Citation Numb #6107	er:			Date May	: 16, 2023
Facility Name: Genesis Senio	r Living	-	Survey I April 10	Dates: – 27, 2023	
Facility Addres	ss/City/State/Zip	2L	•		
Des Moines, IA					
Rule or Code Section	Natur	e of Violation	Class	Fine Amour	t Correction date
58.19(2)b	The resident shall receiprovide, as appropriate nursing services under qualified nurses with an these rules: <b>58.19(2)</b> Medication an b. Provision of the appr wounds, including press healing, prevent infecti from developing; (I, II) <b>Description:</b> Based on clinical reco physician, and staff in the facility failed to en ulcer did not worsen to orders and accurately further medical interv reviewed (Resident #3)	by the following required the 24-hour direction of incillary coverage as set forth in ad treatment. Opriate care and treatment of sure sores, to promote on, and prevent new sores ord review, family, interviews, and policy review, insure a resident's pressure through following physician assessing the need for ention for 1 of 1 residents 3). This resulted in harm to poggy heel worsening to a the with bone infection and a		\$9,500 Held in Suspension	Upon Receipt

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Citation Numb #6107	er:			Date: May 16	, 2023
Facility Name: Genesis Senio		-	Survey I		
Facility Addres	ss/City/State/Zip	JS	April 10 – 27, 2023		
5608 SW 9 <sup>th</sup> St					
Des Moines, IA					
Rule or				Fine Amount	Correction
Code	Natur	e of Violation	Class		date
Section					

The Minimum Data Set (MDS) assessment dated		
11/24/22 of Resident #3 identified a Brief		
Interview of Mental Status (BIMS) score of 8,		
which indicated moderate cognitive impairment.		
The MDS revealed the resident was independent		
with no setup help needed for bed mobility. The		
MDS revealed the resident required limited		
assistance with help of 1 staff member for		
transfers. The MDS documented diagnoses that		
included diabetes, heart failure, non Alzheimer's		
dementia, and malnutrition.		
The current Comprehensive Care Plan of Resident		
#3 with a Target Date of 5/18/2023 failed to		
reveal any documentation of the resident being at		
risk of skin impairment or having any wounds.		
The Care Plan failed to document any		
interventions for skin integrity or treatment of any		
skin wounds.		
Determining the Stage of Pressure Injury MDS		
Skin Assessment Tool:		
Stage 1 Pressure Injury: Non-blanchable erythema		
of intact skin Intact skin with a localized area of		
non-blanchable erythema, which may appear		
differently in darkly pigmented skin. Presence of		
		Page 2 of 4

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

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Facility Name: Genesis Senior Living				Survey Dates: April 10 – 27, 2023		
Facility Address/City/State/Zip 5608 SW 9 <sup>th</sup> St.		JS		April 10 - 27, 2020		
Des Moines, IA						
Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date	

blanchable erythema or changes in sensation,	
temperature, or firmness may precede visual	
changes. Color changes do not include purple or	
maroon discoloration; these may indicate deep	
tissue pressure injury.	
Stage 2 Pressure Injury: Partial-thickness skin loss	
with exposed dermis Partial-thickness loss of skin	
with exposed dermis. The wound bed is viable,	
pink or red, moist, and may also present as an	
intact or ruptured serum-filled blister. Adipose	
(fat) is not visible and deeper tissues are not	
visible. Granulation tissue, slough and eschar are	
not present. These injuries commonly result from	
adverse microclimate and shear in the skin over	
the pelvis and shear in the heel. This stage should	
not be used to describe moisture associated skin	
damage (MASD) including incontinence	
associated dermatitis (IAD), intertriginous	
dermatitis (ITD), medical adhesive related skin	
injury (MARSI), or traumatic wounds (skin tears,	
burns, abrasions).	
Stage 2 Description Information Full theological lange of	
Stage 3 Pressure Injury: Full-thickness loss of	
skin, in which adipose (fat) is visible in the ulcer	
and granulation tissue and epibole (rolled wound	
edges) are often present. Slough and/or eschar	
	Page <b>3</b> of 4

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Facility Addres	ss/City/State/Zip	JS	April 10 – 27, 2023			
5608 SW 9th St						
Des Moines, IA 50315						
Rule or			Class Fine Amount Correction date			
Code	Natur	e of Violation				
Section						

1	may be visible. The depth of tissue damage varies		
ł	by anatomical location; areas of significant		
8	adiposity can develop deep wounds. Undermining		
8	and tunneling may occur. Fascia, muscle, tendon,		
1	ligament, cartilage and/or bone are not exposed. If		
5	slough or eschar obscures the extent of tissue loss		
	this is an Unstageable Pressure Injury.		
Ś	Stage 4 Pressure Injury: Full-thickness skin and		
	tissue loss with exposed or directly palpable		
	fascia, muscle, tendon, ligament, cartilage or bone		
	in the ulcer. Slough and/or eschar may be visible.		
	Epibole (rolled edges), undermining and/or		
	tunneling often occur. Depth varies by anatomical		
	location. If slough or eschar obscures the extent of		
	tissue loss this is an Unstageable Pressure Injury.		
	Unstageable Pressure Injury: Obscured full-		
	thickness skin and tissue loss Full-thickness skin		
	and tissue loss in which the extent of tissue		
	damage within the ulcer cannot be confirmed		
	because it is obscured by slough or eschar. If		
	slough or eschar is removed, a Stage 3 or Stage 4		
	pressure injury will be revealed. Stable eschar (i.e.		
	dry, adherent, intact without erythema or		
f f	fluctuance) on the heel or ischemic limb should		
1	not be softened or removed.		
			Page 4 of 4

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5608 SW 9th St						
Des Moines, IA 50315						
Rule or			Fine Amount Cor			
Code	Natu	e of Violation	Class		date	
Section						

	Deep Tissue Pressure Injury: Persistent non-		
	blanchable deep red, maroon or purple		
	discoloration Intact or non-intact skin with		
	localized area of persistent non-blanchable deep		
	red, maroon, purple discoloration or epidermal		
	separation revealing a dark wound bed or blood		
	filled blister. Pain and temperature change often		
	precede skin color changes. Discoloration may		
	appear differently in darkly pigmented skin. This		
	injury results from intense and/or prolonged		
	pressure and shear forces at the bone-muscle		
	interface. The wound may evolve rapidly to reveal		
	the actual extent of tissue injury, or may resolve		
	without tissue loss. If necrotic tissue,		
	subcutaneous tissue, granulation tissue, fascia,		
	muscle or other underlying structures are visible,		
	this indicates a full thickness pressure injury		
	(Unstageable, Stage 3 or Stage 4). Do not use		
	DTPI to describe vascular, traumatic, neuropathic,		
	or dermatologic conditions.		
	On 11/30/22 at 4:59 PM, the MDS Coordinator		
	documented an open area to Resident #3's right		
	heel which was draining.		
v			Page 5 of 4

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	ss/City/State/Zip	JS	April 10	- 27, 202	23	
5608 SW 9 <sup>th</sup> St. Des Moines, IA 50315						
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	care with dressing cha On 12/9/22 at 1:11 Al Nurse, documented in note she removed a dr wound dated 12/1/22. wound had purulent, if the resident's skin goi was red and warm (si the only Skin Assessive resident during her tim On 12/9/22 at 12:24 F documented Resident of a right heel wound odor and pus discharg On 12/9/22 at 5:41 PM Nursing (ADON) doce been received for an a wound for Resident # On 1/23/23 at 9:53 PM (DON) documented s	M, Staff E, Registered a a Skin Observation Tool ressing from the resident's The note documented the foul smelling drainage and ng up the back of her calf gns of infection). This was nent documented on the me at the facility. PM Staff A, ARNP, #3 was seen for assessment which was reported to have ge. M the Assistant Director of cumented new orders had antibiotic related to the foot				

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Facility Administrator

positive for COVID. She also discussed the

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-	ss/City/State/Zip	JS	April 10	- 27, 20	)23		
5608 SW 9 <sup>th</sup> St Des Moines, IA							
Rule or Code Section	Natur	e of Violation	Class	Fine /	Amount	Correction date	
	Nature of ViolationNature of Violationresident's wound with her at this time, need for antibiotic and a wound culture.On 1/24/23 at 5:19 PM, Staff C documented she informed Resident #3's daughter, the Resident was now on two antibiotics, was weak and shaking.On 1/24/23 at 5:24 PM, Staff C documented Resident #3's daughter requested the Resident be sent to the hospital.On 1/25/23 at 4:50 PM, Staff C documented Resident #3 was admitted to the hospital, had one surgery on her right heel and was scheduled for a second surgery the next morning.The facility wound care physician had an initial visit with the resident on 12/14/22. She noted the size of the wound to be 8 cm 8 x cm by a non measurable depth. At that time, the wound was 30% necrotic (non-viable, dead tissue) and 70% eschar (dried necrotic tissue).The wound care physician assessed the wound weekly and gave orders for daily wound care						

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5608 SW 9 <sup>th</sup> St Des Moines, IA						
Rule or Code Section	Natur	e of Violation				Correction date
	<ul> <li>were made to float he Prevalon boot, and rep On the weekly visit of noted to have deterior</li> <li>On 4/10/23 at 12:45 P Resident #3 stated the hospitalized from bein 1/24/23 from the facil heel was the reason for hospitalization.</li> <li>On 4/12/23 at 2:14 PN Resident #3 stated the far during the prolong bone grafts. She state going to be needed in currently had a wound also stated the facility regarding this wound hospitalization.</li> <li>On 4/13/23 at 8:05 Al (DON) stated her exp on a resident is to reput</li> </ul>	PM, a family member of e resident was still ng sent to the hospital on lity and the wound on her				

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Des Moines, IA						
Rule or Code Section	Natur	e of Violation	Class Fine Amount Correction date			

facility skin/wound nurse. Further her expectation is to notify the nurse practitioner or physician and get orders and interventions in place. At the time of a new wound being found, she stated her		
expectation to be the wound to be measured and documented using a Skin Assessment and documented weekly.		
On 4:13/23 at 9:45 AM the ADON stated the nurse who was first aware of a wound is expected to measure and document the wound and to notify the physician and obtain orders and to initiate for the wound physician to begin weekly visits.		
On 4/13/23 at 10:30 AM the MDS Coordinator stated she was working the floor on 11/30/22 when one of the Certified Nurse Aides told her about the heel wound on Resident #3. She stated she remembered looking at the wound and telling the ADON about it. She also said the normal procedure if a new wound was found is to note the location and measurements of the wound and give that information to the ADON. The ADON would		
then notify the facility medical director or wound doctor and get orders and notify the family.		Page 9 of 45

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		_				
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Genesis Senic	or Living		April 10	_ 27 20	23	
Facility Addre	ss/City/State/Zip	JS		- 21, 20	20	
5608 SW 9th St	t.					
Des Moines, I						
Rule or Code	Notur	e of Violation	Class	Fine A	mount	Correction date
Section	inatur		Class			uale
a	<u>и</u>					
		M, Staff A, ARNP stated she				
		iff nurses informing her				
		boggy. She ordered a wound				
		ntibiotics. She stated she octor to begin seeing the				
	Resident.	betor to begin seeing the				
	Resident.					
	On 4/13/23 at 4:05 PM	M Staff E, Registered Nurse				
	(former employee) sta					
	e	facility. She stated she was				
		nt's wound until 12/9/22 and				
		bout it in report. She said ntioned it to her and asked				
		tated she could smell it				
		room and it "smelled like				
		ved the dressing which was				
	dated 12/1/22. It had	l a horrid odor and slough				
	-	ed she sent faxes to the				
		the primary care physician				
	-	y shift the Resident needed				
		ly and notified the DON.				
		e is no longer an employee.				
		e as horrific. She said when				
	she would arrive to w	ork the night shift, multiple				
	-	were often not given. She				
	noted the resident was	s a night owl and often				

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Citation Number: #6107				Date: May	16, 2023
Facility Name: Genesis Senior Living Facility Address/City/State/Zip 5608 SW 9 <sup>th</sup> St. Des Moines, IA 50315		JS	Survey Dates: — April 10 – 27, 2023		
Rule or Code Section	Natur	e of Violation	Class	Fine Amoun	t Correction date
	and normally had a so Her other leg was amy foot to self propel in h she did not have any h preventatives in place	ntil the middle of the night ock and a shoe on her foot. putated and she used that her wheelchair. She stated heel protectors or any for the wound until she y morning hours of 12/9/22.			

On 4/14/23 at 2:11 PM Staff C, LPN stated the first time she saw the heel wound on the Resident it was just boggy and had treatments for betadine. She said for the next several weeks she was scheduled on the other side of the building and did not care for the resident during that time period. When she was next scheduled on the hall the Resident resided on, the wound had significantly worsened and the smell from the wound was present in the hallway. This was on 1/24/23 and she then sent the resident to the hospital. She stated the normal protocol for a new wound is to get orders for a dressing and treatment and place and note in the box for the physician to assess on next rounds to the facility. A skin assessment should be placed in the Electronic Health Record. On 4/14/23 at 3:08 PM, Staff F, ARNP stated she was aware of the resident but did not know her

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Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	diabetes and poor nut often refused cares. S development of the w to comorbidities and b On 4/14/23 at 3:52 PM state the wound was w initial assessment of t during her visits she p resident to elevate the resident did refuse tre with the resident's dia wound leading to amp complications were lift On 4/18/23 at 9:10 Al has cared for the resid hospitalization stated hospital the wound way with bone being visib started out as a diabet to a Stage IV pressure would consider Resid development of woun type of wound, her dia	ound was not avoidable due behaviors. M the Wound Care Physician very advanced upon her he Resident. She stated provided education to the heel. She was aware the atments at times. She stated betes and history of a similar putation on her other leg that kely for the Resident. M, a hospital physician who				

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Des Moines,					
Rule or Code Section	Natur	Nature of Violation		Fine Amount	Correction date
		pitalized earlier than she was			

	should have been hospitalized earlier than she was and surgical intervention was needed earlier. She			
	felt the initial development of the wound was			
	likely not avoidable but a higher level of treatment			
	should have been sought earlier than it was.			
	On 4/18/23 at 10:50 AM, the DON stated the			
	facility has weekly Risk meetings and skin issues			
	are discussed. She stated the facility has no policy			
	regarding doing regular foot checks on diabetic			
	patients. She stated her expectation if a resident			
	refuses cares is to re-approach the resident later in			
	the shift. If the resident continues to refuse cares			
	the Nurse Practitioner should be notified and			
	follow up with the resident.			
	On 4/18/23 at 11:10 AM, the Registered Dietitian			
	stated she was only aware the resident had a			
	wound on her foot which required antibiotics. She			
	stated she was not aware it was a pressure wound			
	or that it was severe. She stated during the time			
	frame Resident #3 admitted to the facility weekly			
	skin assessments were not being done which is			
	against corporate policy. She stated this is			
	something the DON has been working on but			
	while it's improving it's still a work in progress.			
	She stated wounds are discussed in weekly			
U	<u>p</u>	μ	μ	Page <b>13</b> of

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Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	<ul> <li>and the discussion is r detailed.</li> <li>On 4/18/23 at 12:45 F stated Resident #3 wa frequently refused the the wound. He stated residents dated severa not wearing pressure r supposed to. He furth conversations with my issues.</li> <li>The policy Skin Evalu- included the following</li> <li>Residents will evaluation per a routine basis</li> <li>Any skin abno- this evaluation Interdisciplina</li> <li>The Unit Man</li> </ul>	ultiple staff regarding these nation dated 12/28/22 g points: have a head to toe skin formed and documented on s. prmalities identified through a may be documented in	s			

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Des Moines, IA	50315					
Rule or Code Section	Natu	re of Violation	Class	Fine Amount	Correction date	

	if documented manually. The signature indicated follow up, documentation and care plan interventions have been implemented.			
58.28(3)e	<ul> <li>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.</li> <li>58.28(3) Resident safety.</li> <li>e. Each resident shall receive adequate supervision to protect against hazards from self, others, or elements in the environment. (I, II, III)</li> <li>Description:</li> </ul>	I	\$6,250 Held in Suspension	Upon Receipt
	Based on observations, resident, staff and family interviews, record review, and policy review, the facility failed to provide safe mechanical lift transfers for 5 of 7 residents reviewed (Residents #4, #7, #14, #16, and #18). The facility failed to transfer residents safely by not following the Hoyer lift recommendations and locking the lift			

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Des Moines, IA					
Rule or Code Nature of Section		e of Violation	Class	Fine Amount	Correction date

while raising the resident, not having a clear process in place to ensure staff were using the		
appropriate sling for transfers, and allowing a		
non-certified staff to assist in the Hoyer transfer.		
The facility identified a census of 69 residents.		
Findings include:		
1. Resident #4's Minimum Data Set (MDS)		
assessment dated 1/13/23 identified a Brief		
Interview for Mental Status (BIMS) score of 8,		
indicating moderately impaired cognition. The		
MDS indicated Resident #4 required extensive		
assistance of one person for bed mobility, total		
assistance of two persons for transferring, and		
total assistance of one person for toilet use.		
Resident #4 was always incontinent of bowel and		
bladder and used oxygen therapy. The MDS		
included diagnoses of diabetes mellitus, anemia,		
heart failure, multiple sclerosis, non-Alzheimer's		
dementia, depression, schizophrenia, respiratory		
failure, and osteomyelitis of the vertebrae.		
The Care Plan initiated 5/13/16 and a revision		
date of 2/16/23, had a fall risk focus area, with a		
goal for the resident to not sustain any preventable		

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5608 SW 9 <sup>th</sup> St. Des Moines, IA 50315					
Rule or		μ		Fine Amount	Correction
Code	Natur	e of Violation	Class		date
Section					

Π		<b>I</b>	1	<u>п</u>
	serious injury if a fall should occur. Interventions			
	directed staff to be sure the call light was within			
	reach, half side rail in place for ease in bed			
	mobility and safety, encourage participation in			
	activities that promote exercise, physical activity			
	for strengthening and improved mobility, ensure			
	that resident was wearing appropriate footwear			
	when ambulating or in the wheelchair, follow			
	facility fall protocols, and provide the resident a			
	safe environment with even floors free from spills			
	and/or clutter; adequate, glare-free light; a			
	working and reachable call light. Provide resident			
	with activities that minimize the potential for falls			
	while providing diversion and distraction and			
	have physical therapy (PT) evaluate and treat as			
	ordered and as needed.			
	The Care Plan initiated 3/13/16 also had an			
	activities of daily living (ADL) self-care			
	performance deficit focus area related to activity			
	intolerance, muscle weakness, obesity, and fatigue			
	with a goal that the resident would maintain their			
	current level of function in bed mobility, transfers,			
	eating, dressing, toilet use, and personal hygiene.			
	Interventions directed staff to encourage the			
	resident to utilize half side rails for increased bed			
	mobility, encourage resident to be up in the			
Ц		I		1

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5608 SW 9 <sup>th</sup> St. Des Moines, IA 50315						
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	person for bed mobilit resident required mechassistance of two staff A fall Incident Report documented the resider floor with her feet fac under her head. Bloot the back of the resider resident was being tra- to bed by full mechan assistance of two staff of the lift after the Ho wheelchair arm. The lift and the bottom str crossed. The resident laceration viewed to t flushing the area. The transport to the emerg assessment. Vital sig Temperature 97.4, (H Respirations per minu 127/54, and (PO2) pu room air. Neurologica pupils were equal and	t dated 2/12/23 at 8:34 PM ent was found lying on the ing the bed and a pillow d noted to be coming from nts head. Per staff the nsferred from the wheelchair ical lift (Hoyer) and f when she fell sideways out yer sling caught on the Hoyer sling was still on the aps observed to not be was assessed and a he back of the scalp after e ambulance was called to gency room for further ns were stable at (T),				

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

Citation Number: #6107				Date: May 16	, 2023
Facility Name: Genesis Senior Living		JS	Survey Dates: – April 10 – 27, 2023		
Facility Address/City/State/Zip 5608 SW 9 <sup>th</sup> St. Des Moines, IA 50315			_		
Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date
	Predisposing environmental factors included clutter, poor lighting, food on the floor, and crowding. Predisposing physiological factors included impaired memory. The Physician was notified of the fall at 8:57 PM.				

notified of the fall at 8:57 PM.		
A progress note dated 2/12/23 at 8:56 PM, documented the resident was found lying on her back with her feet facing the bed on the floor with a pillow under her head. Blood noted to be coming from the back of the residents head. Per the Certified Nursing Assistant (CNA) the resident was being transferred from the wheelchair to bed by full mechanical lift (Hoyer) and assistance of two staff and fell sideways out of the lift after the Hoyer sling caught on wheelchair arm. The Hoyer sling was still on the lift and the bottom straps observed to not be crossed. Vital signs were stable and neurological assessment intact. Laceration observed to back of the head. The Emergency Medical Technician's (EMT's)		
were notified of need for transfer of the resident		
due to a head injury.		
A progress note dated 2/13/23 at 1:28 AM, documented the resident returned to the facility at 1:10 AM via ambulance from the emergency		

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

Citation Numb #6107	er:			Date: May 16	, 2023
Facility Name: Genesis Senior Living		-	Survey I		
Facility Address/City/State/Zip 5608 SW 9 <sup>th</sup> St.		JS	- April 10 – 27, 2023		
Des Moines, IA 50315					
Rule or				Fine Amount	Correction
Code	Natur	e of Violation	Class		date
Section					1

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	room. Documents received stated the resident		
	was treated for injuries sustained from a fall		
	earlier. Diagnosis of laceration of the scalp. The		
	resident received 5 staples to the laceration on the		
	back of her head. The computerized tomography		
	(CT) scans of the cervical spine and head without		
	contrast were both negative. Hospice was notified		
	of residents return to the facility and will come to		
	the facility to assess and readmit to hospice.		
	Resident resting in bed with no complaints of		
	pain, call light in reach and vital signs stable.		
	A physician progress note dated 2/13/23 at 11:58		
	PM, documented the resident was seen to follow		
	up with an injury to resident's posterior head and		
	post hospital visit. Resident returned to the facility		
	with staples in her posterior head laceration.		
	Surrounding skin was red with no drainage. The		
	resident complained of pain rating at 5 out of 10		
	and her pain was managed by Tylenol. Resident		
	was awake and alert. Lungs were clear to		
	auscultation, respirations were even and		
	unlabored. Pulse oximeter 97%. Posterior head		
	laceration noted to have some swelling, erythema,		
	and staples. Resident was alert, awake, and		
	oriented to self. Plan was to monitor laceration to		
	posterior head for bleeding, use Tylenol for pain,		
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If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Citation Num #6107	ber:			Date: May 1	6, 2023	
Facility Name: Genesis Senior Living		_	Survey Dates:			
Facility Address/City/State/Zip 5608 SW 9 <sup>th</sup> St.		JS		April 10 – 27, 2023		
Des Moines,						
Rule or Code Section	Nature of Violation		Class	Fine Amount	Correction date	
	monitor for signs and	l symptoms of infection, and				

notify the provider of metal status changes.		
In an observation on 4/13/23 at 1:50 PM, Staff G,		
Certified Nursing Assistant (CNA) and Staff H,		
CNA transferred Resident #4 from her wheelchair		
into her bed. Staff G, CNA removed resident's		
oxygen and the liberator (portable oxygen tank)		
was turned off. They hooked the sling up to the		
locked Hoyer using the green loops on the top and		
the purple loops on the bottom. The resident was		
instructed to cross her arms and hug herself and		
she complied. Staff H, CNA used the remote to		
raise the resident out of the chair. Staff H, CNA		
unlocked the Hoyer and steered the Hoyer so the		
resident was positioned in the center of the bed		
and lowered her down. The sling was removed		
from the Hoyer. Oxygen was applied once laid		
down in bed.		
In an observation on 4/18/23 at 9:40 AM, Staff I,		
CNA and Staff J, CNA completed a Hoyer		
transfer for Resident #4 from her wheelchair to		
bed. Oxygen was removed prior to the transfer.		
Staff J, CNA placed the Hoyer from the side of		
the chair with legs apart and it was locked. The		
•		
sling was a bariatric sling and did not have straps		

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

Citation Numb #6107	er:			Date: May 16	, 2023
Facility Name: Genesis Senior Living		-	Survey I		
Facility Addres	ss/City/State/Zip	JS	- April 10 – 27, 2023		
5608 SW 9th St					
Des Moines, IA 50315					
Rule or				Fine Amount	Correction
Code	Natur	e of Violation	/iolation Class		date
Section					

that crisscross under the legs. The staff reported
this was the same sling that is always used for this
resident. The staff hooked the sling up to the
Hoyer using the purple loops on the bottom and
the green loops on the top. She was raised up out
of the chair, the Hoyer was unlocked and the staff
guided to the center of the bed and gently lowered
onto the center of the bed. She was rolled side to
side and the sling was removed from under her.
Staff reapplied resident oxygen and covered her
up. The call light was given to resident.
In an interview on 4/12/23 at 12:21 PM with
Resident #4's Power of Attorney (POA), he stated
that the facility was not always the best at
updating him on changes in Resident'#4's
condition. He stated he recalled an incident in
February when the resident fell from a Hoyer and
was sent to the hospital and the facility never
notified him. He stated he was notified by the
hospital when she was admitted for the night but
not by the facility. He stated he had a long
conversation with the Administrator about this
and it has been better since.
In an interview on 4/18/23 at 12:22 PM, the
Assistant Director of Nursing (ADON) stated it is

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Citation Number: #6107					Date: May 16,	, 2023
Facility Name Genesis Seni			Survey			
Facility Addre	ess/City/State/Zip	JS	April 10	- 27, 20	23	
5608 SW 9 <sup>th</sup> S Des Moines, I						
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	Nature of Violationthe expectation that all Hoyer and EZ Stand transfers be completed with two staff without exception.In an interview on 4/18/23 at 1:05 PM, the Administrator acknowledged Staff L, CNA was involved in the fall from the Hoyer with Resident #4. Staff L, CNA terminated her position on the night of the fall (2/12/23). The administrator reported per punch detail, Staff L, CNA punched out at 10:19 PM and wrote a note stating that was her last day. He stated she was very upset over the fall and she was not transferring Resident #4 with the Hoyer by herself, she had another staff person with her (Staff M, CNA). The Administrator did report that she had been involved in a fall from a Hoyer a few weeks prior in which she was transferring using the Hoyer by herself. He stated they had done a lot of education with Staff L, CNA on this and she was not doing Hoyer transfers by herself any longer.On 4/18/23, the Administrator provided a written statement from Staff M, CNA stating that he worked in the facility on 2/12/23 and he was walking past a room with a resident slid down in					

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

Citation Numb #6107	er:			Date: May 16	, 2023
Facility Name: Genesis Senio		-	Survey I		
Facility Address/City/State/Zip 5608 SW 9 <sup>th</sup> St.		JS	- April 10 – 27, 2023		
Des Moines, IA					
Rule or Code Section	Natur	e of Violation	Class Fine Amount Correction date		

reported it to Staff L, CNA and they both entered
the resident's room and helped guide Resident #4
to the floor in a lying position. Staff L, CNA then
left to get a Hoyer and brought it into the room
and they adjusted the sling behind the residents
back as the resident was on the floor. They
hooked the resident up to the Hoyer lift. As Staff
L, CNA was raising the Hoyer, the resident
shifted herself to the right. Staff M, CNA told
Staff L, CNA to stop but the resident shifted
herself so fast Staff L, CNA did not have time to
react causing the resident to fall out of the sling
onto the floor hitting her head on the back right of
the Hoyer lift. Staff L, CNA immediately went
and got the nurse and the nurse called 911 because
the fall caused injury to the resident's head. The
ambulance arrived and took the resident to the
hospital.
In a phone interview on 4/19/23 at 9:23 AM, Staff
O, Registered Nurse (RN) stated Staff L, CNA
came and got her to report resident #4 fell and
was on the floor and had a head laceration. Staff
O, RN was agency and she did not know the
resident so was unsure of her baseline. Staff
reported to her they were Hoyer transferring the
 resident from the chair and she fell out the right

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Facility Name: Genesis Senio		-	Survey I		
Facility Address/City/State/Zip 5608 SW 9 <sup>th</sup> St.		JS	- April 10 – 27, 2023		
Des Moines, IA					
Rule or				Fine Amount	Correction
		e of Violation	Class		date
Section					1

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	side of the sling. The resident was on the floor
	when she entered the room and a pillow was under
	her head. Resident #4 was covered with a blanket
	as she reported feeling cold. Staff O, RN reported
	she completed an assessment, vital signs were
	taken and a neurological assessment was
	completed and were intact. Staff O, RN left the
	room to get the resident's chart and items for the
	laceration to the back of her head. Upon return she
	completed another assessment and vital signs,
	pulse oximeter, and neurological assessment were
	done. Resident remained on the floor in the same
	position until the ambulance arrived as she didn't
	want to move her. Staff O, RN stated neither staff
	involved mention to her at all that resident had
	been lowered to the floor and that they were
	completing a Hoyer transfer off the floor. They
	stated it was from the wheelchair and the Hoyer
	sling had caught on the arm of the wheelchair.
	She questioned if the sling was to be crisscrossed
	under the resident's leg and she was informed the
	resident didn't use that type of sling and that the
	sling was correctly put under the resident and she
	was correctly hooked up to the lift.
	In a phone interview on 4/19/23 at 9:55 AM, Staff
	L, CNA reported she did work on 2/12/23 and was

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Citation Numb #6107	er:			Date: May 16	, 2023
Facility Name: Genesis Senio		-	Survey I	 Dates: – 27, 2023	
Facility Addres	ss/City/State/Zip	JS		- 21, 2023	
5608 SW 9th St					
Des Moines, IA					
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Section					

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	involved with the fall from the Hoyer for Resident		
	#4. She reported she was working with another		
	CNA who was agency and a male (Staff M,		
	CNA). At around 7:40 PM, he notified her that the		
	resident was attempting to get out of her		
	wheelchair or was sliding out of the wheelchair.		
	She entered the room to assist him. She noted the		
	resident was sliding out of the chair and the staff		
	were not able to lift her back up into the chair.		
	They made the decision to lower her to the floor.		
	She was laid on the floor on her back. She then		
	went to find a Hoyer to lift the resident back into		
	her chair but it took her about 5 minutes to locate		
	and get the Hoyer back to the room. She was		
	unsure if a nurse was notified of the resident being		
	on the floor. She stated she did not notify the		
	nurse. They used the sling that had been under		
	her in the wheelchair and tucked it under her so		
	they could hook her up to the Hoyer. Hooked her		
	up to the machine using the black loops on the top		
	and the green loops on the bottom. She was		
	positive the sling was correctly hooked to the lift		
	and they left the sling attached to the machine		
	after the incident. She reported she was running		
	the controls and the other male CNA was located		
	behind the wheelchair with the residents feet		
	pointed towards him. She stated the resident's		
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If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Citation Numb #6107	er:			Date: May 16	, 2023	
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Facility Address/City/State/Zip 5608 SW 9 <sup>th</sup> St.		JS		- April 10 – 27, 2023		
Des Moines, IA						
Rule or Code Section	Natu	ire of Violation	Class	Class Fine Amount Correction date		

	head was pointed toward her and no one was		
	touching her as they couldn't reach her. The		
	wheelchair was in the way for him and she		
	couldn't reach around Hoyer to touch her while		
	running the control. She stated she got the resident		
	about half way up and the male CNA stated "Her		
	arm!" She stated she immediately stopped the		
	machine but the resident then slid out the right		
	side of the sling. She reported the residents head,		
	arm, shoulder, and chest area came out the side of		
	the sling and she hit her head on the base of the		
	lift. Staff L, CNA then lowered the lift back down		
	and went and found the nurse on the 100 hall.		
	The nurse came to the resident's room and		
	assessed her. Staff L, CNA reported she did raise		
	the residents head enough to put a pillow under it		
	for comfort. She reported she left the room to go		
	answer a light and assist another resident. She		
	stated they used the sling that had been under her		
	in the wheelchair and she was not aware of a chart		
	for sizing of Hoyer slings. She stated she was not		
	aware of any other residents falling out of a Hoyer		
	and never anyone under her care.		
	In an interview on 4/19/23 at 11:51 AM, the DON		
	stated that Staff M, CNA (agency) was involved		
	in the fall from the Hoyer for Resident #4, and		
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Citation Number: #6107				Date: May 16	, 2023
Facility Name: Genesis Senior Liv	ving	-	Survey I	Dates: - 27, 2023	
Facility Address/C 5608 SW 9 <sup>th</sup> St.	ity/State/Zip	JS		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Des Moines, IA 50	315				
Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date

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	returned to the facility the next morning and			
	talked to them about the incident. He took the			
	DON and Staff N, OTA/Therapy Coordinator to			
	the room and showed them with the Hoyer what			
	had happened.			
	Per an email sent on 4/25/23 at 4:40 PM, Staff P,			
	Regional Director of Operations reported he had			
	interviewed Staff M, CNA and he had reported he			
	had worked one shift at the facility on $2/13/23$ and			
	remembered the incident with Resident #4. He			
	reported the resident was sliding from her chair			
	and so she was lowered by staff to the floor. Staff			
	got the mechanical lift to get her up off of the			
	floor. While the resident was in the lift on the			
	floor she began moving around and hit her head			
	on the tan cover at the base of the lift that covers			
	the leg separation bar. There was no malicious			
	intent by the other staff he was with, the resident			
	just hit her own head.			
	In a phone interview 4/26/23 at 9:22 AM, Staff M,			
	CNA reported that he did speak with Staff P,			
	Regional Director of Operations yesterday while			
	he was at work. The email statement that was sent			
	by Staff P, Regional Director of Operations from			
	their interview yesterday and was reviewed with			
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Facility Administrator

Citation Numb #6107	er:			Date: May 16	, 2023
Facility Name: Genesis Senio		-	Survey I		
Facility Address/City/State/Zip 5608 SW 9 <sup>th</sup> St.		JS	- April 10 – 27, 2023		
Des Moines, IA					
Rule or		μ		Fine Amount	Correction
		e of Violation	Class		date
Section					

him. Staff M, CNA's original write up regarding			
the incident was then reviewed with him. He			
stated he remembers the night as it was Super			
Bowl Sunday. He stated he felt the place was			
very short staffed. He reported he was not			
actually working in the hall that the resident was			
he walked by. He immediately got a hold of Staff			
chair. So they lowered her to the floor and placed			
her sling under her. At that point Staff L, CNA			
went to get a Hoyer to lift her up. He stated once			
she was back with the lift they hooked the resident			
up to the Hoyer and Staff L, CNA was running the			
controls and he was located at the residents feet.			
He stated he felt that Staff L, CNA may not have			
been paying the closest attention to what she was			
doing as she was arguing with the roommate at the			
same time she was running the lift. He stated he			
did not feel that she had any malicious intentions			
but maybe wasn't paying the closest attention to			
what she was doing. He said Staff L, CNA began			
to lift the resident using the controller. He said			
that the resident was maybe a foot or so off the			
ground and he thought maybe she got scared and			
jolted herself to the right a bit and her right arm			
	the incident was then reviewed with him. He stated he remembers the night as it was Super Bowl Sunday. He stated he felt the place was very short staffed. He reported he was not actually working in the hall that the resident was in but noted her to be sliding out of her chair when he walked by. He immediately got a hold of Staff L, CNA and they went into the room to assist her. The resident was slid all the way down in the chair. So they lowered her to the floor and placed her sling under her. At that point Staff L, CNA went to get a Hoyer to lift her up. He stated once she was back with the lift they hooked the resident up to the Hoyer and Staff L, CNA was running the controls and he was located at the residents feet. He stated he felt that Staff L, CNA may not have been paying the closest attention to what she was doing as she was arguing with the roommate at the same time she was running the lift. He stated he did not feel that she had any malicious intentions but maybe wasn't paying the closest attention to what she was doing. He said Staff L, CNA began to lift the resident was maybe a foot or so off the ground and he thought maybe she got scared and	the incident was then reviewed with him. He stated he remembers the night as it was Super Bowl Sunday. He stated he felt the place was very short staffed. He reported he was not actually working in the hall that the resident was in but noted her to be sliding out of her chair when he walked by. He immediately got a hold of Staff L, CNA and they went into the room to assist her. The resident was slid all the way down in the chair. So they lowered her to the floor and placed her sling under her. At that point Staff L, CNA went to get a Hoyer to lift her up. He stated once she was back with the lift they hooked the resident up to the Hoyer and Staff L, CNA was running the controls and he was located at the residents feet. He stated he felt that Staff L, CNA may not have been paying the closest attention to what she was doing as she was arguing with the roommate at the same time she was running the lift. He stated he did not feel that she had any malicious intentions but maybe wasn't paying the closest attention to what she was doing. He said Staff L, CNA began to lift the resident using the controller. He said that the resident was maybe a foot or so off the ground and he thought maybe she got scared and	the incident was then reviewed with him. He stated he remembers the night as it was Super Bowl Sunday. He stated he felt the place was very short staffed. He reported he was not actually working in the hall that the resident was in but noted her to be sliding out of her chair when he walked by. He immediately got a hold of Staff L, CNA and they went into the room to assist her. The resident was slid all the way down in the chair. So they lowered her to the floor and placed her sling under her. At that point Staff L, CNA went to get a Hoyer to lift her up. He stated once she was back with the lift they hooked the resident up to the Hoyer and Staff L, CNA was running the controls and he was located at the residents feet. He stated he felt that Staff L, CNA may not have been paying the closest attention to what she was doing as she was arguing with the roommate at the same time she was running the lift. He stated he did not feel that she had any malicious intentions but maybe wasn't paying the closest attention to what she was doing. He said Staff L, CNA began to lift the resident using the controller. He said that the resident was maybe a foot or so off the ground and he thought maybe she got scared and

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Citation Numb #6107	er:			Date: May 16	, 2023	
Facility Name: Genesis Senior Living		-	Survey I			
Facility Address/City/State/Zip 5608 SW 9 <sup>th</sup> St.		JS		April 10 – 27, 2023		
Des Moines, IA 50315						
Rule or				Fine Amount	Correction	
		e of Violation	Class		date	
Section					1	

came out and then she jolted to the right one more		
time before Staff L, CNA could stop the lift and		
her right arm, then her head and upper body came		
out of the right side of the sling and fell to the		
floor and resident struck her head on the base of		
the Hoyer. He stated her bottom half remained in		
the sling but her top half came out the side. He		
stated Staff L, CNA immediately lowered the		
Hoyer back to the floor. Staff L, CNA then went		
and got the nurse and he stayed with the resident		
until the nurse arrived. He could see the back of		
her head was bleeding. He also reported he asked		
both Staff L, CNA and the nurse what kind of		
action needed to be taken with an incident like this		
and they both said nothing different than any other		
fall.		
2. Resident #7's MDS assessment dated 3/17/23		
identified a BIMS score of 14, indicating intact		
cognition. The MDS indicated Resident #7		
required extensive assistance of one person for		
bed mobility, total dependence of two people for		
transfers, and total dependence of one person for		
toilet use. Resident #7 was wheelchair dependent		
and always incontinent of bowel and bladder. The		
MDS included diagnoses of diabetes mellitus,		
thyroid disorder, Alzheimer's dementia, cerebral		
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Facility Name: Genesis Senior Living				urvey Dates: pril 10 – 27, 2023		
Facility Address/City/State/Zip 5608 SW 9 <sup>th</sup> St.		JS				
Des Moines, IA						
Rule or Code Nature Section		e of Violation	Class	Fine Amount	Correction date	
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palsy, non-Alzheimer's dementia, seizure disorder, depression, schizophrenia and suicidal ideation.		
The Care Plan initiated on 7/27/18 with a revision date of 4/7/23, revealed a fall risk focus area related to cognition and being unaware of safety needs and cerebral palsy and a goal that the resident will have no unaddressed falls. Interventions directed staff to anticipate and meet resident needs, encourage resident to wear gripper socks, follow therapy recommendations for transfers and mobility - assist of two people for Hoyer lift transfers, place call light in reach, and skid strips next to bed.		
The Care Plan initiated on 7/27/18 with a revision date of 4/7/23, also had an ADL self-care performance deficit focus area related to cerebral palsy with a goal the resident maintain their current level of function. Interventions directed staff to encourage the resident to utilize half side rails for increased bed mobility, one person assistance with bed mobility and assistance of two staff with transfers - Hoyer lift only.		
In an observation on 4/12/23 at 2:00 PM, Staff Q, CNA and Staff R, CNA completed a Hoyer		

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Citation Numb #6107	er:			Date: May 16	, 2023
Facility Name: Genesis Senior Living		-	Survey I		
Facility Address/City/State/Zip		JS	_ April 10 – 27, 2023		
5608 SW 9 <sup>th</sup> St.					
Des Moines, IA 50315					
Rule or				Fine Amount	Correction
Code Nature		e of Violation	Class		date
Section					

transfer for Resident #7. The resident was sitting	
in her wheelchair and had the Hoyer sling in place	
under her. They brought the Hoyer in and hooked	
her up to it using the blue loops on the top and the	
purple loops on the bottom. The Hoyer legs were	
spread and the Hoyer machine was locked. Staff	
Q, CNA then used the remote to raise the resident	
into the air and then the machine was unlocked	
and steered around with Staff R, CNA assisting to	
guide the resident until she was centered over the	
bed. She was encouraged to give herself a hug	
during the transfer. Once she was centered over	
the bed she was lowered onto the bed and	
unhooked from the machine. The resident	
tolerated the process well. The sling was removed	
from under her by rolling her side to side.	
3. Resident #14's MDS assessment dated 3/1/23	
incontinent of bowel and bladder and was	
wheelchair dependent. The MDS included	
	<ul> <li>in her wheelchair and had the Hoyer sling in place under her. They brought the Hoyer in and hooked her up to it using the blue loops on the top and the purple loops on the bottom. The Hoyer legs were spread and the Hoyer machine was locked. Staff Q, CNA then used the remote to raise the resident into the air and then the machine was unlocked and steered around with Staff R, CNA assisting to guide the resident until she was centered over the bed. She was encouraged to give herself a hug during the transfer. Once she was centered over the bed she was lowered onto the bed and unhooked from the machine. The resident tolerated the process well. The sling was removed from under her by rolling her side to side.</li> <li>3. Resident #14's MDS assessment dated 3/1/23 identified a BIMS score of 15, indicating intact cognition. The MDS indicated Resident #14 required total dependence of one person for bed mobility and toilet use and total dependence of two people for transfers. Resident was always</li> </ul>

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

	May 16, 2023
Facility Name: Genesis Senior Living	Survey Dates: April 10 – 27, 2023
Facility Address/City/State/Zip   JS     5608 SW 9 <sup>th</sup> St.	
Des Moines, IA 50315	
Rule or Code Nature of Violation Section	Class Fine Amount Correction date

1		1	
	depression, respiratory failure, and morbid		
	obesity.		
	0000117.		
	The Care Plan initiated on 2/28/22 with a revision		
	date of $4/7/23$ , revealed an ADL self-care		
	performance deficit activity intolerance focus area		
	related to impaired balance and limited mobility		
	±		
	and a goal to maintain current level of function		
	with ADL. Interventions directed staff to assist		
	with bed mobility using two people, encourage to		
	discuss feelings about self-care deficit, praise all		
	efforts at self-care, and Hoyer transfers with		
	-		
	assistance of two people.		
	In an interview on 4/19/23 at 2:35 PM, Resident		
	#14 stated she had been a Hoyer lift transfer since		
	admitting to the facility. Staff used the same style		
	and size sling for all transfers. They normally use		
	two staff for her transfers but Staff L, CNA had		
	transferred her alone a couple of times but nothing		
	recent. Felt secure most of the time with her		
	transfers except when the transfer was being		
	-		
	completed with one staff person.		
	4. Resident #16's MDS assessment dated 2/13/23		
	identified a BIMS score of 15, indicating intact		
	cognition. The MDS indicated Resident #16		
L			

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

Citation Numb #6107	er:			Date: May 16	, 2023	
Facility Name: Genesis Senior Living		-	Survey I			
Facility Address/City/State/Zip 5608 SW 9 <sup>th</sup> St.		JS		April 10 – 27, 2023		
Des Moines, IA 50315						
Rule or				Fine Amount	Correction	
		e of Violation	Class		date	
Section					1	

required extensive assistance of one person for	
bed mobility, total dependence of two people for	
transfers, and total dependence of one person for	
toilet use. She was wheelchair dependent, used	
oxygen, and always incontinent of bowel and	
bladder. The MDS included diagnoses of heart	
failure, renal insufficiency, cerebrovascular	
accident, hemiplegia, anxiety disorder, depression,	
bipolar disorder, schizophrenia, and chronic	
obstructive pulmonary disease.	
The Care Plan initiated on $2/10/22$ with a revision	
date of $4/20/22$ , revealed an ADL self-	
performance deficit with a goal to maintain	
current level of function with ADL's.	
Interventions directed staff to assist resident to	
turn and reposition in bed, encourage use of	
enabling bars/side rails to maximize independence	
with turning and repositioning in bed, allow	
sufficient time for dressing and undressing, and	
requires the assistance of two people for Hoyer	
transfers.	
A fall Incident Report dated 1/9/23 at 3:04 PM,	
documented the nurse was alerted to Resident	
#16's room by a loud noise and yelling coming	
from the resident's room. The nurse arrived and	

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

Citation Numb #6107	er:			Date: May 16	, 2023
Facility Name: Genesis Senior Living			Survey I	Dates: - 27, 2023	
Facility Addres	ss/City/State/Zip	JS		- 21, 2025	
5608 SW 9 <sup>th</sup> St.					
Des Moines, IA 50315					
Rule or				Fine Amount	Correction
Code	Natur	e of Violation	Class		date
Section					

 	0	1	
observed the resident resting with her head and			
torso supported in the lift sling and her legs in the			
wheelchair under the armrest. The Hoyer sling			
was attached to the lift and the Hoyer lift was			
tipped sideways with the lift portion between the			
resident's legs and on her groin. The resident was			
assisted to the floor with the sling and the			
assistance of six staff. Resident was assess for			
injury and it was noted the resident had bruising			
and raised and abraded areas on her inner thigh.			
Resident had functional range of motion per her			
baseline but complained of left hip pain. While			
being assessed, the resident's eyes rolled back and			
her body began to shake. Her eyes were fixed			
open and she was not responsive to verbal or			
physical stimuli. The nurse directed staff to call			
911 and the resident was having suspected seizure			
activity. Paramedics arrived and transported the			
resident to the hospital for evaluation. Immediate			
action: Resident was assisted to the floor, assessed			
for injury and sent to hospital via ambulance.			
Resident noted to have an abrasion to front of left			
thigh. Resident oriented to person. Predisposing			
environmental factors included clutter, furniture,			
crowding, and equipment malfunction. Physician			
was notified of incident.			

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

Citation Numb #6107	er:			Date: May 16	, 2023
Facility Name: Genesis Senior Living		-	Survey I		
Facility Address/City/State/Zip 5608 SW 9 <sup>th</sup> St.		JS	- April 10 – 27, 2023		
Des Moines, IA 50315					
Rule or Code Section	Code Nature of Violation		Class	Fine Amount	Correction date

1			1	n n
	A progress note date 1/9/23 at 3:41 PM,			
	documented the nurse was alerted to Resident			
	#16's room by a loud noise and yelling coming			
	from the room. The nurse arrived and observed			
	the resident resting with her head and torso			
	supported in the lift sling and her legs in the			
	wheelchair under the armrest. The Hoyer sling			
	was attached to the lift and the Hoyer lift was			
	tipped sideways with the lift portion between the			
	resident's legs and on her groin. Resident was			
	assisted to the floor with the lift sling and the			
	assistance of six staff. Resident was assessed for			
	injury and it was noted that she had bruising and			
	pinched areas on her inner thigh. Resident had			
	functional range of motion per her baseline but			
	complained of pain. While being assessed, the			
	resident's eyes rolled back and her body began to			
	shake. Her eyes were fixed open and she was not			
	responsive to verbal or physical stimuli. The			
	nurse directed staff to call 911 as the resident was			
	having suspected seizure activity. Paramedics			
	arrived and transported the resident to the			
	emergency room for evaluation.			
	A progress note dated 1/9/23 at 11:24 PM,			
	documented Resident #16 returned to the facility			
	at approximately 10:00 PM via ambulance.			
U		0	n	n <u> </u>

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

Citation Numb #6107	er:			Date: May 16	, 2023
Facility Name: Genesis Senior Living		-	Survey I		
Facility Addres	ss/City/State/Zip	JS	- April 10 – 27, 2023		
5608 SW 9 <sup>th</sup> St.					
Des Moines, IA 50315					
Rule or				Fine Amount	Correction
Code	Natur	e of Violation	Class		date
Section					

Resident was found to have a clear CT scan and x- rays showed no broken bones or fractures. The resident reported her tailbone and bottom were sore. Resident was given her bedtime medications which included pain medication. Vital signs were stable upon arrival back to the facility (T - 97.8, HR - 74, R - 20, BP - 122/86, and oxygen level was 96% on room air). Resident voiced no other concerns at that time.		
A physician progress note dated 1/11/23 at 6:29 PM, documented resident had a fall on 1/9/23		
from a malfunction of the Hoyer and landed on		
her back. She was transported to the emergency		
room. A head CT, back and hip x-ray was done.		
Hip x-ray was negative for fracture but it did show a contusion of the hip. The head CT was		
unremarkable. Today she complained of occipital		
headache, onset was after the fall on $1/9/23$ ,		
describes it as intermittent throbbing and rates the		
pain at a 5. She was seen for post emergency		
room visit. No acute distress and oriented x 4.		
Plan: Celebrex 100 milligrams (mg) by mouth twice daily as needed for headache as previously		
ordered, utilize Tylenol as previously ordered and		
notify the provider with any changes.		

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

Citation Number: #6107					Date: May 16,	, 2023
Facility Name: Genesis Senior Living Facility Address/City/State/Zip 5608 SW 9 <sup>th</sup> St. Des Moines, IA 50315			Survey Dates: - April 10 – 27, 2023			
		JS				
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	acknowledged the fall Resident #16 had occur was operating the Hoy at the time. She stated staff operating mecha In an interview on 4/2 OTA/Therapy Coordi several in-services the the incident with the I	9/23 at 11:51 AM, the DON l from a Hoyer involving urred when Staff L, CNA yer without a second person d she was not aware of other nical lifts independently. 25/23 at 8:10 AM, Staff N, nator reported he held roughout the week following Hoyer tipping and a staff nanical lift independently.				

In an interview on $\frac{1}{2}$ $\frac{2}{2}$ at 8.10 Alvi, Stati N,		
OTA/Therapy Coordinator reported he held		
several in-services throughout the week following		
the incident with the Hoyer tipping and a staff		
person using the mechanical lift independently.		
He stated the in-service consisted of them		
watching a YouTube video and then they worked		
in groups of two and practiced Hoyer transfers of		
a person from the bed to the wheelchair and then		
back to bed. He stated he observed and let them		
do the transfers unless he saw a concern, then he		
would educate and correct at the time. He stated		
Staff L, CNA did attend the in-service and		
completed the transfer perfectly. He stated that he		
feels she knew exactly how to complete the		
transfers but it was a behavior thing that she chose		
to take short cuts.		
5. Resident #18's MDS assessment dated 2/17/23		
identified a BIMS score of 3, indicating severely		

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

Citation Numb #6107	er:			Date: May 16	, 2023
Facility Name: Genesis Senior Living		-	Survey I		
Facility Address/City/State/Zip		JS	- April 10 – 27, 2023		
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Des Moines, IA 50315					
Rule or				Fine Amount	Correction
Code	Natur	e of Violation	Class		date
Section					

<ul> <li>impaired cognition. The MDS indicated Residen #18 required total dependence of one person for bed mobility and toilet use and total dependence of two people for transfers. Resident was wheelchair dependent and had a feeding tube. Resident was always incontinent of bowel and bladder. The MDS included diagnoses of anemia, cerebrovascular accident, altered mental status, and dysphagia.</li> <li>The Care Plan initiated on 9/9/13 with a revision date of 12/9/21, revealed a fall risk focus area</li> </ul>	
related to dementia, inability to recognize safety	
issues, poor gait/balance, and need for assistance with transfers with a goal to not sustain any	
preventable serious injury. Interventions directed	
staff to ensure proper footwear with transfers or i	n
wheelchair, anticipate and meet resident needs, ensure call light is available and encourage to use	
for assistance, encourage participation in activitie	
that promote exercise, physical activity for	
strengthening and improve mobility, non-skid	
strips in place next to bed, and half side rail on bed to help roll herself from side to side.	
bed to help for hersen from side to side.	
The Care Plan initiated on 9/9/13 with a revision	
date of 12/9/21, revealed an ADL self-care	

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

Citation Numb #6107	er:			Date: May 16	, 2023
Facility Name: Genesis Senior Living		-	Survey I		
Facility Address/City/State/Zip		JS	– April 10 – 27, 2023		
5608 SW 9 <sup>th</sup> St.					
Des Moines, IA 50315					
Rule or Code Nature				Fine Amount	Correction
		e of Violation	Class		date
Section					

performance deficit focus area related to a history	
of transient ischemic attack, muscle weakness,	
contractures/hemiparesis, and cognitive deficits	
related to dementia with a goal to not have any	
preventable decline in the resident's current level	
of function in ADL's. Interventions directed staff	
to utilize one person to check and change resident,	
anti-slip one way slide in wheelchair at all times	
- · ·	
÷	
In an observation on 4/20/23 3:50 PM, Staff S,	
CNA and Staff T, Hospitality Aide performed a	
Staff S, CNA was placing the sling on the boom	
not locked. Staff T, Hospitality Aide raised the	
assisted as the resident's left foot had foot drop	
± 1	
	<ul> <li>of transient ischemic attack, muscle weakness, contractures/hemiparesis, and cognitive deficits related to dementia with a goal to not have any preventable decline in the resident's current level of function in ADL's. Interventions directed staff to utilize one person to check and change resident, anti-slip one way slide in wheelchair at all times due to repeated falls, use her wheelchair for locomotion, use two people for all Hoyer transfers, and encourage the resident to participate to the fullest extent possible with each interaction.</li> <li>In an observation on 4/20/23 3:50 PM, Staff S, CNA and Staff T, Hospitality Aide performed a Hoyer transfer for Resident #18. The resident was sitting in her wheelchair with the Hoyer sling in place. The resident's daughter present for transfer. Staff S, CNA was placing the sling on the boom of the Hoyer. Top loops were on the green and the bottom loops were on purple. The Hoyer was not locked. Staff T, Hospitality Aide raised the boom of the lift and the resident's daughter</li> </ul>

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

Citation Numb #6107	per:				Date: May 16	, 2023
Facility Name: Genesis Senior Living			Survey I April 10		)23	
Facility Address/City/State/Zip 5608 SW 9 <sup>th</sup> St. Des Moines, IA 50315		JS				
Rule or		e of Violation	Class	Fine /	Amount	Correction date
	<ul> <li>wheelchair was pushed back towards the other side of the room and the resident was lowered to the bed.</li> <li>Staff T, Hospitality Aide has been employed at the facility since 11/23/22 and worked as a dietary aide and moved into the hospitality aide position on 2/26/23.</li> <li>In an interview on 4/20/23 at 4:23 PM, The Administrator stated Staff T, Hospitality Aide would be sent to CNA class. She hadn't started things yet so they hadn't enrolled her yet.</li> <li>The facility provide Hospitality Aide policy identified that no hands on care is allowed in this position.</li> <li>In an interview on 4/19/23 at 11:51 AM, the DON stated she wasn't sure but thought staff measured the resident to decide what kind and size of sling a resident should use with the Hoyer lift. She stated there is normally one sling in the room unless it gets dirty and then it is replaced with the same type and size sling that was in there previously.</li> </ul>					

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Citation Numbe #6107	r:			Date: May 16,	2023	
Facility Name: Genesis Senior Living		-	Survey I			
Facility Address/City/State/Zip 5608 SW 9 <sup>th</sup> St.		JS		– April 10 – 27, 2023		
Des Moines, IA	50315					
Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date	

In an interview on 4/19/23 at 1:00 PM, the Administrator reported the Maintenance Supervisor performed monthly preventative maintenance on the Hoyer lifts in the facility to ensure they are functioning properly and that the wheels are cleaned. The facility provided copies of the mobile lift safety inspection completed monthly by the Maintenance Supervisor on the following dates: 12/19/22, 1/20/23, 2/27/23, and 3/20/23. It instructed that any items identified as poor condition should be removed from service. In an interview on 4/19/23 4:15 PM, Staff U, CNA reported she had worked at the facility for 18 years. She stated it was her practice to place the Hoyer lift in the position to transfer the resident and locked the wheels. She then secured the resident in the sling and left the wheels locked. Once the resident was raised in the lift, the wheels were unlocked to transfer the resident to the		
Once the resident was raised in the lift, the wheels		

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Facility Administrator

Citation Numb #6107	per:				Date: May 16,	, 2023
Facility Name: Genesis Senior Living			Survey Dates: April 10 – 27, 2023			
Facility Address/City/State/Zip		JS		- 27, 20	)23	
5608 SW 9 <sup>th</sup> S Des Moines, I						
Rule or Code Section	Natur	e of Violation	Class	Fine /	Amount	Correction date
	Hoyer sling used was In an interview on 4/2 stated it was the expect lifts be completed util She stated it should be completing the transfe Per an email received 4/25/23 at 12:18 PM, have any Hoyer educa staff because they had staff since March 6, 2 process for assigning utilized mechanical li was identified on adm going to need special Coordinator, DON, at most resident use a m The Drive Medical He Model 13244 had a w stating the wheels mu transfers. If the whee	d that the type and size of based on height and weight. 25/23 at 11:42 AM, the DON ctation that all mechanical izing two staff members. e either nurses or CNA's ers. from the Administrator on he stated the facility did not ation provided to agency I not used any CNA agency 023. He further stated the				

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Facility Administrator

Citation Numb #6107	er:			Date: May 16	, 2023
Facility Name: Genesis Senior Living		-	Survey Dates: - April 10 – 27, 2023		
Facility Address/City/State/Zip		JS			
5608 SW 9 <sup>th</sup> St.					
Des Moines, IA 50315					
Rule or				Fine Amount	Correction
Code Nature		re of Violation	Class		date
Section					

On 5/1/23 at 11:06 AM, the Administrator reported the facility did not have any policy related to Hoyer transfers.		
Facility Response:		

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Facility Administrator

Facility Name: Genesis Senior LivingSurvey Date April 10 – 2Facility Address/City/State/ZipJS5608 SW 9th St. Des Moines, IA 50315Image: Comparison of the second se		
Rule or     F       Code     Nature of Violation       Section     Class	e Amount	Correction date

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Facility Administrator