Citation Num	ber:	Amended Citation – Fine amount reduced by 35% to \$1,300.00 on July 16, 2018 pursuant to Iowa Code Section 135C.43A			Date: July 2	, 2018
Facility Name	9 :		Survey	Dates:	I.	
Grandview H	eights		June 11	l to June	14, 201	8
Facility Addr	ess/City/State/Zip					
910 East Oliv Marshalltown		M. White				
Rule or Code Natur Section		e of Violation	Class	Fine A	Amount	Correction date
58.19(2)b	residents. The resident shall provide, as appropring nursing services under the qualified nurses with anothese rules: 58.19(2) Medication and b. Provision of the approwounds, including pressure healing, prevent infection developing; (I, II) Based on clinical record interviews, the facility fair initial and/or ongoing asset to identify, prevent or proaltered skin integrity for the (Residents #291 and #25 census of 92. Findings include: 1. The Minimum Data Service Resident #291, dated 5/2 enterocolitis due to clost the colon by the bacteria respiratory failure, fluid of calorie malnutrition, arthinal resident malnutrition are resident malnutrition.	treatment. priate care and treatment of ure sores, to promote n, and prevent new sores from review, observation and staff led to ensure completion of sessments and interventions omote healing of areas of two of two residents reviewed a). The facility identified a		\$ 2,000		Upon Receipt

Page 1 of 12

Facility Administrator

Date

Citation Num	ber:	Amended Citation – Fine amount r \$1,300.00 on July 16, 2018 pursua Section 135C.43A			Date: July 2,	2018
Facility Name			Survey June 11		e 14, 2018	3
Facility Address 910 East Olive	ess/City/State/Zip					
Marshalltowr		M. White				
Rule or Code Section	Natur	e of Violation	Class	Fine /	Amount	Correction date
	bed mobility, toilet use an of one for dressing and pate independently following documented the resident bowel and had an indwel assessment also recorded Stage 2 pressure ulcers admission date, 5/11/18. The resident's care plan focus area of actual prespotential of further pressort to impaired mobility, incominates and low albumin resident received comfor documented the goal that show signs of healing and Documented intervention and monitor the resident report improvements and doctor and assist resident frequently. On 6/12/18, suse a turn sheet and head A Braden Scale for predict 6/6/18 documented the resident received the resident received comfor and assist resident report improvements and doctor and assist resident frequently. On 6/12/18, suse a turn sheet and head A Braden Scale for predict for predict for the resident for the resident for the resident frequently.	thad frequent incontinence of lling catheter for urination. The ed Resident #291 had three with one present on resident's dated 5/30/18 included a sure ulcers and he had the ure ulcer development related ontinent of bowel, varied oral and protein levels. The care. The care plan at his pressure ulcers would a remain free of infection. In this pressure ulcers would be instructed to assess, record is wound healing per protocol, and declines to the medical and to turn and reposition staff added the intervention to				Page 2 of

2

Facility Administrator

Date

Citation Numb	oer:	\$1,300.00 on July 16, 2018 pursuant to Iowa Code				Date: July 2, 2018	
Facility Name	:		Survey	Dates:			
Grandview He	eights		June 11	to June	14, 2018		
Facility Addre	ss/City/State/Zip						
910 East Olive Street Marshalltown, IA 50158		M. White					
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date	
	C, Registered Nurse Unit Resident #291 lay flat on had been placed under had been so had been both the sacral area on both but both thighs. The observad dressing patches on his larea. One patch had a dand the remaining five shad and the remaining five shad	place on the right inner ankle aleft great toe appeared also had a bright red rash on attocks and down the back of tion revealed five skin back and one on his sacral ate of application of 6/7/18 howed no date. The patch on aminated with BM. The resident had a pressure inner foot and no treatment the current Treatment TAR). The TAR also contained or the sacral area or rash to 16/12/18 at 11:20 AM, the lack with his heels directly on gistered Nurse (RN) entered and and donned gloves. She abarrier and laid out wound C, RN Unit Manager/ Quality				Page 3 of 12	

Facility Administrator

Date

Citation Number: # 6821		Amended Citation – Fine amount reduced by 35% to \$1,300.00 on July 16, 2018 pursuant to Iowa Code Section 135C.43A			Date: July 2, 2018	
Facility Name:			Survey	Dates:	l	
Grandview Height	s		June 11	to June	14, 2018	3
Facility Address/C	ity/State/Zip		7			
910 East Olive Street Marshalltown, IA 50158		M. White				
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
dressides resident sides measured would aga centred aga hee b. Store coverabra dressides d. T	ssing) dated as appliedent's right ankle. Clear of the resident's ankle as a control of the resident's ankle as the ankle would and, with a paper meaning the wound. The word that the wound. The word resident's back to uest, Staff B lifted resident's back to uest, Staff B lifted resident, Staff B lifted resident (a collection ound, flush with the such a damage) on both I dened left great toe, wound toe and separate wound bed and a sminst the second left to list back directly on the staff B then removed the staff B then removed the red a linear open areas on, tearing or shear seed this open area. Staff B removed the noch showed two circulars as a control of the second left to seed the open areas. The next dressing low	errafoam (a wound protection ed on 6/8/18 from the ear drainage ran down the ele onto the bedding. Staff B and, identified as pressure asure strip that she laid wound measured 1.7 m and had a shallow ulcer und bed. Staff B moved of start the treatment. On ident's feet and revealed in of dead tissue that is within kin surface and reflects deep the els. She touched the which had crossed over the ed them. An open area with a shall amount of drainage was be. Staff B replaced resident's element and the kerrafoam dressing close er blade. The dressing eathat appeared to be from the ear. Staff B cleansed and resear.				Page 4 of 1

Facility Administrator

Date

Amended Citation – Fine amount reduced by 350 \$1,300.00 on July 16, 2018 pursuant to Iowa Cool Section 135C.43A					Date: July 2,	2018
Facility Name	e:		Survey	Dates:		
Grandview H	eights		June 11	to June	14, 2018	;
Facility Addr	ess/City/State/Zip					
910 East Olive Street Marshalltown, IA 50158		M. White				
Rule or Code Section	Natur	re of Violation	Class	Fine A	Amount	Correction date
	blood fluid) drainage. Stathe open area. e. The next dressing fell spine and when removed reddened area with two did side of the resident's spin and placed Aqaucel (and growth of microorganism this area. f. The next dressing lower applied date of 6/7/18. Some revealing a pink/red wour and covered with a new good of the sacral region (lowest the dressing showed and and serous sanguineous cleansed the wound and dressing. Then Staff Cost this last pressure area and skin tracking sheet for it. Staff Corequested she modern the sacral region (lowest the dressing). Then Staff Cost this last pressure area and skin tracking sheet for it. Staff Corequested she modern the sacral region (lowest the dressing). Staff Bothen reposition in the sacral region (lowest the sacral region (lowest the dressing). Then Staff Cost this last pressure area and skin tracking sheet for it. Staff Corequested she modern the sacral region (lowest the dressing). Staff Bothen reposition in the sacral region (lowest the dressing) and the sacral region (lowest the dressing) are sacral region (lowest the dressing) and the sacral region (lowest the dressing) and the sacral region (lowest the dressing) are sacral region (lowest the dressing) and the sacral region (lowest the dressing) are sacral region (lowest the dressing) and the sacral region (lowest the dressing) are sacral region (lowest the dressing	aff B cleansed and re-dressed I on the resident's midback d, revealed a softball size eschar areas one on each ne. Staff B cleansed the area antimicrobial which inhibits the ns) and Kerrafoam dressing on er on the spine recorded an taff B removed the dressing and bed which she cleansed Kerrafoam dressing. Showed no date and was on area of spine). Removal of alcer with a red wound bed drainage present. Staff B acovered it with a Kerrafoam tated she was not aware of and the facility did not have a Staff B did not measure it and easure this wound (2.0 cm by ositioned resident on his back, the mattress, removed her ds and left the resident's room. w, Staff C stated she would are a wound without being Staff B failed to assess and areas on the resident's heels				Page 5 of 1

Facility Administrator

Date

# 6821		Amended Citation – Fine amount reduced by 35% to \$1,300.00 on July 16, 2018 pursuant to Iowa Code Section 135C.43A				Date: July 2, 2018		
Facility Name Grandview He			Survey June 11		14, 2018			
Facility Address/City/State/Zip 910 East Olive Street Marshalltown, IA 50158								
	, IA 50158	M. White						
Rule or Code Section	Natur	e of Violation	Class	Fine A	Mount	Correction date		
	2.2 by 0.5 cm, his right h 1.5 cm and the wound to measured 0.7 cm by 0.7 Review of the Weekly Pr resident had a pressure of the pressure of the the pressure of the the pressure of the the pressure of the	s to send information to s left heel wound measured eel wound measured 3.0 by the second toe of his left foot cm. The sesure Ulcer Record revealed identified area on right inner the resident's TAR of the torder. Review of the current then for the covered sacral resident's groin and buttocks. If by the Certified Nurse Aides the boots. The seekly pressure ulcer records the covered documented the 2 lower spine pressure ulcer assessment on 5/23/18 then this pressure area measured dark purple surrounding area				Page 6 of 1 2		

Facility Administrator

Date

Citation Num # 6821	ber:	Amended Citation – Fine amount reduced by 35% to \$1,300.00 on July 16, 2018 pursuant to Iowa Code Section 135C.43A			Date: July 2, 2018		
Facility Name	: :		Survey	Dates:			
Grandview Ho	eights		June 11	to June	14, 2018	3	
Facility Addre	ess/City/State/Zip						
910 East Oliv Marshalltown		M. White					
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date	
	upper spine pressure are 5/23/18. Weekly assess 6/6/18. This pressure are cm. d. No weekly pressure ulthe pressure ulcer coverd area. Staff sent a Routine Phys 4/23/18 (an error as the compared states of the physicial requested treatment for compared to identified as right inner for showed a notation date of this order to read foam dotopically every other day apply to spine, upper right failed to include the area on 6/13/18, Staff C provinceord that had been initial identified a Stage 2 wour 1.7 cm. Weekly pressure started for the bilateral his pressure found on the right provided a paper faxed to	nents completed through a measured 1.2 cm by 0.7 cer record was in place for ed on the resident's sacral sician Notification form dated resident entered the facility on as returned with the word yes not signature. This notification open areas, with new areas not and mid spine. The order of 5/24/18. The TAR showed ressing, apply to open areas to promote wound healing, not back, and abdominal fold. It of the right inner foot. Ided a weekly pressure ulcer rated for the sacrum wound. It and that measured 2.0 cm by a ulcer records had also been eel pressure area and the				Page 7 of 1	

2

Facility Administrator

Date

Citation Num	ber:	Amended Citation – Fine amount r \$1,300.00 on July 16, 2018 pursua Section 135C.43A			Date: July 2,	2018
Facility Name) :		Survey	Dates:		
Grandview H	eights		June 11	to June	14, 2018	3
	ess/City/State/Zip					
910 East Oliv Marshalltown		M. White				
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	2/27/15 directed to verify initial any new dressing remeasurements to monitor. On 6/12/18 at 12:39 P.M. expect all pressure and to been assessed and the aphysician for treatment of to be assessed for new apressure. She would experiment turning sheet for reposition been gone for three ween assessments. She had enurses to monitor and asshe was off but felt it had she would expect a barristaff and or a treatment of excoriated areas to his good During an interview with on 6/13/18 at 3:50 P.M., skin assessments to be to when the Unit Manager of the tree had been a system Manager was off. She would respect to the tree had been a system Manager was off. She would respect to the tree had been a system Manager was off. She would respect to the tree had been a system Manager was off. She would respect to the tree had been a system Manager was off. She would respect to the tree had been a system Manager was off. She would respect to the tree had been a system Manager was off. She would respect to the tree had been a system Manager was off. She would respect to the tree had been a system Manager was off. She was respect to the tree had been a system Manager was off. She was respect to the tree had been a system Manager was off.	., Staff C stated she would open wound areas to have assessment sent to the orders. She would expect skin and worsening areas of eect a resident's heels to be need the patient have a coning. She stated she had ks and generally does the skin expected the RN charge assess for skin changes while anot been done effectively, iter cream to be used by CNA would be in place for the roin and buttock. The Director of Nursing (DON) she stated she would expect timely and accurate even was off. She stated she felt of failure while the Unit				Page 8 of 1

2

Facility Administrator

Date

Amended Citation – Fine amount reduced by 350 \$1,300.00 on July 16, 2018 pursuant to Iowa Cool Section 135C.43A						
Facility Name	9 :		Survey	Dates:		
Grandview H	eights		June 11	to June	14, 2018	
Facility Addre	ess/City/State/Zip					
910 East Olive Street Marshalltown, IA 50158		M. White				
Rule or Code Section	Natur	re of Violation	Class	Fine A	mount	Correction date
	resident's primary Physic new skin issues to be as treated for residents eve 2. The MDS assessment 3/21/18, documented he Alzheimer's disease, depand osteoarthritis. The Mas at risk for developing ulcers at the time of the arequired the physical assand transfers and the ph dressing. The resident's care plan, a focus area of the poter development related to cincontinence. Staff addet to apply heel boots on at should not wear shoes. A Weekly Pressure Ulce resident developed a preheel on 4/23/18. The recibeen a Stage 2 wound a (cm) x 0.7 cm, an intact leads to the control of the contro	r diagnoses included pression, rheumatoid arthritis and Socumented the resident pressure ulcers and without assessment. Resident #23 sistance of two for bed mobility ysical assistance of one with a initiated on 3/31/17, recorded an intervention on 4/23/18 and an intervention on 4/23/18 and times and Resident #23 ar Record documented the essure sore on the right outer ord documented the area had and measured 1.0 centimeters				Page 9 of 1 2

Facility Administrator

Date

Citation Number: # 6821		Amended Citation – Fine amount reduced by 35% to \$1,300.00 on July 16, 2018 pursuant to Iowa Code Section 135C.43A			Date: July 2, 2018		
Facility Name:			Survey	Dates:	1		
Grandview Height	s		June 11	to June	14, 2018	3	
Facility Address/C	City/State/Zip						
910 East Olive Street Marshalltown, IA 50158		M. White					
Rule or Code Section	Natur	e of Violation	Class Fine		Amount	Correction date	
hee bee an i A W Res innearea x 2. On resi a. R state b. L cm; resi c. L cm; place Duri state afte whee	I on 4/23/18. The reconnal Stage 2 wound an a stage 2 wound an antact blister. I eekly Pressure Ulcersident #23 developed or heel on 4/23/18. The had been a Stage 2 orm, an intact blister 6/13/18 at 10:18 a.m. dent's heels with findication of the area had begue the area had begue of the theel - Stage of the theel - Stage of the area on after Staff C as ing interview on 6/13/18 of the resident developen asked why the heel and the heel of the	., Staff C, RN assessed the ings as follows: ge 2, 0.8 cm x 1.0 cm.; Staff C in as fluid filled blister. 2, dark color, 3.5 cm x 3.0 bund could be eschar and the ain when Staff C touched it. 2 a dry hardened area, 1.4 but moaned when socks were				Page 10 of	

Facility Administrator

Date

Citation Num # 6821	ber:	Amended Citation – Fine amount \$1,300.00 on July 16, 2018 pursus Section 135C.43A			Date: July 2,	2018
Facility Name	: :	-	Survey	Dates:	ı	
Grandview Ho			June 11	to June	e 14, 2018	}
910 East Oliv						
Marshalltown	i, IA 30136	M. White				
Rule or Code Natu Section		re of Violation	Class	Fine Amount		Correction date
	pressure sores. The survive resident's MDS assemble which documented a risk sores. Staff C stated sheet on 6/13/18 at 11:24 a.m.	e had not been aware of that. ., the DON stated the floor raden assessments and they				Dogo 11 o

Page 11 of

Facility Administrator

Date

Citation Numb					Date: July 2, 2018	
Facility Name:			Survey I	Dates:		
Grandview He	ights		June 11	to June	14, 2018	3
Facility Addres	ss/City/State/Zip					
910 East Olive						
Marshalltown, IA 50158		M. White				
Rule or Code Section	Na	ture of Violation	Class	Fine A	mount	Correction date
				•		