Citation Numb	er:				Date:	
#5483					Decem	ber 21, 2021
Facility Name:			Survey I	Dates:	Д	
Genesis Senio	r Living		October	25 – De	cember	7 2021
Facility Addres	ss/City/State/Zip		October	20 50		7, 2021
5608 SW 9 th St						
Des Moines, IA	A 50315	JM				
	.			I =·		
Rule or Code	Natur	e of Violation	Class	Fine A	Amount	Correction date
Section						
58.19(2)j	/91_E9 10/12EC\ Page	uired nursing services for	ı	\$ 10,00	nn	On Receipt
38.19(2)]		shall receive and the facility	'	3 10,00	50	On Receipt
		propriate, the following required der the 24-hour direction of		(Held i	n	
				Susper	nsion)	
		ncillary coverage as set forth in				
	these rules:					
	58.19(2) Medication an	d treatment.				
	<i>i.</i> Provision of accu	rate assessment and timely				
	*	sidents who have an onset of				
		hich represent a change in				
	mental, emotional, or p	hysical condition. (I, II, III)				
	DESCRIPTION:					
	Based on clinical record	review, observations, and				
	resident and staff interv	views, and policy review, the				
	facility failed to consist	ently provide and document				
		ents, failed to consistently				
	l ·	physician ordered treatments				
	(including dressing char					
	(including but not limite					
	document daily weights	d antibiotics), and obtain and				
		ent three hospital admissions				

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 lowa Code section 135C.43A (2013).

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#5483 December 21, 2021	
#5485	
Facility Name: Survey Dates:	
Genesis Senior Living October 25 – December 7, 2021	
Facility Address/City/State/Zip	
5608 SW 9 th St.	
Des Moines, IA 50315	
Rule or Code Nature of Violation Class Fine Amount Correction date	1
Section Glass Glas	
for such conditions as edema, congestive heart	
failure, maggots in his wounds, cellulitis, urinary tract	
infection, and sepsis. The resident passed away on	
9/30/21 after an emergent transfer to the hospital on	
9/24/21. The facility reported a census of 50 residents.	
residents.	
Findings include:	
1. The admission Minimum Data Set (MDS)	
assessment tool dated 7/19/21 revealed Resident	
#101 admitted to the facility on 7/12/21 from the	
hospital with diagnoses that included debility, heart	
failure, atrial fibrillation, hypertension (HTN),	
diabetes, chronic obstructive pulmonary disease	
(COPD), weakness, and urinary retention. The MDS	
documented the resident scored 13 of 15 possible	
points on the Brief Interview for Mental Status (BIMS)	
test, which meant the resident demonstrated intact	
cognitive abilities. The MDS revealed the resident	
required extensive assistance of one staff for	
transfers, ambulation (walking), dressing, personal	
hygiene, toilet use, and bathing. The MDS	
documented Resident #101 as at risk for pressure ulcers although he had no skin conditions or issues	
during the 7 day lookback period (07/13/21 -	
7/19/21). The MDS also documented the resident	

Facility Administrator Date

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		_				
Citation Numb	er:				Date:	
#5483					Decemi	ber 21, 2021
Facility Name:			Survey I	Dates:		
Genesis Senio	r Living		October	25 – Do	ecember	7 2021
Facility Addres	ss/City/State/Zip		October	23 - 00	Cember	7, 2021
5608 SW 9 th St						
Des Moines, IA		JM				
Rule or Code	Natur	e of Violation	Class	Fine A	Amount	Correction date
Section	Natur	e or violation	Class			date
			,	,		
		of breath (SOB) upon exertion,				
		est, used oxygen, and took no				
	medications such as diu	iretics.				
	The Fide MADC excession					
	T	nent dated 8/16/21 revealed rom the hospital 8/9/21 and				
	had difficulty walking a	• • •				
	, ,	nt had no skin conditions and				
		ch as diuretics or antibiotics				
		ick period (8/10/21 - 8/16/21).				
	The MDS assessment da	ated 9/2/21 revealed the				
	resident readmitted to	the facility on 8/26/21 from				
	the hospital. The reside					
		ognitive abilities). The MDS				
		nt required extensive assist of				
		and extensive assist of 2 staff				
		and bathing. The MDS				
revealed the resident h		tic during all 7 days of the				
	lookback period.	the during all 7 days of the				
	The care plan initiated o	on 7/23/21 revealed the				
	·	s of congestive heart failure				
	(CHF), COPD, and HTN.	The staff directives included				
	give cardiac and antihy	pertensive medications as				
	ordered, monitor vital s	signs, and notify the physician				

Facility Administrator Date

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Citation Numb	er:]			Date:	
#5483					Decemb	per 21, 2021
			C	Datas		, .
Facility Name: Genesis Senio			Survey I	Dates:		
Facility Address/City/State/Zip			October	25 – De	ecember 7	7, 2021
_						
5608 SW 9 th St. Des Moines, IA 50315		JM				
Rule or Code	Natur	e of Violation	Class	Fine A	Amount	Correction date
Section	Nature of Violation		01000			dato
	of significant abnormali	ities. Other interventions				
	_	ment/report as needed (PRN)				
		of CHF such as dependent				
		SOB upon exertion, weight				
	gain unrelated to intake, crackles and wheezes upon					
	auscultation of the lung					
	documented the reside	ation. The care plan also				
		related to fragile skin. The				
	, , , , , , , , , , , , , , , , , , , ,	d encourage good nutrition and				
		romote healthier skin, and				
	follow facility protocols	for treatment of injury. Staff				
		eight fluctuated up and down				
		to the care plan on 8/16/21.				
		uded to weigh resident weekly				
		hly unless ordered otherwise, t significant weight loss of 3				
	pounds (lbs.) in one we	-				
	pounds (183.) in one we	C.N.				
	The electronic health re	ecord (EHR) census list revealed				
	Resident #101 admitted to the facility on 7/12/21,					
	· ·	al 8/4/21, readmitted to the				
		d to the hospital 8/21/21,				
	readmitted to the facility the hospital 9/24/21.	ty 8/26/21, and admitted to				
	tile 1105pital 3/24/21.					
	Review of hospital disch	narge orders dated 7/12/21				

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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 lowa Code section 135C.43A (2013).

Citation Numb	er:				Date:	
#5483					Decem	ber 21, 2021
Facility Name			C	201001		,
Facility Name: Genesis Senio			Survey [Dates:		
Facility Addres	ss/City/State/Zip		October	25 – De	cember	7, 2021
5608 SW 9 th St Des Moines, IA		JM				
-						
Rule or Code	Natur	e of Violation	Class	Fine A	Amount	Correction date
Section	Natur	e or violation	Class			date
Г			I			
		had diagnoses that included				
	heart failure with reduc					
	(measurement of the percentage of blood leaving the heart each time it squeezes), diabetes Type 2, atrial					
	· ·	HTN. Discharge orders directed				
		#101 daily, complete vital				
	signs per facility guideli	nes, give medications as				
		physician if the resident				
	gained 3 lbs., or exhibit	ed SOB, or any other				
	symptoms.					
	The document included	the following education				
	regarding heart failure:	0				
	Hoom follows was and the					
	as much blood as the b	e heart muscle doesn't pump				
		in the lungs and other parts of				
	-	B at rest, swelling/edema in the				
	· ·	veight gain over a day or two,				
	and feeling bloated.					
	-Treatment for heart fa	ilure includes taking				
		veights and symptoms daily,				
	_	ner health problems such as				
	diabetes and high blood	d pressure.				
	The Nursing Admission	Screening assessment dated				
	_	esident admitted to the facility				

Page **5** of **97**

Facility Administrator

Date

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Citation Numb	Au.				Doto	
Citation Numb	er:				Date:	
#5483					Decem	ber 21, 2021
Facility Name:			Survey I	Dates:	JI.	
Genesis Senio	r Living		Octobor	25 - Da	ecember	7 2024
Facility Addres	ss/City/State/Zip		October	25 – De	cember	7, 2021
5608 SW 9 th St						
Des Moines, IA		JM				
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
			J.			
	for therapy with diagno	ses that included diabetes and				
	anemia. The assessme	nt documented the resident				
		l "normal" lung sounds, and				
	had no pitting edema. Staff had left blank the					
	assessment area under	Section L.				
	A Prossura Injury Pick a	ssessment dated 7/12/21				
		13, which meant the resident				
		developing a pressure ulcer.				
		action programme and actions				
	The medication adminis	stration record (MAR) dated				
	7/1 - 7/31/21 lacked do	cumentation of the following:				
	-No diuretic listed on th					
	-No daily weights from -No pravastatin (medica					
	administered on 7/14-7					
		rial fibrillation) administered				
	on 7/30/21 x 1 dose	ina normation, administered				
	, ,	treatment administered on				
	7/12/21 x 2 doses, 7/13	3/21 x 2 doses, and 7/31/21 x 1				
	dose. In addition, staff	had circled their initials 8				
	times with regard to the					
	· ·	o document the description or				
	· · ·	r did not give the medication				
		se side of the MAR or in the				
	medical records.					

Facility Administrator Date

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Citation Numb	er:				Date:		
#5483					Decem	ber 21, 2021	
Facility Name:			Survey I	Dates:	И		
Genesis Senio	r Living		October	25 – De	cember	7 2021	
Facility Addres	ss/City/State/Zip		Cotobol	20 00		,, 202 .	
5608 SW 9 th St							
Des Moines, IA		JM					
Rule or Code	Natur	e of Violation	Class	Fine A	Amount	Correction date	
Section	Natur	e or violation	Class			uate	
			ı				
		/31/21 had admit dates					
		/26/21. The MARS lacked					
	documentation for the	following:					
	No doile coidea 0/1 0	/2 0/11 0/21/21 0/27 0/20					
	8/30/21	/2, 8/11-8/21/21, 8/27, 8/29,					
		vice a day (BID) for cellulitis on					
	8/14/21 x 1 dose (Kefle	• • •					
		n 8/27/21 x 2 doses (sulfa					
	ordered on 8/27/21 bu	t "NA" (not available) circled					
	on MAR 8/27/21)						
	· · · · · · · · · · · · · · · · · · ·	on 8/1- 8/4/21, and 8/27/21					
	No amiodarone on 8/1						
		illigrams (mg) on 8/19/21					
	8/14/21 x 2 doses, 8/19	treatment administered					
	0/14/21 X 2 doses, 6/13	7/21 X 2 003E3.					
	The MAR dated 9/1-9/	30/21 lacked documentation					
	for the following:	•					
	No daily weights - 9/8/2 9/22/21	21, 9/11/21, 9/14/21, 9/19/21,					
	No metoprolol on 9/19,						
	· '	on 9/14/21 and 9/19/21.					
	No amiodarone given 9 (PM dose)	/19/21 (AM dose) and 9/22/21					
	No Lasix 40 mg given or	า 9/19/21					

Facility Administrator Date

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		ā				
Citation Numb	er:				Date:	
#5483					Decem	ber 21, 2021
Facility Name:			Survey I	Dates:	JI.	
Genesis Senio	r Living		0-4-6	05 D-		7 0004
Facility Addres	ss/City/State/Zip		October	25 – De	ecember	7, 2021
5000 014 0th 04						
5608 SW 9 th St Des Moines, IA		JM				
Des montes, in decid						
Rule or Code Section	Natur	e of Violation			Correction date	
	•					
		reatments 9/11/21 x 1 dose,				
)/21 x 2 doses, 9/22/21 x 1				
	dose, 9/23/21 x 3 doses	5				
	The state of the s	(TAB) dated 7/4				
		ration record (TAR) dated 7/1 - and 9/1-9/20/21 lacked				
	documentation for the					
	documentation for the	ionowing.				
	No entry for oxygen tub	oing change 7/13/21-7/31/21				
		ge on Wednesdays 8/11/21,				
	8/18/21	,				
	No neomycin/polymyci	n ointment to left eye 7/12-				
	7/15, 7/19/21, 8/3, 8/1	0, 8/11, 8/13-8/16, 8/18,				
	-	40 doses not administered). In				
	addition, staff initials ci					
		ocumented on reverse side of				
	MAR or in the medical range	records why medication not				
		ilateral lower extremities (BLE)				
		aily for cellulitis (started				
		done on 8/14, 8/17, 8/27,				
	8/30, 8/31/21, 9/1, 9/3					
		LE with soap and water, apply				
		inage from legs, Kerlix, and				
	secure with tubigrip BID)- left blank/not done on 9/11,				
	9/12, 9/16, 9/17, 9/18,	9/19, 9/20, 9/22, 9/23/21 =				
	total of 9 of 34 times no	ot documented/done				

Facility Administrator Date

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Citation Numb	er:				Date:	
#5483					Decemi	ber 21, 2021
						, .
Facility Name: Genesis Senio	r Livina		Survey I	Dates:		
	ss/City/State/Zip		October	25 – De	cember	7, 2021
5608 SW 9 th St Des Moines, IA		JM				
Des Momes, IA	(000 10					
Rule or Code Section	Natur	e of Violation	Class Fine Amount		Amount	Correction date
	note appearance BID ar blank /not done 6 out o 9/22, 9/23, 9/24/21 Staff B wrote on TAR ne and apply A & D ointme	/symptoms of infection and and change dressing PRN -left of 20 times on 9/16, 9/18. 9/19, ew order to cleanse BLE daily ent, cover with ABD pads, wrap ps per nursing order, but entry				
	not dated and had no ir treatment completed.	nitials for dates when the				
	skin assessments.	ed documentation for weekly entation for skin observations sments.				
	#101 admitted on 7/12, on Wednesdays and Sa	ver schedule revealed Resident /21 and scheduled for shower turdays on the 6-2 shift. The ath or shower given 7/12 -				
	abnormalities, open are reddened areas 7/24/2 9/16/21, and 9/23/21. 9/11/21 documented the	udit forms documented no skin eas, unusual skin conditions, or 1, 7/28/21, 9/6/21, 9/13/21, The shower skin audit form ne resident had an abrasion, edness but no nurse signature				

Facility Administrator Date

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Citation Numb	er:			Date:	
#5483		Decemi			mber 21, 2021
Facility Name: Genesis Senio			Survey		
Facility Addres	ss/City/State/Zip		October	· 25 – Decembe	r 7, 2021
5608 SW 9 th St Des Moines, IA		JM			
Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date
	issues noted by the cert The records lacked show the month of 8/2021. The EHR revealed the for 7/12/21 at 4:11 PM 17 7/20/21 at 12:22 PM 17 7/27/21 at 10:53 AM 19 7/28/21 at 4:04 PM 17 8/12/21 at 11:25 AM 17 8/20/21 at 2:07 PM 17 9/3/21 at 3:33 PM 18 9/5/21 at 2:10 PM 189 A chest x-ray (CXR) reported that SOB and lot findings revealed hyperseen in COPD, a small rievidence of pulmonary showed scattered bilate pulmonary edema version.	71.0 lbs. 72.5 lbs. 79.5 lbs. 76.6 lbs. 76.6 lbs. 84.6 lbs. 9.2 lbs. ort dated 7/18/21 revealed the ow oxygen saturations. The expanded lungs that could be ght pleural effusion, and congestion. The CXR also eral opacities compatible with			

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).

Date

Facility Administrator

Citation Numb	er:				Date:	
#5483					Decem	ber 21, 2021
Facility Name: Genesis Senio			Survey I		cember	7. 2021
Facility Address/City/State/Zip 5608 SW 9th St.						.,
Des Moines, IA		JM				
Rule or Code Section	Natur	e of Violation			Correction date	
	oximeter (PO) 95%. The scabs (no location listed pitting edema to BLE's. On 8/3/21 - same vital states pitting edema to BLE's. On 8/4/21 - same vital states pitting edema to BLE's. On 8/4/21 - same vital states Resident had open area edema. Weight stable. An Emergency Departm 8/4/21 revealed the resident leg swelling an had spread to his abdorn chest pain, SOB, or chill resident had 3+ edema abdomen. The resider 7/12/21 for CHF exacer Ejection fraction 30 %. I medication list although bumex (diuretic) in the x-ray showed worsening vs. superimposed pneurosides.	od pressure (B/P) 138/74, pulse a resident had generalized dl) but no open areas, and Weight stable. Signs listed from 8/2/21. And Stable signs listed from 8/2/21. And Weight stable. Signs listed from 8/2/21. And Weight stable. Signs listed from 8/2/21. And stable signs listed from 8/2/21. And pedal sident presented to the ED with d leakage, and the swelling men. The resident denied				

Facility Administrator Date

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Citation Numb	er:				Date:	
#5483					Decemi	per 21, 2021
Facility Name: Genesis Senior Living			Survey I		cember	7 2021
Facility Address/City/State/Zip			October	23 – De	Cember	1, 2021
5608 SW 9 th St. Des Moines, IA 50315		JM				
Des Monies, i	(303 13					
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	order to start taking fur potassium chloride 20 r medication list included the medications to contour care instructions included prescribed, weigh daily, had weight gain 2-3 lbs. The Nursing Admission 8/9/21 revealed the restrom the hospital with hindicated the resident hindicated the resident his upper and lower extra A physician order dated Lasix 40 mg for 5 days, Keflex 500 mg BID for 1 areas on BLE's, and wrather the progress notes reveal. On 7/13/21 at 3:12 P saw resident on 7/12/2 the facility from the hospital with hindicated the resident himself the progress notes reveal.	dated 8/9/21 revealed an rosemide (Lasix) 40 mg BID and milliequivalents (meq) daily. A difference to start and tinue, except no Lasix listed. Led to take medications as and call physician if resident in a day or 5 lbs. in a week. Screening assessment dated sident admitted to the facility heart failure. The assessment had normal lung sounds, slight extremity swelling, and scabs to cremities. Weight 179.5 lbs. 18/13/21 revealed to start then Lasix 20 mg daily, start 0 days for cellulitis, cover open p with Kerlix daily until healed. Pealed the following: M, nurse practitioner (ARNP) 1 after resident admitted to spital. Resident seen in the ED sand falls. Diagnoses included				

Facility Administrator Date

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Citatian Numb					Data	
Citation Numb	er:				Date:	
#5483					Decemi	ber 21, 2021
Facility Name:			Survey I	Dates:		
Genesis Senio	r Living		Gui voy i	Julioo.		
Facility Address/City/State/Zip			October	25 – De	ecember	7, 2021
r domey Address/only/olate/21p						
5608 SW 9 th St.		JM				
Des Moines, IA 50315		JW				
Rule or				Fine /	Amount	Correction
Code	Natur	e of Violation	Class	Fille A	Amount	date
Section						
	atrial fibrillation and CH	IF. Resident had history of				
	• •	and coronary artery bypass				
	graft (CABG). No lymphadenopathy or bruising noted.					
	Lungs clear to auscultation. Plan included to perform					
	skin checks per protoco					
	• •	M, resident awake most of the				
	~	uragement to lay down and				
		gen level dropped whenever he				
	got up without oxygen.					
		AM, staff found resident on				
		ide with a large amount of				
	_	ehead. Assessment done.				
	Sent to the ED.	ANA continue consiste de C				
		AM, resident complained of				
		d in his body. B/P 112/58, T				
		% on oxygen at 3 liters per sesident refused to go to the				
	ED. ARNP notified and	_				
		PM, ARNP notified of CXR				
	• •	dnisone 40 mg for 5 days.				
	· ·	M, seen by ARNP due to SOB				
	and hypoxia. CXR on 7/	•				
		l opacities, and a small right				
		to continue prednisone.				
	-	M, antibiotic arrived early this				
		y shift 7/27/21. Drainage				
	continues at this time.	, - , , =				

Facility Administrator Date

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0'4-4'		1			Datas	
Citation Numb	er:				Date:	
#5483					Decemi	ber 21, 2021
Facility Name:			Survey I	Dates:		
Genesis Senior Living			October	25 – De	cember '	7 2021
Facility Address/City/State/Zip			GOLOBO.	20 20		,, 2021
5608 SW 9 th St.						
Des Moines, IA		JM				
Des momes, IA out to						
Rule or				Fine A	Amount	Correction
Code	Natur	e of Violation	Class			date
Section						
			1	П	,	
		И, has BLE edema 1+. Resident				
	encouraged to elevate extremities.					
	i. On 8/4/21 at 5:50 PM, resident admitted to hospital					
	for exacerbation of CHF.					
	j. On 8/5/21 at 11:20 Al	• • • • • • • • • • • • • • • • • • • •				
		brought to nurse's attention				
		to be filling up with fluid.				
		past abdominal area. ARNP				
		ived to send resident to the ED				
	for evaluation.					
		M, resident on oxygen at 3				
		ngs sound clear. On nebulizer				
		s. Has 2-3+ pitting edema and				
	redness to lower legs.					
		M, resident encouraged to				
		npliant. BLE reddened, has 2-3				
	+ pitting edema, and le	-				
	*	M, seen by ARNP for increased				
		oing from open areas. Has				
	'	E. Weeping clear fluid to the				
	l ·	rated. Skin around open area				
		th. Diagnosed with cellulitis to				
		lew orders included: Lasix 40				
		n Lasix 20 mg daily. Keflex				
	,	for cellulitis. Cover open areas				
	· · · · · · · · · · · · · · · · · · ·	erlix daily until area healed,				
	monitor edema, vital si	gns per protocol, and skin	l			

Facility Administrator Date

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		7			,	
Citation Numb	er:				Date:	
#5483					Decem	ber 21, 2021
Facility Name:			C	201001		
Facility Name: Genesis Senio			Survey I	Jates:		
			October	25 – De	cember	7, 2021
Facility Address/City/State/Zip						
5608 SW 9 th St.						
Des Moines, IA 50315		JM				
Rule or		4		Fine A	Amount	Correction
Code	Natur	e of Violation	Class	date		date
Section						
	checks per protocol.			<u> </u>		
	· · ·	M seen by ARNP New order				
	k. On 8/20/21 at 8:29 AM, seen by ARNP. New order for Lasix 40 mg BID.					
	I. On 8/21/21 at 11:29 AM, Staff B, Licensed Practical					
	Nurse (LPN), called to the shower room. Resident					
		air, dressing from lower legs				
		Dressing saturated with				
	, ,	d strongly of ammonia, and				
	·	Maggots observed in various				
		ident legs and heels bilaterally.				
	The dressing removed h	nad date 8/17/21. Corporate				
	Nurse and ARNP notifie	d. Order received to send to				
	the ED for evaluation a	nd treatment of infested				
	wounds. Resident was	showered and legs wrapped in				
	dry rolled gauze. Sent t					
		AM, resident admitted to				
	l .	e. On IV vancomycin and				
		r bacterial infections), and				
	wound care consulted.					
		M, seen by ARNP on 8/27/21				
		ity. Resident sent to ED on				
	· · ·	orted a strong ammonia smell				
		reated with IV antibiotics and				
		Plan included orders to				
		nd cares as ordered, Lasix as				
	ordered, and skin check	• •				
	o. On 9/2/21 at 3:20 PN	Л, attempted to place bilateral				

______ 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 lowa Code section 135C.43A (2013).

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Citation Numb	er:				Date:	
#5483					Decem	ber 21, 2021
Facility Name: Genesis Senio			Survey [
Facility Address/City/State/Zip			October	25 – De	ecember '	7, 2021
5608 SW 9 th St. Des Moines, IA 50315		JM				
Des Moines, i	4 503 15					
Rule or Code Section	Natur	e of Violation	Class	Fine Amount Correction date		Correction date
	pedals and he requeste p. On 9/3/21 at 6:48 AN centimeters (cm) x 3 cm great (toe) a 1.4 cm x 1 q. On 9/5/21 at 2:12 PN edema. BLE cleansed wointment applied to BLE around calves, then roll applied to aide with edelevate his legs but he rr. On 9/14/21 at 2:00 Pledema in lower extrem treated BID. s. On 9/20/21 at 6:55 Pledema worse drinks fluids constantly keeping legs elevated. and weeping clear fluid included: start 1500 ml ordered, vital signs per t. On 9/24/21 2:40 AM, in status. Complained coincreased, increased fluid decreased level of constants.	n open area and behind right cm superficial area. M, BLE weeping secondary to with wound cleanser, A & D E's and ABD pads wrapped ed gauze and ace bandages ema. Resident encouraged to reported it is painful. M, resident has bilateral ities. Lower legs weeping and ed. Staff reported resident and not always compliant with thas 3+ pitting edema to BLE. Lung sounds clear. Plan fluid restriction, Lasix as protocol, and monitor edema. resident had notable change of nausea, respiratory effort				

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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 lowa Code section 135C.43A (2013).

		_				
Citation Numb	er:				Date:	
#5483					Decem	ber 21, 2021
Facility Name:			Survey I	Dates:	и	
Genesis Senio			October	25 – De	cember	7, 2021
Facility Addres	ss/City/State/Zip					
5608 SW 9 th St.		JM				
Des Moines, IA 50315		OW .				
Rule or Code Section	Natur	e of Violation	Class	Fine Amount Correct date		Correction date
	and message left. Fami hospital.	ly notified. Transferred to the				
	Daily skilled summary included the following:					
	a. On 8/19/21, resident	had open areas but no				
	·	not applicable) documented				
		ound assessment. Resident				
	lacked lung sounds and	reight stable. The assessment location of open areas.				
	b. On 8/20/21, resident	•				
	-	pitting edema to BLE's. The				
	_	l wheezing on expiration. cked a daily skilled summary				
	assessment on 8/21/21	•				
	A physician order dated	8/21/21 directed staff to send				
		valuation and treatment of				
	infected wounds.					
	· •	ted 8/21/21 revealed the				
	'	he ED for evaluation of lower				
		feet to his upper lower legs, drainage to his lower legs. A				
		rulent drainage, and had				
		en his toes on bilateral feet.				
	Resident reported unce	rtain how long he had wounds				

Facility Administrator Date

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		_				
Citation Numb	er:				Date:	
#5483					Decem	ber 21, 2021
Facility Name:			Survey I	Dates:	JI.	
Genesis Senio			October	25 – De	ecember	7. 2021
Facility Addres	ss/City/State/Zip					.,
5608 SW 9th St						
Des Moines, IA 50315		JM				
Rule or				Eino /	Amount	Correction
		e of Violation	Class	Fille F	Amount	date
Section						
<u> </u>			ı	ı		
	but had increased redness and pain to his lower					
	extremities. The resident reported his legs had only					
	been wrapped once at the nursing facility. EMS reported concern for maggots to his lower					
	extremities. Resident admitted to hospital for BLE					
		inds. IV antibiotics vancomycin				
	•	stered, and a wound nurse				
	consulted.	stered, and a would harse				
	A hospital history and p	hysical dated 8/21/21				
	revealed the resident se	ent to the ED with lower				
	extremity wounds. The	resident complained his legs				
	were very painful the p	ast couple of days. The				
		ian his legs had only been				
		ursing facility. EMS brought the				
		reported maggots but no				
	,	D staff. BLE's had erythema				
	•	ceration around the toes, and				
		ight 185 lbs. Diagnoses				
		vith open wounds. Treatment				
	•	and ceftriaxone, furosemide				
	_ , , ,	L/NC, and wound consult. busly hospitalized 8/4 - 8/9/21				
		nd diuresed after he had IV				
	Lasix.	id didiesed after He Had IV				
	Lusia.					
	A physician's verbal ord	ler dated 9/7/21 directed staff				

Facility Administrator Date

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Citation Numb	AW!]			Date:	
Citation Numb	er.				Date.	
#5483					Decemi	ber 21, 2021
Facility Name:			Survey I	Dates:	ш	
Genesis Senior Living			October	25 – De	ecember	7 2021
Facility Address/City/State/Zip			October	23 - 00	Celliber	7, 2021
5608 SW 9 th St.						
Des Moines, IA		JM				
Rule or Code Nature		e of Violation	Class	Fine A	Amount	Correction date
Section						
Г			I	I		
		with soap and water, paint				
	left great toe and bilateral heels with betadine, and					
	apply ABD pads to absorb drainage from legs from shin to knees, apply Kerlix, and tubigrip.					
	silili to knees, apply keriix, and tubigrip.					
	Specialty Wound Physic	cian notes documented the				
	following:					
		had a bruise/contusion to				
	• ' '	vound (2 cm x 1 cm x 0.2 cm)				
	to LE's.	lue to eye glasses. No edema				
		status post hospitalization for				
		dent had a wound (2 cm x 1 cm				
	x 0.1 cm) to the side of	his nose due to eye glasses,				
		elbow. Right distal elbow				
	wound resolved.					
		asked about swelling in his				
	_	edema, heavy weeping, and sooked. No evidence of any				
		included chronic venous				
	insufficiency and diabet					
	,	ided elevation of legs, utilize				
	· · · · · · · · · · · · · · · · · · ·	rlix wrap dressings, monitor				
		wounds given the large				
		d consider compression with				
	tubigrip to LE's BID.					

Facility Administrator Date

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Oitatian Numb]			Datas	
Citation Numb	er:				Date:	
#5483					Decem	ber 21, 2021
Facility Name:			Survey I	Dates:	JI.	
Genesis Senio	r Living		October	25 – De	ecember	7 2021
Facility Address/City/State/Zip			October	25 – De	Cember	7, 2021
5608 SW 9 th St						
Des Moines, IA		JM				
Rule or	Notur	o of Violation	Class	Fine A	Amount	Correction
Code Section	Natur	e of Violation	Class			date
	d. On 9/2/21, resident l	nad a left posterior ankle				
	wound 2 cm x 3 cm x immeasurable. The wound had					
	heavy serous drainage and black necrotic tissue to the					
	wound bed. He also had an unstageable pressure					
	l G	al first toe 1.5 cm x 1.5 cm				
		ie. Recommendations included				
		LE's, and apply tubigrip socks				
	every AM.					
		moderate edema and stasis				
		d moderate edema present.				
	Right lateral first toe wo	neasured 2 cm x 3 cm and had				
	· ·	ue. Right anterior knee wound				
		n x 0.1 cm and had moderate				
		proximal medial shin wound				
		x 0.1 cm and had moderate				
		nterior knee wound measured				
		ad moderate serous drainage.				
	Daily skilled summary a	scassment notes dated				
		evealed resident had fragile				
		ne assessment included under				
	-	skin condition to "see skin				
	sheets". BLE had arteri					
	A . ED	110/24/24				
	· •	ted 9/24/21 revealed resident VS for wet lungs and 4+ pitting				

Facility Administrator Date

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		7			<u> </u>	
Citation Number:					Date:	
#5483					Decemi	per 21, 2021
Facility Name:			Survey I	Datos:		
Genesis Senio			Juivey	Jaies.		
Facility Address/City/State/Zip			October	25 – De	cember	7, 2021
Facility Addres	ss/Gity/State/Zip					
5608 SW 9 th St.		JM				
Des Moines, IA 50315		JW				
Rule or				Fine /	Amount	Correction
Code	Natur	e of Violation	Class	Fille A	Amount	date
Section						
		d diminished lung sounds				
	bilaterally, and chronic bilateral leg wounds.					
	Diagnoses included acute cystitis, bradycardia,					
	hyperkalemia, and acute kidney injury secondary to					
	urinary retention.					
		physical note dated 9/24/21				
	revealed the resident p					
		of SOB, bradycardia (heart rate				
	l	on. The resident had wounds				
		ing edema from his abdomen				
		ght 187 lbs. CXR showed a				
		nd mild pulmonary edema or				
	atypical infection.					
	A hospital discharge sui	mmary dated 9/30/21 revealed				
	Resident #101 passed a	•				
		,,,,				
	In an interview 10/28/2	21 at 10:45 AM, Staff L, agency				
	CMA, stated she had we	orked at the facility 3 months.				
	Staff L reported Resider	nt #101 had a lot of wounds all				
	over his hands, face, an	d arms. The resident had a				
	hard time breathing an	d incoherent at times. Some				
	weeks he barely would	eat food or drink fluids, then				
	other times he would g	orge himself with food and				
	fluids. Staff L stated sh	e assisted the nurse whenever				
	a treatment and banda	ges applied to his legs. The				

Facility Administrator Date

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A 11 11 1		1				
Citation Numb	er:				Date:	
#5483					Decem	ber 21, 2021
Facility Name:			Survey I	Dates:		
Genesis Senior Living						
Facility Address/City/State/Zip			October	25 – De	cember	7, 2021
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5608 SW 9 th St.		JM				
Des Moines, IA 50315		JW				
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Rule or Code	Natur	e of Violation	Class	Fine A	Amount	Correction date
Section	Hatai	o or violation				uuto
				•		
	resident had edema in l	his buttocks and legs, and his				
	legs had fluids that seep	ped out.				
	In an interview 11/01/21 at 10:25 AM, the Director of					
	Nursing (DON) reported					
	•	the TAR if a resident had no				
		rated she expected staff weekly wound assessment or				
		n tool if resident had a skin				
	concern noted.	ii tooi ii resident nad a skiii				
	oon och moteur					
	In an interview 11/1/21	at 2:35 PM Staff B, Licensed				
	Practical Nurse (LPN) re	ported she had worked at the				
	facility since 7/2019. St	taff B stated each resident				
		n assessment performed at				
	-	ssessment typically performed				
	~	r on their shower day. Staff B				
	reported skin assessme					
	-	aling the TAR if no areas of skin issue or concern noted,				
		nted a skin note in the nursing				
		HR. Staff B stated if a resident				
		ne standard of cares included				
		ge resident to sit with feet				
	, , ,	dent edema, monitor lung				
		etic as ordered, monitor for				
	edema, and monitor we	eights daily to weekly				

Facility Administrator Date

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		7				
Citation Numb	er:				Date:	
#5483					Decemi	ber 21, 2021
# 0 -100					2000	30. 21, 2021
Facility Name:			Survey I	Dates:	•	
Genesis Senior Living			Ootobor	25 Da		7 2024
Facility Address/City/State/Zip			October	25 – DE	ecember	7, 2021
5000 OM Oth O4						
5608 SW 9 th St. Des Moines, IA 50315		JM				
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Rule or				Fine A	Amount	Correction
Code	Natur	e of Violation	Class			date
Section						
		sident. Staff B stated obtaining				
	weights considered a nursing intervention, and no					
	physician order needed for weights. Staff B stated					
	the CNA's wrote weights on paper and the nurse					
	recorded the weights on the TAR, but the nurse had to					
		veights on residents. If a				
		tion such as Lasix prior to going				
	· ·	urned to the facility not on a				
		vould be a red flag, and the				
		e physician and check if he/she				
		tic continued or discontinued.				
		of agency staff worked at the				
	•	liar with residents or realized a				
		or other medication or the				
		pitalization and thus it would				
	_	obvious to agency staff. Staff B				
	reported changes for ca					
		3 reported Resident #101 had				
		ked out of his legs. They				
		, a nonstick dressing, ABD				
		wraps on his legs. However,				
	_	ent and dressing changes not				
		ıld've been. On the day				
		the hospital, one of the CNA's				
	l .	me to the shower room right				
	T	rived to the shower room, the				
	resident's dressing from	resident's dressing from his legs lay on the floor				

Facility Administrator Date

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Citation Numb	er:				Date:	
#5483					Decem	ber 21, 2021
#0400					Deceiiii	561 21, 2021
Facility Name: Genesis Senio	r Livina		Survey I	Dates:		
			October	25 – De	cember	7, 2021
Facility Address/City/State/Zip						
5608 SW 9th St		JM				
Des Moines, IA	A 50315	JIVI				
Rule or Code Section	Natur	e of Violation	Class	Fine Amount		Correction date
	maggots crawling on his toes. Staff B reported sapplied a Kerlix dressing the hospital. Both of his macerated, and looked and calves looked mace reported 8/21/21 as the date listed on the dress. The resident's treatmer MAR for staff to perform think it was listed on his progressively worse, an call the physician or follochanged. In an interview 11/02/2 CNA, reported they had CNA to document where	e date of the incident. The ing was 4 days old (8/17/21). In should've been on the paper on the treatment but doesn't is TAR or MAR. His legs got d nobody was brave enough to low up and get his treatment. If at 10:35 AM Staff J, agency I a bath/shower book for the never they gave a resident a				
	front of the book for da scheduled for a bath/sh In an interview 11/02/2 reported shower sheets	also included a schedule in the ys/shift when a resident nower.				

Facility Administrator Date

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		7			Tr .	
Citation Numb	er:				Date:	
#5483					Decem	ber 21, 2021
Facility Name:			Survey I	Dates:	<u>, </u>	
Genesis Senio			October	25 – De	cember '	7. 2021
Facility Addres	ss/City/State/Zip					•
5608 SW 9th St						
Des Moines, IA	A 50315	JM				
Rule or				Fine /	Amount	Correction
Code	Natur	e of Violation	Class	Fille A	Amount	date
Section						
	sheets located in medic	al records		<u> </u>		
	sneets located in medic	ai records.				
	In an interview 11/02/2	1 at 11:44 AM, Staff C, LPN,				
	reported skin assessme	nts documented under the				
	assessment tab in the E	HR. Staff C reported no other				
		mented skin assessments other				
		ets. Staff C stated she also				
	documented skin check					
	whenever a MDS assess	sments completed.				
	In an interview 11/03/2	1 at 11:20 AM, Staff F, CNA,				
		ed at the facility since 10/2020				
	and assigned as shower	aide and CNA. Staff F stated				
		vhenever a resident had a				
	change in condition or l					
		a shower skin audit form				
	_	sident a shower, and marked				
	· '	noticed any kind of skin issue. eet to the nurse, and initialed				
	_	ever a shower completed.				
		nt #101 had very fragile skin				
	•	aking from his legs. During his				
	shower, she used dispo					
	because the washcloths	s were rough and tore the skin				
	on his legs. The nurses	wrapped his legs with gauze.				
	In an interview on 11/3	/21 at 1:45 PM, an ED nurse				

Date

Facility Administrator

Citation Numb	er:				Date:	
#5483					Decemb	per 21, 2021
Facility Name: Genesis Senior Living Facility Address/City/State/Zip			Survey I		cember 7	7, 2021
5608 SW 9 th St Des Moines, IA		JM				
Rule or Code Section	Natur	e of Violation	Class Fine Amount Correcti date		Correction date	
	the blankets. His legs wat the care facility but le changed in weeks. The on the dressings when the resident if someone supposed to help him g yes. The ED nurse repohelped him put his pant soiled and wet dressing when they removed the legs, his legs were very pitting edema, and his I reported there were midd not see any maggot the hospital with cellulitract infection (UTI), an ED nurse reported the rand sent back to the cato the ED on 9/24/21. It passed away. On 11/04/21 at 09:50 A	extremely weepy, and stuck to vere supposed to be wrapped booked like they hadn't been ED nurse stated no date listed he came to the ED. She asked at the care facility was et ready and the resident said red if staff at the care center its on they would've seen his es. The ED nurse reported a dressings on Resident #101's edematous, had blisters, egs were weeping. EMS aggots in the wound but she is. Resident #101 admitted to tis to both legs and a urinary directived IV antibiotics. The resident discharged 8/26/21 are facility, but then came back the later went into arrest and a.M, the administrator reported his sheets were found for				

Facility Administrator Date

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Citation Numb	er:				Date:	
#5483					Dogomi	hor 24 2024
#5465					Deceiiii	ber 21, 2021
Facility Name:	a I toda a		Survey [Dates:		
Genesis Senio			October	25 – De	cember '	7. 2021
Facility Addres	ss/City/State/Zip					,
5608 SW 9th St						
Des Moines, IA	x 50315	JM				
D. J				F: 4		0
Rule or Code	Natur	e of Violation	Class	Fine A	Amount	Correction date
Section						
			I			
		at 11:10 AM, Staff V, agency				
		kin check documented on the				
		resident had any open areas it under assessment tab on the				
		the EHR. If a resident had no				
		ented a note on the skin				
	•	in issues". The MDS nurse				
		HR whenever a resident came				
		V stated the admission				
	assessment usually don					
	,	•				
	In an interview 11/4/21	at 1:20 PM, Staff I, agency				
	CNA, reported she had	worked at the facility for 3				
	months. Staff I stated v	vhenever a resident had a				
		skin issue, she let the nurse				
		I reported she had a horrible				
		en she took Resident #101 to				
		gave Resident #101 a shower				
		day before 8/21/21, and a				
		his legs after she gave him his				
		was supposed to have dressing				
		ry shift, but she noticed the				
	_	e saw on 8/21/21 was over 3				
		1's legs were usually wet from				
		21/21, the nurse told her to n his legs in the shower.				
	<u> </u>	bandages, they were dripping				
	vinen she removed the	bandages, they were dripping				

Facility Administrator Date

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Citation Numb	er:				Date:	
#5483					Decemi	ber 21, 2021
Facility Name: Genesis Senio			Survey I		cember	7 2021
Facility Addres	ss/City/State/Zip		October	23 – De	Cellibei	7, 2021
5608 SW 9th St		JM				
Des Moines, IA 50315		JWI				
Rule or Code Section	Natur	e of Violation			Correction date	
	maggots on both of his she removed his socks, out of his heel, and ther on his legs. She request shower room right awa and initials of when the The nurse took pictures her to wash his legs off, as much as possible. The legs burning. EMS came took him to the ED. Reeverywhere. He had seen majority of maggots can maggots were in various there were dead ones, ones. She had seen may where she worked so we resident #101's legs, she was. In an interview 11/8/21 reported she only work an agency assignment. his legs had sores and were she worked so we had seen she worked so we resident #101's legs, she was.	re what appeared to be legs - it was horrible! When there were maggots that fell y were coming out of the sores ted Staff B, LPN, come to the y. The dressing had the date of dressing was changed last. It is, she was so upset. Staff B told is, so she tried to clean his legs the resident complained of his is into the shower room and isident #101 had open sores ores and maggots on his right if, right shin, left shin, and the me out of his left heel. The scolors brown, white, and tan. live ones, little ones, and big ggots before at another facility when she saw the maggots on the was familiar with what it in at 9:00 AM, Staff BB, LPN, ed at the facility 8 weeks for Resident #101 had CHF, and weeping. He ended up going to why. She cleansed and				

Facility Administrator Date

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Citation Numb	er:				Date:	
#5483					Dogomi	ber 21, 2021
#5465					Deceiiii	Der 21, 2021
Facility Name:			Survey [Dates:	,	
Genesis Senio	r Living		October	25 – De	cember	7. 2021
Facility Addres	ss/City/State/Zip					.,
5608 SW 9 th St						
Des Moines, IA	A 50315	JM				
Rule or Code	Natur	e of Violation	Class	Fine A	Amount	Correction date
Section	Natur	e or violation	Class			uate
	wrapped his legs with g	auze, sometimes BID, then				
	•	Staff BB reported treatments				
	documented on the par					
	treatment cart. Skin assessments documented on					
	' '	ated the CNA's did some skin				
		they gave the resident a				
		gned off if the resident had no				
		ent had a skin concern then the				
		an to get orders. Staff BB				
		ad diagnoses of CHF, she				
		outputs, limited salt use,				
		ered, and took care of wounds				
	if the resident had wou					
	· ·	rating his legs and had oxygen.				
	'	nes she was the only nurse				
		things done, she would call				
	_	, or step in and work as a CNA				
	in order to get the job o	ione.				
	In an interview 11/8/21	at 12:10 PM the Nurse				
		ne expected staff to notify her				
		nt had a change in condition or				
		Resident #101 went to the				
		e. He always had edema in his				
	l '	ses reported he had increased				
		He had orders for Lasix. He				
	had horrible open areas	s on his legs, and had a daily				

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 lowa Code section 135C.43A (2013).

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O'C-C Noveles	
Citation Number: Date:	
#5483 Decem	ber 21, 2021
Facility Name: Survey Dates:	
Genesis Senior Living	7 2024
Facility Address/City/State/Zip October 25 – December	7, 2021
SCOO CAN Oth CA	
5608 SW 9 th St. Des Moines, IA 50315 JM	
Dos monicos, IA dod to	
Rule or Code Nature of Violation Class	Correction date
treatment for non-adhesive dressing and Kerlix daily.	
She ordered daily weights, but when Resident #101	
refused daily weights, she requested staff obtain	
weights at least weekly. One of the nurses called her	
on Saturday 8/21/21 and reported maggots were	
found when she removed Resident #101's dressings	
on his legs. She told the nurse to send the resident to	
the ED. At that time, the facility had a lot of flies.	
The nurse practitioner confirmed if dressing changes	
were not done for 3 days or more, maggots could	
develop and be seen in the wound. The surveyor reviewed orders written for medications, antibiotics,	
and treatments. The nurse practitioner confirmed she	
was aware nurses had not given the medications. The	
nurse practitioner reported the facility had been short	
staffed, and had dealt with staffing issues for a while.	
The nurse practitioner stated whenever she wrote	
orders, the orders were often not done. The nurse	
practitioner reported Resident #101 may not have	
gone to the hospital if orders and treatments had	
been completed, and if treatments and dressing	
changes had been done as ordered, the resident	
would not have had maggots develop in his wounds.	
In an interview 11/8/21 at 3:05 PM, Staff C, LPN/MDS	
nurse reported she had worked at the facility for 6	
months, but was on a leave of absence, and returned	

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 lowa Code section 135C.43A (2013).

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		3			-	
Citation Numb	er:				Date:	
#5483					Decemi	ber 21, 2021
#3403					Deceiiii	Dei 21, 2021
Facility Name:			Survey [Dates:	,	
Genesis Senio	r Living		0-4-6	05 D-		7 0004
Facility Addres	ss/City/State/Zip		October	25 – De	ecember	7, 2021
Took Old oth O						
5608 SW 9 th St Des Moines, IA		JM				
Des Montes, IA 00010						
Rule or				Fine A	Amount	Correction
Code	Natur	e of Violation	Class			date
Section						
	•	orted she saw Resident #101				
	when he readmitted to	the facility on 8/9/21, and				
		n assessment. Staff C stated				
	she observed a little bit of edema and swelling in his					
	legs on 8/9/21, but then he had pitting edema 2-3+ a					
	day or two after he retu	urned to the facility. His lungs				
	sounded clear on 8/9/2	 Staff C reported the 				
	resident didn't require	dressing changes when he first				
	came from the hospital	, but then he started to see a				
	wound doctor. Staff C	recalled a staff person called				
	to let her know Residen	nt #101 went to the hospital				
	because they found ma	ggots in his wounds. Staff CC				
	told her she planned to	round with the wound				
	physician but then Staff	f B called her and said she				
	found maggots on his le	egs and sent him to the ED.				
	The last time she saw th	ne resident was when he came				
		on 8/9/21 and she only did his				
		Staff C recalled Resident #101				
		hird time after his readmission				
		Staff L, agency CMA told Staff				
	_	ent #101 looked a little full, but				
		t want to step on any toes.				
	Staff C told staff they no					
	· · · · · · · · · · · · · · · · · · ·	ner Resident #101 went to the				
		d a lot of fluid build-up, and the				
	ARNP recently placed him on fluid restriction. On					

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 lowa Code section 135C.43A (2013).

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Citation Numb	er:				Date:	
#5483					Decemi	ber 21, 2021
				> -4		, .
Facility Name: Genesis Senio	r Living		Survey [Dates:		
Facility Address/City/State/Zip			October	25 – De	cember	7, 2021
5608 SW 9 th St Des Moines, IA		JM				
Rule or Code Section	Nature	e of Violation			Correction date	
Section						
	changed for Resident #2 Dressings were dated 8 place the dressings in a office, and she would sh reported she expected a know if a treatment not awareness of document treatments not done and C reported she expected orders and provide treat as ordered. Staff C rep documentation of skin a ones in the EHR under to observation tool or weed documented in a daily st reported she believed it completed as ordered, leg wounds may not have Staff C stated if things we considered the treatment done. In an interview 11/09/2	Resident #101's condition and ve worsened or deteriorated. vere not documented, they ants or orders not completed or				
ı	resident weights, then s	she documented weights in an immented weights in the EHR.				

Facility Administrator

Date

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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).

Citation Numb	er:				Date:	
#5483					Docom	hor 21 2021
#5463					Decem	ber 21, 2021
Facility Name:			Survey I	Dates:		
Genesis Senio			October	25 – De	cember	7, 2021
Facility Addres	ss/City/State/Zip					•
5608 SW 9th St	•					
Des Moines, IA	A 50315	JM				
Rule or	<u> </u>			Fine A	Amount	Correction
Code	Natur	e of Violation	Class	1 1110 7	anount	date
Section						
	Staff A reported staff ex	xpected to weigh residents				
	daily or monthly.	theorem to weight residents				
	On 11/10/21 at 08:15 AM, Staff A, Medical Records,					
reported no additional		documentation found for				
	Resident #101.					
	In an interview 11/10/2	11 at 8:30 AM Staff V, agency				
	LPN, reported she chec					
	•	ed out the medication from				
	the medication card for	the date indicated according				
	to the calendar date an	d if scheduled for AM, PM, HS				
	(bedtime), etc. Staff V	reported she signed her initials				
	on the MAR after medic	cations administered. If she				
	noticed medication not	given, she let the staff person				
	know. Otherwise we do	o not give the medication if it				
		r nurse or CMA. If medication				
	was not administered b	ecause the medication not				
		fused, then initial and circle on				
	the MAR. If medication					
		m pharmacy or obtained from				
		n not given, refused, or not				
	available, she documen	ted a "0" on the MAR.				
	In an interview 11/10/2	1 at 12:10 PM, the DON				
		nursing staff to document or				
	sign the skin assessmen	•				

Facility Administrator Date

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0'' '' 11 1		1				
Citation Numb	er:				Date:	
#5483					Decemi	ber 21, 2021
						,
Facility Name:			Survey I	Dates:		
Genesis Senio	r Living		Octobor	25 - Do	cember	7 2021
Facility Addres	ss/City/State/Zip		October	25 – De	cember	7, 2021
5000 014 0th 04						
5608 SW 9 th St Des Moines, IA		JM				
200 111011100, 11 (000 10						
Rule or				Fine A	Amount	Correction
Code	Natur	e of Violation	Class			date
Section						
		Staff documented on skin				
	observation tool if an a	rea identified such as a bruise				
		nt an initial weekly wound				
		tified as pressure or arterial or				
	venous wound until the	e area healed. The DON				
	reported the nurse on o					
	· ·	OON who rounded with the				
	'	rocessed the physician's orders				
	· · · · · · · · · · · · · · · · · · ·	red the physician's order in the				
		or telephone order received.				
	The DON stated she exp					
		PYXIS ADU (auto dispensing				
	unit) if unable to find m					
	_	as a disconnect with staff and				
		sidents. The DON reported				
		ts, and she expected weights				
	· ·	standard. Staff A entered				
	,	he 10th of the month. The				
		veights were obtained on				
		ghts recorded on the MAR. If a				
		of CHF, she expected staff to				
	listen to lung sounds, m					
		itor for increased weight,				
	·	d place on fluid restriction if a				
	· · · · · · · · · · · · · · · · · · ·	. The DON reported Resident				
		peeled off and his legs had a lot				
	of weeping. His legs w	ere wet all of the time and he	I			

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 lowa Code section 135C.43A (2013).

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Citation Numb	er:				Date:	
#5402					Danami	h 24 2024
#5483					Decem	ber 21, 2021
Facility Name:			Survey I	Dates:	J!	
Genesis Senio	r Living		Octobor	25 – Do	ecember	7 2021
Facility Addres	ss/City/State/Zip		October	23 - 06	Cember	7, 2021
5608 SW 9 th St						
Des Moines, IA		JM				
Rule or Code	Notur	e of Violation	Class	Fine A	Amount	Correction date
Section	Natur	e or violation	Class			uate
	had extensive moisture	between his toes. The DON				
	stated they consulted a	wound specialist to see the				
	resident, but uncertain	when wound care started to				
	see him.					
	la en internieur 11/10/2	11 at 4.15 DNA Staff CC DN				
		11 at 4:15 PM, Staff CC, RN, the facility 3-4 months from				
	· ·	taff CC recalled Resident #101				
		/2021 and she completed his				
		Resident #101 developed				
		unable to recall if he had				
		me in. Staff CC stated various				
		orders, it depended upon				
		times the nurse who did the				
	· · · · · · · · · · · · · · · · · · ·	nurse entered the orders if not				
		floor nurse completed the				
	_	nented the assessment in the				
	EHR. Treatments and n	nedications should be				
	documented on the par	per MAR/TAR. If a treatment				
	or dressing change was	not done, document on the				
	TAR the reason for the	inability to do the treatment or				
	dressing change. If med	dication not available, we				
		cy or use PYXIS system to				
		The facility used lots of agency				
		MDS nurse covered the floor				
	l -	ated the DON and MDS nurse				
	were supposed to chec	k the MAR's, TAR's, and				

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 lowa Code section 135C.43A (2013).

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		ā				
Citation Numb	er:				Date:	
#5483					Decemi	ber 21, 2021
Facility Name:			Survey I	Dates:	=	
Genesis Senio	r Living		Ootobor	25 Da		7 2024
Facility Addres	ss/City/State/Zip		October	25 – De	ecember	7, 2021
Took Old oth O						
5608 SW 9 th St Des Moines, IA		JM				
Des montes, IA docto						
Rule or				Fine A	Amount	Correction
Code	Natur	e of Violation	Class			date
Section						
		n't get done because they				
		rote a list of residents who				
		or treatments, then checked				
	with staff to see if they gave the medication(s). She					
	asked staff why medications or treatments not done,					
		didn't have time. Staff CC				
	I	or treatment were not given,				
	_	dication cart and look at the				
	'	dication cards. Sometimes the				
		ned in the medication cart.				
	· ·	ssessments were documented				
		essments on paper. Staff CC				
	•	physician saw Resident #101				
	· ·	here his glasses dug in. Staff				
	'	ped Resident #101's legs to				
		ted to put padded sleeves on				
		have any, so she applied				
		egs looked good. Staff CC was				
		nds on his legs developed, she				
		ad bumped his leg when going				
	•	van. He had an ABD pad on his				
		re two open spots and one				
		ne lotioned his legs well and				
	· ·	use they wept from the open				
		superficial and almost healed.				
	_	er on the weekend in 8/2021				
	and found maggots on	his legs and dressing. Staff				

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 lowa Code section 135C.43A (2013).

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Citation Numb	er:				Date:	
#5483					Dogomi	hor 24 2024
#5465					Deceiiii	ber 21, 2021
Facility Name:			Survey [Dates:	,	
Genesis Senior Living			October	25 – De	cember	7 2021
Facility Addres	ss/City/State/Zip		October	20 00		7, 2021
5608 SW 9 th St.						
Des Moines, IA 50315		JM				
Rule or	Natara		01	Fine A	Amount	Correction
Code Section	Natur	e of Violation	Class			date
Occion						
	told her the date listed	on the dressings hadn't been				
	changed for 4 days. It	was the last day she had seen				
	him and changed the di	him and changed the dressings. Staff sent Resident				
	#101 to the hospital in 8/2021 because he had					
	maggots in his dressings. Staff CC reported if					
	Resident #101 had rece	ived treatments and				
	medication as ordered,	he potentially could have				
	avoided going to the ho	spital or a decline in his				
	condition and also his w	ounds and legs would not				
	have had maggots. Sta	aff CC decided she could no				
	longer work at the facili	ty due to the culture and work				
	conditions, and residen	ts not getting proper care.				
	An all staff meeting boo	ok with education provided to				
	_	ving on 5/21/21: each resident				
	must have a skin assess	ment/observation completed				
	weekly. A schedule had	been created for each person				
	who needed assessed for	or each shift and day. If a				
	resident had pressure/\	enous/stasis/arterial wound,				
	enter note "see weekly	wound assessment".				
	Measurements and ass	essments done weekly by the				
	wound care. Staff must	look at the rest of resident's				
	-	't have an open area. Skin				
	tears and bruises docur	nented on the "skin				
	observation tool". The	skin observation tool is located				
		ab in the EHR. If skin intact,				
	scroll to the bottom and	d document "no impairments				

Facility Administrator Date

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0'' '' 11 1		1				
Citation Numb	er:				Date:	
#5483					Decem	ber 21, 2021
Facility Name:			Survey I	Dates:	ш	
Genesis Senior Living			Octobor	25 - Do	cember	7 2021
Facility Address/City/State/Zip			October	25 – De	cember	7, 2021
5608 SW 9 th St						
Des Moines, IA 50315		JM				
,						
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
			I			
	in skin integrity". Three	e staff and the DON signed				
	document they had rea					
	attendance for the education.					
	A Medication Administration Preparation and Guidelines policy dated 12/17 revealed medic					
	· '	bed in accordance with good				
		practices. The individual who				
		cation recorded directly on the				
		e medication administered. At				
	the end of each medica	tion pass, the person who				
	administered the medic	cations reviewed the MAR to				
	ensure necessary doses	administered and				
		aled in the space provided				
	under the date and on t	·				
		istered by the person who				
		cation. If a dose of regularly				
	scheduled medication v					
	_	time other than the scheduled ed on the front of the MAR for				
	that dosage needed init					
		entered on the reverse side of				
	the record. The physici					
	medication withheld, re					
	A matification of observe	والمستعدية والمستعدية والمستعددة والمستعددة				
		e in resident's condition policy				
	reviewed 11/1/18 revea	ared the attending				

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 lowa Code section 135C.43A (2013).

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Citation Numb	er:				Date:	
#5483					Decemb	er 21, 2021
Facility Name: Genesis Senio			Survey	Dates:		
Facility Addres	ss/City/State/Zip		October	· 25 – De	ecember 7	', 2021
5608 SW 9 th St Des Moines, I <i>A</i>		JM				
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	A "skin management gurevealed all residents as admission, and the asse EHR. A Braden scale as annually, and when residents for potentian to provide treatme of ulcerations and heali Risk factors included immonditions such as diable as lower extremity arte cognition, incontinence malnutrition. Nurse aid turned body audit form changes in skin conditioned the etiological plan, and the area mon to evaluate appropriate. A policy for "skin managerevised 7/2017 revealed."	of a change in a resident's s. sidelines" revised 7/2017 ssessed for skin integrity upon essment documented in the sessment completed quarterly,				Page 39 of

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

Citation Numb	er:				Date:	
#5483					Decemb	per 21, 2021
Facility Name:			Survey I	Datoe:		
Genesis Senio					_	
Facility Address/City/State/Zip			October	25 – De	cember 7	7, 2021
5608 SW 9 th St						
Des Moines, IA	A 50315	JM				
Rule or Code Section	Natur	e of Violation	Class Fine Amount			Correction date
	and/or skin integrity. Of evaluation provided to outcomes. A Chronic Heart Failure 10/2016 revealed reside heart failure needed as appropriate interdisciple and education for manas prevent exacerbation hospitalization, and imagoal of the program increadmissions of reside. 2. The annual MDS asservealed Resident #34 helper's dementia, a cellulitis to her left loweresident had a risk for pskin conditions during the documented the reside staff for bathing and draft.	Overview policy dated ents who had diagnosis of sessed to provide the most inary interventions, care plans, agement of condition, as well as, avoid unplanned prove quality of life. A key luded prevention of avoidable ants to hospital settings. Essment dated 9/22/21 and diagnoses that included anemia, malnutrition, and er limb. The MDS revealed the pressure ulcer but noted no he look-back period. The MDS at stotally dependent on one essing.				Page 40 of

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Facility Administrator

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).

Date

A 1. 11 1		1				
Citation Numb	er:				Date:	
#5483					Decemi	ber 21, 2021
Facility Name:			Survey I	Dates:	,	
Genesis Senio	r Living		October	25 – De	cember	7. 2021
Facility Address/City/State/Zip						,
5608 SW 9 th St.						
Des Moines, IA 50315		JM				
Rule or				Eino /	Amount	Correction
Code	Natur	e of Violation	Class	Fille F	Amount	date
Section						
	dayalanmant ralated to	thin fragila skin, anomia, and	1			
	development related to thin fragile skin, anemia, and protein-calorie malnutrition. The care plan directed					
	staff to inspect the resident's skin weekly, administer					
	medications and treatments as ordered, and follow					
		cedures for prevention of skin				
	breakdown.					
	The order summary ren	oort dated 11/4/21 directed				
		tment to bilateral (both) lower				
	1 ' ' '	daily (BID) at bedtime for dry				
		ply skin prep to bilateral heels				
		axis starting 2/4/18, and				
	'	ecks by a nurse every Monday				
	on night shift starting 9	/26/16.				
	The TAR dated 10/1-10	/31/21 lacked the following				
	documentation:					
		lied to BLE's at bedtime (HS)				
	on 18 of 31 evenings	documented on Mondays on				
	10/4/21, 10/11/21, 10/					
		I heels at HS on 18 of 31				
	evenings.					
	2 Th. MDC	1.1.140/40/24				
		dated 10/10/21 revealed oses that included cerebral				

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

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		7			ſ -	
Citation Numb	er:				Date:	
#5483					Decem	ber 21, 2021
Facility Name:			Survey [Dates:	JI.	
Genesis Senio	r Living		Octobor	25 - Do	cember	7 2024
Facility Address/City/State/Zip			October	25 – De	cember	7, 2021
5608 SW 9 th St						
Des Moines, IA 50315		JM				
·						
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
					·	
		dementia, anxiety disorder,				
	schizophrenia, and mild intellectual disabilities. The					
	MDS documented the resident as totally dependent					
	on one staff for dressing, and totally dependent					
		ity and transfers. The MDS also nt did not fall and had no skin				
	issues during the look-b					
	issues during the look t	rack period				
	The care plan revised 7	/9/21 revealed the resident				
	•	h activities of daily living				
	related to dementia, sc	hizophrenia, and weakness,				
		impaired skin integrity. The				
	•	to product a head-to-toe				
	· '	y basis and report any bruises				
	· ·	rse, and apply TED hose in the				
	morning and remove th	iem at HS.				
	The Order Summary Re	port dated 9/3/21 directed				
	· ·	during the day and remove at				
		ide weekly skin checks by a				
	licensed nurse every 7	days on day shift. The order				
	further directed staff to	"Y" if skin intact and "N" if				
	skin not intact.					
	The treatment of a limital	tration record data d 0/1				
		tration record dated 9/1 - 31/21 revealed no staff initials				
		ose application from 10/22/21 -				
	aocumented for TED IIC	22 application nom 10/22/21 -				

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 lowa Code section 135C.43A (2013).

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					_	
Citation Numb	er:				Date:	
#5483					Decem	ber 21, 2021
Facility Name:			Survey I	Dates:	JI	
Genesis Senior Living			October	25 – De	ecember	7 2021
Facility Addres	ss/City/State/Zip		October	23 – 00	cember	7, 2021
5608 SW 9 th St						
Des Moines, IA 50315		JM				
Rule or	Natur		Class	Fine A	Amount	Correction
Code Section	Natur	e of Violation	Class			date
	10/26/21 and 10/28/21	. The form contained only a				
	checkmark on 10/27/21, and no initials documented					
	for weekly skin checks by a licensed nurse on 9/13/21,					
	9/20/21, 9/27/21, 10/6/21, 10/13/21, and 10/20/21					
	Review of the facility's EHR revealed staff completed					
	II	sessment on 10/11/2020, did				
	a weekly wound assessi	ment completed on 10/20/20,				
	and documented no ne	w skin issues noted on the				
	most recent skin observ	vation tool dated 6/7/21.				
	Review of the resident's	s paper or hard chart and the				
		ocumentation to show staff				
	completed any addition	al skin assessments.				
	During observation on 1	IO/25/21 at 12:22 DM				
	•	y yellow and black striped				
		resident's left shin/lower leg				
	revealed a dark bruised					
	During observation on 1	10/27/21 at 12:30 PM,				
	<u> </u>	gh-backed wheelchair; his feet				
		elchair pedals. The resident				
	wore bootie socks on hi	is feet but no TED hose.				
	In an interview 11/01/2	1 at 10:25 AM, the Director of				
		I staff were to document skin				

Facility Administrator Date

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Citation Numb	er:				Date:	
	.					
#5483					Decemi	ber 21, 2021
Facility Name:			Survey [Dates:	Д	
Genesis Senior Living			October	25 – De	cember	7. 2021
Facility Address/City/State/Zip						,
5608 SW 9 th St.		154				
Des Moines, IA 50315		JM				
Rule or				Fine A	Amount	Correction
Code	Natur	e of Violation	Class	1 1110 7	anount	date
Section						
	assessments every wee	k on the TAR if a resident had				
	no open wounds or skin issues, and document a					
	weekly wound assessment or use the skin observation					
	tool on the EHR if the re	esident had an identified skin				
	concern.					
	In an interview 11/8/21	at 3:05 PM the MDS				
		expected staff follow to				
	physician's orders and p	perform treatments as				
	ordered.					
	4 The MDS assessment	dated 9/15/21 indicated				
	Resident #29 had diagn					
	hypertension (high bloc					
	obstructive pulmonary	•				
	gastroesophageal reflux	* **				
		olesterol), arthritis, anxiety,				
	chronic pain syndrome.	nia, asthma, respiratory failure,				
	· ·	erview for Mental Status				
		i, indicating the resident				
		gnitive abilities. The MDS also				
	documented Resident #	29 required assistance of one				
	•	transfers, toileting and set up				
	assistance for eating.					

Facility Administrator Date

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0'' '' 11 1		1				
Citation Numb	er:				Date:	
#5483					Decem	ber 21, 2021
Facility Name:			Survey [Dates:	И	
Genesis Senior Living			October	25 – De	cember	7 2021
Facility Address/City/State/Zip			October	20 - DC	Cember	7, 2021
5608 SW 9 th St.						
Des Moines, IA 50315		JM				
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
Jection						
	Observation on 10/26/2	21 at 9:03 a.m. revealed				
	Resident #29 had woun					
	right hip. The resident reported staff are supposed to					
	apply "silver" to wounds daily but they do not do it.					
		ressing on the resident's right				
	'	mount of serosanguinous				
	_	f. The left lower abdominal days prior according the				
	_	ent's bilateral upper arms				
	contained multiple abra	• •				
	·					
		7/21 at 1:36 p.m., Staff B, LPN				
		able to complete Resident				
		ny because the facility does not				
	scheduled treatments.	er to complete all of the				
	scrieduled treatments.					
	On 10/28/21 at 10:45 a	.m., Resident #29 stated she				
		ay on the evening shift or have				
	her wounds treated. Re	sident stated she often does				
		tions timely. Resident #29				
	appeared to be in clean	clothes with greasy hair.				
	Interview on 11/1/21 a	t 10:28 a.m. with Staff L,				
		de (CMA) revealed Resident				
		upirocin (Bactroban) ointment				
		nurses reorder all medications				

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 lowa Code section 135C.43A (2013).

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		_				
Citation Numb	er:				Date:	
#5483					Decem	ber 21, 2021
Facility Name:			Survey I	Dates:		
Genesis Senior Living			October	25 – De	cember	7, 2021
Facility Addres	ss/City/State/Zip					•
5608 SW 9 th St.		INA				
Des Moines, IA 50315		JM				
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
		fied the nurse that would				
	complete treatments the resident needed that					
	medication refilled.					
	On 11/1/21 at 10:38 a.r	n., the pharmacy revealed the				
		ed a medication refill of				
	Mupirocin since 8/13/2	1.				
	A physician order dated	I 1/21/20 directed staff to				
	complete a weekly skin					
	A physician order dated	I 5/27/21 directed staff to				
	apply Mupirocin ointme					
	_	and at bedtime for open areas				
	until healed.					
	Review of facility record	ds revealed a lack of weekly				
	· ·	weeks between 4/12/21-				
	11/8/21.					
	Δ Care Plan entry dated	3/26/21 revealed Resident				
	l '	fferent stages of healing on her				
		and directed staff to apply				
		6 to all open areas in the				
	_	healed. The Care Plan also				
		se to provide a weekly head-to-				
	toe assessment.					

Facility Administrator Date

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		_			_	
Citation Numb	er:				Date:	
#5483					Decemi	ber 21, 2021
Facility Name:			Survey I	Dates:	JI	
Genesis Senio	r Living		October	25 – De	ecember	7 2021
Facility Addres	ss/City/State/Zip		Gotober	20 00	, combon	, 2021
5608 SW 9 th St						
Des Moines, IA 50315		JM				
	T					
Rule or Code	Natur	e of Violation	Class	Fine A	Amount	Correction date
Section	Natur	e or violation	Class			uate
	=	4 40 104 104 11 4 4 5 5				
	The MAR dated 10/1/21-10/31/21 directed staff to					
	apply Mupirocin ointment 2% (Bactroban), to all open areas topically every morning and at bedtime until					
	l ' ' '	ed staff failed to apply the				
	ointment on 40 of 62 or	• • •				
		1-11/15/21 directed staff to				
	1 ' ' '	ent 2 % to all open areas in the				
	_	healed. The MAR revealed the nedication on 20 of the 32				
	opportunities ordered.	ledication on 20 of the 32				
	5. The MDS assessment	dated 10/10/21 revealed				
		ral palsy, non-Alzheimer's				
	•	der, schizophrenia, and mild				
		The MDS documented the				
	resident as totally depe	pendent on two staff for bed				
	,	The MDS documented the				
		d no skin problems during the				
	look-back period	-				
	The same when resident 4.7.	/0/24 waysalad the energial and				
	•	/9/21 revealed the resident hactivities of daily living				
	II	hizophrenia, and weakness,				
	-	impaired skin integrity. The				

Facility Administrator Date

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<u> </u>		1				
Citation Numb	er:				Date:	
#5483					Decem	ber 21, 2021
Facility Name:			Survey [Dates:	И	
Genesis Senior Living			October	25 – De	cember	7 2021
Facility Address/City/State/Zip			October	20 - DC	Cember	7, 2021
5608 SW 9 th St.						
Des Moines, IA 50315		JM				
Rule or Code	Notur	e of Violation	Class	Fine A	Amount	Correction
Section	Natur	e or violation	Ciass			date
					,	
	staff directives included	•				
	assessment weekly, report any bruises or open areas					
	to the nurse, and apply TED hose in the morning and					
	remove at bedtime (HS).					
	The Order Summary Re	port dated 9/3/21 directed				
	-	licensed nurse every 7 days on				
	· · · · · · · · · · · · · · · · · · ·	f skin intact and "N" if skin not				
	intact.					
		tration record (TAR) 9/1 -				
		31/21 revealed no staff initials skin checks by a licensed				
	nurse on 9/13/21, 9/20	·				
	10/13/21, 10/20/21	, 21, 3, 21, 21, 10, 6, 21,				
	_	EHR revealed staff completed				
		ssessment on 10/11/2020 and				
		nd assessment on 10/20/20.				
		oservation tool assessment no new skin issues found.				
	uateu 0///21 Tevealed I	TIO HEW SKIII ISSUES TOUTIU.				
	The paper chart and EH	R lacked documentation to				
		ny other skin assessments.				
		21 at 12:33 PM revealed				
	Resident #32 wore fuzz	y yellow and black striped				

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 lowa Code section 135C.43A (2013).

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Citation Numb	er:				Date:	
#5483					Decemi	ber 21, 2021
Facility Name: Genesis Senior Living Facility Address/City/State/Zip			Survey I		ecember	7, 2021
5608 SW 9 th St.						
Des Moines, IA 50315		JM				
Rule or				Eino A	Amount	Correction
Code	Natur	e of Violation	Class	Fille F	Amount	date
Section						
	socks on his feet and ha left shin/lower leg.	ad a dark bruised area on his				
	During observation on 10/27/21 at 12:30 PM, Resident #32 sat in a high back wheelchair. His feet rested on the wheelchair pedals and he wore bootie socks on his feet.					
	In an interview 11/01/21 at 10:25 AM, the Director of Nursing (DON) reported staff should document skin assessments every week on the TAR if a resident had no open wounds or skin issues, and should document a weekly wound assessment or use the skin observation tool in the EHR if a resident had a skin problem.					
	In an interview 11/8/21 at 3:05 PM, the MDS Coordinator stated she expected staff follow to physician's orders and provide treatments as ordered.					
	dementia, anemia, mal left lower limb. The MI risk for pressure ulcer b during the look-back pe	essment dated 9/22/21 mad diagnoses of Alzheimer's nutrition, and cellulitis to her DS revealed the resident had a mut had no skin conditions eriod. The MDS documented dependent on one staff for				

Date

Facility Administrator

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Citation Numb	er:				Date:	
#5483					Decemi	ber 21, 2021
Facility Name: Genesis Senio			Survey I			7 0004
Facility Address/City/State/Zip			October	'25 – De	ecember	7, 2021
5608 SW 9 th St. Des Moines, IA 50315		JM				
Des Moines, IA	X 503 15					
Rule or Code Section	Nature of Violation		Class			Correction date
	bathing and dressing.			<u> </u>		
	-					
	The care plan revised 3/3/20 revealed the resident had a risk for skin issues and pressure ulcer					
	development related to thin fragile skin, anemia, and					
	'	ition. The staff directives sident's skin weekly, administer				
	•	nents as ordered, and follow				
	facility policies and pro- breakdown.	cedures for prevention of skin				
	The order summary rep	ort dated 11/4/21 directed				
	1 ' ' '	tment to BLE's BID at bedtime				
	for dry skin starting 7/8 bilateral heels at bedting	ne for prophylaxis starting				
	2/4/18, and weekly skir	n checks completed by a nurse				
	every Monday on night	shift starting 9/26/16.				
	The TAR dated 10/1-10	/31/21 lacked the following				
	documentation:	Q D gintmant to DI E's at				
	bedtime on 18 of 31 ev	A & D ointment to BLE's at enings directed.				
	b. Staff failed to docum	ent skin checks on Mondays on				
	10/4/21, 10/11/21, 10/					
	c. Staff failed to apply s bedtime on 18 of 31 ev	kin prep to bilateral heels at enings ordered.				

Facility Administrator Date

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Citation Numb	er:				Date:	
#5483					Decemb	per 21, 2021
Facility Name: Genesis Senior Living Facility Address/City/State/Zip			Survey October		ecember 7	7, 2021
•						
5608 SW 9 th St Des Moines, IA		JM				
Rule or Code Section	Nature	e of Violation	Class	Fine A	Amount	Correction date
	a diagnosis that include disease (CAD), acute isc (swallowing difficulty), I pressure), cerebral vasc and chronic pain. The M BIMS score of 15, which cognitive abilities. The M required assist of 1 staff toilet use and set-up assidocumented Resident # damage during lookbac application. A physician order direct complete a weekly skin days, starting 6/10/21. A physician order dated apply Dermaceptin to g The TAR dated 7/1/21 - to apply the ordered Deskin around the G-tube redness and excoriation					

Eacility Administrator

Facility Administrator Date

Citation Numb	er:				Date:	
#5483					Decemi	ber 21, 2021
Facility Name: Genesis Senior Living Facility Address/City/State/Zip			Survey I		ecember	7, 2021
5608 SW 9 th St Des Moines, I <i>A</i>		JM				
Rule or Code Section	Natur	e of Violation			Correction date	
			<u> </u>	1		
	apply the ordered Dermaround the G-tube ever redness and excoriation and documented. TAR dated 9/1-9/30/21 the ordered Dermacept around the G-tube ever redness and excoriation documented 3 of 5 weels. The TAR dated 9/1-9/30 the split sponge with each ange the soiled or weels around the soiled or weels.	ckly skin check assessments. D/21 directed staff to inspect ach medication pass and et dressing every 4 hours AR revealed facility staff failed				
	administer Bactrim DS t GT BID for GT site infec- showed staff failed to a ordered.	19/30/21 directed staff to cablet 800-160 MG, 1 tablet via tion until 9/26/21. The MAR dminister 2 of the 19 doses				
	The TAR dated 10/1-10,	/31/21 revealed staff failed to				

Facility Administrator Date

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	er:				Date:			
#5483					Decemb	er 21, 2021		
Facility Name: Genesis Senio			Survey					
Facility Addres	ss/City/State/Zip		October	tober 25 – December 7, 2021				
5608 SW 9 th St Des Moines, I <i>l</i>		JM						
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date		
	day and night shift for rof 62 occasions ordered skin check assessment of directed inspect split spadministration and chahours document spong the dressing 83 out of 1 times. The TAR dated 11/1-11 apply the ordered Dern every day and night shi on 29 of 62 occasions oweekly skin check asses TAR also documented sponge with each medi	edness and excoriation on 29 d, and documented a weekly on 2 of 4 weeks. The TAR also conge with each medication nge if soiled or wet, every 4 e. The facility failed to change .86 scheduled dressing change .730/21 revealed staff failed to naceptin to GT peri-wound skin ft for redness and excoriation redered, and documented a ssment for 2 of 4 weeks. The taff failed to inspect the split cation pass administration and every 4 hours on 83 of 186						

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to lowa Code section 135C.43A (2013).

Date

Facility Administrator

Citation Number:					Date:	
#5483					Decemi	per 21, 2021
Facility Name: Genesis Senior Living			Survey	Dates:		
Facility Address/City/Sta	te/Zip		October 25 – December 7, 2021			
5608 SW 9 th St. Des Moines, IA 50315		JM				
Rule or Code Section	Natur	e of Violation	Class	Fine Amount		Correction date
residents	. The resident	nired nursing services for shall receive and the facility priate, the following required	I	\$ 5,000 (Held in	n	On Receipt
nursing se qualified these rule	nurses with ar	the 24-hour direction of acillary coverage as set forth in		Susper	ision)	

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to lowa Code section 135C.43A (2013).

Date

Facility Administrator

Citation Numb	er:				Date:	
#5483					Decemb	per 21, 2021
Facility Name: Genesis Senio			Survey			
Facility Address/City/State/Zip			October	· 25 – De	ecember 7	7, 2021
5608 SW 9 th St Des Moines, IA		JM				
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	developing; (I, II)					
	DESCRIPTION:					
	policy review and staff in provide appropriate can sores to promote healing for pressure ulcers (Resto assess Resident #53's identifying the area upon failed to treat the area further deterioration of reported a census of 50. Findings include: The Minimum Data Setidentifies the definition Stage I is an intact skin of a localized area usual Darkly pigmented skin in blanching; in dark skin to persistent blue or purples.	(MDS) assessment tool of pressure ulcers: with non-blanchable redness lly over a bony prominence. may not have a visible cones only it may appear with e hues.				
	Stage II is partial thickne	ess loss of dermis presenting				
						Page 55 of

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Facility Administrator Date

		_				
Citation Numb	er:				Date:	
#5483					Decem	ber 21, 2021
Facility Name:			Survey I	Dates:	,	
Genesis Senio	r Living		Octobor	25 - Da	ecember	7 2021
Facility Address/City/State/Zip			October	25 – De	cember	7, 2021
5608 SW 9 th St						
Des Moines, IA		JM				
·						
Rule or Code Section	Natur	e of Violation	Class	Fine Amount Correcti		Correction date
				1		
	as a shallow open ulcer	with a red or pink wound bed,				
	without slough (dead ti					
	in color). May also present as an intact or					
	open/ruptured blister.					
	Stago III Full thicknoss t	issue loss. Subcutaneous fat				
		e, tendon or muscle is not				
	l '	e present but does not obscure				
		. May include undermining and				
	tunneling.	. Way melade undermining and				
	Stage IV is full thickness	s tissue loss with exposed				
	_	e. Slough or eschar (dry, black,				
		ay be present on some parts				
	of the wound bed. Ofte	n includes undermining and				
	tunneling or eschar.					
	Unstageable Ulcer: inat	oility to see the wound bed.				
	Other staging considera	ations include:				
	Deep Tissue Pressure In	ijury (DTPI): Persistent non-				
	· · ·	aroon or purple discoloration.				
	l	d area of persistent non-				
		aroon, purple discoloration				
		rlying soft tissue. This area				
	may be preceded by tis	sue that is painful, firm,				

Facility Administrator Date

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		_			_	
Citation Numb	er:				Date:	
#5483					Decem	ber 21, 2021
Facility Name:			Survey I	Dates:	<u>J</u> I	
Genesis Senio	r Living		Ootobor	25 Do	oombor '	7 2024
Facility Addres	ss/City/State/Zip		October	25 – De	ecember	7, 2021
5608 SW 9 th St						
Des Moines, IA		JM				
Rule or Code Section	Natur	e of Violation	Class	Fine Amount Correcti date		Correction date
		or cooler as compared to				
	adjacent tissue. These changes often precede skin					
	color changes and discoloration may appear					
	differently in darkly pigmented skin. This injury results from intense and/or prolonged pressure and shear					
	forces at the bone-mus	• .				
	Torces at the some mas	ore interruce.				
	Review of Resident #53	's hospital record revealed he				
		on 10/8/21 from the hospital.				
	He had reported to the	emergency department on				
	10/1/21 for weakness a	and failure to thrive. Resident's				
	family decided he requi	red increased assistance with				
		(ADL) and opted for long term				
	care placement.					
	The MDS dated 10/15/2	2 revealed Resident #53 had a				
		tal Status (BIMS) score of 5,				
	indicating he demonstra					
	_	locumented Resident #53 had				
		l: hypertension, Parkinson's				
	disease, seizure disorde	er, malnutrition, adult failure to				
	,	MDS revealed the resident				
	experienced bladder an					
		dmitted to the facility with an				
		e MDS did not reflect its use.				
		resident required extensive				
	assist of one person for	bed mobility, transfers,				

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

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Citation Numb	er:				Date:	
#5483					Decemi	per 21, 2021
Facility Name: Genesis Senior Living			Survey I		ecember	7 2021
Facility Address/City/State/Zip			October	20 – DC	CCITIDO	7, 2021
5608 SW 9 th St. Des Moines, IA 50315		JM				
Rule or Code Natur		e of Violation	Class	Fine A	Amount	Correction date
	assist of one person for the resident had a risk fulcer/injuries and had risk fulcer/injuries and had risk fulcer/injuries and had risk fulcer/injuries and had risk fulcer. The MASD. The Mass appressure reducing The MDS coded the resident of the MDS care Area Assistriggered concerns for a functional/rehabilitation incontinence and indiversatus, and pressure ulcer planned to develop care. The care plan dated 10, of a focus area, goals on functional/rehabilitation incontinence and indiversation incontinence and indiversat	n potential, urinary elling catheter, falls, nutritional ter. The CAA's revealed staff e plans for these areas. /21/21 lacked documentation interventions for ADL n potential, urinary elling catheter, falls or pressure m dated 10/8/21 completed by e (RN) revealed a Braden score esident #53 as at moderate				

Facility Administrator Date

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		_				
Citation Numb	er:				Date:	
#5483					Decemi	ber 21, 2021
Facility Name:			Survey I	Dates:	JI.	
Genesis Senio	r Living		October	25 – De	ecember	7 2021
Facility Addres	ss/City/State/Zip		October	20 - 00	Cerriber	, 2021
5608 SW 9 th St	_					
Des Moines, IA		JM				
Rule or	Notur	o of Violation	Class	Fine A	Amount	Correction
Code Section	Natur	e of Violation	Class			date
		a Braden score of 15, which				
	assessed Resident #53 a					
	pressure injuries.					
	Pressure Injury Risk form dated 10/17/21 completed					
	l	ctical Nurse (LPN) and MDS				
		n score of 12, placing Resident				
	#53 at high risk for pres					
	G	,				
	A Nursing Admission Sc	reening/History form dated				
		ompleted by Staff C, LPN and				
		d Resident #53's height as 67				
	inches and weight as 10	•				
		rea on the resident's sacrum r (cm) in length, 1 cm in width,				
	and 0.1 cm in depth. The					
		down to the sacrum area and				
	revealed staff applied h	ouse barrier to the area.				
	When the resident arriv	ved from the hospital, staff				
		with an undated patch, which				
	l '	tified a foul odor emanating				
	from the area.					
	A Skin Observation Too	l dated 10/9/21 at 4:40 PM by				
		ed a Stage III pressure wound				
		suring 3 cm in length, 5 cm in				
	,	pth. The documentation on				

Facility Administrator Date

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		3			-	
Citation Numb	er:				Date:	
#5483					Decemi	ber 21, 2021
Facility Name:			Survey I	Dates:	JI.	
Genesis Senio	r Living		Ootobor	25 De	a a maha w	7 2024
Facility Addres	ss/City/State/Zip		October	25 – De	ecember	7, 2021
5608 SW 9 th St						
Des Moines, IA		JM				
,						
Rule or Code Section	Natur	e of Violation	Class	Fine Amount Correction date		Correction date
				l		
	the tool identified the r	esident admitted to the facility				
	with a pressure ulcer th					
	small amount of drainage was noted.					
	A Daily Skilled Summary					
	staff documented as a p	nad an open area to his coccyx				
	stan documented as a p	oressure dicer.				
	The October 2021 Med	ication Administration Record				
	(MAR) and Treatment A	Administration Record (TAR)				
		tation of any prescribed				
		erventions to care for the				
	pressure ulcer on Resid	ent #53's sacrum/coccyx area.				
	The electronic health re	acords (EHP) lacked any				
		es related to the pressure area				
	on the resident's sacrur	•				
		,				
	The nursing progress no	otes in the electronic health				
	records revealed the fo	llowing:				
	a On 10/9/21 at 3·13 A	M, the resident was admitted				
		s of failure to thrive; the				
	, ,	ented and able to make his				
		red minimal assistance with				
	•	resident's skin as warm and				
		n his skin and the skin on his				

Date

Facility Administrator

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Citation Numb	er:				Date:	
#5483					Docom	ber 21, 2021
#3403					Deceiii	Dei 21, 2021
Facility Name:			Survey I	Dates:		
Genesis Senio	r Living		October	25 – De	cember	7. 2021
Facility Addres	ss/City/State/Zip					.,
5608 SW 9 th St.						
Des Moines, IA 50315		JM				
				П		1
Rule or Code	Natur	e of Violation	Class	Fine A	Amount	Correction date
Section	Natur	e or violation	Class			uate
				,		П
	lower extremities very	•				
		AM, skin very dry, lotion				
		itire body. Area noted on				
	coccyx - moisture barrier applied - see wound sheet.					
		AM, during his shower, the				
	· ·	at his bottom hurt, and his skin				
		ged his brief. Staff noted 1.3				
	·	with a pale red wound base.				
		to notify of area, then utilized				
		aview 11 applied to coccyx.				
		M, the social worker notified				
		mall wound found on his				
	coccyx.					
		M, staff completed a dressing				
	_	e resident's coccyx and he				
	voiced no complaints.	A the description of the				
	f. On 11/5/21 at 9:07 A					
	•	ned intact with no redness or				
	_	unding area and the dressing				
	remained clean and dry					
	_	M, Resident #53 seen by				
	· '	ceived orders to change				
		llagen pad to wound bed, uze and apply house barrier to				
	_					
	~	documented they updated the				
		nd communicated the new				
	orders to Resident #53.					

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 lowa Code section 135C.43A (2013).

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Oitatian Numb]			Datas	
Citation Numb	er:				Date:	
#5483					Decem	ber 21, 2021
Facility Name:			Survey I	Dates:	<u> </u>	
Genesis Senio	r Living					
Facility Address/City/State/Zip			October	25 – De	cember	7, 2021
· · · · · · · · · · · · · · · · · · ·						
5608 SW 9 th St.		JM				
Des Moines, IA 50315		JW				
Dude en				Fine 6		0
Rule or Code	Natur	e of Violation	Class	Fine A	Amount	Correction date
Section	rtatai	o or violation	- Class			dato
			•	•		
	h. On 11/6/21 at 12:18	AM, staff noted the dressing				
	applied by wound phys	ician remained intact to				
	соссух.					
	i. On 11/7/21 at 12:29 AM, staff documented they					
		coccyx wound as ordered and				
	_	old dressing - the resident				
	voiced no complaints					
		M, staff found the dressing to				
		dry and intact. Resident #53				
	denied pain or discomfo					
		M, staff changed coccyx				
	_	ssing peeling and coming off				
	skin. Area cleaned with					
	applied and staff dresse					
		d as negative for drainage or				
	odor, healing well, and	•				
	coccyx remained clean,	M, staff noted the dressing to				
	resident denied any pai	•				
		AM, staff noted dressing intact				
	to coccyx and the reside					
	•	- will continue to monitor.				
		M, the dressing to coccyx				
		d intact and the resident				
	denied any pain or disc					
	, · ·	AM staff documented the				
		ed intact and the resident				

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 lowa Code section 135C.43A (2013).

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		7			G	
Citation Numb	er:				Date:	
#5483					Decemi	ber 21, 2021
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Facility Name:			Survey I	Dates:		
Genesis Senio	r Living		October	25 – De	ecember '	7 2021
Facility Address/City/State/Zip			Cotobol	20 00	, ocilibei	7, 2021
5608 SW 9 th St						
Des Moines, IA		JM				
·						
Rule or				Fine A	Amount	Correction
Code Section	Natur	e of Violation	Class	date		date
Section						
	denied pain or discomfo	ort to the area - will continue				
	to monitor.					
	Clinical record review revealed the resident's EHR and					
	II	ked assessments, treatment,				
		Resident #53's coccyx area				
	pressure wound from 1	0/10/21 to 11/3/21.				
	A nhysician order dated	I 11/3/21 at 1:28 PM directed				
		w II daily to the open area on				
	1 ' '	Change daily at bedtime and as				
	needed.	,				
	1 '	ler dated 11/8/21 at 3:20 AM				
		pad to coccyx wound bed,				
	_	uze, and apply house barrier				
	as needed for coccyx w	rea every day at bedtime and				
	as fielded for coccyx w	ouna.				
	On 11/3/21 at 12:36 PN	1, the DON completed an				
		ent tool that documented the				
	facility identified the w	ound on 11/3/21 and deemed				
	it a facility acquired Sta	ge II pressure wound on the				
		1.3 cm (length) x 0.3 cm				
	·	surable depth. She assessed				
	_	ulation tissue and 5% epithelial				
	tissue with no exudate	noted. The form reflected the				

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

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Citation Numb	er:				Date:	
#5402					Dagami	h 24 2024
#5483					Decemi	ber 21, 2021
Facility Name:			Survey [Dates:	JI.	
Genesis Senior Living			October	25 – De	cember	7 2021
Facility Addres	ss/City/State/Zip		October	20 – DC	Cember	7, 2021
5608 SW 9 th St.						
Des Moines, IA 50315		JM				
Rule or	Notur	o of Violation	Class	Fine A	Amount	Correction
Code Section	Natur	e of Violation	Class			date
	resident had predisposi	ng factors of bowel				
	incontinence and pend	ulous buttocks. The DON				
	recorded the ulcer had a treatment ordered and the					
	resident's bed and chair contained pressure reduction					
		ified the resident reported				
	burning when staff prov	vided incontinence care. The				
		y notified the physician on				
		ne son at 11/3/21 at 3:00 PM,				
	and also notified the di	etician.				
	On 11/3/21 Staff T, Cer	tified Nursing Assistant (CNA)				
		y Skin Audit that showed				
	l '	en area on the coccyx/sacrum				
	area and noted she rep	orted her finding to the nurse.				
	Observation on 11/3/2	L at 11:17 AM, revealed Staff T,				
		a shower while he sat on a				
		lent flinched when staff				
		d he kept saying his bottom				
		the touch. The resident, Staff				
		ere unaware of any open areas				
	II	Once back in his room, staff				
	transferred him to the I	ped and the DON assessed his				
	bottom. When the resi	dent's buttocks were				
	separated an open area	was noted on the coccyx. The				
	wound bed was red and	had depth. The resident				
	stated the area burned	and was painful whenever he				

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 lowa Code section 135C.43A (2013).

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Citation Numb	er:]			Date:	
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#5483					Decem	ber 21, 2021
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Genesis Senio	r Living		Octobor	25 – Do	cember	7 2021
Facility Addres	ss/City/State/Zip		October	23 – De	Cember	7, 2021
5608 SW 9 th St.						
Des Moines, IA		JM				
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Rule or				Fine A	mount	Correction
Code Section	Natur	e of Violation	Class	da		date
Section						
	had a soiled brief and s	taff provided incontinence				
	care.	·				
	In an interview on 11/4/21 at 8:39 AM, Resident #53					
		etter. He reported he had a				
	bandage on the area. O					
	''	ushion in his wheelchair seat,				
	relief.	d on the mattress for pressure				
	Tellet.					
	In an interview on 11/4	/21 at 8:44 AM, Staff C, LPN				
		ed all of the mattresses at the				
	facility were pressure re	educing mattresses and that is				
	why she coded the resid	dent's MDS to reflect a				
	pressure relieving devic	e for his bed.				
	In an interview on 11/1	0/21 at 8:43 AM, the DON				
	<u> </u>	iff to conduct a weekly skin				
	· ·	head-to-toe assessment of				
	every resident in the fa	cility set up on the TAR. If staff				
	identified an area of co	ncern they should initiate a				
		was a skin tear, shearing or				
		If the areas identified were a				
		lar, arterial or any stageable				
		mplete a Wound Assessment.				
		A would notify the nurse if				
	they identified a wound	l and she expected the nurse				

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Facility Administrator Date

Citation Number	er:				Date:	
#5483					Decemb	er 21, 2021
Facility Name:			Survey	Dates:		
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Facility Addres	s/City/State/Zip		October	25 – De	ecember 7	, 2021
5608 SW 9th St.						
Des Moines, IA		JM				
Rule or				Fine A	Amount	Correction
Code Section	Natur	e of Violation	Class			date
Section			1			
	to complete a wound as	ssessment, notify the				
	<u>-</u>	treatment in accordance with				
	the wound care protoco					
	review the plan and set					
	although any nurse can initiate the treatment per the					
	facility standing orders. They would then contact the					
	wound nurse regarding the issue. Staff C, LPN was the					
		d nurse and she completed				
		physician weekly or every				
		e wounds in the facility. The				
		expectation that all wounds				
		documented weekly. A				
		ould be completed on all				
	•	sure areas weekly and Skin				
	•	eted for all other wounds. The ified initially and with any				
		he wound. The physician				
	•	if further intervention or a				
	change in treatment wa					
	_	ioner reviewed notes in the				
		n and reviewed the notes				
	•	vound physician. The DON				
		cation and training on-line				
		ademy, including wound care				
	_	added the facility had specific				
		nd care for the licensed staff				
	and more general skin o	care information for the non-				

Facility Administrator Date

Citation Numb	er:				Date:	
#5483					Decemb	per 21, 2021
Facility Name:			Survey I	Dates:		
Genesis Senio						7 2024
Facility Addres	ss/City/State/Zip		October	25 – De	cember 7	7, 2021
5608 SW 9th St						
Des Moines, IA	A 50315	JM				
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	Braden Scales for each then at least quarterly to then at least quarterly to revealed upon admission for skin integrity by condocumenting in the election of the pollowing admission; the quarterly, annually and their risk for developmentiates complete body augiven to the licensed nuskin condition post shown measures implemented risk, and interventions of Residents admitted with appropriate intervention healing, a physician ord location and characteristic electronic health record services, Registered Dieneeds, their family notification in the properties of the prope	Guidelines dated 7/2017, on, all residents are assessed appleting an assessment and ctronic health record. The Braden Scale is completed with a change of condition, for ent of pressure injury. Nurse addits. The body audits are arese to review for changes in over. Appropriate preventative of all resident identified at a documented on the care plan. The skin impairments will have an implemented to promote er for treatment, wound stics documented in the drician to assess nutritional fied of presence of skin an implemented. A care plan				

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Facility Administrator

Date

Citation Numb	er.				Date:	
	O1.				Date.	
#5483					Decemi	ber 21, 2021
Facility Name:			Survey I	Dates:	и	
Genesis Senio	r Living		October	25 – De	cember	7 2021
Facility Address/City/State/Zip			Gotober	20 50		, 2021
5608 SW 9 th St.						
Des Moines, IA 50315		JM				
				П		
Rule or Code	Natur	e of Violation	Class	Fine A	Amount	Correction date
Section	Natur	e or violation	Class			uate
	to promote healing and	prevent further breakdown.				
		At-Risk Review Meetings will be conducted to				
	review/discuss: new admission with wounds present,					
	resident identified at risk or with compromise,					
	treatment modalities and recommendations base	•				
		will be monitored and dietary				
	consumption reviewed.	•				
	'					
	According to the Skin M	lanagement Guidelines dated				
	l :	are at risk or with wounds				
		and those at risk for skin				
	1	ied, assessed and provided				
	' ' ' '	to encourage healing and/or				
		ury is defined as any lesion ressure resulting in damage of				
		sure injuries are usually over				
		are staged to classify the				
	degree of tissue damag	e observed.				
	Per education provided	to the facility staff on				
	5/21/21, each resident	•				
	l ' ' '	n completed weekly. The				
		essments were being done				
		out staff were to look at the				
		ke sure they do not have other				
	open areas. This did no	t include things like skin tears				

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Facility Administrator

Date

Citation Numb	per:				Date:		
#5483					Decemb	per 21, 2021	
Facility Name Genesis Senion Facility Addre			Survey October	Dates:	cember 7	7, 2021	
5608 SW 9 th S Des Moines, I		JM					
Rule or Code Section	Natur	e of Violation	Class Fine Amount Correct date				
	Tool. The manufacturer's gui Zone Support Mattress provided pressure redis reduction. The deluxe h mattress provided com	delines for the Therapeutic 5 documented the mattress stribution and shear/friction norizontal, cross cut foam fort, support and pressure erapeutic pressure zones.				Page 69 of 9	
						Page 69 of 9	
Faci	lity Administrator	D	ate				

#5483 Facility Name: Genesis Senior Living Facility Address/City/State/Zip 5608 SW 9th St. Des Moines, IA 50315 Rule or Code Section Nature of Violation Class Fine Amount Correction date Correction date Satisfactory State (State) Fine Amount Correction date Correction date Correction date Satisfactory Section All 57,000 On Receipt (Held in Suspension) (Held in Suspension) Suspension) Can Administration of all medications as ordered by the physician including oral, instillations, topical, injectable (to be injected by a registered nurse or licensed practical nurse only); (I, II) DESCRIPTION:	Citation Number:				Ī	Date:	
Facility Address/City/State/Zip 5608 SW 9 th St. Des Moines, IA 50315 Section Section Description	#5483					Decem	ber 21, 2021
Facility Address/City/State/Zip 5608 SW 9th St. Des Moines, IA 50315 The Amount Correction							
Rule or Code Section Nature of Violation Class Fine Amount Correction date	Facility Address/City/S	tate/Zip		October	25 – De	cember	7, 2021
Code Section Nature of Violation Class date 58.19(2)b 481—58.19(135C) Required nursing services for residents. The resident shall receive and the facility shall provide, as appropriate, the following required nursing services under the 24-hour direction of qualified nurses with ancillary coverage as set forth in these rules: 58.19(2) Medication and treatment. a. Administration of all medications as ordered by the physician including oral, instillations, topical, injectable (to be injected by a registered nurse or licensed practical nurse only); (I, II)			JM				
residents. The resident shall receive and the facility shall provide, as appropriate, the following required nursing services under the 24-hour direction of qualified nurses with ancillary coverage as set forth in these rules: 58.19(2) Medication and treatment. a. Administration of all medications as ordered by the physician including oral, instillations, topical, injectable (to be injected by a registered nurse or licensed practical nurse only); (I, II)	Code	Natur	e of Violation	Class			
	residen shall pro nursing qualified these ru 58.19(2 a. Adn the ph injectab licensed	ets. The resident ovide, as appropriate and nurses with an ules: 2) Medication an eministration of a sysician including the to be injected practical nurse	shall receive and the facility oriate, the following required the 24-hour direction of incillary coverage as set forth in the data of the	I	(Held i	n	On Receipt Page 70 of 9

Facility Administrator Date

Citation Numb	er:				Date:	
#5483					Docomi	ber 21, 2021
#3463					Deceiiii	Dei 21, 2021
Facility Name:	r Livina		Survey I	Dates:		
Genesis Senior Living			October	25 – De	cember	7, 2021
Facility Address/City/State/Zip						
5608 SW 9 th St.		JM				
Des Moines, IA 50315		JIVI				
Rule or				Fine A	mount	Correction
Code	Natur	e of Violation	Class			date
Section						
	Based on clinical record	I review, staff interviews, and				
	policy review, the facility failed to ensure staff					
	administered all medications as ordered for 2 of 8					
	residents reviewed with diagnoses of COVID-19					
	(Resident #16 and #34).					
		n condition and required				
	admission to a higher le	•				
	reported a census of 50	residents.				
	Findings include:					
	1. The annual Minimum	n Data Set (MDS) assessment				
	tool dated 11/5/21 reve					
	diagnoses that included	l non-Alzheimer's dementia,				
	anemia, pulmonary em	bolism (PE), chronic				
	obstructive pulmonary	disease (COPD), atrial				
	fibrillation, breast cance	er, and diabetes. The MDS				
	revealed the resident h	ad impaired short and long-				
		petite for 12-14 days during the				
		d, and was totally dependent				
		and activities of daily living				
	(ADL's).					
	The care plan revised 1:	1/11/21 revealed the resident				
	*	uded COPD, anemia, dementia,				
	diabetes and hypertens	ion (HTN). The care plan				
	documented the reside	nt as at risk of contracting				

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Date

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#5483					Decemi	ber 21, 2021
Facility Name:			Survey [Dates:	И	
Genesis Senior Living			October	25 – De	ecember	7 2021
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Rule or Code	Natur	e of Violation	Class	Fine A	Amount	Correction date
Section						
		g facility and community living				
	and had a risk of fatal complications of infection due					
	to her advanced age and a compromised immune					
		showed the resident moved to				
	a transitional private ro	positive resident. On 11/1/21,				
	l '	itive for COVID-19 and moved				
	<u> </u>	on 11/11/21, the facility				
	1	covered from COVID-19. Staff				
		inister medications as ordered				
		ed temperature, respiratory				
		h, sore throat, and shortness				
	of breath.	,				
	The physician's progres	s notes dated 11/8/21 and				
	entered on 11/9/21, rev	vealed Resident #16 tested				
	positive for COVID-19 o	n 11/1/21. The treatment plan				
		500 milligrams (mg) daily (qd)				
	1	,000 international units (IU) qd				
		g qd for 30 days, and aspirin				
	325 mg qd for 30 days.					
	The physician's progres	s notes dated 11/12/21 and				
		ocumented the facility moved				
	the resident was remov	•				
		nent plan included continue				
		C, aspirin, and zinc medications				

Facility Administrator Date

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Citation Numb	er:				Date:	
#5483					Decem	ber 21, 2021
Facility Name:			Survey I	Dates:		
Genesis Senio	r Living		Cui voy i	Julioo.		
Facility Addres	ss/City/State/Zip		October	25 – De	cember	7, 2021
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Des Moines, IA 50315						
Rule or Code	Natur	e of Violation	Class	Fine A	Amount	Correction date
Section						
			1	I		
	as ordered.					
	Review of the physician	order summary and electronic				
		ealed it lacked orders for				
` '		r 30 days, vitamin D 5,000 IU				
		mg qd for 30 days, and aspirin				
	325 mg qd for 30 days.					
	The medication adminis	stration record dated 11/1 -				
		ain documentation regarding				
		d, vitamin D 5,000 IU qd, zinc				
		325 mg qd ordered by the				
	physician.					
	The progress notes reve	ealed the following:				
		6 AM, resident moved to				
	transitional hall due to	roommate tested positive for				
		6 tested negative for COVID-				
	19.	DNA maridant sana bumanidan				
		PM, resident seen by provider I 3 staff at the facility tested				
		Resident #16 at high risk for				
	'	y of COPD, PE, breast cancer,				
	heart disease, dementia	•				
		M, The resident's COVID point				
	-	resident moved to COVID unit.				
	d. On 11/2/21 at 7:54 A	.M, Resident's PCR test (used				

Facility Administrator Date

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Citation Numb	er:				Date:	
#5483					Decemi	ber 21, 2021
Facility Name:			Survey I	Dates:	1	
Genesis Senio						
Facility Addres	ss/City/State/Zip		October	25 – De	cember	7, 2021
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5608 SW 9 th St. Des Moines, IA 50315		JM				
Des Moines, IA 50315		· · ·				
Rule or				Fine A	Amount	Correction
Code Section	Natur	e of Violation	Class			date
Section						
	to detect genetic mater	rial from a specific organism,				
	such as a virus) results	•				
		PM, resident on droplet and				
	contact precautions du	e to positive COVID-19 test.				
	The resident had poor a	appetite and didn't want to eat				
	supper, and not drinkin	_				
	l '	labored. No cough observed.				
	Pulse oximeter 94% on					
		AM isolation discontinued on				
	11/11/21.					
		AM, lungs sound diminished				
	· ·	transient wheezes audible.				
	h. On 11/17/2021 at 4:5	·				
		t stay awake and refused to lie down. Staff returned				
	resident to bed. Blood					
		ulse (P) 103, respirations (R)				
		ed lunch and asked to be left				
	alone.	ed fatiett and asked to be felt				
		resident up for evening meal				
		Resident assisted to lie down				
	after dinner.					
	j. On 11/18/2021 at 04:	00, resident has not voided				
		t 240 cubic centimeters (cc)				
	water.	•				
	Resident skin pale white	e and bluish in color on hip and				
	· ·	kin blanched poorly. Resident				

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 lowa Code section 135C.43A (2013).

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Facility Name:			Survey I	Jatos:		
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Facility Addres	ss/City/State/Zip		October	25 – De	cember	7, 2021
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5608 SW 9 th St Des Moines, IA		JM				
Rule or	Notur	o of Violation	Class	Fine A	Amount	Correction
Code Section	Natur	e of Violation	Class			date
				1		
	repositioned off of her	_				
		53 AM nurse summoned to ent less responsive and had				
		r condition. B/P 106/56, P 94,				
		and attempted to notify				
	·	o the emergency department				
	(ED).					
		:33, nurse from hospital dvised Resident #16 passed				
	away.	uviseu kesidetit #10 passeu				
	In an interview 11/23/2	1 at 09:31 AM, Staff D,				
	Licensed Practical Nurse	e (LPN), reported usually the				
		physician's order entered the				
	order into the EHR, but nurse had time to enter	it also depended on which				
	nurse had time to enter	the orders.				
	In an interview 11/23/2	11 at 09:46 AM, Staff Z,				
	Registered Nurse (RN),	reported the nurses entered				
	physician orders whene	ever they received the orders.				
	In an interview 11/23/2	11 at 11:35 AM, Staff JJ, RN,				
		tered orders whenever they				
	received new physician	orders.				
	In an interview 11/22/2	1 at 12:50 PM, the Director of				
		the facility had no policy for				

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Citation Numb	er:				Date:	
#5483					Decem	ber 21, 2021
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Genesis Senio	r Living		October	25 – De	cember	7 2021
Facility Addres	ss/City/State/Zip		October	20 - 00	Cerriber	7, 2021
5608 SW 9th St	_					
Des Moines, IA 50315		JM				
Rule or	Nat	a of Michaelan	Class	Fine A	Mount	Correction
Code Section	Natur	e of Violation	Class			date
	physician's orders. The	DON stated physician's orders				
	,	cedure. The DON explained				
		d an order, she expected them				
		the EHR, and process the				
		ed the order summary report				
	• •	ne most current orders for				
		N provided a report of orders				
		ter 10/3/21 for Resident #16;				
	the report revealed only	•				
		11/4/21 but no medication				
	orders entered.					
	In an interview 11/23/2	1 at 01:15 PM, the nurse				
		med she ordered the following				
	for Resident #16 on 11/	_				
	Charle ditarrain C FOO	and fam 20 days				
	Start vitamin C 500 mg					
	Start vitamin D 5,000 IU	· ·				
	Start zinc 220 mg qd for Start aspirin 325 mg qd					
	Start aspirin 323 mg qu	Tot 30 days				
	The NP reported these	medications were the standard				
	cocktail of medications					
		The NP confirmed no staff				
	contacted her about or	ders staff failed to order or				
	administer as prescribe	d for Resident #16. The NP				
	stated the resident didr	n't have many signs or				

Facility Administrator Date

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Genesis Senio	r Living		October	25 – De	cember	7 2021
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5608 SW 9 th St						
Des Moines, IA		JM				
,						
Rule or		11		Fine A	Amount	Correction
Code	Natur	e of Violation	Class			date
Section						
	symptoms of COVID 10	but had tested positive for				
		then stopped eating and had a				
	decline in health, and w					
	decime in nearth, and w	ras serie to the nospital.				
	A facility policy for Med	lication Administration				
	, , , , , , , , , , , , , , , , , , ,	al Guidelines dated 12/17,				
		ster medication as prescribed				
	in accordance with the	prescriber's orders.				
	2. The annual MDS asse					
		nad diagnoses of Alzheimer's				
		nutrition, and vitamin D				
	•	vealed the resident had				
	'	g-term memory and was totally				
	dependent on one staff	for ADL's.				
	The care plan revised 1	1/9/21 revealed the resident				
		g COVID-19 due to nursing				
	facility community livin	-				
		on due to her advanced age				
	· '	mune system. The care plan				
	'	noved to a COVID unit on				
	10/25/21 due to positiv	e COVID-19 and symptoms of				
	_	e care plan documented the				
	resident deemed recov	ered from COVID on 11/4/21				
	and directed staff to ad	minister medications as				
	ordered and monitor fo	or elevated temperature,				

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 lowa Code section 135C.43A (2013).

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Citation Numb	er:				Date:	
#5483					Decemi	ber 21, 2021
Facility Name:			Survey I	Dates:		
Genesis Senio	r Living				oombor '	7 2024
Facility Address/City/State/Zip			October	25 – De	ecember	7, 2021
5608 SW 9 th St Des Moines, I <i>A</i>		JM				
Des Mones, i	X 503 15					
Rule or Code	Natur	e of Violation	Class			Correction date
Section						
	respiratory symptoms s shortness of breath.	uch as cough, sore throat, and				
	shortness of breath.					
	A physician's progress note dated 10/30/21 for date					
		ealed resident tested positive /21 but had no symptoms. The				
		d to: start vitamin C 500 mg qd				
	• •	,000 IU qd for 30 days, zinc and aspirin 325 mg qd for 30				
	days.					
	The order summary rep	ort revealed aspirin 325 mg				
		d, vitamin D 5,000 IU qd, zinc r date 10/26/21 and an end				
	date 11/26/21.	radic 10, 20, 21 and an ena				
		.0/31/21 lacked medication				
		LO/31/21 for aspirin 325 mg d, vitamin D 5,000 IU qd, and				
	zinc 220 mg qd	a, vicamin 2 3,000 to qu, una				
		1 at 09:31 AM, Staff D, LPN,				
	'	received the physician's order e EHR but it also depended on				
	who had time to enter	•				
	In an interview 11/23/2	1 09:46 AM Staff Z, RN,				

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 lowa Code section 135C.43A (2013).

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Citation Number:				Date:	
#5483		December 21,			er 21, 2021
Facility Name: Genesis Senior Living		Survey	Dates:	ember 7	′, 2021
Facility Address/City/State/Zip 5608 SW 9 th St.					
Des Moines, IA 50315	JM				
Rule or Code Natu Section	re of Violation	Class	Fine An	nount	Correction date
In an interview 11/23/reported the facility had orders. The DON state standard procedure. To order obtained, she exemples that the orders put in an interview 11/23/confirmed she ordered for 30 days, vitamin Dougle 220 mg qd for 30 days days on 10/29/21. The NP reported the macocktail she prescribed COVID-19. The NP confirmed the following prescribed to the prescribed covid-19.	21 at 01:15 PM, the NP d to start vitamin C 500 mg qd 5,000 IU qd for 30 days, zinc , and aspirin 325 mg qd for 30 medications were a standard d whenever a resident had afirmed no staff contacted her emented or medication not				
					Page 79 of

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to lowa Code section 135C.43A (2013).

Date

Facility Administrator

Oitatian Numb		1		,	Datas	
Citation Numb	er:				Date:	
#5483					Decem	ber 21, 2021
Facility Name:			Survey I	Dates:	U	
Genesis Senio	r Living		October	25 – Do	combor	7 2021
Facility Addres	ss/City/State/Zip		October	20 – De	Cember	7, 2021
5608 SW 9 th St	_					
Des Moines, IA		JM				
Rule or Code	Natur	e of Violation	Class	Fine A	Amount	Correction date
Section	Natur	e or violation	Class			uate
	481—58.20(135C) D	uties of health service				
58.20(2)(4)a		ing facility shall have a health	ı	\$ 5,0	000	On Receipt
	service supervisor who	shall:		(Held	in	
				Susper		
		irect the nursing care, services, s, and other services in order				
	• •	needs and choices, where				
	practicable, are met; (II	,				
		mplement a written health care				
		ith, to the extent practicable, lent's family or the resident's				
		nd others in accordance with				
	•	nding physician as follows:				

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 lowa Code section 135C.43A (2013).

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Citation Numb	OK!	1			Date:	
Citation Numb	er:				Date:	
#5483					Decem	ber 21, 2021
Facility Name:			Survey I	Dates:	и	
Genesis Senio	r Living		October	25 – De	cember	7. 2021
Facility Addres	ss/City/State/Zip					.,
5608 SW 9th St						
Des Moines, IA	A 50315	JM				
Rule or				Fine /	Amount	Correction
Code	Natur	e of Violation	Class	Fille F	amount	date
Section						
	a. The waitten beelt	مطلح مرم الممموما مرماس مرسم طر				
		h care plan, based on the ssment of the resident's health				
		ere practicable, is personalized				
		dent and indicates care to be				
	• • •	accomplished, and methods,				
	best results; (III)	fications necessary to achieve				
	best results, (III)					
58.19(2)h	481—58.19(135C) Requ	uired nursing services for				
		shall receive and the facility				
		oriate, the following required the 24-hour direction of				
	_	ncillary coverage as set forth in				
	these rules:	, 3				
	58.19(2) Medication an	d traatment				
	38.19(2) Wedication an	a treatment.				
	h. Provision of all	treatments; (I, II, III)				
	DESCRIPTION:					
	Based on clinical record	l and policy review.				
	observations, and staff,	•				
		ailed to ensure that the				
		ned for and directed the				
	nursing care, services, t	reatments, procedures, and				

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 lowa Code section 135C.43A (2013).

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Citation Numb	er:				Date:		
#5483			December 2				
Facility Name: Genesis Senio			Survey				
Facility Addres	ss/City/State/Zip		October	' 25 – De	ecember 7	7, 2021	
5608 SW 9 th St Des Moines, IA		JM					
Rule or Code Section	Natur	e of Violation	Class	Fine Amount Corre			
	choices, where practical when they failed to ensuprovided to residents when they failed to ensuprovided to residents when they failed to ensuprehensive person-residents' goals and previewed (Resident #50 ensure staff developed health care plan, based reassessment of Reside choices, where practical individual resident (#50 given, goals to be accomapproaches, and modificulty residents. Findings: 1. The Minimum Data Some state of the sident of the	nt #50's health needs and ble, was personalized for the o) and indicated care to be inplished, and methods, cations necessary to achieve reported a census of 50 et (MDS) assessment dated dent #50 had diagnoses that ary artery disease (CAD), acute ysphagia (swallowing				Page 82 of	

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 lowa Code section 135C.43A (2013).

Citation Numb	er:				Date:	
#5483					Decemi	ber 21, 2021
Facility Name: Genesis Senio	r Livina		Survey I	Dates:		
	ss/City/State/Zip		October	25 – De	cember	7, 2021
5608 SW 9 th St Des Moines, IA		JM				
Des Monies, iz	(303 13					
Rule or Code Section	Natur	e of Violation			Correction date	
		Brief Interview for Mental characted				
	· · · · · · · · · · · · · · · · · · ·	s. The MDS also documented				
	Resident #50 required a	assist of 1 staff with bed				
	• • • • • • • • • • • • • • • • • • • •	toilet use, and set-up assist for				
eating. Resident #50 ha		a moisture related skin applied during the lookback				
	period.	applied during the lookback				
	Paviow of the resident's	s Care Plan revealed a lack of				
	information, planning, i					
		anagement of the resident's				
	pain.					
	In an observation on 10)/25/21 at 3:42 p.m., Resident				
	#50 sat in her recliner. ⁻	The resident reported she				
		g period for staff to bring her				
	•	tric tube (GT) site pain. She uled a pain pill at 8 a.m. today				
	but did not receive a pa					
	described her current p	•				
	-	rst pain ever felt). The resident				
	appeared to be in pain whenever she moved.	with facial grimacing observed				
	whenever she moved.					
	On 10/27/21 at 1:11 p.r	m., Resident #50 reported her				
	•	out of 10. The resident stated				

Eacility Administrator

Facility Administrator Date

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		3				
Citation Numb	er:				Date:	
#5483					Decem	ber 21, 2021
Facility Name:			Survey I	Dates:		
Genesis Senio	r Living		Octobor	25 – Do	cember	7 2021
Facility Addres	ss/City/State/Zip		October	23 – De	Cember	7, 2021
5608 SW 9 th St						
Des Moines, IA		JM				
ŕ						
Rule or Code Section	Natur	e of Violation	Class	Fine A	Fine Amount Correda	
	she received a pill at no	on and commented the nurses				
	do not try to keep my p	ain controlled and not all				
	nurses apply Dermacep	tin as ordered twice per day.				
		eeded to change her dressing,				
	I	she now required a Fentanyl				
	' '	done for pain. Resident #50				
		an started the Fentanyl patch,				
		to think she needed the				
	Hydrocodone and took	longer to medicate her.				
	On 11/1/21 at 11:00 a.r	n., the resident's tube feeding				
		r GT. Observation revealed the				
	resident in visible pain a	and alternating her position				
	while she sat. Resident	#50 reported she had a rough				
	weekend; the facility ra	n out of her pain medicine and				
	the nurse did not chang	ge her dressings as ordered.				
	She specified that the p	rimary source of her pain is				
	her GT and abdominal vointment.	wounds when not treated with				
	During an interview on	10/27/21 at 2:34 p.m., Staff C,				
	LPN, explained the nurs					
	assessments in the elec	tronic health (EHR), under the				
	assessments tab tilted S	Skin Observation Tool.				
	In a subsequent intervie	ew on 11/01/21 at 11:30 a.m.,				
		cal Nurse (LPN) reported the				

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

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		_			_	
Citation Numb	er:				Date:	
#5483					Decem	ber 21, 2021
Facility Name:			Survey I	Dates:	JI	
Genesis Senio	r Living		October	25 – De	ecember	7 2021
Facility Addres	ss/City/State/Zip		Gotober	20 50	, combon	, 2021
5608 SW 9 th St						
Des Moines, IA		JM				
					,	
Rule or Code	Natur	e of Violation	Class	Fine A	Amount	Correction date
Section	Natur	e or violation	Class			dute
	facility did not have a p	_				
		when a medication runs low,				
		n aide (CMA) or LPN will place a				
	sticker on the reorder for pharmacy.	orm and fax it to the				
	pharmacy.					
	During an interview on	11/1/21 at 11:35 a.m., the				
	Administrator (ADM) re	ported the facility had no				
	specified process for re-	ordering medication; it is not				
	'	ility to reorder narcotics or				
	other frequently used n	nedications.				
	During an interview on	11/1/21 at 1:15 p.m., the				
	Director of Nursing (DO	N) stated Staff C, LPN gave				
	· · · · · · · · · · · · · · · · · · ·	one at 7:00 a.m. on 11/1/21.				
		added the resident received a				
		m. today, but she failed to sign				
		aff C gave the resident Tylenol				
	at noon.					
	During an interview on	11/1/21 at 3:30 p.m., Staff C,				
	_	had removed Hydrocodone				
	, ,	ency Kit (E-kit) 11/1/21 and				
		cation to Resident #50. Staff C				
	stated the facility ran o	•				
		veekend and since the facility				
	pnarmacy is located in l	Minnesota, the refill will not				

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 lowa Code section 135C.43A (2013).

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Citation Numb	er:				Date:	
#5483					Decemi	ber 21, 2021
			M _			
Facility Name: Genesis Senio	r Livina		Survey [Dates:		
	ss/City/State/Zip		October	25 – De	cember	7, 2021
5608 SW 9 th St Des Moines, IA		JM				
Des Monies, iz	(303 13					
Rule or Code Section	Natur	e of Violation	Class	l l		Correction date
			1			
	arrive until 11/2/21 at a	approximately 2 a.m.				
	On 11/01/21 at 3:30 p.r	n., the resident reported an				
		om 10 out of 10, to 9 out of 10				
		ed her abdominal dressing.				
		dressing change decreased				
	her pain level more tha	n the pain medicine did.				
	On 11/1/21 at 3:40 p.m	., Staff C, LPN, stated she gave				
	•	noon today, but did not sign				
		She also said she was not				
		not have a physician order for				
	Tylenol.					
	On 11/1/21 at 3:45 p.m	., the DON reported she				
	placed a call to the facil	•				
	Hydrocodone from the	E-Kit for Resident #50.				
	On interview on 11/2/2	1 at 9:39 a.m., Staff C, LPN said				
		ument the effects of pain				
	medicine in the progres	s notes.				
	During an interview on	11/4/21 at 9:09 a.m., Staff C,				
		wound physician would visit				
	· ·	She explained the physician				
	visits the facility every v					
	Resident #50 prior to 13	1/4/21, as she had not needed				

Facility Administrator Date

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		_				
Citation Numb	er:				Date:	
#5483					Decemi	ber 21, 2021
Facility Name:			Survey [Dates:	JI.	
Genesis Senio	r Living		October	25 – De	cember	7 2021
Facility Addres	ss/City/State/Zip		Gotober	20 50	, combon	, 2021
5608 SW 9th St						
Des Moines, IA	A 50315	JM				
Rule or Code	Natur	e of Violation	Class	Fine A	Amount	Correction date
Section	Natur	e or violation	Class			ualt
			l			
		stated she updated the Care				
		Plan for each resident quarterly or PRN and added				
	that wound cares would be on a Care Plan if ordered.					
	•	oked at Activities of Daily Living				
		Physical (H&P), and physician Plans, which were updated				
	within 24 hours.	rans, which were updated				
	Within 24 hours.					
	During an interview on	11/03/21 at 9:50 a.m., the				
	_	ed Staff C, PLN to update the				
	residents' Care Plan wit	hin 24-48 hours.				
	During an interview on	11/3/21 at 12:00 p.m., the				
	DON revealed the Certi	fied Nurse Assistants (CNA's)				
	, · · · · · · · · · · · · · · · · · · ·	is where staff document the				
	resident skin on shower	•				
		nts (CNA's) would have been				
		s abdominal wounds and				
		mention of them on the tools. ation would be for staff to draw				
		esident #50's abdominal				
	wounds.	sacre noo o abaomma				
		11/04/21 at 2:23 p.m., Staff C,				
		ot locate prior documentation				
		minal wounds in her medical				
	records.					

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 lowa Code section 135C.43A (2013).

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		7		į	1	
Citation Numb	er:				Date:	
#5483					Decem	ber 21, 2021
Facility Name:			Survey I	Dates:	П	
Genesis Senio			October	25 – De	cember	7, 2021
Facility Addres	ss/City/State/Zip					•
5608 SW 9th St		JM				
Des Moines, IA	A 50315	JIVI				
Rule or Code Section	Natur	e of Violation	Class			Correction date
			1	1		
	Physician stated she had at the facility since Sept made an initial round of During an interview on of Attorney (POA) state facility with abdominal the wounds have gotted a wound doctor to seed. The DON told the POA to nurse. The MAR dated 10/1/2 documentation to show pain on 10/25/21. The Individual Resident for Hydrocodone-Aceta tablet by mouth every a revealed the document altered from 12:00 p.m.	s Staff gave Hydrocodone for s Controlled Substance Record minophen (APAP) 5/325 mg, 14 hours as needed for pain, ation on 10/25/21 appeared to 8:00 a.m.; documentationed 1 remaining Hydrocodone at				

Facility Administrator Date

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<u> </u>		7			ī-	
Citation Numb	er:				Date:	
#5483					Decem	ber 21, 2021
Facility Name:			Survey I	Dates:		
Genesis Senio			October	25 – De	cember	7, 2021
Facility Addres	ss/City/State/Zip					
5608 SW 9th St		JM				
Des Moines, IA	A 50315	Oil				
Rule or Code Section	Natur	e of Violation	Class Fine Amount		Correction date	
			,	1		
	documentation to show	v staff administered the ch on 10/19/21 and 10/22/21.				
	resident's Fentanyi pato					
	A Physician Order Summary (POS) dated 10/11/21					
	revealed:					
	· ·	ninophen tablet 5-325 mg, give nours as needed for pain.				
	· ·	ur 25 microgram (MCG)/hour,				
	apply transdermally even ischemia of intestine.	ery 72 hours related to acute				
	Review of the MAR. dat	red 11/1/21-11/3/21 revealed				
	· ·	dicate staff administered				
	Hydrocodone as neede	d for pain on 11/1/21-11/3/21.				
	The MAR dated 11/1/2:	1-11/30/21 revealed staff gave				
	Hydrocodone-Acetamir	nophen tablet 5-325 mg, give 1				
	tablet two times per da a.m. and 8:30 p.m.	y for pain on 11/1/21 at 7:30				
	The Individual Resident	s Controlled Substance Record,				
	dated 11/1/21 revealed	! :				
	a. 6:03 p.m.: Zero Hydro from E-kit, 1 given, 0 re	ocodone on hand, 1 received				
		rocodone on hand, 2 received				
	from E-kit, 1 given, 1 re					

Facility Administrator Date

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Citation Number:					Date:		
#5483					Decemb	er 21, 2021	
Facility Name: Genesis Senio			Survey		aomhar 7	2 2024	
Facility Addres	ss/City/State/Zip		October	r 25 – De	cember 7	, 2021	
5608 SW 9 th St Des Moines, IA		JM					
Rule or Code Section	Natur	e of Violation	Class	Fine Amount		Correction date	
	c. 11/2/21 2:00 a.m.: 1 received, 1 given, 0 rem	Hydrocodone on hand, 0 naining					
	The MAR, dated 11/1/2 documentation of staff patch on 11/1/21.	1-11/30/21 lacked administration of Fentanyl					
	The Physician Order Summary dated 11/4/21 revealed the following orders:						
	1 tablet via GT every 4 lb. Hydrocodone-Acetan 1 tablet by mouth two tb. Fentanyl patch 72 ho	ninophen tablet 5-325 mg, give nours as needed for pain. ninophen tablet 5-325 mg, give times per day for pain ur 25 microgram (MCG)/hour, ery 72 hours related to acute					
	The Baseline care plan of documentation of curre	dated 6/9/21 lacked ent or past skin integrity issues.					
		n lacked staff directives related ons from skin breakdown.					
	A physician order dated nurse to complete week	l 6/9/21 directed licensed kly skin check.					

Date

Facility Administrator

		7			F	
Citation Numb	er:				Date:	
#5483					Decem	ber 21, 2021
Facility Name:			Survey I	Dates:		
Genesis Senio	r Living		Octobor	25 – Do	cember	7 2021
Facility Addres	ss/City/State/Zip		October	23 – De	Cember	7, 2021
5608 SW 9 th St						
Des Moines, IA		JM				
ŕ						
Rule or Code Nature Section		e of Violation	Class	Fine A	Amount	Correction date
				l .		
	A Skin Assessment Tool	, dated 10/14/21 in the EHR				
		nad one excoriated area				
	around the GT site only. The resident's record did not					
	have any other Skin Assessment Tools documented.					
	The facility documents in the EHR titled Weekly					
	· ·	ated 10/28/21, revealed blank				
	•	sident's record did not have				
	any other Weekly Wou					
		Medication Ordering and				
	_	cy, dated 12/2017 directed:				
	directed by the pharma	ive days in advance of need, as				
	1	adequate supply is on hand.				
		ed in, faxed, sent electronically				
		ed to the pharmacy. The				
	pharmacy label is pulled	d and transmitted to the				
	pharmacy.					
	Resident #50 chart lack	ed a physician order for				
	Tylenol.					
	Δ Shower Day skin audi	t form for 10/1-10/29/21				
		did not have any open areas				
		e different staff members.				
	Facility document titled	Medication Administration -				

Facility Administrator Date

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Citation Numb	er:				Date:	
#5483					Decemi	ber 21, 2021
Facility Name: Genesis Senio Facility Addres			Survey I		cember	7, 2021
5608 SW 9 th St						
Des Moines, IA 50315		JM				
Rule or Code Section	Natur	e of Violation	Class	Fine Amount Correction date		Correction date
	Preparation and General revealed: Documentation: the income					
	medication dose records the administration. At the end of each medication pass, the person administering the medications reviews the MAR to ensure necessary doses were administered and documented.					
	When PRN meds are administered: Date, time of administration, dose, route of administration; complaints or symptoms for which the med was given; results achieved from giving the dose and the time results were noted; signature or initials of person recording administration and signature or initials of person recording effects, if different from the person administering the medications.					
	Resident #50 Progress N 6/21/21 through 11/20	Note, from date range of /21 revealed:				
	resident for increased p irritation, green/yellow on gauze and around tu	tioner (NP) requested to see pain at GT site with redness and drainage from insertion site abe. Plan to start on Keflex 500 rs. Resident #50 stated Tylenol				

Facility Administrator Date

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<u> </u>		7			<u> </u>	
Citation Numb	er:				Date:	
#5483					Decemi	ber 21, 2021
Facility Name:			Survey I	Dates:		
Genesis Senio	r Living		Ootobor	25 Do	oombor '	7 2024
Facility Addres	ss/City/State/Zip		October	25 – De	ecember	7, 2021
Tools Olly oth O						
5608 SW 9 th St Des Moines, IA		JM				
Des Mollies, 12	(303 13					
Rule or				Fine A	Amount	Correction
Code	Natur	e of Violation	Class	10 7		date
Section						
				1	-	
	has not controlled pain					
		nted to start Keflex 500 MG				
	twice per day (BID) x 7; monitor GT site; monitor pain;					
	skin checks per protoco					
		gistered Nurse documented				
		er to start Keflex 500 MG BID				
	for x 7 days for skin infe					
		APAP) 1 tablet every 6 hours as				
	· · · · ·	Faxed to Pharmacy at 2:15				
	a.m.	acumented she shanged CT				
		ocumented she changed GT entimeter (CM) by 2 CM open				
		1 inch above the left side of				
		ound, Resident #50 stated				
	tender to touch and pa					
	·	I documented open, red areas				
	remain on abdominal c	• •				
	f. 6/29/21 Staff FF, LPN	documented Resident #50 on				
	antibiotics for skin infed	ction surrounding GT, red and				
	raw in some areas, pair	ıful per Resident.				
	7/4/21 NP ordered Der	maceptin BID to GT site BID				
	7/19/21 NP documente	d Resident #50 reported				
	increased pain localized	to GT site. Wound culture				
	showed no growth. Res	ident evaluated in emergency				
	department.					
	7/20/21 Staff CC, RN do					
	Hydrocodone-APAP 1 ta	ablet every 4 hours for GT pain.				

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 lowa Code section 135C.43A (2013).

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Citation Numb	er:				Date:	
#5483					Decemi	ber 21, 2021
					2000	
Facility Name:	- 1 i i		Survey I	Dates:		
Genesis Senio			October	25 – De	ecember '	7. 2021
Facility Addres	ss/City/State/Zip					
5608 SW 9th St						
Des Moines, IA	A 50315	JW				
				П		
Rule or Code	Natur	e of Violation	Class	Fine A	Amount	Correction date
Section	Natur	e or violation	Class			date
	8/31/21 NP documented to see Resident #50 for					
	increased pain.					
	9/6/21 Director of Nursing (DON) documented to start					
	Bactrim (antifungal) BID for 10 days					
	' '	documented Resident #50 cried				
	in pain during the night	nented on Physician Progress				
		olet 800-160 MG, 1 tablet by GT				
	for GT site infection un	•				
		cumented GT site raw and				
		dent needs seen for pain				
	management.	·				
	9/28/21 NP documente	d Resident #50 with increased				
	·	te red with odor, started				
	Diflucan 150 MG x 3 da	•				
		documented Resident #50				
	•	d to call the pharmacy for				
	more pain medicine.	cumented Resident #50				
		ed, resident taking scheduled				
		with continued complaints of				
	pain.	, , , , , , , , , , , , , , , , , , ,				
	l ·	cian rounded on Resident #50				
	11/13/21 Staff B, LPN d	ocumented GT skin dark pink				
	_	to be tender and Resident				
	appeared to be in pain.					
	11/20/21 Staff D, LPN o	locumented GT site very red,				

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 lowa Code section 135C.43A (2013).

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#5483 Facility Name: Genesis Senio Facility Addres 5608 SW 9th St Des Moines, IA	or Living ss/City/State/Zip	JM	Date: December 21, Survey Dates: October 25 – December 7, 2021			,
Rule or		e of Violation	Class	Fine A	Amount	Correction date
	scheduled post completed Assessment Instrument will take place quarterly and as needed. Facility policy titled Compare Plan, dated 1/24/2 a. Each resident will have care to identify problem preferences, and goals interdisciplinary team with the contered measurable goals of the content of the	ary Care Plan Meeting will be tion of the initial Resident (RAI). Subsequent meetings y, upon significant changes, upon significant changes, prehensive Person Centered (2019 directed: We a person-centered plan of the instance of the inst				

Page **95** of **97**

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 lowa Code section 135C.43A (2013).

Citation Number:				Date:		
#5483				Decemb	per 21, 2021	
Facility Name:			Survey D)ates:		
Facility Name: Genesis Senior Living Facility Address/City/State/Zip						
			October	October 25 – December 7, 2021		
5608 SW 9 th St.		18.4				
Des Moines, IA 50315		JM				
Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date	
Section						
	FACILITY RESPONSE:					
					Page 96 of 97	
Facil	ity 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 lowa Code section 135C.43A (2013).

		Gitation				
Citation Number:				Date:	Date:	
#5483			December 21, 2021		ber 21, 2021	
Facility Name: Genesis Senior Living Facility Address/City/State/Zip 5608 SW 9 th St. Des Moines, IA 50315			Survey Dates: October 25 – December 7, 2021			
		JM				
Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date	

Facility Administrator	Date

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