Citation Numb	er:			Date: January 31, 2018			
Facility Name: Rowley Memor	rial Masonic Home		Survey Dates: January 8-10, 2018				
Facility Addres 3000 E Willis A Perry, IA. 5022		HL					
Rule or Code Section	Natur	e of Violation				Correction date	
58.28(3)e	II, III) DESCRIPTION: Based on observation, r	receive adequate against hazards from its in the environment. (I,	I	\$5000 Held I Suspe		Upon Receipt	
	interview, the facility failed to ensure that the resident environment remained as free of accident hazards as possible; and each resident received adequate supervision and assistance devices to prevent accidents for 3 of 10 residents reviewed. Resident #1 fell and sustained a pelvic fracture on 12/14/17. Interviews with staff revealed prior to the fall, staff observed the resident self-transferring and toileting self; and Resident #1 did not reliably use the call light. The facility failed to revise the resident's plan of care based on Resident #1's needs. Resident #3 had 8 falls in 6 months, hitting their head during 4 of the falls. The facility failed to fully investigate the falls to identify if interventions were in place or revise interventions to increase supervision of the resident. Resident #2 fell during self-transfers to the toilet or from bed. The facility failed to increase supervision of the resident. Facility census was fifty-one (51) residents. Findings include: 1. A Minimum Data Set (MDS) with assessment						

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Facility Administrator

		-				
Citation Number: 6745					Date: January	y 31, 2018
Facility Name: Rowley Memor	rial Masonic Home			Survey Dates: January 8-10, 2018		
Facility Address 3000 E Willis A Perry, IA. 5022	-					
1 City, IA. 3022	·	HL				
Rule or Code Section	Natur	e of Violation				Correction date
	bed mobility, transfers, required limited staff ass room, dressing and pers was occasionally incont incontinent of bowel. A walking" test revealed the only able to stabilize with of testing. The MDS ide constant pain with intensleep and daily activity. A facility admission recorresident admitted to the diagnosis of fractured so A fall risk assessment of resident as a moderate question "has the resident facility wrote "no" [inacontent of the province of the	assistance of one staff with and toileting. The resident sistance with ambulation in sonal hygiene. The resident inent of bladder and frequently balance during transitions and he resident was not steady and the staff assistance in all areas ntified the resident with almost sity of "7" that interfered with ord dated 12/15/17 revealed the facility 11/20/17 with a primary acrum.				
	recommendations for (assistance) of one [staff walker. The resident rectimes and required verb placement and safety.	CGA (contact guard f] for gait with front wheeled quired 2-3 attempts to stand at				

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five

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Citation Numb 6745	er:				Date: January	y 31, 2018
Facility Name: Rowley Memor	rial Masonic Home		Survey I January)18	
Facility Address 3000 E Willis A Perry, IA. 5022		HL				
		IIL				
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	staff heard a noise in the found the resident on the the sink with her head in stated she was "going to observed an abrasion to "A progress note dated 1 the resident complained of 0 to 10 with 0 being in pain. There was no shown oted. The resident denthe fall. The resident was resident informed staff shoctor. A progress note dated 1 staff called the physician and directed staff to ser (emergency room). Staff see if they could transport attempted to sit the resident was unable pain. Staff then decided A progress note dated 1 identified the resident he moved the left leg and the superior and inferior put	2/14/17 at 9:52 a.m. revealed of pain at level "5" on a scale to pain and 10 being the worst retening or external rotation ited increased pain related to as able to bear weight. The she thought she should see a 2/14/17 at 10:20 a.m. revealed in who had no clinic openings and the resident to the ER of called the resident's family to bort the resident to the ER. Staff dent on the side of the bed and to tolerate sitting up due to to call for an ambulance.				

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Facility Administrator

Citation Number 6745	er:				Date: January	y 31, 2018
Facility Name: Rowley Memor	ial Masonic Home		Survey Dates: January 8-10, 2018			
Facility Address/City/State/Zip 3000 E Willis Ave Perry, IA. 50220		HL				
Rule or Code Section	Natur	e of Violation				Correction date
	hours as needed for pai and treat the new fractu	n and orders for PT to evaluate re.				
	A hospital emergency room (ER) history and physical dated 12/14/17 revealed the resident admitted to the nursing home to recuperate from a sacral fracture received from a fall prior to Thanksgiving. The ER history and physical dated 12/14/17 revealed the resident arrived to ER with moderate pain in the left hip and groin. The onset was just prior to arrival at the ER and the result of a fall. The resident fell and landed on her left side. Staff got her up and into bed. The resident complained of discomfort to the left hip so she came to the ER. The resident had a history of sacral fracture from a previous fall and was at the nursing home getting therapy for it. The resident stated the pain was doing pretty well until this fall and now she has increased discomfort. The ER musculoskeletal exam showed limited range of motion and tenderness in the left anterior and posterior hip. There was moderate pelvic tenderness.					
		I 12/14/17 of the left hip splaced and comminuted and superior pubic rami on the				
	12:28 p.m. revealed the would be pain control w	e information dated 12/14/17 at treatment for the injuries ith initial rest and then slowly allow for healing of the pelvic had pain when sitting up				

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Facility Administrator

Date

Citation Numb 6745	er:				Date: January 31, 2018		
	rial Masonic Home ss/City/State/Zip		Survey I January		018		
Perry, IA. 5022	0	HL					
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date	
	needed to transfer back The physician identified and they would take it of Pain Control Prior to the 12/14/17 fall received the following for Fentanyl (narcotic) Patch hour change every 3 da Hydrocodone/APAP (na one every 6 hours PRN After the 12/14/17 fall: Fentanyl Patch same as Hydrocodone/APAP 5/3 (ordered 12/14/17) Changed to Oxycodone 12/20/17 Changed to Oxycodone PRN on 12/23/17. After the fall, the 12/27/ status with BIMS of "7"	I with fracture, the resident or pain control: th 50 microgram (mcg.) per ys. Ordered 11/30/17. arcotic) 5/325 milligrams (mg.) (as needed) s before to be seen a before to be seen and the seen are seen as a seen as a seen are seen as a see					
	and extensive staff assi dressing, toileting and p did not ambulate. The re pain with pain intensity activities and interfered	stance needed with transfers, personal hygiene. The resident esident reported occasional of "7" that limited day to day with sleep. The MDS also eveloped a pressure sore.					

Facility Administrator Date

Citation Number 6745	er:				Date: January	y 31, 2018
Facility Name: Rowley Memor	ial Masonic Home		Survey Dates: January 8-10, 2018			
Facility Address 3000 E Willis A Perry, IA. 5022						
		HL				
Rule or Code Section	Natur	Nature of Violation			Mount	Correction date
	Care Plan					
	A care plan dated 11/29 a problem of ADL (active to rehab and urinary inclidentified the resident transfer of one staff. The resider and a walker and one staff should start walking using a front wheeled we pain allowed.					
	Staff Interviews:					
	On 1/8/18 at 1:27 p.m. Sassisting Resident #1's walker rattling and then bathroom floor. Staff Apbutton to summon help. reliable about using the on the resident earlier in eyes appeared closed a Staff A stated it appeared the bathroom and went resident's range of motion move her legs. The resileft gluteal region and rescale. Staff A palpated complaints of pain. Staff and there was no increased put a gait belt on the reswith no increased pain.					

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Facility Administrator

Citation Numb	er:				Date: January	y 31, 2018
Facility Name: Rowley Memor	rial Masonic Home		Survey Dates: January 8-10, 2018			
Facility Addres 3000 E Willis A Perry, IA. 5022		HL				
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	resident's daughter came to send the resident to the daughter preferred to we informed Staff A that the heard a pop. The pain to send the resident to the send the resident to the she moved the resident responded, she got the because there was no intelese checked out fine. So wanted to see the doctors of the something was wrong, however was a call light of answered it, the resident bathroom and the resident stated she thought the resident and the resident and the resident and the resident and the resident said she was how the stated the resident that the stated the resident that the resident said she was how the stated the resident that the resident said she was how the stated the resident that the resident said she was how the stated the resident that the resident said she was how the resident that the resident said she was how the resident that the resident said she was how the resident that the re	resident up after the fall increased pain and everything staff A stated the resident or because the resident thought nowever nothing seemed to be essed the resident. Staff B, CNA (certified nurse came on and when she at and Staff A were in the ent was on the floor. Staff B resident went to the toilet about the incident. Staff A assessed ident denied pain or injury. It is and there was no indication one. A couple hours later the urting and she went to ER.				

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Facility Administrator

Citation Numb	er:		Date: January 31, 2018				
Facility Name: Rowley Memor	rial Masonic Home		Survey D January)18		
Facility Address/City/State/Zip 3000 E Willis Ave Perry, IA. 50220		HL					
Rule or Code Section	Naturo	Class	Fine A	mount	Correction date		
	the resident up on her of the resident at least 2 till there per self. When State should not transfer/amb apologized. She stated resident got up per self. On 1/8/18 at 3:20 p.m. So the resident up on her of times before the resident to resident would just smile didn't always remember	Staff D CNA stated she caught own and on the toilet 2 or 3 of fell. Staff D said she to use the call light and the e. Staff D stated the resident of she wasn't supposed to ance. Staff D told nurses when					
	the resident up unassist then assisted the reside stated she had caught the She stated she rarely sa Staff E stated she did no cognition to use the call	Staff E RN stated she caught red before the 12/14/17 fall and ont the rest of the way. She he resident less than 5 times. The way the resident's call light on think the resident had the light.					
	Observation On 1/8/18 at 9:10 a.m. of						
	fell when she used a 2 stailbone. The resident d	bed. The resident stated she step foot stool and hurt her enied falling at the facility. The a a little bit but it was painful.					

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Facility Administrator Date

Citation Number: 6745					Date: January	/ 31, 2018
Facility Name: Rowley Memor	rial Masonic Home		Survey Dates: January 8-10, 2018			
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Rule or Code Section	Nature	e of Violation	Class Fine Amount Correction date			Correction date
	the resident had pain m to Oxycodone 5 milligra needed moderate pain. 12/14/17 fall) identified to pain that limited activity On 1/9/18 at 10:55 a.m. care plan revisions were the resident self-transfe was not aware the resid day of the fall (12/14/18 intervention was to keep also stated the care plan based on the resident nuse. 2. A MDS with assessm assessed Resident #3 v (severe cognitive impair extensive staff assistant mobility. The resident rewith toileting and persor transitions and walking" not steady and only able assistance while toiletin as not steady and able to areas of testing. A physical therapy (PT)	rment). The resident required ce e with transfers and bed equired limited staff assistance hall hygiene. A "balance during test identified the resident as				

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Facility Administrator

Citation Numb 6745	er:				Date: January	y 31, 2018
Facility Name: Rowley Memo	rial Masonic Home		Survey Dates: January 8-10, 2018			
Facility Address 3000 E Willis A Perry, IA. 5022		HL				
Rule or Code Section	Naturo	e of Violation	Class	Fine A	Amount	Correction date
	An incident report dated an unwitnessed fall in the found the resident on he intervention following the plastic organizer into the space. The fall investigates resident had on her feet. An incident report dated an unwitnessed fall in the the resident on the floor right foot under the left I resident's right eye. The cm. cut in the eyelid with discoloration. The resident emergency room (ER). The resident's left shoeld intervention was for the free up space in the room the free up space in the room to the standard with a scalar prography) and scan was closed with adhesing identified a contusion to the resident report dated unwitnessed fall in the rethe resident sitting on the	1 8/3/17 at 2:15 p.m. identified the resident's room. Staff found between the bed and wall with the eg. Bleeding was noted by the entire incident report identified a 2.5 in swelling and purple that transported to the The incident report revealed are was untied. The resident's family to come and m. 7 revealed a CT (computerized was done which with negative the erformed 0.5 cm. repair to the ckness laceration. The skin we. The ER report also				

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Facility Administrator

Date

		-				
Citation Numb 6745	er:				Date: January	y 31, 2018
Facility Name: Rowley Memo	rial Masonic Home		Survey Dates: January 8-10, 2018			
Facility Address 3000 E Willis A Perry, IA. 5022						
1 City, IA. 3022		HL				
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	resident wore for footwe available. The interventire resident status sheet sure medication review, date physician stated he wou (for dementia) patch. A 3:54 p.m. revealed the rediscontinuation of the management	ion was "med review". A abmitted to the physician for ad 10/3/17 revealed the alld discontinue the rivastigmine progress note dated 10/3/17 at resident's family declined the redication. If 10/4/17 at 7:05 p.m. revealed the resident's room. Staff in the floor with back against the report did not identify what to do. The resident could not be report did not identify what to do. The resident had a 2 cm. a back of the head. The resident of instructed the resident to wear is not using a walker. The incident was to check the each shift for 3 days. If 11/1/17 at 4:30 p.m. revealed the resident's room. Staff found the floor across from the bed. The back and it appeared the inthe bottom drawer. The into the back of the head. The hat the resident wore for				

Facility Administrator

Date

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Citation Numb 6745	er:				Date: January	y 31, 2018
Facility Name: Rowley Memor	rial Masonic Home		Survey I January	v Dates: ry 8-10, 2018		
Facility Address 3000 E Willis A Perry, IA. 5022						
,,		HL				
Rule or Code Section	Naturo	e of Violation				Correction date
	The resident was on the closet. The resident state the bed. The walker was wore improper footwear placed gripper socks on assisted the resident into of the resident having dibed due to the height of own personal bed and reand out of bed. On 1/10/18 at 2:20 p.m. nurse thought the family	d fall in the resident's room. e floor between the bed and ted she slipped off the side of s next to the bed. The resident The intervention was staff				
	An incident report dated revealed an unwitnesse found the resident on the of the bed on the right s. The resident said she sl slight redness measurin mid back area. The reportesident had on her feet. The intervention followir walker in reach and resident wanting to transfe order for PT and OT (or evaluate. An incident report dated.					

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Citation Number: 6745					Date: January	/ 31, 2018
Facility Name: Rowley Memorial Masonic Home			Survey Dates: January 8-10, 2018			
Facility Address/City/State/Zip 3000 E Willis Ave Perry, IA. 50220		HL				
Rule or Code Section	Nature of Violation			Fine A	Mount	Correction date
	an unwitnessed fall in the resident's bathroom. The resident reported standing next to spouse and waited for him to finish using the toilet. The resident got tired of waiting and sat down. The resident did not sustain injury. The report identified the resident had shoes on and used a walker. The intervention after the incident was to instruct resident to use the call light and hourly checks for toileting and safety for 24 hours. A care plan dated 3/17/16 identified the resident with a problem of falls. The care plan directed staff to ensure the resident wore proper footwear when ambulating and on 12/18/17 the care plan directed staff to apply gripper socks to the resident in bed. The care plan also directed staff to make comfort rounds. Make every 2 to 3 hour comfort and toileting rounds. The comfort round interventions were dated 3/17/16. On 1/19/18 at 10 a.m. the care plan nurse identified "comfort rounds" as every 2 hours. Staff checks on the resident, changes them, offers water, reposition them and ensures the call light is available. 3. A MDS with assessment reference date of 11/17/17 assessed Resident #2 with a BIMS score of "11" (moderate cognitive impairment). The resident required extensive staff assistance with bed mobility, transfers, dressing, personal hygiene and bathing. The resident had functional limitations in range of motion on one side of the upper and lower extremities. The resident was frequently incontinent of bladder and occasionally incontinent of bowel. The resident did not ambulate. A "balance during transitions and walking"					

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Facility Administrator

Date

Citation Number: 6745					Date:	y 31, 2018
Facility Name:			Survey Dates: January 8-10, 2018			, ,
Rowley Memorial Masonic Home Facility Address/City/State/Zip 3000 E Willis Ave Perry, IA. 50220			January	0-10, 20	J16	
Felly, IM. 30220		HL				
Rule or Code Section	Nature of Violation			Fine A	Amount	Correction date
to so off results balance with the substant to lead to to	test, revealed the resident as not steady and only able to stabilize with staff assistance when moving on and off the toilet and surface to surface transfers. The resident was unable to complete any other areas of the balance test. The resident had a diagnosis of stroke with left side weakness. A physical therapy (PT) discharge instruction sheet directed staff to assist the resident with 2 staff and use a wheelchair for mobility. An incident report dated 9/25/17 at 9 a.m. revealed the resident fell when he attempted to self-transfer to the toilet. The resident's wife stated she could not get there in time to stop the resident. The resident did not sustain injury. Staff educated the resident and the resident's wife to request assistance from nursing staff for all transfers. (Bathroom related) The fall investigation did not identify when staff last saw or toileted the resident. An incident report dated 10/7/17 at 6:15 p.m. revealed the resident pulled on the door to the bathroom and fell to the floor with the wheelchair sliding away. The resident hit his head on the foot board. Staff assessed a 2 inch abrasion to the forehead. (Bathroom related). The intervention was to not place the resident in front of the bathroom door as the resident thinks he can use it for a transfer bar. The fall investigation did not identify when staff last saw or toileted the resident. An incident report dated 11/15/17 at 11:15 a.m.					

Facility Administrator Date

Citation Number: 6745					Date: January	y 31, 2018
Facility Name: Rowley Memorial Masonic Home			Survey Dates: January 8-10, 2018			
Facility Address 3000 E Willis A Perry, IA. 5022	-					
Felly, IA. 30220		HL				
Rule or Code Section	Nature of Violation			Fine A	Amount	Correction date
	head at the foot of the besocks. The resident's be that elevated the height inch red area on the left resolved after staff lifted. The resident was income stated he needed to use get there. (Bathroom refollowing the incident was mattress and get a PT edid not identify when staresident. An incident report dated revealed the resident roa superficial abrasion to centimeters (cm.) in dia resident stated he tried because his back hurt a floor. The intervention of Tylenol PM at the earlied care plan dated 6/2/17 in done for 24 hours only, care plan nurse confirm	If the resident from the floor. Itinent of bowel. The resident is the bathroom so he tried to lated) The intervention as to remove the waffle evaluation. The fall investigation aff last saw or toileted the I 12/6/17 at 12:30 a.m. Illed out of bed. Staff observed of the top of the scalp 4 meter with slight swelling. The to get more comfortable				
	resident. An incident report dated the resident fell at his w resident attempted to st	If last saw or toileted the I 12/9/17 at 2:23 p.m. revealed ife's apartment when the and up. The resident did not lent stated he was going to the				

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Facility Administrator

Date

Citation Number: 6745					Date: January	y 31, 2018
Facility Name: Rowley Memorial Masonic Home				Survey Dates: January 8-10, 2018		
Facility Address/City/State/Zip 3000 E Willis Ave Perry, IA. 50220		HL				
Rule or Code Section	Nature	e of Violation	Class	Fine A	Amount	Correction date
	bathroom. (Bathroom related) The fall investigation did not identify when staff last toileted the resident. The intervention for the incident was to ensure the resident's foot pedals were on and wheelchair locked when the resident worked on projects. An incident report dated 12/12/17 at 9:15 p.m. revealed the resident was lying on the floor parallel to the bed. The resident did not sustain injury. The resident exhibited confusion stating his bed was sold and he needed to clean it up before it was picked up. The fall investigation did not identify siderail use or when staff last saw or toileted the resident. The intervention was 1 hour checks for 24 hours. A care plan dated 6/2/17 identified the resident with a problem of falls due to stroke that left the resident unable to use his left side. The care plan directed staff to transfer with 2 or more staff and a gait belt. The care plan directive for toileting was 1 or more staff assist the resident with toileting. There was no frequency identified or any change in the toileting plan even though the resident had falls related to bathroom needs. The care plan did not contain any information about siderails. Observation showed on 1/8/18 at 1:07 p.m. one staff transfer the resident to the toilet with a gait belt. On 1/10/18 at 3:30 p.m. the DON (director of nursing) stated the facility asked PT reevaluate the resident today for transfer needs and the PT was going to change the resident from needing 2 staff to assist with transfers to 1 staff for transfers.					

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to lowa Code section 135C.43A (2015).

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Citation Numb 6745	er:				Date: January	<i>y</i> 31, 2018
Facility Name: Rowley Memorial Masonic Home			Survey Dates: January 8-10, 2018			
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,		HL				
Rule or Code Section	Nature of Violation		Class	Fine A	Amount	Correction date
	Observation showed on 1/8/18 at 2:57 p.m. the resident in bed which was at regular height with siderails up on each side of the bed. The siderails covered the center portions of the bed on each side with a small open space at the foot and head of bed on both sides. FACILITY RESPONSE:					

Facility Administrator	 Date

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