

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

Citation Number: 7074		Date: 12/12/19		
Facility Name: Elmwood Care Centre		Survey Dates: November 18-21, 2019		
Facility Address/City/State/Zip 222 North 15th Street Elmwood, IA 51040				
		SB		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

58.20(5)	<p>481—58.20(135C) Duties of health service supervisor. Every nursing facility shall have a health service supervisor who shall:</p> <p>58.20(5) Initiate preventative and restorative nursing procedures for each resident so as to achieve and maintain the highest possible degree of function, self-care, and independence based on resident choice, where practicable; (II, III)</p> <p>DESCRIPTION:</p> <p>Based on observation, record review and interviews the facility failed to assure planned restorative programs for 1 of 16 residents (Resident #19). The facility reported a census of 45 residents.</p> <p>Findings included:</p> <p>The Minimum Data Set (MDS) dated 5/25/19 for Resident #19 indicated a Brief Interview for Mental Status (BIMS) score of 5, indicating severe cognitive deficit. The MDS documented the resident required limited assistance of one staff for bed mobility, dressing, and personal hygiene, and extensive assistance of two staff transfers and toilet. The resident walked with one staff in room once or twice.</p>	II	\$500	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: 7074					Date: 12/12/19
Facility Name: Elmwood Care Centre		Survey Dates: November 18-21, 2019			
Facility Address/City/State/Zip 222 North 15th Street Elmwood, IA 51040					
		SB			
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date	

	<p>The MDS dated 8/14/19 indicated the residents' functional status declined and the resident now required total dependence with transfers, toileting and personal hygiene. The resident did not ambulate.</p> <p>A physical therapy (PT) evaluation dated 2/22/19 to 3/24/19 identified the resident with good rehab potential. The functional mobility assessment area of the evaluation identified the resident could ambulate 25 feet on level surfaces with minimum assistance and a two wheeled walker. The resident required maximum assistance with transfers, bed mobility and sit to stand. At the conclusion of therapy on 3/22/19, PT recommended a restorative nursing program (RNP). The RNP program directed staff to ensure the resident performed Nu Step 3 to 4 times a week for 10 to 15 minutes, Stand frame, seated therapy exercise with 3 pound ankle weights and sit to stands 5 reps.</p> <p>The care plan updated on 6/1/18 identified the resident with potential for pain and directed staff to monitor changes in self-care deficit and report changes to the medical director. The care plan also indicated communication difficulties and impaired cognitive functioning.</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: 7074		Date: 12/12/19		
Facility Name: Elmwood Care Centre		Survey Dates: November 18-21, 2019		
Facility Address/City/State/Zip 222 North 15th Street Elmwood, IA 51040		SB		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>The clinical record contained no documentation of RNP services provided to the resident. Another referral had been made to PT and OT services which was approved from 7/25/19 through 8/23/19.</p> <p>OT initial assessment from 7/25/19 identified the resident with weakness and decline in ADLs (activities of daily living) from last evaluation completed 4/19. At the conclusion of OT therapy on 8/23/19, OT did not recommend an RNP program.</p> <p>During interview on 11/20/19 at 9:57 AM, LPN staff D stated that the facility hasn't had restorative services for a couple years. She stated she understood it was one of the deficiencies from last year's survey but there were no changes made.</p> <p>Observation:</p> <p>During an observation on 11/18/19 at 11:28 AM in the dining room, the resident sat in her wheel chair in a slouched position with her head hanging close to her lap. On 11/18/19 at 12:11 PM she was at the lunch table attempting to drink from a cup but had difficulty due to her slouched position with her chin at the level of the table.</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: 7074		Date: 12/12/19		
Facility Name: Elmwood Care Centre		Survey Dates: November 18-21, 2019		
Facility Address/City/State/Zip 222 North 15th Street Elmwood, IA 51040				
		SB		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>On 11/19/19 at 10:30 AM observation showed the resident sleeping in her wheel chair with her head in her chest, almost in her lap.</p> <p>Director of Nursing (DON) Interview:</p> <p>On 11/21/19 at 7:50 AM the DON stated that there had not been a restorative program at the facility for over 4 years. When asked what happens when there is a recommendation from PT for a resident after they've been discharged, she said the referral comes to her but because the corporation doesn't support a restorative program so they are unable to follow through. She stated she had a couple of Certified Nursing Assistants (CNA's) trained to do restorative and they would like to but are forced to work on the floor. The DON stated she recently referred the resident back to PT and is looking into getting her a better wheel chair so she can reach the table better. She understands that there has been a decline in the residents Activities of Daily Living (ADL) due to the gaps in services.</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: 7074		Date: 12/12/19		
Facility Name: Elmwood Care Centre		Survey Dates: November 18-21, 2019		
Facility Address/City/State/Zip 222 North 15th Street Elmwood, IA 51040				
		SB		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	FACILITY RESPONSE:			

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).