Number 5814				Report August	date 3, 2022
Facility name Northern Mahasl	ka Specialty Care		Survey dates July 11, 2022	- July 16, 202	2
Facility address 2401 Crestview Drive IA 52577					
City Oskaloosa, IA		MW			
Rule or Code Section	N	ature of Violation	Class	Fine Amount	Correction Date
58.10(8)	have a written and exposure control probased on the guided Disease Control and Health and Human are available at www.  DESCRIPTION:  Based on observer review, staff interview, it was demaintain an infect program to prever Coronavirus Disease Specifically,  1. The facility far an effective screen a COVII follow facility probeing able to wo signs and symptodirect exposure to member.  2. The facility far who tested position 17/05/2022, main tested position 17/05/2022, main tested position 2.	control program. Each facility shall implemented infection control and rogram with policies and procedures lines issued by the Centers for d Prevention, U.S. Department of Services. (I, II, III) CDC guidelines w.cdc.gov/ncidod/dhqp/index.html  ations, record and document erviews, and facility policy etermined the facility failed to ection prevention and control ent the transmission of ease 2019 (COVID-19).  iled to implement and monitor ening process for staff to D-19 outbreak. The failure to olicy resulted in a staff member rk on 07/11/2022 while having on a COVID-19 after having on a COVID-19 positive staff iled to ensure Resident #38, ive for COVID-19 on national isolation precautions to dents, and visitors were not ID-19.		\$6250 Held in Suspension	Upon Receipt

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Facility Administrator	Date	-

Number 5814				ı -	rt date st 3, 2022
Facility name Northern Mahasl	ka Specialty Care		Survey dates July 11, 2022		22
Facility address 2401 Crestview D	rive IA 52577				
City Oskaloosa, IA		MW			
Rule or Code Section	N	ature of Violation	Class	Fine Amount	Correction Date
	during a COVID in accordance wing a COVID in accordance wing. Control and Previous 4. The facility far fit tested before to the first COVID facility had been residents had test from 07/05/2022. It was determine with one or more had caused, or wingury, harm, important of the Immediate J State Operations (Infection Controller, "K."  The IJ began on Staff A, Dietary while having CO Administrator wing CO Administrator wing CO Administrator wing 07/11/2022 at 6:00 requested. The R	iled to ensure staff working -19 outbreak wore N95 masks th the Centers for Disease vention (CDC) guidelines.  iled to ensure N95 masks were use.  rted a census of 64 residents. 0-19 positive resident in the identified on 07/05/2022. Ten ted positive for COVID-19 through 07/15/2022.  d the facility's non-compliance requirements of participation as likely to cause, serious pairment, or death to residents. eopardy (IJ) was related to Manual, Appendix PP, 483.80 ob) at a scope and severity of  07/11/2022 at 5:30 AM, when Aide, came on duty and worked 0VID-19 symptoms. The as notified of the IJ on 00 PM. A Removal Plan was temoval Plan was			

		_ Page <b>2</b> of <b>57</b>
Facility Administrator	Date	_

Number 5814				ll ll	Report (	date 3, 2022
Facility name Northern Mahas	ka Specialty Care		Survey dates July 11, 2022		6, 2022	2
Facility address 2401 Crestview D	Prive IA 52577					
City Oskaloosa, IA		MW				
Rule or Code Section	N	lature of Violation	Class	Fine Amour	nt	Correction Date
	PM, after the surverification that implemented. No remained at the lipattern, with no more than minimis immediate jeopa.  Findings include A review of the formula of the f	•				

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Facility Administrator	Date	_

		1			
Number 5814				1	rt date st 3, 2022
Facility name			Survey dates	_	•
•	ka Specialty Care		July 11, 2022		)22
Facility address 2401 Crestview I	Orive IA 52577				
City Oskaloosa, IA		MW			
Rule or Code Section	N	ature of Violation	Class	Fine Amount	Correction Date
Section	immediately isolatransmission-base of the policy revelence of the protective is a moderatransmission in the staff wear all recommendates of the unit (or facility-vaffected resident (based on available restricted to their necessary purpose leave their room, perform hand hy the facility, and purpose of the facility of the protective Equip 03/12/2004, revelence of the protective Equip 03/12/2004 and protec	e provided a facemask, ated, and placed on appropriate ed precautions." Further review ealed, "For a resident with ted COVID-19: b. Resident is te room with a dedicated ilable) and closed door; OR c. rted per national, state, or local hority recommendations. 4. If the to substantial COVID-19 he surrounding community: a. commended PPE [personal ment] (ie. [such as], gloves, ction and respirator or externed early compared to the location of so, regardless of symptoms wility). b. Residents are extraorder for medically ses. c. When residents have to they wear a face mask, giene, limit their movement in practice social distancing."  Facility's policy titled, "Personal ment Program," revised on ealed, "The use of Health Care Respirator and Surgical Masks to control exposure to borne pathogen. Any worker to wear any personal protective		Amount	Date

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Facility Administrator	Date	-

Number 5814					rt date st 3, 2022
Facility name Northern Mahas	ka Specialty Care		Survey dates July 11, 2022		22
Facility address 2401 Crestview D	Orive IA 52577				
City Oskaloosa, IA		MW			
Rule or Code Section	N	ature of Violation	Class	Fine Amount	Correction Date
	proper use and consequipment (PPE). "The training shaded limited to, the PPE is necessary necessary. 3. Ho adjust, and wear 1. During an interval AM (the first day Administrator (Administrator (Administrator) (Administrato	erview on 07/11/2022 at 8:30 y of the survey), the ADM) stated the facility had positive residents who were d of 200 Hall. The ADM stated e staff members but was			

		_ Page <b>5</b> of <b>57</b>
Facility Administrator	Date	_

Number					ort date
5814					ust 3, 2022
Facility name			Survey dates		
Northern Mahask	ca Specialty Care		July 11, 2022	July 11, 2022- July 16, 2022	
Facility address					
2401 Crestview D	rive IA 52577				
City					
Oskaloosa, IA		MW			
Rule or Code	N	ature of Violation	Class	Fine	Correction
Section				Amount	Date
		ely 1 inch long. Staff A stated,			
		that his significant other was at			
		ing positive for COVID-19.			
		had direct contact with the			
	_	due to living together and			
	-	o them. Staff A stated he woke			
		7/10/2022, with a sore throat,			
	cough, and fever. Staff A stated he took Tylenol				
for the fever and did not currently have a high		· ·			
-		ff A stated the last time they			
		they tested negative on a rapid			
	-	ositive on the PCR test. Staff A			
	-	screened in the morning of			
		e screening kiosk, he answered			
	_	nestly about having symptoms			
		nd the kiosk flagged him for			
		some of the symptoms. He			
		to be an override code in order			
		ue checking in but nobody in			
		the override code. He stated			
		toms were a sore throat,			
		een stuff," chills, and body			
		that he was having the same			
		first time he had COVID-19.			
		had tried to get the dietary			
		r to come in to complete his			
		e notified the Interim			
	•	ADM) of his symptoms, who			
		to stay until there was a			
		stated that he called the facility			
	uie previous mgr	nt, 07/10/2022, and spoke to the			

		Page <b>6</b> of <b>57</b>
Facility Administrator	Date	_

Facility name Northern Mahaska Specialty Care Facility address 2401 Crestview Drive IA 52577  City Oskaloosa, IA  Rule or Code Section  Minimum Data Set (MDS) Coordinator/Charge Nurse, advising her that he had symptoms of COVID-19. The MDS nurse told him that he had to come to work and wear a mask.  During an interview on 07/11/2022 at 9:56 AM, the Interim Administrator (IADM) and the Administrator (ADM) were interviewed together due to the ADM only being at the facility for one week. The IADM stated that all staff had to ring a doorbell at the front of the facility to enter the facility. Upon entrance, they had to go to the screening kiosk to answer the screening questions, and the staff member who opened the door for the staff member had to take their temperature. At that time, the ADM removed her N95 mask and coughed. The IADM stated that if a staff member had symptoms, the screening kiosk would not let them continue to check in, and the staff had to complete a COVID-19 rapid test. If they were negative, they contacted their regional representative to see if the staff member needed to go home or continue working. The IADM			1		I <del></del>	
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negative, they contacted their regional representative to see if the staff member needed to go home or continue working. The IADM		them continue to	check in, and the staff had to			
representative to see if the staff member needed to go home or continue working. The IADM		complete a COV	ID-19 rapid test. If they were			
to go home or continue working. The IADM		negative, they co	ntacted their regional			
		representative to	see if the staff member needed			
		to go home or co	ntinue working. The IADM			
stated they did not know who screened in Staff		stated they did no	ot know who screened in Staff			
A but were aware that the staff member was		A but were awar	e that the staff member was			
flagged for answering "yes" to one or more of						
the screening questions. The IADM stated		the screening que	estions. The IADM stated			
nobody in the facility had the override code for		nobody in the fac	cility had the override code for			
the screening kiosk. The IADM stated Staff A		the screening kid	osk. The IADM stated Staff A			
notified the IADM that he was not feeling well		notified the IAD	M that he was not feeling well			

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Facility Administrator	Date	-

Number 5814					port date gust 3, 2022
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Facility address 2401 Crestview D	Orive IA 52577				
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Rule or Code Section	N	ature of Violation	Class	Fine Amount	Correction Date
	who Staff A's signer positive for Staff A was wait manager to call Signer positive for Staff A was wait manager to call Signer possible probably test the home.  Who Staff A was wait manager to call Signer positive for an N95 mask women possible previous night an N95 mask women previous night previous nigh	re IADM stated he was unaware gnificant other was or that they covided to Covided the kitchen assistant staff A back, so Staff A could add and stated that Staff A should and stated that Staff A should and not fit properly if the staff al hair. The IADM stated of Nursing (IDON) A worked at, so the Assistant Director of would answer any questions on control.  10:34 AM, the facility sent iew on 07/11/2022 at 10:42 ector of Nursing (IDON) B, of the interview had not been a of IDON and was a floor ted that when staff screened in answered "yes" to any of the ll pop up that you can't ou have to have a nurse come of B stated the facility would staff member and send them iew on 07/11/2022 at 10:47 retified Nursing Assistant, stated			

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City Oskaloosa, IA		MW			
Rule or Code Section	N	ature of Violation	Class	Fine Amount	Correction Date
	answered "yes" to call one of the She thought they been in that situal During an interv. AM, Staff I, Occ she had symptom notify her boss a were beyond her stated when staff answered "yes" to flag them. There involved, but State additional screen During an interv. AM, the IADM spositive on a raphome. The IADM tested negative a symptoms, he we policy. The IADM the facility policy had signs and syna rapid test, the fand they were stistated the charge screened in, but the	creened in at the kiosk and to any of the questions, they had a nurses or the Administrator. It would be tested but had never ation.  The working of the symptoms of the symptoms of the symptoms. Staff I of screened in at the kiosk and to any of the questions, it would would be extra screening of I was unsure what type of thing would be completed.  The working of the symptoms of the questions, it would would be extra screening of I was unsure what type of thing would be completed.  The working of the staff member tested in the staff member tested in the staff member of the staff m			

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Facility Administrator	Date	

	1	1			
Number 5814				II -	rt date st 3, 2022
Facility name			Survey dates	<u> </u>	
Northern Mahasi	ka Specialty Care		July 11, 2022		22
Facility address 2401 Crestview D	rive IA 52577				
City Oskaloosa, IA		MW			
Rule or Code Section	N	ature of Violation	Class	Fine Amount	Correction Date
	enter the building let them in, and the with the screening building. The IA answered "yes" to questions on the email notification allow the staff to process. The IAI the facility had the member answered. During an intervity AM, the Assistant stated if a staff in COVID-19, they the rapid test was when staff screen answered "yes" to send an email to member would be buring an intervity AM, the MDS C screened in at the any of the question them, and they we member tested new work, and if they work, and if they	OM stated that staff could not g unless another staff member that staff member then assisted ag of the staff entering the DM stated if a staff member o one of the screening kiosk, it sent the IADM an in, and the kiosk would not continue with the screening DM stated again that nobody in the override code if a staff at "yes" to a screening question. Siew on 07/11/2022 at 11:13 and Director of Nursing (ADON) member had symptoms of a should be sent home, even if a negative. The ADON stated the din at the kiosk and to any of the questions, it would management, and the staff the rapid tested.  Siew on 07/11/2022 at 11:29 to ordinator stated when staff the kiosk and answered "yes" to ons, a nurse had to evaluate over rapid tested. If the staff the entering the staff the st			

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Facility address 2401 Crestview D	rive IA 52577				
City Oskaloosa, IA		MW			
Rule or Code Section	N	ature of Violation	Class	Fine Amount	Correction Date
	negative with symmask and go to we stated that Staff 207/10/2022, but I she was aware the for COVID-19. The significant of Coordinator that symptoms of CC Coordinator advibe rapid tested an needed to work, need to come into did not notify an symptoms of CC Coordinator state obvious signs of stay home. The Mass not aware we member answere questions on the During an interval AM, the ADM areceived a notificanswered "yes" to	iew on 07/11/2022 at 11:40 and IADM stated they had not cation that an employee had o one of the questions on the stated that an email should be			

If, within thirty (30) days of the receipt of the citation, you: (1) do not request a formal hearing or; (2) withdrav
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).

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Facility Administrator	Date	_

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Facility name Northern Mahasi	ka Specialty Care		Survey dates July 11, 2022- July 16, 2022		22
Facility address 2401 Crestview D	rive IA 52577				
City Oskaloosa, IA		MW			
Rule or Code Section	N	ature of Violation	Class	Fine Amount	Correction Date
	AM, Staff A, who screened in around that Staff AA, however, the IAD thow to screen approximately 2: IADM that a staff body aches due to the IAD thow to screen approximately 2: IADM that a staff body aches due to the IAD thow to access outbreak started	iew on 07/11/2022 at 11:45 to had been sent home, stated he and 5:30 AM on 07/11/2022 and busekeeper, had screened him ther he, nor Staff AA, were do when the kiosk would not screening in, so they both went at he was not advised that a sen him in. He stated that when into work around 8:00 AM, he M of his symptoms and that he ve on a rapid test.  The iew on 07/11/2022 at 3:20 PM, DM stated they were not aware taking Tylenol to decrease his at IADM stated that after a staff at "yes" to one of the screening posk would still allow other staff ten in. The IADM stated that at 200 PM, the system notified the after an answered "yes" to one of the screening was sore. The staff member M to let them know the system member. The IADM was asked to of the screening report.  DM stated they were not aware it. The IADM stated that the when a newly admitted as vaccinated, was tested 72			

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Facility Administrator	Date	_

Number 5814				II -	t date t 3, 2022
Facility name Northern Mahasi	ka Specialty Care		Survey dates July 11, 2022		22
Facility address 2401 Crestview D	rive IA 52577				
City Oskaloosa, IA		MW			
Rule or Code Section	N	ature of Violation	Class	Fine Amount	Correction Date
	Two staff members several days later positive. Subsequentis/her roommated During an intervential During an intervential During and tester staff member has process by taking During and tester how severe the sent the staff member has sent the staff membe	admitted and tested positive. ers then tested positive, and r, another resident tested teently, Resident #38 and e tested positive for COVID-19. New on 07/11/2022 at 3:30 PM, red Nurse, stated that another to assist with the screening of the staff's temperature. Staff taff had COVID-19 symptoms and negative, it just depended on symptoms were if the facility mber home or not.  New on 07/11/2022 at 4:48 PM, at he had a polymerase chain COVID-19 test completed, and tified him that he was positive fiew on 07/11/2022 at 5:04 PM, the facility was not in risis mode staffing.  New and observation on 29 AM, the Maintenance we more residents tested ming.			

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).

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Rule or Code Section		ature of Violation	Class	Fine Amount	Correction Date
	Health-Screening received and reviscreened at 5:36 answered "yes" to Do you have a land New Shortness Breathing - Fever greater the Muscle or Body - Sore Throat? - In the last 14 day closely interacted or more, who is to Do you live with symptoms of CO positive test? The "Screening of A was "Not Clear housekeeper document of During an intervision of CO home regardless negative.	of Breath or Difficulty nan or equal to 100.0 or Chills>			

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 percent (35%) pursuant to Iowa Code section 135C.43A (2013).	, , , ,
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Date

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Number 5814					rt date st 3, 2022
Facility name Northern Mahasi	ka Specialty Care		Survey dates July 11, 2022		22
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Rule or Code Section		ature of Violation	Class	Fine Amount	Correction Date
	allowed to work.  During an intervithe IADM and A exhibiting signs were not allowed.  Review of an untresidents reveale for COVID-19 fr 07/15/2022.  2. A review of R Record" revealed including recurre anxiety disorder,  A review of Residual parameter of the covid and	iew on 07/16/2022 at 4:14 PM, DM stated staff who were and symptoms of COVID-19 Ito work.  Ititled list of COVID-19 positive of five residents tested positive rom 07/13/2022 through  esident #38's "Admission It the resident had diagnoses and type 2 diabetes.  dent #38's quarterly Minimum dated 05/12/2022, revealed the rief Interview for Mental Status 9, which indicated the resident cognitively impaired.  MDS, the resident also had an			
	A review of an u	of non-Alzheimer's dementia.  ntitled list of COVID-19 s indicated Resident #38 tested /ID-19 on 07/05/2022.			

If, within thirty (30) days of the receipt of the citation, you: (1) do not request a formal hearing of your request for formal hearing; and (3) pay the penalty, the assessed penalty will be reduced learner (35%) pursuant to Iowa Code section 135C.43A (2013).	, <b>,</b> ,
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Date

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Number 5814				II -	t date st 3, 2022
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Northern Mahasl	ka Specialty Care		July 11, 2022		22
Facility address 2401 Crestview D	Prive IA 52577				
City Oskaloosa, IA		MW			
Rule or Code Section	N	ature of Violation	Class	Fine Amount	Correction Date
Jection 1	dated 07/05/2022 revealed the resid 19. According to 07/05/2022 at 4:0 sitting at the entrattempted to get isolation hall and shield, and the resick and would not go to a resident became shield and mask.  A review of "Proat 7:30 AM, revet the facility, Resid door. The nurse at to the room and to Resident #38 yell me alone."  During an intervithe Administrator three COVID-19 located at the encobserved sitting wearing a mask.	dent #38's "Progress Notes" 2 at 1:10 PM (late entry) dent tested positive for COVID- "Progress Notes" dated 20 PM, Resident #38 was by way. Staff members the resident to quarantine in the late to wear a mask and face resident stated he/she was not not wear a face shield/mask and la room. The note stated the irritated and threw the face in the trash.  Regress Notes" dated 07/06/2022 realed when the nurse entered dent #38 was sitting at the front attempted to direct the resident to wear a face mask and shield. Red, "No, I'm not sick and leave liew on 07/11/2022 at 8:30 AM, or (ADM) stated the facility had positive residents who were d of 200 Hall. Resident #38 was in the front lobby and was not The ADM did not identify the COVID-19 positive at that		Amount	

		Page <b>16</b> of <b>5</b> 7
Facility Administrator	Date	<u>-</u>

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Number 5814					eport o ugust 3	late 3, 2022
Facility name			Survey dates	 }		
Northern Mahas	ka Specialty Care		July 11, 2022	2- July 16,	, 2022	
Facility address 2401 Crestview D	Prive IA 52577					
City Oskaloosa, IA		MW				
Rule or Code Section	N	ature of Violation	Class	Fine Amoun		Correction Date
Section	attempted to get and face shield, a away. Staff then his/her room, and could not leave a command and the During an intervistaff F, Certified Staff G, CNA, w was located. Due surveyor was unaduring the initial stated Resident # was moved to the but the resident r Both staff stated COVID-19.  During an intervistaff E, Licensed Resident #38 was COVID-19 unit a resident refused staff E stated the where sick peopl stated the resider on 07/05/2022. Staff E stated the where sick peopl stated the resider on 07/05/2022. Staff E stated the resider on 07/05/2022. Staff E stated the resider on 07/05/2022. Staff E stated the staff E stated the resider on 07/05/2022. Staff E stated the resider on 07/05/2022. Staff E stated the staff E stated the resider on 07/05/2022. Staff E stated the staff E stated the resider on 07/05/2022. Staff E stated the staff E staff E staff E stated the staff E staff E stated the staff E	f "Progress Notes" dated 46 AM, revealed staff Resident #38 to wear a mask and the resident threw them tried to get the resident to go to d the resident stated he/she and was waiting for military e police.  iew on 07/11/2022 at 2:16 PM, Nursing Assistant (CNA), and ere asked where Resident #38 to a room change, the able to locate the resident screening process. Both staff #38's room was on 100 Hall and e COVID-19 unit on 200 Hall, refused to stay in the room. the resident tested positive for diew on 07/11/2022 at 2:40 PM, I Practical Nurse (LPN), stated as supposed to be on the latthe end of 200 Hall, but the latto go behind the plastic barrier. That's le go, and I'm not sick." Staff E at tested positive for COVID-19 staff E stated the facility was ler residents out of their rooms,		Amoun		Date

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Number 5814				-	ort date ost 3, 2022
				_	151 5, 2022
Facility name	o Cassialto Cara		Survey dates		022
Northern Mahaska Specialty Care			July 11, 2022	2- July 16, 2	UZZ
Facility address					
2401 Crestview D	rive IA 525//				
City					
Oskaloosa, IA		MW			
Rule or Code	N	ature of Violation	Class	Fine	Correction
Section				Amount	Date
		t #38 refused to stay on the			
		Staff E stated the resident was			
		military and had post-			
		disorder (PTSD), and the			
		to stay on the unit. Staff E			
		38 sat in the front lobby all day			
	and all night, and the only time the resident				
		to use the bathroom in their			
		Hall. Staff E stated Resident			
#38's roommate a		also tested positive.			
	During an intervi	iew on 07/11/2022 at 3:01 PM,			
		the COVID-19 outbreak			
		ident who left the facility three			
		dialysis. The ADON stated			
		tested positive, followed by			
		mbers. The ADON stated there			
	· •	ve staff than there were			
	_	DON stated they did not have			
		its test positive until a week			
	-	Resident #38, followed by			
	Resident #38's ro	oommate. The ADON stated the			
	facility currently	had three residents who were			
	COVID-19 posit	ive. The ADON stated they			
	moved Resident	#38's belongings to the			
	· ·	but the resident refused to			
	,	cility stopped communal dining			
		‡38's refusal to isolate. The			
		at Resident #38 ambulated			
		all, where the resident's room			
	was located, and	staff could not direct the			

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Facility Administrator	Date	-

Number 5814				II -	rt date st 3, 2022
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Northern Mahasi	ka Specialty Care		July 11, 2022	?- July 16, 20	)22
Facility address 2401 Crestview Drive IA 52577					
City Oskaloosa, IA		MW			
Rule or Code Section	N	ature of Violation	Class	Fine Amount	Correction Date
	resident that he/s but the resident of	ed the resident to prove to the he was positive for COVID-19, lid not believe the results. The e offered the resident a face			
	shield and face in sit in the front lower them. The Ayelled at her and The ADON state keep an eye on the resident away frostated the facility "warm isolation, on isolation, just until the roomma moved.  During an intervithe IADM stated	hask when the resident would bby, but the resident refused to ADON stated the resident threw the items in the trash. d she had verbally told staff to be resident and to keep the om other residents. The ADON or put the resident's roommate on which meant the resident was not on the COVID-19 unit, atte tested positive and was seew on 07/11/2022 at 3:20 PM, the COVID-19 outbreak			
	was vaccinated, vadmitted and test members then test another resident #38 and his/her r COVID-19. The resident tested por COVID-19 unit, them in a room be	ewly admitted resident, who was tested 72 hours after being sed positive. Two staff sted positive; several days later, tested positive, then Resident commate tested positive for IADM stated that when a positive, they were moved to the and the facility tried to keep by themselves. The IADM ent #38 would not stay in the			

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Number 5814				Repor Augus	t date t 3, 2022
Facility name Northern Mahasl	ka Specialty Care		Survey dates July 11, 2022- July 16, 2022		22
Facility address 2401 Crestview Drive IA 52577					
City Oskaloosa, IA		MW			
Rule or Code Section	N	ature of Violation	Class	Fine Amount	Correction Date
	there was not a lestopped commure. The front area is could not tell the allowed to move not tell the resider room. The IADA requested all other rooms. The IADA potential to get where the potential to get where	Resident #38 in an area where of of resident contact and hal dining. The IADM stated, is the best we can do." They are resident he/she was not about the building and could ent he/she had to stay in the M stated that instead, they er residents to stay in their M stated Resident #38 had the iolent, and there was no choice, uce the resident's exposure to a staff.  New on 07/11/2022 at 3:30 PM, red Nurse, stated Resident #38 at with staying isolated in a could become aggressive.  Other residents were made to as. Staff D stated he was not t #38 was positive for COVID-nember stated that within the stated the resident started sitting at the because the resident cocasionally stated the resident occasionally			

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Number				l II	Report	
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Facility name Northern Mahas	ka Specialty Care		Survey dates July 11, 2022		16, 2022	2
Facility address 2401 Crestview D	Prive IA 52577					
City Oskaloosa, IA		MW				
Rule or Code Section	N	lature of Violation	Class	Fine Amo	unt	Correction Date
Section	before when the family member is contacted him/he behavior was at a family member is contacted him/he refusal to isolate.  During an intervithe IADM stated #38 to his/her roto kill the IADM IADM over the IADM stated out to their publicand had only contacted buring an intervity AM, the IADM is Social Service Dhalf, and they had another building whatever the residepartment head.  During an intervity AM, the Medical facility reached of (07/05/2022) about 15 per part of the family members of the family me	ve, and the facility had called resident had a bad day. The stated the last time the facility or regarding the resident's the end of April 2022. The stated the facility had not or regarding the resident's  iew on 07/11/2022 at 5:04 PM, he tried to redirect Resident om. The resident had threatened and also attempted to hit the nead with a fire extinguisher. If the facility had not reached to health contact for guidance ntacted their corporate office.  iew on 07/12/2022 at 11:09 stated the facility had not had a firector (SSD) for a month and a director (SSD) for a month and a director (SSD) stated that ident concerns were, the sworked on those issues.  iew on 07/12/2022 at 11:26 I Director (MD) stated the out to her last Tuesday out the outbreak. The MD stated to make a plan for Resident		Allio	unt	Date

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Number 5814					eport	date 3, 2022
			Cdata		ugust	5, 2022
Facility name Northern Mahaska Specialty Care			Survey dates July 11, 2022		6, 2022	2
Facility address 2401 Crestview Drive IA 52577						
City Oskaloosa, IA		MW				
Rule or Code Section	N	ature of Violation	Class	Fine Amoun	nt	Correction Date
Section	stated it was not wander while Co stated the resider room and would aggressive and treated the lobby every activity, di one-on-one with MD, it was interested a spread of from going every stated she was no resident cases. So have notified her the nurse practiti the facility tried another facility, resident needed at to being an elope previous SSD was resident to move the facility no local utilizing one from stated she did no assessed for psychological possessed allowing the lobby could possessed and the best optice.	dent refused to isolate. The MD ideal to allow the resident to DVID-19 positive. The MD at kept coming out of his/her not wear a mask and became ried to hit a nurse. The MD became the resident's room, and ming, or therapy session was residents. According to the esting, because they had not COVID-19 and had stopped it where. However, the MD of aware of the recent positive he stated the facility should coner instead. The MD stated to move Resident #38 to and the MD felt like the a facility with a secure unit due ement risk. The MD stated the as working on getting the to another facility; however, niger had an SSD and was an another facility. The MD think the resident had been chiatric care but felt the resident ecure dementia unit. The MD he resident to sit in the front sibly affect the other residents, on was to keep the other d. The MD further stated that		Amoun	nt	Date

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City Oskaloosa, IA		MW			
Rule or Code Section	N	ature of Violation	Class	Fine Amount	Correction Date
	to depression. The facility was violated they were trying.  During an intervithe Director of C. Practitioners (DC was appropriated ambulate freely to COVID-19 positions (Chief Medical Odes should transfer the due to the resident stated she notified Clinical Services recommendation were full. She staresident to a location probably would be she was COV had worked with facility was trying facility. She stated there were no residents of the stated she notified the stated she notified the stated she notified to the resident to a location were full. She stated she was COV had worked with facility was trying facility. She stated there were no residents of the stated she notified to a location with the stated she was covered to a location with the stated she notified to a location with the stated	the two nearby facilities ated the facility could send the all psychiatric facility, but they not take the resident when ID-19 positive. She stated she at three different SSDs, and the ag to find the resident another ed two SSDs had quit because sources around the area.  If an untitled list of COVID-19 is revealed 10 additional positive for COVID-19 from			

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City Oskaloosa, IA		MW			
Rule or Code Section	N	ature of Violation	Class	Fine Amount	Correction Date
	revealed Staff A Hall, pushing a m his right elbow. S mask and had fact 1 inch long.  During an intervite Interim Adm Administrator (A together due to the facility a week. To should be wearing mask, and an N9 if the staff members around the back of the loops of of the lo	iew on 07/11/2022 at 10:51 rtified Nursing Assistant, was g an N95 mask with the top ont of the mask and not behind stated she was, "not sure how			

If, within thirty (30) days of the receipt of the citation, you: (1) do not request a formal hearing or; (2) withdrav	٧
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).	

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Facility address 2401 Crestview Dri	ve IA 52577				
City Oskaloosa, IA		MW			
Rule or Code Section	N	ature of Violation	Class	Fine Amount	Correction Date
	During an intervi- 07/11/2022 at 1:5 Nursing Assistan resident. Staff H an N95 mask that placed the mask l mask should be v During an intervi- 07/12/2022 at 8:2 wearing the botto underneath his ch was below the ch I'm working on it 4. During an intervi- who at the time of assigned the title charge nurse, state for the N95 mask	mes I wear it right. I'm used to e can't wear those."  lew and observation on 53 PM, Staff H, Certified at, was in Room 108 talking to a was wearing a face shield and the was below her chin. Staff H back on her face and stated the worn above the nose.  lew and observation on 29 AM, the MS was again om strap of the N95 mask hin. When asked why the straphin, the MS responded, "Ugh. t."  rview on 07/11/2022 at 10:42 ector of Nursing (IDON) B, of the interview had not been of IDON and was a floor ted she had not been fit tested a she was wearing.  lew on 07/11/2022 at 10:42 egistered Nurse, stated she had		Amount	Date
r	-	d for the N95 mask she was			

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).

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City Oskaloosa, IA		MW			
Rule or Code Section	N	ature of Violation	Class	Fine Amount	Correction Date
	AM, Staff K, Ce they had not been they were wearing.  During an interval AM, Staff G, Ce she had not been was wearing.  During an interval Staff S, Houseke tested for the N9  During an interval AM, the Mainter he had not been twas wearing.  During an interval AM, Staff I, Occhad not been fit twearing.  During an interval AM, Staff N, Physhe had not been was wearing.  During an interval AM, Staff N, Physhe had not been was wearing.	iew on 07/11/2022 at 10:47 rtified Nursing Assistant, stated in fit tested for the N95 masking.  iew on 07/11/2022 at 10:51 rtified Nursing Assistant, stated fit tested for the N95 mask she iew on 07/11/2022 10:53 AM, ieper, stated she had not been fit 5 mask she was wearing.  iew on 07/11/2022 at 10:55 mance Supervisor (MS) stated fit tested for the N95 mask he iew on 07/11/2022 at 10:57 mask she was iew on 07/11/2022 at 10:57 mask she was iew on 07/11/2022 at 10:59 yesical Therapy Assistant, stated fit tested for the N95 mask she iew on 07/11/2022 at 10:59 yesical Therapy Assistant, stated fit tested for the N95 mask she iew on 07/11/2022 10:59 AM, of Nursing (IDON) C stated he			

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Facility Administrator	Date	•

		•			
Number 5814				-	ort date est 3, 2022
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Northern Mahasl	ka Specialty Care		July 11, 2022	?- July 16, 20	)22
Facility address 2401 Crestview D	Orive IA 52577				
City Oskaloosa, IA		MW			
Rule or Code Section	N	ature of Violation	Class	Fine Amount	Correction Date
Section	wearing.  During an interv. AM, the IADM a not been fit teste wearing. The IAI the local health of testing; however not come to the f would have to m the health depart N95 masks.  During an interv. AM, the Assistant stated she had not mask she was we approximately a tested for a different During an interv. AM, the MDS C been fit tested for wearing.  During an interv. Staff D, Register	iew on 07/11/2022 at 11:29 oordinator stated he had not r the N95 mask he was iew on 07/11/2022 at 3:30 PM, red Nurse, stated he had not		Amount	Date
	wearing. Staff D	r the N95 mask he was had facial hair that was inch long and stated he did not			

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Northern Mahas	ka Specialty Care		July 11, 2022	- July 16, 20	)22
Facility address 2401 Crestview D	Orive IA 52577				
City Oskaloosa, IA		MW			
Rule or Code Section	N	ature of Violation	Class	Fine Amount	Correction Date
Section	the mask; however too long.  During an interval Interim Director she had not been wearing. She had started working it told her they did she was aware the and Health Admit facilities for not in the During an interval Staff Q, Licensed had not been fit it wearing.  Removal Plan:  "How residents a potential of being Residents at Nor have the potential.  1. The employee of COVID-19 we report was run of staff who may have the potential.	hair compromised the seal of ter, he felt the facial hair was seen the felt the facial hair was seen to feer, he felt the facial hair was seen to feer, he felt the facial hair was seen to for the facility of the N95 she was seed about it when she first for the facility, and the facility not do fit testing. She stated hat OSHA (Occupational Safety inistration) had fined other fit testing for N95s seew on 07/13/2022 at 9:08 AM, depractical Nurse, stated she heested for the N95 mask she was sees the feeted were identified: there Mahaska Specialty Care all to be affected.  Exhibiting signs and symptoms has sent home on 07/11/2022. An 17/11/22 to show any other have coded symptoms. One (1) a email and the staff answered a		Amount	Date

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Facility Administrator	Date	-

Number 5814				-	ort date ust 3, 2022
Facility name Northern Mahasi	ka Specialty Care		Survey date July 11, 202		022
Facility address 2401 Crestview Drive IA 52577					
City Oskaloosa, IA		MW			
Rule or Code Section	N	ature of Violation	Class	Fine Amount	Correction Date
	were not new or  A list of COVID as fever, change aches, shortness loss of taste and diarrhea were rescreeners for a quality if exhibit symptoms listed.  Accushield alerts facility administration down, a paper consymptomatic state.  Current facility substantial department mananursing manager if they have had and are not up to and/or experience COVID-19. Educible will continue till	s have been assigned to the rator via email. If the system is opy will be monitored for ff and/or visitors.  Staff and Agency staff including agers have been educated by ment on not entering the facility direct exposure to COVID-19 date with vaccination status ing signs and symptoms of cation began on 7/11/22 and completed on 7/14/22. Staff			
	educated. If staf they will be educ Administrator an	he center will be called and if are off on leave or vacation, cated prior to working. id/or Director of nursing will accushield audits per alert			

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

Facility Administrator

Number 5814					Report (	date 3, 2022
Facility name Northern Mahasl	ka Specialty Care		Survey dates July 11, 2022		.6, 2022	2
Facility address 2401 Crestview D	Prive IA 52577					
City Oskaloosa, IA		MW				
Rule or Code Section	N	ature of Violation	Class	Fine Amou	ınt	Correction Date
	2. The resident remask was provided to assist in keeping designated COV continues to refut the isolated unit, 1:1 to maintain stime of day until after the ten-day providing 1:1 without of continued non physician and [fatthe resident current recommendation]  Current Facility been educated by DON, ADON, and resident tests post resident will go ensure the resided any outside visited.	efusing to isolate or wear a led with 1:1 [one-on-one] staffing him isolated within a ID-19 unit. If the resident se to wear a mask or stay on staff will continue to provide ocial distancing regardless of isolation is no longer required mark 7/15/22. The staff Il inform facility management acompliance. The primary care amily member] was notified of ently refusing to follow s.  Staff and agency staff have y nursing management such as ind/or nurse manager that if a sitive for COVID-19 and the to be placed in isolation, the I:1 with a staff member to ent does not have contact with ors or residents and remain 6 other residents and visitors. The				
	staff will assist in the COVID-19 is mask use. Educa	n redirection of the resident to solation unit and encourage tion began on 7/11/22 and will upleted on 7/14/22. Staff not				

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Number 5814				-	ort date ust 3, 2022
Facility name			Survey dates	<u> </u>	
Northern Mahasi	ka Specialty Care		July 11, 2022		2022
Facility address 2401 Crestview D	Prive IA 52577				
City Oskaloosa, IA		MW			
Rule or Code Section	N	ature of Violation	Class	Fine Amount	Correction Date
	educated, if staff they will be educated.  3. Current Facility agency staff have management that they are to wear with both straps facial hair, they seensure proper fitted on 7/11/22 and worder 7/14/22. Staff not called and educated vacation, they will department manamonthly staff will to proper PPE use.  Anticipated date correction [immed 07/14/2022."  Onsite Verification The IJ was remonafter the survey to the staff will be educated to the survey to the staff will be educated to the survey to the staff will be educated to the survey to the staff will be educated to the survey to the staff will be educated to the survey to the staff will be educated to the survey to the staff will be educated to the staff will be ed	of completion for this plan of ediate jeopardy removal plan]			

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Number 5814					rt date st 3, 2022
Facility name Northern Mahasi	ka Specialty Care		Survey dates July 11, 2022		22
Facility address 2401 Crestview Drive IA 52577					
City Oskaloosa, IA		MW			
Rule or Code Section	N	ature of Violation	Class	Fine Amount	Correction Date
	Removal Plan be when Staff A wa 07/11/2022. Versigns and sympto Accushield scree 07/13/2022. A to conducted with severify training hainterviewed inclusion Assistants (CNA (LPNs), Register staff, environment the beautician, the scheduler, a hosp occupational the verified they had the facility if the COVID-19 and waccination status symptoms of CO positive for COV to be placed in is placed 1:1 with a resident did not havisitors or reside from other reside COVID-19 outbut that covered the around the head.	risite verification of the egan at 2:30 PM on 07/14/2022, as verified to be sent home on ification of the COVID-19 oms list posted at the ener was completed on otal of 36 staff interviews were staff from all three shifts to ad been completed. The staff aded Certified Nursing as), Licensed Practical Nurses red Nurses (RNs), housekeeping ental services staff, kitchen staff, are Activity Director, the poice social worker, and an arrapy staff. The staff interviewed a been trained on not entering y had direct exposure to were not up to date with a sand/or experiencing signs and an experiencing signs and an experiencing signs and an experiencing signs and an experiencing signs and a staff member to ensure the entering that the resident would be a staff member to ensure the entering and visitors; during a reak, they were to wear N95s mose and with both straps. If staff had facial hair, they he facial hair to ensure proper			

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City Oskaloosa, IA		MW			
Rule or Code Section		ature of Violation	Class	Fine Amount	Correction Date
	sheets provided in members had be staff who were no the in-services we with the in-services	sk. A review of the in-service indicated that all 46 staff en provided training. Those ot physically present to receive ere messaged via telephone, ce information provided and the wledging receipt and voicing			

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).

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Number 5814				ll l	Report August	
Facility name			Survey dates			
Northern Mahasi	ka Specialty Care		July 11, 2022	2- July :	16, 2022	2
Facility address 2401 Crestview D	rive IA 52577					
City Oskaloosa, IA		MW				
Rule or Code Section	N	ature of Violation	Class	Fine Amou	unt	Correction Date
58.19(2)j	intervention for a adverse symptoms	on and treatment.  accurate assessment and timely ll residents who have an onset of which represent a change in mental, ical condition. (I, II, III)	I	\$4000 Held Suspe		UPON RECEIPT
	Based on interviews, record review, and facility policy review, the facility failed to provide dental services to meet the needs of 1 (Resident #61) of 1 sampled resident reviewed for dental needs. The facility admitted Resident #61 with missing and broken teeth and failed to accurately assess the resident's dental status and identify dental issues in need of attention, which resulted in a delay in treating the dental issues.					
	an abscessed too treatment.  Findings include  A review of the the Examination/Asservices as needed.	sequently developed pain and th requiring antibiotic  d: facility policy titled, "Dental sessment Policy," dated 2001, ent shall be offered dental ed." The policy also indicated, ag a dental examination, a				

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).

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Northern Mahask	ca Specialty Care		July 11, 2022	2- July :	16, 2022	2
Facility address 2401 Crestview D	rive IA 52577					
City Oskaloosa, IA		MW				
Rule or Code Section	N	ature of Violation	Class	Fine Amou	unt	Correction Date
	resident needing	dental services will be				
	promptly referred					
	A review of an ".	Admission Record" revealed				
	the facility admit	tted Resident #61 on				
	06/11/2022 with diagnoses that included morbid					
	obesity and dysphagia.					
	Review of a, "NSG [Nursing]:					
	Admission/Readmission Evaluation," dated					
	06/12/2022, revealed Resident #61 was alert					
	and oriented to person, place, time, and situation. The evaluation indicated the resident's					
	upper and lower	teeth were in good condition.				
	Review of a "Dietary Note," dated 06/13/2022,					
		istered Dietitian (RD)				
	performed a remote nutritional assessment. The					
RD indicated that the resident's upper and lower						
	teeth were in goo	od condition and that the				
	resident had no c	chewing or swallowing				
	difficulties, base	d on the documented admission				
	evaluation that h	ad been completed by nursing.				
	A marriage of an a	dmission Minimum Data Set				
		18/2022 revealed Resident #61				
	` '	rief Interview for Mental Status				
		ndicating the resident was				
	, ,	t. The MDS indicated the				
		obvious or likely cavities or				
	broken natural te	<u> </u>				
	oroken natural te	cui.		<u> </u>		

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Facility address 2401 Crestview D	rive IA 52577				
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Rule or Code Section	N	ature of Violation	Class	Fine Amount	Correction Date
	(approximately trevealed the residence wing meat duexam revealed per During an intervence PM, Resident #6 his/her teeth. The teeth were mostled a couple of teeth further stated at a broken and the refollow-up intervence the condition of admitted to the final he/she was expensantibiotics.  Review of a "Procrevealed the chief a swollen, painfuresident's level of a scale of zero to of achy, constant area with associated pain with eating, resident had a to-	ogress Note," dated 06/27/2022 wo weeks after admission), dent complained of difficulty to dentition. The physical foor dentition.  The physical foor dentition of dentition of dentition.  The resident stated the bottom of the teeth bottom of the teeth had foots were still in the gum. In a few on 07/13/2022 at 1:01 PM, alled he/she had told staff about the teeth when he/she was accility. The resident stated friencing pain and was now on the original of the pain was described as five on the teeth of the right gum. The finance of the right gum/jaw/face ated swelling. The resident had the provider indicated the footh broken off at the jawline.  The mindicated the resident had the indicated the resident had the resident ha			

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		1		<del></del>	
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Northern Mahas	ka Specialty Care		July 11, 2022	2- July 16, 20	)22
Facility address 2401 Crestview D	Orive IA 52577				
City Oskaloosa, IA		MW			
Rule or Code Section	N	lature of Violation	Class	Fine Amount	Correction Date
	(without teeth). It poor condition/c had inflammation. The provider individuals assessment and provider ordered three times daily referral.  During an intervidual AM, the Interim revealed the expedental status at a the teeth, gums, teeth, check for contering to have "good teeth broken teeth. The #61 should have Interim DON fur without a Social and in the absence not sure who wo referrals.  During an intervidual and intervidual and intervidual and intervidual and intervidual and intervidual and interviduals.	The remaining teeth were in racked. The right lower gum in and was tender to palpation. icated there was a possible under the incisor area. The plan indicated a cracked tooth actis versus abscess. The Amoxicillin 500 milligrams for ten days and a dental desired in the folial formulation of the folial fo			

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Facility address 2401 Crestview D	rive IA 52577				
City Oskaloosa, IA		MW			
Rule or Code Section	N	ature of Violation	Class	Fine Amount	Correction Date
	order was received few days ago. She system for a dentification resident's mouth. (left side) of the tooth with decay She stated she did assessment that if were in good corresident should be upon admission, resident's teeth.  On 07/16/2022 at and Interim Admission				

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).

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City Oskaloosa, IA		MW			
Rule or Code Section	N	ature 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	, , ,
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).	
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Facility address 2401 Crestview D	rive IA 52577				
City Oskaloosa, IA		MW			
Rule or Code Section	N	ature of Violation	Class	Fine Amount	Correction Date
58.28(3)e	protect against haze the environment. (I  DESCRIPTION: Based on observation interviews, documented the car facilitate develop to prevent furthe fall-related injuri- sampled resident resulted in a lace bruising to the ey lower eye and m	shall receive adequate supervision to ards from self, others, or elements in		\$18,750 Trebled Held in Suspension	UPON RECEIPT
	Findings included:  A review of the facility's policy titled, "Care Plans, Comprehensive Person-Centered," revised December 2016, revealed, "The comprehensive, person-centered care plan will: g. Incorporate identified problem areas; h. Incorporate risk factors associated with identified problems." Further review of the policy revealed, "10. Identifying problem areas and their causes and developing interventions				

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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).

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Facility name Northern Mahasl	ka Specialty Care		Survey dates July 11, 2022- July 16, 2022		22
Facility address 2401 Crestview D	rive IA 52577				
City Oskaloosa, IA		MW			
Rule or Code Section	N	ature of Violation	Class	Fine Amount	Correction Date
	are the endpoint The policy also i interventions are gathering, proper consideration of resident's problem relevant clinical A review of the facility: The document falls the inthe facility; for they happen, any [et cetera]." Further evealed, "Cause individual who happen practitioner will causes within 24 review under, "Trevealed, "1. Bas assessment, the sepertinent intervensubsequent falls clinically signification or corrected, staffinterventions, bas or category of fair	and meaningful to the resident, of an interdisciplinary process." ndicated, "11. Care plan chosen only after careful data requencing of events, careful the relationship between the mareas and their causes, and decision making."  facility's policy titled, "Falls - I," revised March 2018, estaff will evaluate and nat occur while the individual is rexample, when and where observations of the event, etc. ther review of the policy aldentification 1. For an as fallen, the staff and begin to try to identify possible hours of the fall." Further treatment/Management" sed on the preceding staff and physician will identify nations to try to prevent and to address the risks of cant consequences of falling. 2. uses cannot be readily identified if will try various relevant sed on assessment and nature lling, until falling reduces or eason is identified for its			

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Rule or Code Section	N	ature of Violation	Class	Fine Amount	Correction Date
	"Monitoring and staff, with the ph up on any fall wiresident is stable such as late fract been ruled out or physician will mindividual's respet to reduce falling falling." Addition If the individual physician will rereconsider possible falling (instead on have already been reconsider the curreconsider the curreconsideration that t	further review under Follow-Up" revealed, "1. The sysician's guidance, will follow th associated injury until the and delayed complications ure or subdural hematoma have resolved. 2. The staff and onitor and document the onse to interventions intended or the consequences of nally, the policy indicated, "4. continues to fall, the staff and evaluate the situation and ole reasons for the resident's of, or in addition to those that in identified) and also arrent interventions."  dmission Record" revealed the Resident #23 with diagnoses counter for other orthopedically in walking, lack of a scle weakness, history of a intertrochanteric fracture of the wasting, and dizziness.  arterly Minimum Data Set (23/2022, revealed Resident dindependence in cognitive ecision making per a Staff Mental Status (SAMS),			

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Rule or Code Section	Nature of Violation		Class	Fine Amount	Correction Date
	new situations. Frevealed the reside of one person for MDS, the resider no injury and one admission or price. A review of Residentiated on 03/22 was at an increase for the resident to falls. The plantage of the resident of the resident of the resident of the back of the was for the resident of the was for the resident of the resi	ident #23's care plan, dated as 3/2022, revealed the resident sed risk for falls. The goal was a experience no injuries related aned interventions included: resident to use the call light for environment without clutter. dent wears appropriate ident for signs and symptoms a change in condition. strips in front of the recliner.  If the care plan revealed the ll with no injury on 06/02/2022 asfer and a fall with a laceration e head on 06/05/2022. The goal ent to resume usual activities incident. The planned			

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Rule or Code Section	N	ature of Violation	Class	Fine Amount	Correction Date
	of the head Monitor/documents any signs a changes in mental confusion, sleeping posture, and agit Physical therapy needed Walker within the decides to self-trewalker to remind transferring.  A review of a "New Evaluation," date resident's total fascore of 10 or about at high risk for fascore of 10 or about 1	y to evaluate and treat as reach just in case the resident ansfer again and a sign on the I the resident to use it when ISG [Nursing]: Fall Risk ed 03/23/2022, indicated the Ill risk score was 12, with a ove indicating the resident was			

If, within thirty (30) days of the receipt of the citation, you: (1) do not request a formal hearing or; (2) withdrav	٧
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).	

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Facility Administrator

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Number 5814					rt date st 3, 2022
Facility name Northern Mahaska Specialty Care			Survey dates July 11, 2022		)22
Facility address 2401 Crestview D	rive IA 52577				
City Oskaloosa, IA		MW			
Rule or Code Section	N	ature of Violation	Class	Fine Amount	Correction Date
	A review of a "N dated 04/15/2022 fall risk score wa above indicating for falls.  A review of a "In Occurrence Note AM, revealed the floor in front an "Un-witnesse 04/19/2022 at 1: was found lying There were no in A review of a "N dated 04/19/2022 fall risk score wa above indicating for falls.  A review of an "Skilled Evaluation PM, revealed the services and was	for this fall was to place non- nt of the recliner.  (SG: Fall Risk Evaluation," 2, indicated the resident's total as 12, with a total score of 10 or the resident was at high risk  (C) dident, Accident, Unusual as," dated 04/19/2022 at 1:00 as resident was found lying on of his/her recliner. A review of d" incident report, dated du AM, revealed Resident #23 in front of his/her recliner. terventions listed for this fall.  (SG: Fall Risk Evaluation," 2, indicated the resident's total as 15, with a total score of 10 or the resident was at high risk  (SPN [Special Needs Plan]- on," dated 04/20/2022 at 3:33 as resident was on skilled nursing working with therapy for and rehabilitation services.			

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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).

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Number 5814					rt date st 3, 2022
Facility name			Survey dates	<u> </u>	
Northern Mahasi	ka Specialty Care		July 11, 2022		22
Facility address 2401 Crestview D	Drive IA 52577				
City Oskaloosa, IA		MW			
Rule or Code Section	N	ature of Violation	Class	Fine Amount	Correction Date
Section	Occurrence Note AM, revealed the approximately 4 resident was assireminded to use review of an "Ur dated 04/23/2022 Resident #23 had was found approrecliner. The resident was reminded to assistance.  A review of a "N dated 04/23/2022 fall risk score was above indicating for falls.  A review of an "dated 06/02/2022 Resident #23 was side, facing the f was not in reach against the wall. his/her head, but The resident was and to have his/her.	ncident, Accident, Unusual e," dated 04/23/2022 at 3:45 e resident was found feet from his/her recliner. The sted back to the recliner and the call light for assistance. A n-witnessed" incident report, 2 at 3:45 AM, revealed d a fall in his/her bedroom and eximately 4 feet from the dent stated, "I was getting up ex steps and fell." The resident use his/her call light for  ISG: Fall Risk Evaluation," 2, indicated the resident's total as 10, with a total score of 10 or the resident was at high risk  Un-witnessed" incident report, 2 at 8:15 AM, revealed as found lying on his/her right front door. The resident's walker and the wheelchair was parked The resident stated he/she hit there were no injuries noted. The resident, accident, Unusual		Amount	

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Number 5814				II -	t date st 3, 2022
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Facility address 2401 Crestview D					
City Oskaloosa, IA		MW			
Rule or Code Section	N	ature of Violation	Class	Fine Amount	Correction Date
	PM, revealed Rehis/her right side resident's walker resident's wheeld wall. The resider but there were now as reminded to his/her walker w  A review of "NS 06/02/2022, indirisk score was 10 above indicating for falls.  A review of "Un at 4:30 AM revealis/her bedroom floor beside his/her was just getting a slipped." The residue back of the happroximately 1. The hospital. No this fall.  A review of "NS 06/05/2022, individed the side of the happroximately 1.	e," dated 06/02/2022 at 2:35 sident #23 was found lying on a facing the front door. The was not in reach and the chair was parked against the at stated he/she hit his/her head, o injuries noted. The resident use the call light and to have ithin reach.  G: Fall Risk Evaluation," dated cated the resident's total fall on with a total score of 10 or the resident was at high risk  -witnessed" fall on 06/05/2022 aled Resident #23 had a fall in and was found lying on the ner bed. The resident stated, "I up to go to the bathroom and ident sustained a laceration to ead that measured .5 inches long and was sent to interventions were listed for  G: Fall Risk Evaluation," dated cated the resident's total fall 8, with a total score of 10 or			

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).

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Number 5814					port date gust 3, 2022
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Facility address 2401 Crestview D					
City Oskaloosa, IA		MW			
Rule or Code Section	N	ature of Violation	Class	Fine Amount	Correction Date
Section	for falls.  A review of an "dated 06/05/2022 Resident #23 was beside his/her be just getting up to slipped." The resident he back of the happroximately 1 the emergency rolisted for this fall.  A review of an "Occurrence" repeat 7:30 AM, the with staples to the resident's head.  A review of an "dated 07/04/2022 #23 was found by his/her chair. The accidentally kept the chair and the resident to fall to	Un-witnessed" incident report, 2 at 4:30 AM, revealed s found lying on the floor d. The resident stated, "I was go to the bathroom and sident sustained a laceration to ead that measured 5 inches long and was sent to bom. No interventions were l.  Incident, Accident, Unusual out revealed that on 06/05/2022 resident returned to the facility he laceration on the back of the Un-witnessed" incident report, 2 at 2:30 PM, revealed Resident ving on the floor in front of the resident stated he/she to pressing the "up" button on chair raised, causing the the floor. The resident was safety risks associated with the		Amount	. Date

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

Number 5814				•	rt date st 3, 2022
Facility name Northern Mahasl	ka Specialty Care		-	Survey dates July 11, 2022- July 16, 2022	
Facility address 2401 Crestview Drive IA 52577					
City Oskaloosa, IA		MW			
Rule or Code Section	N	ature of Violation	Class	Fine Amount	Correction Date
	07/04/2022 in th record (EHR).	SG: Fall Risk Evaluation" for e resident's electronic medical furses Note" or "Incident,			
	Accident, Unusual Occurrence" report related to the resident's fall on 07/04/2022.				
	A review of an "SPN-Focused Evaluation," dated 07/05/2022 at 10:45 AM, revealed the facility continued with neurological assessments of the resident after a fall.				
	AM, two staff m	vation on 07/11/2022 at 9:26 embers came out into the hall the hall that Resident #23 had was blood.			
	dated 07/11/2022 Resident #23 waside in front of the upright position. blood on the flooresident sustainer forehead. The receiver up and wasident stated the The intervention the facility staff.	Un-witnessed" incident report, 2 at 9:30 AM, revealed s found lying on his/her left he recliner, which was in the There was a large pool of or under the resident's head. The d a laceration to his/her sident stated he/she raised the was dumped out of it. The hat his/her nose hit the floor. listed on the form instructed members to change the recliner manual. A review of an			

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	indicated that on resident was four front of his/her rethe upright position blood on the flood head. The resident forehead and had was notified via the was notified via the A review of a "Notated 07/11/2022 fall risk score was above indicating for falls.  During an intervous of the was a quarteristing in a manugauze wrapped at the was a quarteristent's forehead and the was a quarteristent with the up the setting on spill" from the residual that was notified via the was not	ISG: Fall Risk Evaluation," 2, indicated the resident's total as 12, with a total score of 10 or the resident was at high risk  iew and observation on 05 PM, Resident #23 was al recliner in his/her room with round the resident's head.  rter-sized circle of blood on the ad that was visible through the #23 stated he/she was in the remote control and had messed the controller and "took a				

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	hematoma to the forehead.  A review on 07/2 "Incident by Inciresident had expeadmission, which 04/19/2022, 04/2 06/05/2022, and occurred on 07/0 During an intervinterim Director the time of the inworking the floowas not aware of 07/04/2022. Who assessment she condicated the resident had a fair recall anything a the afternoon on second shift (2:0 Staff D, Register neurological assessments.)	right lower eye and mid- 13/2022 at 8:15 AM of an dent Type" report indicated the erienced six falls since included 04/15/2022, 23/2022, 06/02/2022, 07/11/2022. There fall that 14/2022 was not listed.  Siew on 07/13/2022 at 9:58 AM, of Nursing (IDON) B, who at atterview was a registered nurse in and not the IDON, stated she is the resident having a fall on the en asked about the neurological completed on 07/05/2022, which ident had a fall, she requested ident's electronic medical after the review, IDON B stated that the neurological started on 07/04/2022 after the ll. She stated she could not bout the fall, only that it was in 07/04/2022 around the start of 0 PM to 10:00 PM). She stated that to locate any information about			

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	the fall in the EM	IR or in the risk management			
	section of the EN	IR, where falls were			
	documented. ID0	ON B stated that previous			
	interventions for	the resident's fall were grip			
	strips in front of	the recliner. After the fall on			
	07/11/2022, she	requested that staff switch out			
	the resident's rec	liner to a manual recliner. She			
	stated she notifie	ed the nurse practitioner via fax			
	and did not call t	he doctor. She stated the			
	resident "was just bleeding from [their]				
	forehead, no hematoma. I did not feel like it was				
an emergency issue." The IDON B stated she					
	could only recall	one other fall, which occurred			
	in the middle of	the night. The IDON B stated			
		d try to figure out how to			
	prevent the resid	ent from falling and put an			
	intervention in p	lace to prevent future falls. The			
	IDON stated she	was unaware if the facility			
	completed a root	cause analysis to identify why			
		falling. IDON B stated that			
		fell, the facility staff members			
		e an assessment, notify the			
		e DON and/or management,			
	• 1	ysician. If the fall was			
		ff were to start neurological			
		create an event in risk			
	_	he EMR, which would include			
		nd what intervention was put			
	_	B stated the Quality			
		team was supposed to review			
	the falls in risk n	nanagement, and she was not			

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	how the facility was unsure how currently.  During an intervithe Director of C was a previous n stated the resider was admitted. The of any interventibesides physical which the resider admitted. The Dopractitioner, she medications and resident had mul was completed for stated the Minim Coordinator should intervent stated the resider in the root cause of the resident's formulation of the DON was resident's care plinterventions to provide the control of the process of the point of th	am. The IDON stated that was previously addressed falls but the facility addressed them  liew on 07/13/2022 at 2:37 PM, Clinical Operations (DCO), who urse practitioner for the facility, at had a weak gait when he/she he DCO stated she was unaware ons in place for the resident and occupational therapy, at had started when he/she was CO stated that as a nurse reviewed the residents' complete laboratory work if the tiple falls but was unsure if this for Resident #23. The DCO aum Data Set (MDS) and update the care plan to dions related to falls. The DCO at physician should take part analysis to identify the cause falls.  liew on 07/13/2022 at 3:54 PM, of Nursing (IDON) A stated sponsible for updating the an after each fall to include prevent further falls. IDON A a resident fell, staff were to			

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Section	unwitnessed, star complete a risk rinclude an intervibit his/her head, stated, "It's very faxed the doctor calling them. IDO teaching staff to stated she was proceed on the started the risk by the started the risk by the started the risk by the started for the faxes in his/her recremote controller resident to the flohad a BIMS of 1 was cognitively in resident on the sate stated she was no previous falls from the staff D, Agency RN on shift or the responsible for unstaff D stated the staff D staff	nt, and if the fall was rt neurological assessments and management form, which would ention. If the resident fell and staff should call 911. IDON A strange here" because the staff when a resident fell instead of ON A stated she had been call instead of fax. IDON A resent when the resident fell on that Staff B was the nurse e resident. IDON A stated that sk management form, and Staff to complete it. IDON A stated form today (07/13/2022). IDON fall on 07/04/2022, the resident cliner and did not let go of the r and it "sling shotted" the foor. IDON A stated the resident intact, and she educated the afety of the chair. IDON A of aware the resident had om the recliner.  iew on 07/13/2022 at 4:09 PM, Registered Nurse, stated the the management team were plating the resident's care plan. The resident had several falls as of on that day, the resident had		Amount	Date

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	floor. Staff D stamanagement for staff of the incide supposed to cominterventions for ensure the call light in low position, reducate the reside on the recliner arthe bed.  During an intervention of the registered registered in stated the nurse of the care plan, but responsible for under the MDS Coordinates because shad been compled duties because shad been compled duties because shad be to the facility Coordinator statemanagement team care plan, or the incident could up	r up and slipped out onto the ted he did not complete a risk m, which would notify other ent, because IDON A was plete it. Staff D stated Resident #23 included to ght was in reach, keep the bed routine two-hour checks, and ent on not pushing the remote and not to transfer him/herself to see on 07/16/2022 at 10:05 atted she was just appointed the 5/2022 due to not having any nurses in the facility. The IDON on duty could make changes to at the MDS Coordinator was polating the care plan.  See on 07/16/2022 at 1:29 PM, mator stated that the corporate ceted MDS Coordinators who sting the MDS Coordinator's he had to work as a floor nurse by being short-staffed. The MDS ed that anyone on the nurse m could update the resident's nurse who witnessed the odate it. She stated that if the ed while she was not at the			

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	She stated, "In the management team based on the risk happened. Those DON [Director or plan based on the don't know why don't know don't know have look the IADM stated would have look the IADM stated during the morni interdisciplinary the root cause. To 7/04/2022 shourisk management	e should update the care plan. The end, it is the nurse on that ensure it is updated, or management or anything that's of falls should have been the of Nursing] updating the care of risk management reports. I of wasn't updated."  The it wasn't updated."  The IADM stated the MDS of responsible for updating the of charge nurse had the ability to of the IADM stated the facility of a root cause analysis of the of the			

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	neurological asso interventions. The sign off on the ri				

If, within thirty (30) days of the receipt of the citation, you: (1) do not request a formal hearing or; (2) within thirty (30) days of the receipt of the citation, you:	withdr	aw
your request for formal hearing; and (3) pay the penalty, the assessed penalty will be reduced by third	ty–five	9
percent (35%) pursuant to Iowa Code section 135C.43A (2013).		

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