

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

<b>Citation Number:</b> <b>#8098</b>		<b>Date:</b> <b>September 16, 2020</b>		
<b>Facility Name:</b> <b>Pearl Valley Of Primghar</b>		<b>Survey Dates:</b> <b>August 12 – September 3, 2020</b>		
<b>Facility Address/City/State/Zip</b> <b>735 N Rerick Avenue</b> <b>Primghar, IA 51245</b>		<b>MW/DC</b>		
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class</b>	<b>Fine Amount</b>	<b>Correction date</b>

<b>58.28(3)e</b>	<p><b>481—58.28(135C) Safety.</b> 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><b>58.28(3) Resident safety.</b></p> <p>e. Each resident shall receive adequate supervision to protect against hazards from self, others, or elements in the environment. (I, II, III)</p> <p><b>DESCRIPTION:</b></p> <p>Based on clinical record review, resident, staff interview and facility policy and procedure the facility failed to ensure each resident received adequate supervision to prevent elopement for 2 residents, (Resident #5, Resident #16), who exited the facility unsupervised, which resulted in an immediate jeopardy to residents health and safety. The facility failed to follow the plan of care for a resident which sustained a fall with a fracture while in an EZ lift. (Resident #13). The facility census was 31 residents.</p> <p>Findings include:</p> <p>1. An Annual Minimum Data Set (MDS) assessment dated 5/21/20, documented Resident #5 had diagnosis of Huntington's Disease and unspecified pain and a score of 13 of 15 on a BIMS (brief interview for mental status), with going outside to get fresh air when the</p>	<b>I</b>	<b>\$9000.00 (Held in Suspension)</b>	<b>UPON RECEIPT</b>
------------------	--	----------	---	-------------------------

\_\_\_\_\_  
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**

<b>Citation Number:</b> <b>#8098</b>		<div style="border: 1px solid black; padding: 2px; float: right; width: 200px;"> <b>Date:</b>  <b>September 16, 2020</b> </div>		
<b>Facility Name:</b> <b>Pearl Valley Of Primghar</b>		<b>Survey Dates:</b> <b>August 12 – September 3, 2020</b>		
<b>Facility Address/City/State/Zip</b> <b>735 N Rerick Avenue</b> <b>Primghar, IA 51245</b>		<b>MW/DC</b>		
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class</b>	<b>Fine Amount</b>	<b>Correction date</b>

	<p>weather is good as very important. The MDS documented resident as feeling down, depressed or hopeless, no wandering and resident independent with all aspects of activities of daily living.</p> <p>The Preadmission Screening and Resident Review (PASRR) dated 5/1/19, included diagnosis of major depression with psychosis and alcohol abuse. The PASRR also documented the resident as having tearfulness, feelings of hopelessness, worthlessness, threats towards others, insomnia, mood swings, withdrawn behavior, distrust, paranoia, worry, and panic reactions and known history of substance abuse/dependency, and would benefit from supported public transportation to ensure safe community access, and prior to hospitalization, he lived in the community alone, however, barriers with this arrangement, including safety concerns.</p> <p>A Care Plan with a start date 5/14/20, had a problem for which indicated Resident #5 had behaviors related to major depressive disorder, refusing medications, refusing meals, refusing cares, resistant to assistance with cares, and makes threats. Approaches include:          *Resident has a court order to reside at facility due to alcoholism. May go for a walk of facility property for relaxation and exercise if BIMS meets the criteria.          *The facility will attempt to find public transportation for resident when needed.          *Provide adequate supervision during activities          *Allow me to go on facility outings as deemed appropriate with the required supervision.</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**

<b>Citation Number:</b> <b>#8098</b>		<div style="border: 1px solid black; padding: 2px; float: right; width: 200px;"> <b>Date:</b>  <b>September 16, 2020</b> </div>		
<b>Facility Name:</b> <b>Pearl Valley Of Primghar</b>		<b>Survey Dates:</b> <b>August 12 – September 3, 2020</b>		
<b>Facility Address/City/State/Zip</b> <b>735 N Rerick Avenue</b> <b>Primghar, IA 51245</b>		<b>MW/DC</b>		
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class</b>	<b>Fine Amount</b>	<b>Correction date</b>

	<p>Review of the Cerro Gordo-Clerk of District Court dated 5/14/19, documented it is ordered that the Respondent shall transfer to RCF care with placement at Pearl Valley located at 735 North Rerick Ave, Primghar IA. It is further Ordered the ongoing provider for the Respondent shall be Tapestry Psychiatry who will see the Respondent at Pearl Valley.</p> <p>The Elopement Risk Tracking Log dated 5/28/20, documented resident as alert, ambulatory, history of previous elopements, left property, eloped in the evening, staff educated on wander list and care plan addresses wandering and risk for elopement.</p> <p>A Psych Note dated 12/13/19 documented resident is doing OK, but got in trouble for walking off to get a pack of smokes. That was the third time. Medications reviewed in Nursing Facility Chart. Mood is sad.</p> <p>The Nurses Notes dated 5/7/20 at 8:00 p.m., documented resident walked out front door. Nurse followed and requested resident return to facility. Nurse continued saying he didn't have permission to leave and needed to return or the sheriff would be called. Resident stated "Why the hell do I have to stay here, I f***ing leaving". Nurse stated again he doesn't have permission to leave and needed to return. Resident shrugged his shoulders and walked on. Nurse returned to facility to call sheriff. Staff aide walked to the drive and didn't see anyone walking on either side of the street. She then walked to the other exit and looked their as well. No Luck. Called Sheriff back to let them know resident is court ordered. She</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**

<b>Citation Number:</b> <b>#8098</b>		<b>Date:</b> <b>September 16, 2020</b>		
<b>Facility Name:</b> <b>Pearl Valley Of Primghar</b>		<b>Survey Dates:</b> <b>August 12 – September 3, 2020</b>		
<b>Facility Address/City/State/Zip</b> <b>735 N Rerick Avenue</b> <b>Primghar, IA 51245</b>		<b>MW/DC</b>		
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class</b>	<b>Fine Amount</b>	<b>Correction date</b>

	<p>asked for a description and would notify the deputy. Administrator notified.</p> <p>The Nurse Notes dated 5/7/20 at 10:30 p.m., documented resident returned to facility in private car. Staff went to look around town. Sheriff notified of his return. Resident found by the police station. Staff rolled her window down and said "don't ya think its time to come back to the facility". Resident agreed and got in the car. Resident reentered the facility and was sent to room.</p> <p>The Physician Notification Fax Form dated 5/8/20, documented resident eloped last night. Gone from facility from 8:00 p.m. - 10:30 p.m. Resident attempted elopement twice this a.m. Resident said "I don't care if I die". Administrator is currently trying to get ahold of resident mental health advocate. May we have order for psych evaluation/treatment? Please advise.</p> <p>The Nurse Notes dated 6/30/20 at 7:10 p.m., documented resident was out for smoke break and told aide he was going to the gas station and walked off. Aide attempted redirection, failed. Nurse notified, Director of Nursing, Administrator and Sheriff called. Resident was seen about 10 minutes later walking past the facility on the other side of the street. Nurse went to end of sidewalk, called residents name. Resident returned with a bottle in his hand covered by a paper bag. Nurse asked the contents, resident stated a bottle. Nurse confiscated a bottle of rum that was 1/3 consumed. Resident back in the facility, sent to room. Director of Nursing and Administrator 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**

<b>Citation Number:</b> <b>#8098</b>					<b>Date:</b> <b>September 16, 2020</b>
<b>Facility Name:</b> <b>Pearl Valley Of Primghar</b>		<b>Survey Dates:</b> <b>August 12 – September 3, 2020</b>			
<b>Facility Address/City/State/Zip</b> <b>735 N Rerick Avenue</b> <b>Primghar, IA 51245</b>		<b>MW/DC</b>			
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class</b>	<b>Fine Amount</b>	<b>Correction date</b>	

	<p>Sheriff notified. Aides came from residents room stating he was talking about smoking in the room and using the lighter bought to burn this place down. Nurse attempted to take what ever resident had, unsuccessful. Sheriff notified again, said its not a police matter. Residents room searched, needle and thread found. No cigarettes, matches or lighter found. No evening smoke break for resident. Doctor notified by facsimile.</p> <p>The Psych Note dated 7/1/20, documented follow up to see patient depression and anxiety. Resident #5 left the facility last night. He went to buy some alcohol. When he entered again, staff asked him what he has with him, he opened the bottle and took a gulp. Today he said he was out of cigarettes and needed to go and buy some. Said he can wait till next day when orders going to store. Said OK. Talking about incident previous night and looked remorseful.</p> <p>The Social Service Progress Notes dated 7/1/20, documented resident left building last night, came back with a bottle of alcohol. Drank part of it, staff found it. Will have him see psychologist today.</p> <p>The Nurses Notes dated 7/14/20 at 2:00 p.m.-10:00 p.m., documented resident escaped or eloped from the facility at 9:15 p.m., and went to the gas station. Resident bought a "bottle of vodka" and a "pack of cigarettes" per the report from the gas station. Residents "vodka" was destroyed by the city sheriff and was left with the pack of cigarette. Cigarette was kept at the residents cigarette box. Police escorted</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**

<b>Citation Number:</b> <b>#8098</b>					<b>Date:</b> <b>September 16, 2020</b>
<b>Facility Name:</b> <b>Pearl Valley Of Primghar</b>		<b>Survey Dates:</b> <b>August 12 – September 3, 2020</b>			
<b>Facility Address/City/State/Zip</b> <b>735 N Rerick Avenue</b> <b>Primghar, IA 51245</b>		<b>MW/DC</b>			
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class</b>	<b>Fine Amount</b>	<b>Correction date</b>	

	<p>residents back to the facility at 9:40 p.m.</p> <p>Review of Pearl Valley Concern Form: dated 7/14/20, documented staff concerned Resident had an elopement since he is court ordered to Pearl Valley. Resident left to go to the gas station to purchase alcohol-Sheriff was called due to his history of alcoholism and has no order for drinking.</p> <p>The O'Brien County Sheriff inventory of seized property dated 7/14/20 at 9:30 a.m., documented property seized a bottle of black velvet.</p> <p>Review of the Call for Service Record dated 7/14/20 at 9:16 p.m., documented Resident #5 walked out, he is court ordered to be there. No idea where he went, but possibly the gas station or the bar. Taller, curly gray hair-probably wearing jeans and tennis shoes. Left around 9:15 p.m., at 9:27 p.m., located subject-wearing shorts/black shirt. Will be giving him a ride back to Pearl Valley, at 9:32 p.m., seized a bottle of black velvet that was still in the paper bag, at 9:41 p.m., subject also had matches and cigarettes that he turned over to staff. Will be an internal disciplinary matter. at 9:45 p.m., Resident turned over a book of matches and a pack of cigarettes to staff, Resident was upset about being court ordered to the facility and being there for over a year.</p> <p>The Social Service Progress Notes dated 7/15/20, documented resident left the building last night. He went to the store and bought alcohol and drank it. He is court ordered. Police picked him up and brought him</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**

<b>Citation Number:</b> <b>#8098</b>		<b>Date:</b> <b>September 16, 2020</b>		
<b>Facility Name:</b> <b>Pearl Valley Of Primghar</b>		<b>Survey Dates:</b> <b>August 12 – September 3, 2020</b>		
<b>Facility Address/City/State/Zip</b> <b>735 N Rerick Avenue</b> <b>Primghar, IA 51245</b>		<b>MW/DC</b>		
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class</b>	<b>Fine Amount</b>	<b>Correction date</b>

	<p>back. Will have him see the psychologist today.</p> <p>The Psych Note dated 7/15/20, documented follow up to see patient for depression and anxiety. Resident took off again last night, bought some alcohol, made a picture of a woman on hangman of the wall. He is also refusing to eat again. The police brought him back. When resident entered he admitted what he has done. Said he was bored. He was asking the police to put him in jail for a night just to be away for awhile. Resident said he had to check in his alcohol and cigarettes and will not see that again.</p> <p>During an interview on 8/25/20 at 11:45 a.m., the facility Director of Nursing confirmed and verified the expectation of the staff is to know where the resident is at all times especially since the resident is court committed to the facility.</p> <p>During an interview on 8/25/20 at 3:30 p.m., Staff H (Registered Nurse) stated Resident #5 does show signs of wanting to leave the facility, he will tell staff that it is time to go to the store or gas station to get some alcohol, there are times he goes out the front door and the alarm sounds, other times he will be out smoking and tell the aide that is supervising the residents that he is leaving and will just walk away from the facility. Staff H stated that when you have one aide inside the facility and one aide outside supervising the residents you have to make a decision on residents safety, and with this resident the sheriff is called to find him and bring him back to the facility. Staff H stated when the resident left the facility on</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**

<b>Citation Number:</b> <b>#8098</b>		<b>Date:</b> <b>September 16, 2020</b>		
<b>Facility Name:</b> <b>Pearl Valley Of Primghar</b>		<b>Survey Dates:</b> <b>August 12 – September 3, 2020</b>		
<b>Facility Address/City/State/Zip</b> <b>735 N Rerick Avenue</b> <b>Primghar, IA 51245</b>		<b>MW/DC</b>		
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class</b>	<b>Fine Amount</b>	<b>Correction date</b>

	<p>5/7/20, one of the staff from the facility went to search for him and found him in a corn field.</p> <p>During an interview on 8/17/20 at 3:20 p.m., the facility Medical Director confirmed and verified the facility is responsible for the resident at all times in and out of the facility.</p> <p>During an interview on 8/26/20 at 9:10 a.m., the Chief Deputy explained the facility is responsible for Resident #5 and since he is court committed it is up to the facility to make sure that he is supervised at all times, and that the facility and the sheriff department have no agreements or understanding that it is the responsibility of the sheriff department to find the resident when he exits the facility. The Deputy went on to explain there are times when the facility will call and another call takes precedents over the resident being gone to long. Most of the time the sheriff department will find the resident at the gas station buying alcohol and then it will be confiscated and taken away, the resident is very good about getting into the police car and going back to the facility.</p> <p>During an interview on 8/26/20 at 10:10 a.m., Staff I (Maintenance Supervisor) explained that on 5/7/20 between 10:00 p.m. - 10:15 p.m., a telephone call was place that Resident #5 was gone longer than normal and asked if they would mind going out to find him. Staff I stated that they got into their car and started to head around town looking for Resident #5, while driving received a phone call the resident was seen up town by the hardware store, so the staff headed up</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**

<b>Citation Number:</b> #8098				
		<b>Date:</b> September 16, 2020		
<b>Facility Name:</b> Pearl Valley Of Primghar		<b>Survey Dates:</b>  August 12 – September 3, 2020		
<b>Facility Address/City/State/Zip</b>  735 N Rerick Avenue Primghar, IA 51245				
		<b>MW/DC</b>		
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class</b>	<b>Fine Amount</b>	<b>Correction date</b>

	<p>town and by the time got there the resident was across from the police station. Staff I explained to the resident that it was time for them to go back to the facility, the resident got into the staffs car and came straight to the facility, the resident got out and went in with no problems.</p> <p>2. A Quarterly MDS with an assessment reference date of 5/29/20, documented Resident #16 with diagnosis for which included anxiety, depression, Schizophrenia, mood disorder due to known physiological condition, and alcohol dependence with withdrawal. The MDS documented the resident BIMS score of 13, does have delusions, physical behaviors, verbal behaviors and other behaviors (physical symptoms such as hitting, or scratching self, pacing, rummaging, public sexual acts, disrobing in public, throwing or smearing food or bodily wastes, or verbal/vocal symptoms like screaming, disruptive sounds). The MDS also documented the resident is independent in all aspects of activities of daily living and exhibits shortness of breath or trouble breathing with exertion (walking, bathing, transferring).</p> <p>Review of the Clerk of District Court dated 5/30/19, documented Resident #16 alleged to be seriously mentally impaired. Believe Respondent is seriously mentally impaired and is likely to injure himself or herself or others if allowed.</p> <p>Review of an affidavit on 5/30/19, documented in support of application alleging serious mental impairment documented that the resident can not take</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**

<b>Citation Number:</b> <b>#8098</b>		<b>Date:</b> <b>September 16, 2020</b>		
<b>Facility Name:</b> <b>Pearl Valley Of Primghar</b>		<b>Survey Dates:</b> <b>August 12 – September 3, 2020</b>		
<b>Facility Address/City/State/Zip</b> <b>735 N Rerick Avenue</b> <b>Primghar, IA 51245</b>		<b>MW/DC</b>		
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class</b>	<b>Fine Amount</b>	<b>Correction date</b>

	<p>care of himself. He threatens to hurt himself and others. He can be verbally and physically aggressive. He is non-compliant with taking his medications and his daily cares such as bathing, changing clothes and follow simple directions. He has threatened staff and residents on several occasions and does not understand his behaviors is wrong. It would not be appropriate or safe for resident to be out of a facility, he is able to receive 24 hour care at a facility level where he can be monitored and cared for in his best interest.</p> <p>Review of an affidavit on 5/30/19, documented the resident has alcoholic dementia, he tries to drink himself to death. He becomes violent and threatens to kill family members.</p> <p>The PASRR dated 4/3/19, documented Resident #16 had diagnosis for which included mood disorder, alcohol dependence, bipolar disorder and personality disorder. The resident would benefit from having no access to alcohol appears to be helpful. He appears in need of an environment in which he is not able to leave. It is felt that an evaluation for neurocognitive disorder may be helpful in understanding some of his behaviors and in developing a treatment plan. The resident has difficulty with decision making and judgement, mobility and ambulation, and memory problems.</p> <p>The Care Plan with a problem start date 4/16/19, identified a problem with Resident #16 had behaviors related to Schizophrenia, false accusations, yelling,</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**

<b>Citation Number:</b> <b>#8098</b>		<b>Date:</b> <b>September 16, 2020</b>		
<b>Facility Name:</b> <b>Pearl Valley Of Primghar</b>		<b>Survey Dates:</b> <b>August 12 – September 3, 2020</b>		
<b>Facility Address/City/State/Zip</b> <b>735 N Rerick Avenue</b> <b>Primghar, IA 51245</b>		<b>MW/DC</b>		
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class</b>	<b>Fine Amount</b>	<b>Correction date</b>

	<p>cursing, delusions, and make threats. Approaches include:  *I will have a separate smoke break from another resident.  *I will let staff open and close the door during smoke breaks, staff will give me reminders to stay away for the door during smoke breaks.  *Approach from front due to possible impaired peripheral vision.</p> <p>Review of the facility, Resident sign-out/sign-in log documented the resident signed himself out at these dates and times:  4/19/20 at 7:45 a.m. signed self out and sign in at 8:30 a.m.  5/1/20 at 10:15 a.m., and no time of returning to the facility.</p> <p>The Elopement Risk Assessment dated 5/29/20, documented the resident is considered to be at risk for elopement, proceed with care plan.</p> <p>Observation on 8/18/20 at 8:25 a.m., surveyor was heading north on Highway 59 through Primghar Iowa when noticed a male that was walking on the east side of the highway heading south wearing shorts, t-shirt and tennis shoes. The resident was between 5th Street Northeast and 6th Street Northeast.</p> <p>Observation on 8/25/20 at 8:10 a.m., Resident #16 sitting in an armed chair in front of the facility smoking a cigarette.</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**

<b>Citation Number:</b> <b>#8098</b>		<b>Date:</b> <b>September 16, 2020</b>		
<b>Facility Name:</b> <b>Pearl Valley Of Primghar</b>		<b>Survey Dates:</b> <b>August 12 – September 3, 2020</b>		
<b>Facility Address/City/State/Zip</b> <b>735 N Rerick Avenue</b> <b>Primghar, IA 51245</b>		<b>MW/DC</b>		
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class</b>	<b>Fine Amount</b>	<b>Correction date</b>

	<p>During and interview on 8/25/20 at 8:10 a.m., the resident stated that he can leave the facility anytime that he wants, he sometimes will sign himself out and sometimes don't. He continued to say that he can be gone for as long as he wants and can go where ever he wants, I am not court committed here and I can come and go when ever. Resident stated sometimes he walks around town, depends on the day, and no staff assist him and no staff to supervise him. He has no way of calling the facility if he gets lost or falls.</p> <p>During an interview on 8/18/20 at 8:30 a.m., questioned the facility Social Worker in regards to the male that was ambulating on the side walk across the street. The Social Worker confirmed and verified by looking out the window that it was Resident #16, and continued to state the resident will leave the facility whenever he wants, he is not court committed to the facility and has a right to leave when he wants.</p> <p>During an interview on 8/25/20 at 12:00 p.m., the facility Director of Nursing confirmed and verified the expectation of the staff is to make sure the resident is safe and that the resident needs supervision when leaving the facility premises.</p> <p>Resident Leave Policy dated 5/1/19, stated the purpose of this policy is to define resident rights to leave facility premises for therapeutic, medical and leisure activities after assessment of their cognitive capabilities and safety awareness.</p> <p>*Resident will all be assessed per the facility BIMSS assessment upon admission, quarterly and as</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**

<b>Citation Number:</b> <b>#8098</b>		<b>Date:</b> <b>September 16, 2020</b>		
<b>Facility Name:</b> <b>Pearl Valley Of Primghar</b>		<b>Survey Dates:</b> <b>August 12 – September 3, 2020</b>		
<b>Facility Address/City/State/Zip</b> <b>735 N Rerick Avenue</b> <b>Primghar, IA 51245</b>		<b>MW/DC</b>		
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class</b>	<b>Fine Amount</b>	<b>Correction date</b>

	<p>indicated for significant or acute changes to cognition and decision making capabilities. Residents with a BIMS level of 12 or higher who are capable of making said decisions.</p> <p>The resident will follow the facility protocols and or be encouraged to sign themselves out of the facility and back into the facility upon returning to the premises. Non compliant residents or residents who are not willing to sign the signature sheet shall be educated and care planned accordingly.</p> <p>3. A Significant Change Minimum Data Set (MDS) assessment tool, dated 5/15/20, documented Resident #13 with a Brief Interview for Mental Status (BIMS) score of 15, for which indicates no impaired decision making abilities and no long or short term memory problems, and required extensive assistance with bed mobility, dressing, toilet use and personal hygiene and activity did not occur for transfers, and locomotion on and off the unit, and impairment of upper extremity for functional limitation in range of motion. The MDS documented the resident with diagnosis for which include hypertension, other fracture, anxiety disorder and morbid obesity, and had a fall with major injury (bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma).</p> <p>The residents plan of care with a problem start dated 9/19/19 and a edited date 7/24/20, had a problem area that Resident #13 is limited in ability to transfer related to non weight bearing status. Approaches include:  *I use the EZ stand during day shift for functional transfers with an Assist of 2.</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**

<b>Citation Number:</b> <b>#8098</b>					<b>Date:</b> <b>September 16, 2020</b>
<b>Facility Name:</b> <b>Pearl Valley Of Primghar</b>		<b>Survey Dates:</b> <b>August 12 – September 3, 2020</b>			
<b>Facility Address/City/State/Zip</b> <b>735 N Rerick Avenue</b> <b>Primghar, IA 51245</b>		<b>MW/DC</b>			
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class</b>	<b>Fine Amount</b>	<b>Correction date</b>	

	<p>*Make sure my left hand is gripping the handle.          *Use strap for my legs.          *Use strap around my waist.          *Ensure assistive devices available and in good condition.          *Resident is assisted by nursing. Dependent on the staff for all activities of daily living at the time.</p> <p>An Incident/Accident Report dated 5/5/20 at 1:30 p.m., documented equipment involved: mechanical stand assist lift. Resident was being assisted to bathroom and was reported the resident had slipped out of EZ stand and was lowered to the floor. No immediate injuries noted. Resident denies pain at this time.</p> <p>A Root Cause Analysis Investigative tool dated 5/5/20 documented:          *Description of incident: Resident was being transferred in the EZ stand lift. Resident knee slid out of place and resident released her/his hands, resulting in lowering to ground. Certified Nursing Assistant held resident and helped lower to floor. Preventing any injuries. Resident was assessed. No injuries noted. Resident did not hit head. Resident complained of right shoulder pain at 7/10. As needed pain medication given. No bruising noted.</p> <p>1. When did the Incident Occur? (time of day/shift):          1:30 p.m., on 5/5/20 on the 6:00 a.m. - 2:00 p.m. shift.</p> <p>2. Where did the Incident Occur?          (location/outside/resident room/outdoors/indoors)          Resident room #6.</p> <p>3. When was the resident last visualized? at time of</p> <p>4. What was the resident doing when last visualized?</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**

<b>Citation Number:</b> <b>#8098</b>					<b>Date:</b> <b>September 16, 2020</b>
<b>Facility Name:</b> <b>Pearl Valley Of Primghar</b>		<b>Survey Dates:</b> <b>August 12 – September 3, 2020</b>			
<b>Facility Address/City/State/Zip</b> <b>735 N Rerick Avenue</b> <b>Primghar, IA 51245</b>		<b>MW/DC</b>			
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class</b>	<b>Fine Amount</b>	<b>Correction date</b>	

	<p>Being transferred to toilet.</p> <p>5. Who last visualized the resident? CNA</p> <p>6. What was the resident attempting to do when the Incident happened?. toileting</p> <p>7. When was the resident last toileted? one hour before.</p> <p>8. Was the resident continent or incontinent at the time of the incident? continent</p> <p>9. When was pain last assessed and managed? during scheduled medication pass.</p> <p>10. When was the resident last assisted with position changes? at time of</p> <p>11. Vitals at time of incident? temp. 98.7, pulse=80, blood pressure 100/78 and O2 SATs at 94%.</p> <p>12. Hydration status? Was the resident adequately hydrated? Adequate hydration. No antibiotics. Skin turgor good, color, with in normal limits, moist.</p> <p>13. What did the resident say they were doing at the time of the incident? being helped to the toilet.</p> <p>Employee/Witness Statement dated 5/5/20: Please include the following information in your report:</p> <p>1. date/time when incident occurred: 5/5/20 at 1:40 p.m.</p> <p>2. Location where incident occurred: in resident room.</p> <p>3. Who was involved: CNA/Resident</p> <p>4. What you were doing immediately before the incident: getting stand to lift the resident.</p> <p>5. A brief description of what occurred (what you personally saw or heard): got resident all squared away, resident knee came out and resident let go of her hand and fell out. Called for help, and then helped her to ground. got help with 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**

<b>Citation Number:</b> <b>#8098</b>		<b>Date:</b> <b>September 16, 2020</b>		
<b>Facility Name:</b> <b>Pearl Valley Of Primghar</b>		<b>Survey Dates:</b> <b>August 12 – September 3, 2020</b>		
<b>Facility Address/City/State/Zip</b> <b>735 N Rerick Avenue</b> <b>Primghar, IA 51245</b>		<b>MW/DC</b>		
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class</b>	<b>Fine Amount</b>	<b>Correction date</b>

	<p>The Nurses Notes dated 5/5/20 at 1:30 p.m., documented resident was being transferred to toilet, resident knee slipped and CNA helped lower resident to floor. This nurse assessed resident, no injuries noted. No signs of internal injury. Resident voices no complaints. Resident is helped up and safely put into bed. This nurse asked resident if anything hurts. Resident replies "no" While assessing arms and shoulders resident complained of pain when palpating right shoulder. No signs of major injury noted. Resident was given as needed acetaminophen per provider orders. Incident report filled out and sent to provider, awaiting reply.</p> <p>A facsimile dated 5/5/20, documented: resident was lowered to floor, doctor signed and dated 5/5/20 with acknowledged. monitor for injuries and low blood pressure.</p> <p>The Nurses Notes dated 5/8/20 with no time documented, facsimile sent to provider regarding concern about increasing pain.</p> <p>A facsimile dated 5/8/20 documented: resident has begun having increased pain in right arm/shoulder since incident on 5/5/20 (lowered to floor from lift) there is noted bruising now as well, under right arm. PLEASE ADVISE! Dr. acknowledged and recommend right arm x-ray (humerus). sent to hospital on 5/11/20 at 3:00 p.m.</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**

<b>Citation Number:</b> <b>#8098</b>		<b>Date:</b> <b>September 16, 2020</b>		
<b>Facility Name:</b> <b>Pearl Valley Of Primghar</b>		<b>Survey Dates:</b> <b>August 12 – September 3, 2020</b>		
<b>Facility Address/City/State/Zip</b> <b>735 N Rerick Avenue</b> <b>Primghar, IA 51245</b>		<b>MW/DC</b>		
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class</b>	<b>Fine Amount</b>	<b>Correction date</b>

	<p>The Nurses Notes dated 5/10/20 at 9:30 a.m., documented resident continues to have pain to right upper arm. Area is bruised, deep purple and swollen. Cold packs applied to promote comfort.</p> <p>The Nurses Notes dated 5/11/20 with no time documented, no reply received from provider related to incident. Director of Nursing notified and aware.</p> <p>The Nurses Notes dated 5/11/20 at 3:00 p.m., documented received order to transport resident to hospital for right arm X-ray. Resident was lowered to floor on 5/5/20 due to fail in EZ stand. Resident has been complaining of pain. 3:52 p.m., X-ray report shows mildly displaced transverse fracture at right humeral neck. Residents brother notified of fall and X-ray result. Please notify brother of ortho appointment on 5/12/20.</p> <p>A Physicians Notes Final Report dated 5/11/20 at 4:00 p.m., documented patient arrived at the Emergency room by the ambulance for possible right arm fracture. History of Present Illness: The patient presents with right arm pain, arm swelling. The onset was 6 days ago and on 5/5/20. The course/duration of symptoms is worsening. Type of injury- Patient was being lifted by EZ stand on 5/5/20 and her left leg was not in correct position and the staff tried to catch her and lowered her to the ground. The characters of symptoms is pain, swelling and ecchymosis to right upper shoulder, tingling and numbness. Report: Right hummerus injury, right upper extremity bruising.</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**

<b>Citation Number:</b> <b>#8098</b>		<b>Date:</b> <b>September 16, 2020</b>		
<b>Facility Name:</b> <b>Pearl Valley Of Primghar</b>		<b>Survey Dates:</b> <b>August 12 – September 3, 2020</b>		
<b>Facility Address/City/State/Zip</b> <b>735 N Rerick Avenue</b> <b>Primghar, IA 51245</b>		<b>MW/DC</b>		
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class</b>	<b>Fine Amount</b>	<b>Correction date</b>

	<p>Findings: A mildly displaced transverse fracture is present at the humeral neck. The frontal view suggests inferior displacement of the humeral head relative to the glenoid which may be related to a subluxation or dislocation. Pseudodislocation associated with a joint effusion can also have this appearance. Resident discharged back to the nursing home on 5/11/20 at 4:45 p.m.</p> <p>A Major Injury Determination Form dated 5/11/20 at 4:45 p.m. signed by the physician, documented residents right upper arm bruised and swollen, unable to move arm. Resident was lowered to the floor from the lift on 5/5/20, extensive assist with all activities of daily living. After reviewing the circumstances injury and prognosis of the patient, I believe the injury sustained is a major injury-needs referral to orthopedic care for further evaluation.</p> <p>A PRN (as needed) Medication Notes with these dates and times documented:  5/5/20 at 1:45 p.m., resident rates pain a 7/10 on a pain scale with 10 being the worst pain. Pain in the right shoulder.  5/8/20 at 11:00 a.m., resident rates pain at a 8/10 on the pain scale with general pain.  5/10/20 at 8:40 p.m., resident rates pain at a 10/10 on the pain scale with pain in the right shoulder.</p> <p>A Pain Evaluation dated 5/13/20, with no time documented resident has pain due to a mild fracture of right humeral neck and is aching and throbbing during movement with a total score of 3, and pain is relieved</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**

<b>Citation Number:</b> <b>#8098</b>		<b>Date:</b> <b>September 16, 2020</b>		
<b>Facility Name:</b> <b>Pearl Valley Of Primghar</b>		<b>Survey Dates:</b> <b>August 12 – September 3, 2020</b>		
<b>Facility Address/City/State/Zip</b> <b>735 N Rerick Avenue</b> <b>Primghar, IA 51245</b>		<b>MW/DC</b>		
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class</b>	<b>Fine Amount</b>	<b>Correction date</b>

	<p>by medication and pain medication is effective on 5/5/20.</p> <p>A Fall Risk Evaluation dated 4/6/20, documented resident with no falls in the last 3 months and total score of 9.</p> <p>A Fall Risk Evaluation dated 5/13/20, documented resident at high risk for falls with a score of 11, for total score of 10 or above represents HIGH RISK.</p> <p>Review of the Resident Transfer Policy dated 1/19/20, stated it is the policy to transfer all residents in the safest manner possible to assure their safety. All residents who require a transfer with staff assist will be assisted with a gait belt for the transfer as the resident will allow. Residents who are transferred per Mechanical lift will be transferred via the recommended sling and or approved universal sling according to the manufacturers instructions and after staff have had lift training per the designated facility staff upon hire and annually thereafter.</p> <p>Review of the Arjo Sara 3000 lift instructions for use instructed:          *Lower leg straps- accessory used to ensure that the lower parts of the patients legs stay close to the knee support. It passes around these, then around the patients lower calves. To fasten, click the strap into its socket as with a seatbelt. Ensure that the straps are firm but comfortable for the resident.          *An assessment would have to be made whether the patient requires the lower leg straps.</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**

<b>Citation Number:</b> <b>#8098</b>		<b>Date:</b> <b>September 16, 2020</b>		
<b>Facility Name:</b> <b>Pearl Valley Of Primghar</b>		<b>Survey Dates:</b> <b>August 12 – September 3, 2020</b>		
<b>Facility Address/City/State/Zip</b> <b>735 N Rerick Avenue</b> <b>Primghar, IA 51245</b>		<b>MW/DC</b>		
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class</b>	<b>Fine Amount</b>	<b>Correction date</b>

	<p>*The patients feet should always remain in full contact with the foot support. When lifting, check to ensure that the patients feet do not lift from the support or floor. If this should happen inadvertently lower the patient immediately until full foot contact with the support or floor is achieved.</p> <p>*Patients who can only hold on with one hand (those who have suffered a "stroke" may still be lifted with the Sara 3000, but their disable arm should be held down it in front of the body during the lift by the attendant (or a second attendant), while their functioning hand holds the patient support arm in the normal way. Only use this or other methods after a satisfactory professional assessment has been carried out on the individual patient.</p> <p>Care and Preventive Maintenance: The Sara 3000 is subject to wear and tear, and the following actions must be performed when specified to ensure that the product remains within its original manufacturing specifications.</p> <p>*Examine the sling, straps and clips for damage or fraying as required. Refer to sling documentation. To be done before each use and every 12 months by a qualified personnel, using the correct tools and knowledge of procedures.</p> <p>Review of the facilities Inspection and Operation 2020/lift, Model #Sara 3000, documented no checks completed for the month of August, for wires, battery, hooks, bolts, wheels, frame and sling. The last inspection was completed on 7/9/20 with lift equipment/scales and oxygen concentrators.</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**

<b>Citation Number:</b> <b>#8098</b>		<b>Date:</b> <b>September 16, 2020</b>		
<b>Facility Name:</b> <b>Pearl Valley Of Primghar</b>		<b>Survey Dates:</b> <b>August 12 – September 3, 2020</b>		
<b>Facility Address/City/State/Zip</b> <b>735 N Rerick Avenue</b> <b>Primghar, IA 51245</b>		<b>MW/DC</b>		
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class</b>	<b>Fine Amount</b>	<b>Correction date</b>

	<p>Review of a text message on 4/24/20 at 1:14 p.m., documented its a SARA 3000. Part #HMXS22.</p> <p>During an interview on 8/19/20 at 1:45 p.m., Resident #13 stated Staff A and another staff member, but didn't remember who, came in to take the resident to the toilet. Staff A and the other staff, assisted the resident to sit on the edge of the bed and proceeded to apply the EZ stand sling around the residents back and positioned the resident feet on the foot plate on the EZ stand. Resident stated to Staff A that the strap that goes around the back of the calves was not applied and that the resident didn't feel safe without the strap. Staff A stated the strap was broke and that since the resident was only going a short distance to the toilet it will be ok. Resident #13 stated that their feet started to slip off the back of the foot plate and then their hand lost grip on the handle bars and the next thing she was on the floor. Resident #13 stated there were at least 3 other staff members that came in to assist her off the floor. Resident #13 stated her shoulder hurt right away and she told the nurse on that shift and that the doctor would be notified.</p> <p>During an interview on 8/20/20 at 12:00 p.m., Staff A, (Certified Nursing Assistant) stated on 5/5/20 a transfer was being done with Resident #13 with the EZ stand lift. Staff A stated the resident needed to use the bathroom so Staff A proceeded to place a sling behind the resident back and place the residents feet on the foot plate of the stand. Staff A stated she was informed that only one aide needed to use the EZ stand with</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**

<b>Citation Number:</b> <b>#8098</b>		<b>Date:</b> <b>September 16, 2020</b>		
<b>Facility Name:</b> <b>Pearl Valley Of Primghar</b>		<b>Survey Dates:</b> <b>August 12 – September 3, 2020</b>		
<b>Facility Address/City/State/Zip</b> <b>735 N Rerick Avenue</b> <b>Primghar, IA 51245</b>		<b>MW/DC</b>		
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class</b>	<b>Fine Amount</b>	<b>Correction date</b>

	<p>Resident #13 and that it was a short distance from the bed to the bathroom and it would be ok to do the transfer alone. Staff A stated the resident commented the strap behind the residents calves was not secured tightly and the resident felt unsafe with the strap not secured. Staff A replied the strap was broken and that it would be safe to transfer without the strap. Staff A stated the EZ stand was being moved and the residents feet started to slip off the back of the foot plate and then the residents hand let go of the handle bar and down the resident went. Staff A stated went and got another staff member to assist the resident up off the floor using the hoyer lift.</p> <p>During an interview on 8/20/20 at 9:20 a.m., Staff B (CNA), stated that on 5/5/20 before 2:00 p.m., Staff B assisted Staff A with Resident #13 who had fallen out of the EZ stand. Staff B stated the EZ stand was towards the door of the resident room and the sling was still attached to the arms on the stand and Staff A was on the floor with the resident. Staff B stated the strap on the back of the EZ stand has been broke since April 14, 2020. Staff B stated the maintenance man knew about the strap being broke and that it was not until after the resident fell did the strap get adapted.</p> <p>During an interview on 8/18/20 at 10:50 a.m., Staff G (housekeeper) stated the maintenance man knew about the strap on the EZ stand being broke but was not aware of when or if the facility keeps an audit on the equipment.</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**

<b>Citation Number:</b> <b>#8098</b>					<b>Date:</b> <b>September 16, 2020</b>
<b>Facility Name:</b> <b>Pearl Valley Of Primghar</b>		<b>Survey Dates:</b> <b>August 12 – September 3, 2020</b>			
<b>Facility Address/City/State/Zip</b> <b>735 N Rerick Avenue</b> <b>Primghar, IA 51245</b>		<b>MW/DC</b>			
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class</b>	<b>Fine Amount</b>	<b>Correction date</b>	

	<p>During an interview on 8/20/20 at 2:30 p.m., the Maintenance Supervisor confirmed and verified the strap had been broken since April 2020 and that not until the resident fell out of the EZ stand lift did the strap get adapted to fit the lift. The Maintenance Supervisor stated that to their knowledge the lift is on a monthly inspection per the manufactures guidelines but is unsure when the inspections were checked last and if the straps are included in the inspection.</p> <p>During an interview on 8/24/20 at 11:30 a.m., Staff G, stated the straps that go around the resident calves when in the EZ stand need to be checked every time the lift is used and is unsure if this is being completed. The records that were provided to this surveyor indicated the equipment is inspected on a monthly basis, straps not included in the inspection.</p> <p>The facility abated the immediate jeopardy on August 27, 2020 by providing education to facility staff on the protocol of residents leaving facility property for approved leave of absence. Staff will be with residents who are leaving the facility property for leisure activity and appointments unless resident is deemed safe to leave without staff supervision per facility assessment findings, physician notification and agreement of them leaving. All residents must sign in and out of the facility when leaving the building,</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: <b>#8098</b>		Date: <b>September 16, 2020</b>		
Facility Name: <b>Pearl Valley Of Primghar</b>		Survey Dates: <b>August 12 – September 3, 2020</b>		
Facility Address/City/State/Zip  <b>735 N Rerick Avenue Primghar, IA 51245</b>		MW/DC		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<b>FACILITY RESPONSE:</b>			

\_\_\_\_\_  
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: <b>#8098</b>		Date: <b>September 16, 2020</b>		
Facility Name: <b>Pearl Valley Of Primghar</b>		Survey Dates: <b>August 12 – September 3, 2020</b>		
Facility Address/City/State/Zip  <b>735 N Rerick Avenue Primghar, IA 51245</b>		MW/DC		
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class</b>	<b>Fine Amount</b>	<b>Correction date</b>

\_\_\_\_\_  
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).