used the mechanical lift with the assist of two for transfers. The Care Plan interventions</p>		
--	---	--	--

Page 17 of 26

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: 7078		Date: December 23, 2019		
Facility Name: Pearl Valley Lake Park		Survey Dates: November 24- December 12, 2019		
Facility Address/City/State/Zip 1304 S. Market Street Lake Park, IA 51058	MW/DC			
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>related to falls lacked documentation of new interventions following the 11/1/19 update.</p> <p>The form labeled, LTC Progress Note, dated 11/21/19, noted the resident was seen by provider on nursing home rounds. The resident had fallen approximately two weeks prior to the visit. At that time, the resident had a head CT and cervical neck CT that was normal. The resident noted to have hip issues but later noted to have a hip rotation, so the resident went back to the hospital. Once there, the hospital determined the resident had a right hip fracture. Due to the resident's advanced age and dementia, it was recommended not to do any treatments. The nursing staff felt her general mentation, breathing and lungs were all unchanged as long as not to move the hip excessively.</p> <p>The Major Injury Determination Form dated 11/14/19 indicated an injury occurred on 11/13/19 at 12:20 PM. The form stated the provider reviewed the circumstances of the incident causing the injury, the previous function ability of the patient, and the patient's prognosis, and determined the injury sustained was not a major injury. The rationale provided indicated the resident presented with neck pain, scalp laceration, no complaints of chest pain, abdominal pain, or joint pain - no complaints of discomfort outside of the scalp and neck at that time. A Computed Tomography scan (CT) of the resident's head and neck were negative. The</p>			
--	--	--	--	--

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 7078		Date: December 23, 2019		
Facility Name: Pearl Valley Lake Park		Survey Dates:		
Facility Address/City/State/Zip 1304 S. Market Street Lake Park, IA 51058	MW/DC	November 24- December 12, 2019		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>circumstances of the incident causing the injury was questioned to be from the strap on the mechanical lift sliding off. The resident's previous functional ability documented as total cares with activities of daily living (ADLs) and mechanical lift for transfers</p> <p>The Major Injury Determination Form dated 11/17/19 indicated an injury occurred on 11/13/19 at 12:15 PM. The form stated the provider reviewed the circumstances of the incident causing the injury, the previous function ability of the patient, and the patient's prognosis, and determined the injury sustained was a major injury. The circumstances of the incident causing the injury was documented to be related to the resident sliding out of the mechanical lift. The resident's previous functional ability recorded as total care.</p> <p>The Major Injury Determination Form dated 11/25/19 indicated an injury occurred on 11/13/19 at 12:15 PM. The form stated the provider reviewed the circumstances of the incident causing the injury, the previous function ability of the patient, and the patient's prognosis, and determined the injury sustained was not a major injury. The circumstances of the incident causing the injury was not documented on the form. The resident's previous functional ability recorded as total care with advanced dementia.</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: 7078		Date: December 23, 2019
Facility Name: Pearl Valley Lake Park		Survey Dates:
Facility Address/City/State/Zip 1304 S. Market Street Lake Park, IA 51058	MW/DC	November 24- December 12, 2019
Rule or Code Section	Nature of Violation	Class
		Fine Amount
		Correction date

	<p>The email dated 9/16/19, labeled Determination of Major Injury Requirements, stated additional notification was required to the director of the director's designee within twenty-four hours or the next business day, by the most expeditious means available of any accident causing major injury. Major injury was defined as an injury which required consultation with the attending physician, designee of the physician or physician extender who determines in writing on a form designated by the department that an injury is a major injury based upon the circumstances of the accident, the previous functional ability of the resident, and the resident's prognosis.</p> <p>The Major Injury Determination Form, with no date provided, indicated the form needed completing if the facility was relying on the physician, designee, or extender to determine whether a major injury had occurred. The facility could independently determine that a major injury had occurred and submit a self-report. If the physician, designee, or extender determined a major injury had occurred, the signed form should be kept by the facility in the resident's clinical record, and the facility should notify the department of the major injury.</p> <p>During an interview on 11/25/19 at 9:08 AM, the Assistant Director of Nursing (ADON), Licensed Practical Nurse (LPN), reported the facility does an</p>		
--	--	--	--

Page 20 of 26

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: 7078		Date: December 23, 2019
Facility Name: Pearl Valley Lake Park		Survey Dates: November 24- December 12, 2019
Facility Address/City/State/Zip 1304 S. Market Street Lake Park, IA 51058	MW/DC	
Rule or Code Section	Nature of Violation	Class Fine Amount Correction date

	<p>orientation checklist on hire for the employees for the mechanical lift training. They don't do specific training for the Agency staff with mechanical lifts. She stated the agency was responsible for this. She noted that the stated CNAs working with the resident was Staff C, Agency Certified Nurses' Aide (CNA), and Staff B, CNA.</p> <p>During an interview on 11/25/19 at 9:12 AM, the Acting Director of Nursing (DON), Registered Nurse (RN), stated she was the nurse who initially responded to the fall. She noted the upper left strap was not on the hook of the mechanical lift arm. She stated the mechanical lift and the sling was another facility's equipment.</p> <p>During an interview on 11/25/19 at 9:18 AM, the ADON stated there was an immediate staff education for the mechanical lifts following the fall. She said she believed it was reported either by Nurse Consultant or by the Administrator but wasn't sure so she would visit with the Administrator to find out.</p> <p>During an interview on 11/25/19 at 9:22 AM, the Administrator said she did not report the fall or the fracture to the Department of Inspections and Appeals.</p> <p>During an interview on 11/25/19 at 9:25 AM, the Acting DON and Assistant Director of Nursing stated that the fracture did not happen from the fall from the</p>		
--	---	--	--

Page 21 of 26

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: 7078		Date: December 23, 2019
Facility Name: Pearl Valley Lake Park		Survey Dates:
Facility Address/City/State/Zip 1304 S. Market Street Lake Park, IA 51058	MW/DC	November 24- December 12, 2019
Rule or Code Section	Nature of Violation	
		Class Fine Amount Correction date

mechanical lift. They said the facility did not do an investigation related to an injury of unknown origin. The Administrator stated this was called in and followed the form but did not report it to the Department of Inspections and Appeals (DIA). During an interview with Staff C and Staff B on 11/25/19 at 10:37 AM Staff C said she told the facility they were the wrong slings, but they didn't get the correct slings. Even after the fall, they didn't get the right sling. Staff B said the mechanical lift was different from this facility's mechanical lift. Staff B said they did not get training for the mechanical lift. The other facilities mechanical lift had six small prongs, on each side of the lift. This facility's lift has four but the prongs were much bigger. Staff C stated she was in charge of pushing the button to raise the mechanical lift. Staff C said the fall happened so fast. Staff C said the nurse did check pulses and the resident was usually very stiff, so it was hard to check the range of motion (ROM). Staff C said the resident doesn't respond to pain doesn't even moan. Staff C stated the resident was moaning when they were asking if she was ok. Staff C and Staff B said the facility educated them on the use of mechanical lifts right after the fall. They reported the only staff that was present was the ADON from the other facility and the first and second shift staff that worked that day. The ADON from the other facility provided the education by getting into the			
---	--	--	--

Page 22 of 26

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: 7078		Date: December 23, 2019
Facility Name: Pearl Valley Lake Park		Survey Dates:
Facility Address/City/State/Zip 1304 S. Market Street Lake Park, IA 51058	MW/DC	November 24- December 12, 2019
Rule or Code Section	Nature of Violation	
Class	Fine Amount	Correction date

	<p>mechanical lift sling, then was lifted by the her own staff into the air. The ADON shared to make sure everything was tight.</p> <p>During an interview on 11/25/19 at 10:49 AM, Staff A, RN, said she sent the resident to the emergency room on 11/16/19. She stated before that assessment, the resident had no nonverbal cues of pain. She said that yes, she believed the fall caused the fracture.</p> <p>During an interview on 11/25/19 at 8:13 AM, the resident's representative indicated the resident fell and staff reported it was the facility staff that was caring for the resident but the staff was using the equipment of a different facility. Resident #12's representative reported having the incident report and the hospital report.</p> <p>During an interview on 12/12/19 at 10:43 AM, the ADON, stated if a fall occurred, the nurse was to go and do vitals immediately. Then the nurse would notify the Administrator, DON, Doctor and family. Once notifications were complete the nurse was to document everything and complete the fall packet. If the resident hit their head or had dementia the facility was to do standard neuro checks. Then add the incident to the nurse report sheet to pass on to the other shifts for follow-up. The nurse then should put in an entry in each shift for three days is what they would normally</p>		
--	---	--	--

Page 23 of 26

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: 7078		Date: December 23, 2019		
Facility Name: Pearl Valley Lake Park		Survey Dates: November 24- December 12, 2019		
Facility Address/City/State/Zip 1304 S. Market Street Lake Park, IA 51058		MW/DC		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>do. Any new orders would be added to the MAR. The nurse would notify the family if applicable with any new orders. If the provider says noted then there would be nothing to notify the family about.</p> <p>During a follow-up interview on 12/12/19 at 11:16 AM, the ADON stated if a major injury occurred, she would notify the Administrator or DON who would report it to the state if necessary. The DON could do it but the Administrator was excellent about getting it done and reported.</p> <p>During a follow-up interview on 12/12/19 at 11:18 AM, the Administrator stated she would follow the flow sheet to determine when to report it to the state.</p> <p>During a follow-up interview on 12/12/19 at 1:40 PM, the Acting DON said no completion of neuros done as the resident was sent to the ER and had a CT of her head.</p> <p>The form labeled, Accidents/Incidents Investigation and Reporting Policy and Procedure, dated 7/7/08, stated accidents and incidents must be investigated and reported to the Director of Nursing for quality assurance review. The follow-up assessment and documentation of the resident's accident or incident needed completed every shift for 72 hours. One</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: 7078		Date: December 23, 2019
Facility Name: Pearl Valley Lake Park		Survey Dates:
Facility Address/City/State/Zip 1304 S. Market Street Lake Park, IA 51058	MW/DC	November 24- December 12, 2019
Rule or Code Section	Nature of Violation	Class
		Fine Amount
		Correction date

	<p>definition of a fall was indicated to be a witnessed accident or injury.</p> <p>The form labeled, Fall Protocol, stated fall follow-up assessments would proceed for 72 hours post-incident. Range of Motion, neuro assessment if the resident struck their head or if a fall was unwitnessed even with a BIMS over 11, pain assessment, skin assessment, and fall assessment following the incident. Should the immediate assessment show or reveal any potential injury, the primary care provider (PCP) should be notified of the concern immediately for intervention. If the resident showed any signs or symptoms of potential injury or change in the condition, the facility was to inform the PCP for further intervention. Fall prevention interventions would be care planned per facility protocol following investigation.</p>			
--	--	--	--	--

Page 25 of 26

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: 7078		Date: December 23, 2019		
Facility Name: Pearl Valley Lake Park		Survey Dates:		
Facility Address/City/State/Zip 1304 S. Market Street Lake Park, IA 51058	MW/DC	November 24- December 12, 2019		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

--	--	--	--	--