Department of Inspections and Appeals
Health Facilities Division
Citation

Number **5690**				**Report date** **January 19, 2022**
Facility name **Thomas Rest Haven**		**Survey dates** **March 29, 2022- April 6, 2022**		
Facility address **217 Main Street**				
City **Coon Rapids, IA 50058**	**JB**			
Rule or Code Section	Nature of Violation	**Class**	**Fine Amount**	**Correction Date**
58.28(3)e	**481—58.28(135C) Safety.** The licensee of a nursing facility shall be responsible for the provision and maintenance of a safe environment for residents and personnel. **(3) Resident safety.** **e.** Each resident shall receive adequate supervision to protect against hazards from self, others, or elements in the environment. (I, II, III) **DESCRIPTION:** Based on observations, clinical record reviews, and staff interviews, the facility failed to adequately supervise residents at risk for falls for 2 of 3 residents reviewed (Resident #190 and #32). Resident #190 had a history of trying to get up by himself and not waiting for the staff to help him. Resident #190 required staff assistance of one with transfers. On 9/19/21, as a different resident walked by Resident #190's room, they noticed him on the floor. The other resident called for staff assistance. Once staff arrived they discovered Resident #190 lying on his left side complaining of pain to his left hip. Despite observing Resident #190 on his left side and complaining of pain to his left hip, three staff members assisted him off the floor and into his bed. After Resident #190 got into bed, the nurse noticed his hip appeared fractured. The nurse transferred Resident #190 to the hospital, where he received a diagnosis of a displaced mildly comminuted intertrochanteric fracture of his left	**I**	**$28,500.00** **Held in Suspension** **Trebled**	**Upon Receipt**

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).

Facility Administrator _____ Date _____

Department of Inspections and Appeals
Health Facilities Division
Citation

Number **5690**				**Report date** **January 19, 2022**
Facility name **Thomas Rest Haven**		**Survey dates** **March 29, 2022- April 6, 2022**		
Facility address **217 Main Street**				
City **Coon Rapids, IA 50058**	**JB**			
Rule or Code Section	Nature of Violation	**Class**	**Fine Amount**	**Correction Date**
	femur (broken left hip). On the day of the fall, the staff witness reports documented that the last time the staff observed Resident #190 was while he ate at supper. One staff member reported they thought Resident #190 was independent with toileting. In interviews with the staff, a few staff members reported the resident showed increased confusion the week before his fall. Some of the staff reported that Resident #190 should be the first one helped after supper to prevent him from self-transferring. Resident #32 admitted to the facility on 4/21/21 following a fall at home resulting in a pelvic fracture. Resident #32's Baseline Care Plan indicated he had behavior concerns of getting up alone and safety concerns of a history of falls with a broken pelvis. Resident #32 required an assistance of one staff member with ambulation (walking). On 4/23/22, a Therapist discovered Resident #32 lying on his right side at 7:30 AM. At the time of assessment, Resident #32 complained of his right hip and groin hurting. Despite staff observing Resident #32 laying on his right side and complaining of hip pain, the nurse and Certified Nurse Aide (C.N.A.) assisted him into his wheelchair. Resident #32 transferred to the hospital and had an X-Ray that revealed a right femoral neck fracture (right broken hip) with some displacement of the fracture fragments. The facility reported a census of 42 residents. Findings include:			

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).

Facility Administrator _____ Date _____

Department of Inspections and Appeals
Health Facilities Division
Citation

Number **5690**				**Report date** **January 19, 2022**
Facility name **Thomas Rest Haven**		**Survey dates** **March 29, 2022- April 6, 2022**		
Facility address **217 Main Street**				
City **Coon Rapids, IA 50058**	**JB**			
Rule or Code Section	Nature of Violation	**Class**	**Fine Amount**	**Correction Date**
	1. Resident #190's Minimum Data Set (MDS) assessment dated 9/2/21, identified a Brief Interview for Mental Status (BIMS) score of 10, indicating moderate cognitive impairment. The MDS revealed that Resident #190 required limited physical assistance of one staff member for bed mobility and transfers. Resident #190 required physical assistance of one staff member for ambulation, dressing, toilet use, and personal hygiene. The MDS identified the resident's balance during transitions and walking, was not steady and he was only able to stabilize with staff assistance. The MDS indicated Resident #190 used a walker and wheelchair for mobility. The MDS documented diagnoses of orthostatic hypotension and non-Alzheimer's dementia. The MDS identified Resident #190 had a history of falls without injury. The Care Plan revised 9/10/21 identified Resident #190, as a risk for falls related to his impaired balance, poor safety awareness, neuromuscular, functional impairment, and/or his use of medication that could increase the risk of falls. The Care Plan interventions included: a. Date Initiated 9/21/21: Reminder signs posted in the resident's room to use a pendent and/or call light then wait for assistance. b. Revision date 8/12/21: Call pendent used to ask for assistance whenever or wherever Resident #190 was located throughout the facility c. Revision date 8/12/21: Encourage the resident to ask for assistance from the staff			

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).

Facility Administrator _____ Date _____

Department of Inspections and Appeals
Health Facilities Division
Citation

Number 5690			Report date January 19, 2022
Facility name Thomas Rest Haven		Survey dates March 29, 2022- April 6, 2022	
Facility address 217 Main Street			
City Coon Rapids, IA 50058	JB		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
	d. Revision date 8/12/21: Encourage the resident to participate in activities that promote exercise, physical activity for strengthening, and improved mobility e. Revision date 8/12/21: Ensure the resident wore appropriate footwear when ambulating or using his wheelchair f. Initiated 1/23/29: Follow facility fall protocol g. Revised 8/12/21: Keep the resident's personal items; wheelchair, walker and call light within his reach h. Initiated 1/23/20: Monitor, document, report for 72-hours to the physician any signs or symptoms of pain, bruises, change in mental status, new onset of confusion, sleepiness, inability to maintain posture, or agitation. The Care Plan revised 9/10/21, identified Resident #190 had self-care deficit as evidenced by Resident #190 required assistance with his activities of daily living (ADL's), impaired balance during transitions, incontinence, and the need for assistance with walking. The Care Plan interventions included: a. Revision date 6/3/21: Ambulation: assist of 1 staff with use of forward wheeled walker (FWW) b. Revision date 8/12/21: Mobility: assist of 1. Staff to push Resident #190's wheelchair for long distances. Resident #190 could propel himself at times c. Revision date 6/3/21: Toilet use: assist of 1. Provide incontinence cares with each incontinent episode as the resident allowed			

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).

Facility Administrator _____ Date _____

Department of Inspections and Appeals
Health Facilities Division
Citation

Number 5690			Report date January 19, 2022
Facility name Thomas Rest Haven		Survey dates March 29, 2022- April 6, 2022	
Facility address 217 Main Street			
City Coon Rapids, IA 50058	JB		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
	d. Revision date 8/19/21: Transfer: assist of 1 with an FWW Resident #190's Care Plan revised 9/10/21 identified the resident had impaired cognitive function and/or impaired thought processes as evidenced by short-term memory deficit, long-term memory deficit, impaired decision making, and/or impaired ability to understand others. The Care Plan interventions included: a. Revision date 8/12/21: Communication: Face the resident when speaking, make eye contact, and reduce any distractions. The resident could understand consistent, simple, and direct sentences. Provide the resident with necessary cues, stop, and return if he becomes agitated. b. Revision date 8/12/21: Use task segmentation to support short-term memory deficits and break down tasks to one step at a time. The Progress Notes for Resident #190 revealed: On 9/9/21 at 10:24 AM, the Health Status Note (HSN) documented that the staff observed the resident wheeling himself in his wheelchair in the wrong direction, going towards his room. The staff noticed a change in the resident's cognition and the resident reported his memory felt worse. The resident required increased assistance from the staff.			

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).

Facility Administrator _____ Date _____

Department of Inspections and Appeals
Health Facilities Division
Citation

Number 5690			Report date January 19, 2022
Facility name Thomas Rest Haven		Survey dates March 29, 2022- April 6, 2022	
Facility address 217 Main Street			
City Coon Rapids, IA 50058	JB		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
	On 9/16/21 at 5:02 PM, the HSN recorded that the resident transferred himself to the bathroom independently and sustained a skin tear. On 9/20/21 at 12:32 AM, the Incident Note documented that at approximately 7:00 PM another resident found Resident #190 on the floor. Resident #190 laid at the foot of the bed with his back to the wall, with his legs crossed, and he complained of left hip pain. Resident #190 said he attempted to go to bed and he observed a piece of paper on the floor. Resident #190 continued reporting that when he attempted to pick up the paper, his right foot slid, and he fell on his left hip. Resident #190 reported increased pain to his left hip. Three staff manually lifted Resident #190 and placed him in bed. Upon inspection, the left hip appeared fractured. Resident #190 was transported to the local Emergency Room (ER), at 8:30 PM the ER reported to the facility that Resident #190 went to surgery. The Fall Scale dated 9/1/21, identified Resident #190 at a high risk for falls with a score of 90. The score calculated from Resident #190's history of falls, more than one diagnosis, use of a walker, impaired gait (walk), and mental status. The Fall Investigation - Quality Improvement Document dated 9/19/21 at 7:00 PM recorded that Resident #190 attempted to self-transfer from his bed to his chair and his foot slipped. As Resident			

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).

Facility Administrator _____ Date _____

Department of Inspections and Appeals
Health Facilities Division
Citation

Number 5690			Report date January 19, 2022
Facility name Thomas Rest Haven		Survey dates March 29, 2022- April 6, 2022	
Facility address 217 Main Street			
City Coon Rapids, IA 50058	JB		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
	#190 fell, he landed on his left hip. The document questioned the following interventions a. Did the resident have an alarm - No alarm b. Was the resident's call light on - No c. Was the resident's call light within reach - yes d. Was the Care Plan followed - yes e. Was an assistive device being used - no f. Were there any environmental hazards present - Resident #190 had a box at the foot of his bed and he was trying to walk to his bed without assistance. The hospital Imaging Report dated 9/19/21 indicated Resident #190 had a displaced and mildly comminuted intertrochanteric fractured left femur (bony areas on the femur where the thighbone attaches to the hip broke into multiple pieces). Written Statements The Written Statement dated 9/19/21 completed by Staff O, RN, documented that Resident #190 became more confused the week before and attempted to transfer by himself to bed. The documentation indicated that the floor wasn't wet, the resident had on clothes, and shoes. Staff O documented that the resident needed an alarm. The Written Statement dated 9/19/21 completed by Staff P, CMA (certified medication aide), documented Resident #190 was really confused lately. Staff P documented that the resident was confused lately, he did not and had not used his call			

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).

Facility Administrator _____ Date _____

Department of Inspections and Appeals
Health Facilities Division
Citation

Number 5690			Report date January 19, 2022
Facility name Thomas Rest Haven		Survey dates March 29, 2022- April 6, 2022	
Facility address 217 Main Street			
City Coon Rapids, IA 50058	JB		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
	light that was attached to his chair. Staff P documented that Resident #190 stood behind his wheelchair independently at 2:30 PM on 9/19/21. Staff P informed Resident #190 to use their call light. The Written Statement dated 9/19/21 completed by Staff Q, CNA, documented Resident #190 seemed more confused. Staff Q documented that the last time she saw the resident was at supper. Staff Q reported the last time Resident #190 used the toilet was before supper. The Written Statement dated 9/19/21 completed by Staff R, CNA, documented that Resident #190 seemed more confused throughout the day. Staff R documented last seeing Resident #190 at supper and he went to the toilet before supper. Staff interviews On 4/4/22 at 9:36 AM, Staff J confirmed Resident #190 transferred himself to the bathroom on 9/16/21. Staff J denied knowing of any interventions put into place at that time to prevent falls. Staff J reported that at one time Resident #190 had an alarm. Staff J said she didn't know if the fall occurred during that time frame. Staff J stated eventually the facility did implement alarms for Resident #190.			

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).

Facility Administrator _____ Date _____

Department of Inspections and Appeals
Health Facilities Division
Citation

Number 5690			Report date January 19, 2022
Facility name Thomas Rest Haven		Survey dates March 29, 2022- April 6, 2022	
Facility address 217 Main Street			
City Coon Rapids, IA 50058	JB		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
	On 4/4/22 at 9:57 AM, Staff K reported that she was unsure if Resident #190 was independent at the time of his fall on 9/19/21. Staff K stated Resident #190 required assistance with staff for care, but she believed he ambulated himself to the bathroom. Staff K explained that the nursing staff checked on the resident regularly and the resident used his call light. Staff K said that Resident #190 would turn on his call light in the morning when he was ready to get up. Staff K reported if there were any changes with Resident #190, it would be communicated in the CNA binder at the nurse's station. Staff K stated they did not know if any additional interventions were implemented related to the resident's increased confusion. Staff K stated Resident #190 was intelligent and would outwit the staff. Staff K reported that she felt all the staff checked on the resident frequently to see if he needed assistance. Staff K remarked that they didn't work at the time of the fall on 9/19/21. On 4/4/22 at 11:15 AM, the MDS Coordinator explained that communication with the CNA's and nurses occurred between shifts if a resident had a change in condition. The MDS Coordinator added that an intervention was implemented for Resident #190. They put a sign on Resident #190's wall and a sign on his walker. The MDS Coordinator denied knowing of additional interventions put in place to prevent falls. The MDS Coordinator stated after supper, Resident #190 would propel himself to his room. If the staff saw the resident, they were to			

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).

Facility Administrator _____ Date _____

Number **5690**			**Report date** **January 19, 2022**
Facility name **Thomas Rest Haven**		**Survey dates** **March 29, 2022- April 6, 2022**	
Facility address **217 Main Street**			
City **Coon Rapids, IA 50058**	**JB**		

Rule or Code Section	Nature of Violation	**Class**	**Fine Amount**	**Correction Date**
	encourage him to stay in the main lobby. The MDS Coordinator reported that the resident required assistance with toilet use, transfers, and personal hygiene at time of the fall. On 4/4/22 at 11:35 AM, Staff J commented that she reviewed Resident #190's Care Plan from 9/16-9/19/21. During that time frame no additional interventions were added related to the resident getting up without assistance and/or related to his increased confusion. Staff J remarked that August 2021 was the last time Resident #190's fall interventions were revised. On 4/4/22 at 12:59 PM Staff L stated Resident #190 preferred to stay up late. Staff L stated Resident #190's routine after supper was to go to the recliner. Staff L said Resident #190 was one of the last residents to go to bed, at around 10:00 PM. Staff L reported that Resident #190 had a history of getting up without assistance. The facility put signs in his room to use his call light and to ask for help. One sign was placed on his walker and another on the wall beside his bed. Staff L explained they didn't recall when the signs were placed. Staff L remarked that the current DON and Administrator investigated Resident #190's fall on 9/19/21. Staff L stated the resident had been hallucinating and had an alarm placed, but didn't know when it was placed. Staff L added that the resident had incontinent issues and saw a mental health provider with numerous medication changes all at once due			

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).

Facility Administrator _____ Date _____

Department of Inspections and Appeals
Health Facilities Division
Citation

Number 5690			Report date January 19, 2022
Facility name Thomas Rest Haven		Survey dates March 29, 2022- April 6, 2022	
Facility address 217 Main Street			
City Coon Rapids, IA 50058	JB		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
	to his cognitive issues. Staff L commented notifying a change in resident's condition to the CNA's by report and/or the communication binder. On 4/4/22 at 2:51 PM Staff B, CNA, stated Resident #190 had increased difficulty with transfers and required increased assistance from staff. Staff B didn't remember if Resident #190 ever got up without waiting for assistance. On 4/4/22 at 3:15 PM, Staff S, CNA, reported that at times Resident #190 transferred himself without using his call light or without waiting for assistance from the staff. Staff S said that Resident #190 got a personal alarm after he fell and broke his hip. Staff S added that right after supper Resident #190 was transferred right away to the recliner in his room. Staff S wasn't sure what happened the night of his fall, as she didn't work that night. If the facility was short staffed, they would leave Resident #190 in the living room. If Resident #190 was left in the living room he would take himself to his room and attempt to self-transfer. Staff S said that the resident would stay in the recliner and then turn the light on when he was ready for bed. Staff S commented that the resident became more confused before his fall on 9/19/21, she didn't know if additional interventions were put into place. Staff S remarked that before his fall on 9/19/21, Resident #190 couldn't alert staff of the need to use the bathroom, because he wasn't aware of the need to go.			

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).

Facility Administrator _____ Date _____

Department of Inspections and Appeals
Health Facilities Division
Citation

Number 5690			Report date January 19, 2022
Facility name Thomas Rest Haven		Survey dates March 29, 2022- April 6, 2022	
Facility address 217 Main Street			
City Coon Rapids, IA 50058	JB		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
	On 4/4/22 at 4:19 PM Staff M reported that Resident #190 was very forgetful and didn't use the call light or wait for assistance from the staff. Staff M stated that Resident #190 had alarms in place, a note by his bed, and a note on his walker to remind him to ask for help. On 4/5/22 at 7:37 AM Staff T, CNA, reported that Resident #190 had alarms in place before his fall on 9/19/21, but they weren't enforced. Staff T explained that the resident didn't always have the alarms in place, and they weren't used consistently. Staff T added that after supper Resident #190 was the first one done and he would take himself in his wheelchair half-way to his room. Staff T added that the staff would assist Resident #190 to his room, help him to the bathroom, and assist him into the recliner. Staff T commented that the resident used a call pendant or the staff would stop in his room between 6:45 PM and 7:00 PM to see what time Resident #190 wanted to go to bed. Staff T explained that Resident #190 went to bed later, as he was one of the last ones. Staff T said that Resident #190 would not tell the staff when he needed to use the bathroom, as he didn't know. Staff T stated she would check on Resident #190 every 2 hours and offer him the bathroom, but he was incontinent. Staff T said Resident #190 always attempted to self-transfer and didn't wait for assistance from the staff.			

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).

Facility Administrator _____ Date _____

Department of Inspections and Appeals
Health Facilities Division
Citation

Number 5690			Report date January 19, 2022
Facility name Thomas Rest Haven		Survey dates March 29, 2022- April 6, 2022	
Facility address 217 Main Street			
City Coon Rapids, IA 50058	JB		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
	On 4/5/22 at 7:44 AM, Staff U, CNA, recalled Resident #190's fall and hip fracture, but said she wasn't working at the time. Staff U stated the resident became more unsteady and had a long history of not waiting for staff's help. Staff U reported that if Resident #190 had a wheelchair or walker in reach he would attempt to self-transfer. Staff U reported that it wasn't uncommon for Resident #190 to get up with his walker and go. Staff U stated that once staff took Resident #190 to his room, they knew he needed assistance with the bathroom. After he used the bathroom, the staff assisted Resident #190 to the recliner so he wouldn't transfer himself. Staff U remarked that she knew the resident would transfer himself if he went to his room without staff. On 4/5/22 at 7:56 AM Staff V, CNA, said Resident #190 self-transferred all the time. Staff V reported that she found the resident taking himself to the bathroom at night. Staff V explained that at times the resident used the call light, but he usually got up by himself and went to the bathroom. On 4/5/22 at 9:33 AM, the DON reported that the Resident #190 started to use an alarm after his fall on 9/19/21. The DON stated that she discussed with the staff the need to take the resident back to his room and transfer him right away after meals to his recliner. The DON denied documentation of that, but reported that she did have a discussion to take Resident #190 to his room after meals and transfer			

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).

Facility Administrator _____ Date _____

Number **5690**			**Report date** **January 19, 2022**
Facility name **Thomas Rest Haven**		**Survey dates** **March 29, 2022- April 6, 2022**	
Facility address **217 Main Street**			
City **Coon Rapids, IA 50058**	**JB**		

Rule or Code Section	Nature of Violation	**Class**	**Fine Amount**	**Correction Date**
	him to his recliner. The DON stated Resident #190 propelled himself independently in his wheelchair to his room after meals. The DON denied knowing what Resident #190 did after supper on the night of his fall. The DON stated Resident #190 was incontinent of urine, but didn't know if he had a toileting program, the staff did go in more frequently to assist and encourage Resident #190 to use the toilet. The DON added that the resident would deny the need of assistance from the staff. After his fracture, he required total assistance from the staff. The DON discussed the resident's changes and reminded the CNA's to assist the resident, but denied documentation of the education. The DON reported that the CNA's didn't always read the communication book and a lot of the communication occurred by word of mouth. On 4/5/22 at 10:28 AM Staff W, CNA, stated that the resident had a history of not waiting for staff to assist him with transfers. Staff W added that the resident got up a ton without staff assistance. Staff W reported that the resident did not use his call light and would just get up without help. Staff W declared that Resident #190 was incontinent of urine. Staff W explained that when Resident #190 became incontinent he knew and attempted to take himself to the bathroom. Staff W reported that she usually helped him after meals. Staff W explained that she would assist the resident to his room and transfer him to the recliner after helping him in the bathroom if needed, but didn't think she worked			

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).

Facility Administrator _____ Date _____

Number **5690**			**Report date** **January 19, 2022**
Facility name **Thomas Rest Haven**		**Survey dates** **March 29, 2022- April 6, 2022**	
Facility address **217 Main Street**			
City **Coon Rapids, IA 50058**	**JB**		

Rule or Code Section	Nature of Violation	**Class**	**Fine Amount**	**Correction Date**
	the night of his fall. Staff W remarked that Resident #190 was a fall risk, so she checked him a couple of times. Staff W stated that the resident preferred to go to bed later, and liked to stay up in his recliner. 2. Resident #32's MDS assessment dated 5/19/21, identified a BIMS score of 12, indicating moderately impaired cognition. The MDS revealed the resident required limited physical assistance of one to two staff for bed mobility, transfers, ambulation, toilet use, and personal hygiene. The MDS coded the resident's balance during transitions and walking as not steady and only able to stabilize with staff assistance. The MDS documented diagnoses of hypertension, vertigo (dizziness), and ataxia (impaired balance). The MDS identified that the resident had a fall in the last month prior to his admission to the facility and one fall with a major injury since admission to the facility. Resident interview On 3/29/22 at 12:45 PM, during the initial tour, observed Resident #32, well-groomed, in his recliner. Resident #32 explained that he attempted to go home the week before on his birthday, just a few weeks ago. Resident #32 explained that it didn't work out because he fell and broke his ribs. After that he came back to the facility. Resident #32 stated that he required assistance from the staff to get up with his walker. An observation showed a urinal in a bucket beside the recliner. Resident #32			

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).

Facility Administrator _____ Date _____

Number **5690**			**Report date** **January 19, 2022**
Facility name **Thomas Rest Haven**		**Survey dates** **March 29, 2022- April 6, 2022**	
Facility address **217 Main Street**			
City **Coon Rapids, IA 50058**	**JB**		

Rule or Code Section	Nature of Violation	**Class**	**Fine Amount**	**Correction Date**
	explained that he previously fell and got a fracture while at the nursing home, however, he wasn't able to recall the specifics due the length of time that passed. The Baseline Care Plan with an admission date of 4/21/21, identified Resident #32: a. Cognition - alert/cognitively intact b. History of falls - history of a fall resulting in a broken pelvis c. Behavior concern - Resident #32 does get up alone d. Assist of one with bed mobility, transfer, walking, toilet use, and locomotion e. History of falls with injury Progress Notes review On 4/21/21 at 3:41 PM, the Admission Summary identified Resident #32 admitted to the facility from the local hospital. At the time of admission Resident #32 noted to be alert and oriented x 3 (person, place, and time), in good spirits, and accepting of his placement for skilled services. The resident identified with a history of falls and a bed alarm while in the hospital during the night. The resident had vertigo at times and required assistance of 1 with a forward wheeled walker. Resident #32 received orientation to the facility, room, call light, and meal time.			

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).

Facility Administrator _____ Date _____

Department of Inspections and Appeals
Health Facilities Division
Citation

Number 5690			Report date January 19, 2022
Facility name Thomas Rest Haven		Survey dates March 29, 2022- April 6, 2022	
Facility address 217 Main Street			
City Coon Rapids, IA 50058	JB		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
	On 4/22/21 at 3:06 PM, the Skilled Evaluation identified that Resident #32 obeyed commands and alert and oriented x 3. Resident #32 displayed a pleasant mood without behaviors. On 4/23/21 at 1:20 PM, the Health Status Note (HSN) documented that the aide heard Resident #32, then found him on the floor in the bathroom. Resident #32 denied hitting his head but did complain of pain to his right hip. The head-to-toe assessment revealed no shortening or rotation of his right leg. The staff assisted Resident #32 to his wheelchair with an assistance of three. Resident #32 did not apply pressure to his right leg. The staff notified the son and sent Resident #32 to the local emergency room. On 4/24/21 at 4:12 PM, the HSN revealed that the resident had surgery for a right hip repair. Clinical record review The Fall Investigation - Quality Improvement Document dated 4/23/21, no time, completed by Staff Y, Licensed Practical Nurse (LPN) identified Resident #32 fell in the bathroom. Resident #32 reported that he just fell. The following interventions were reviewed and answered by Staff Y a. Did Resident #32 have a personal alarm, chair alarm, or bed alarm? If Resident #32 used any type			

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).

Facility Administrator _____ Date _____

Department of Inspections and Appeals
Health Facilities Division
Citation

Number 5690			Report date January 19, 2022
Facility name Thomas Rest Haven		Survey dates March 29, 2022- April 6, 2022	
Facility address 217 Main Street			
City Coon Rapids, IA 50058	JB		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
	of alarm, was it on and functioning? - not applicable b. Was Resident #32's call light on - no c. Was Resident #32's call light in reach of resident - no d. Was Resident #32's Care Plan followed - yes e. Was an assistive device in use - yes f. Was there any environmental hazards present - no The undated Facility Investigation identified a Therapist found Resident #32 on the floor in the bathroom on 4/23/21 at 7:30 AM. The Therapist observed the call light on and notified the nursing personnel immediately of Resident #32's fall. The Rehab Communications dated 4/23/21 indicaed Resident #32 requires staff assistance of one staff with transfers and gait with FWW to patient's tolerance or two to three times daily. The Occupational Therapy Plan of Care dated 4/21/22 documented precautions of a fall risk. Resident #32 required supervision or touching assistance, helper provides verbal cues and/or touching/steadying for mobility toilet transfer. Assistance may be provided throughout the activity or intemittently. The Emergency Room's X-Ray report dated 4/23/21 at 11:36 AM revealed Resident #32 had a right femoral neck (a hip fracture involving the thigh			

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).

Facility Administrator _____ Date _____

Number **5690**			**Report date** **January 19, 2022**
Facility name **Thomas Rest Haven**		**Survey dates** **March 29, 2022- April 6, 2022**	
Facility address **217 Main Street**			
City **Coon Rapids, IA 50058**	**JB**		

Rule or Code Section	Nature of Violation	**Class**	**Fine Amount**	**Correction Date**
	bone just below the ball-and-socket hip joint) fracture. Staff Interviews On 4/4/22 at 9:23 AM Staff J, Registered Nurse (RN), confirmed the Baseline Care Plan contained only an admission date of 4/21/21 with undated interventions. Staff J reported the facility implemented a checklist for Baseline Care Plans completed in the resident's electronic health record (EHR). The facility started to use a Baseline Care Plan on the computer, which made it consistent for all staff and dated. Staff J stated that when the Baseline Care Plan was completed on paper, it was a hot mess. Staff J reported the facility nurses were instructed on how to implement fall interventions in the resident's EHR. Staff J remarked that the nurses however, documented the intervention in the resident's progress notes and the MDS nurse added the intervention to the resident's Care Plan in the EHR. Staff J said that when the nurse admits a resident to the facility, they complete the Admit Screener and initiate a Baseline Care Plan, then the Certified Nurse's Aides (CNA) were able to access the Care Plan interventions through the Kardex in the EHR. Staff J explained that with new admissions to the facility, a document titled Admission Care Plan was placed in the CNA's communication book to make the CNA's aware of the new resident needs. Staff J reported being unaware of the fall interventions in place for Resident #32 at the time			

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).

Facility Administrator _____ Date _____

Number **5690**		**Report date** **January 19, 2022**
Facility name **Thomas Rest Haven**		**Survey dates** **March 29, 2022- April 6, 2022**
Facility address **217 Main Street**		
City **Coon Rapids, IA 50058**	**JB**	

Rule or Code Section	Nature of Violation	**Class**	**Fine Amount**	**Correction Date**
	of his admission on 4/21/21. Staff J reported being unaware of the length of time Resident #32's call light was on before therapy found him on the floor on 4/23/21. Staff J remarked they were unaware if Resident #32 preferred to get up early. Staff J commented that Resident #32 wasn't much of a breakfast person, however, it was possible he was at the time of the fall. On 4/4/22 at 11:10 AM, the MDS Coordinator confirmed that she couldn't determine the dates of interventions on Resident #32's Baseline Care Plan. The MDS Coordinator stated with each new resident's admission a document that provided the information for care was placed in the CNA's binder at the nurse's station. The MDS Coordinator denied knowing how long Resident #32's call light was on before therapy found him on the floor on 4/23/21. The MDS coordinator remarked that due to Resident #32's admission on 4/21/21, the facility staff didn't know the resident's routine, and if he preferred to get up early. The MDS Coordinator added that when Resident #32 returned to the facility on 4/26/21, the Baseline Care Plan received updated interventions for the admission date of 4/21/21. The MDS Coordinator confirmed that the facility should have dated the new interventions. On 4/4/22 at 11:30 AM, Staff J stated the CNA received the undated document titled Admission Care plan, at the time of Resident #32's admission on 4/21/21.			

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).

Facility Administrator _____ Date _____

Department of Inspections and Appeals
Health Facilities Division
Citation

Number 5690			Report date January 19, 2022
Facility name Thomas Rest Haven		Survey dates March 29, 2022- April 6, 2022	
Facility address 217 Main Street			
City Coon Rapids, IA 50058	JB		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
	On 4/4/22 at 12:54 PM, Staff L, RN (the former Director of Nursing, DON), stated at the time of Resident #32's admission to the facility on 4/21/21, he was alert and oriented x 3. Staff L stated Resident #32 turned on his call light, but didn't wait for staff to assist him to the bathroom. Staff L remarked that Resident #32 told the MDS Coordinator that he thought he could make it to the bathroom by himself and that he should have waited for assistance. Staff L explained that the call light record checked at the time of the fall, showed the call light wasn't on even five minutes. Staff L denied knowing when the report had been printed out. Staff L stated that the CNA's headed to Resident #32's room first thing due to the call light being on. Resident #32 was one of the first residents to get up in the mornings per his preference. Staff L stated Resident #32 used his call light; but he just didn't wait for staff assistance. Staff L denied knowing that Resident #32 got up without assistance before the fall. Staff L denied knowing if Resident #32 was incontinent at the time of the fall. On 4/4/22 at 4:19 PM, Staff M, CNA, said that when Resident #32 first admitted to the facility on 4/21/21, he was confused and required staff assistance from one person. Staff M stated that the nursing staff reminded the resident to use his call light. Staff M stated she believed Resident #32 had an alarm in place due to a band on his wrist from			

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).

Facility Administrator _____ Date _____

Department of Inspections and Appeals
Health Facilities Division
Citation

Number 5690			Report date January 19, 2022
Facility name Thomas Rest Haven		Survey dates March 29, 2022- April 6, 2022	
Facility address 217 Main Street			
City Coon Rapids, IA 50058	JB		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
	the hospital, indicating a fall risk. Staff M stated Resident #32 used a urinal beside his recliner and he was continent of urine. On 4/5/22 at 9:27 AM, the DON didn't know how long Resident #32's call light was on at the time of the fall on 4/23/21. The DON denied knowing when therapy completed the screening evaluation for Resident #32. The DON reported that the nurse who completed the Admission Assessment, completed the Admission Care Plan sheet provided to the CNAs. The staff attempted to do a small huddle to review the new admission, however, it didn't always happen. The DON added she implemented starting the Baseline Care Plan in the resident's EHR, connecting it to the CNA's tasks for the new resident. **FACILITY RESPONSE:**			

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).

Facility Administrator _____ Date _____

Department of Inspections and Appeals
Health Facilities Division
Citation

Number **5690**				**Report date** **January 19, 2022**
Facility name **Thomas Rest Haven**		**Survey dates** **March 29, 2022- April 6, 2022**		
Facility address **217 Main Street**				
City **Coon Rapids, IA 50058**	**JB**			
Rule or Code Section	Nature of Violation	**Class**	**Fine Amount**	**Correction Date**

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

Facility Administrator

Date