

**Iowa Department of Inspections and Appeals
Health Facilities Division
Citation**

Citation Number: # 6825		Date: July 19, 2018		
Facility Name: Rowley Memorial Masonic Home		Survey Dates: June 18 to July 5, 2018		
Facility Address/City/State/Zip 3000 East Willis Avenue Perry, IA 50220		MW		
Rule or Code Section	Nature of Violation		Class	Fine Amount
Correction date				

56.12(135C)	Class I violation as a result of multiple lesser violations. The director of the department of inspections and appeals may issue a citation for a class I violation when a physical condition or one or more practices exist in a facility which are a result of multiple lesser violations of the statutes or rules, but which taken as a whole constitute an imminent danger or a substantial probability of resultant death or physical harm to the residents of the facility.	I	\$ 2, 250.00	
58.20(135C)	Duties of health service supervisor. Every nursing facility shall have a health service supervisor who shall: 58.20(5) Initiate preventative and restorative nursing procedures for each resident so as to achieve and maintain the highest possible degree of function, self-care, and independence based on resident choice, where practicable; (II, III)			
58.20(135C)	58.20(15) Teach and coordinate rehabilitative health care including activities of daily living, promotion and maintenance of optimal physical and mental functioning; (III) Based on clinical record review, observation and staff and family interviews, the facility failed to ensure each resident received the appropriate assessments, treatment, and services to prevent a decline in range of motion for one of one resident reviewed for rehabilitation needs (Resident #5). The facility reported a census of 42 residents.			

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 Iowa Code section 135C.43A (2013).

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	<p>Findings include:</p> <p>1. The Minimum Data Set (MDS) assessment dated 3/14/18 documented Resident #5 had diagnoses that included high blood pressure, vascular/arterial disease, high cholesterol, Alzheimer's disease, dementia, Parkinson's disease, anxiety, depression, chronic lung disease, and a psychotic disorder. The MDS documented the resident had long and short term deficits as well as severely impaired cognition. Resident #5 required the assistance of 2 staff for bed mobility, transfers, dressing and personal hygiene and the assistance of one staff with walking and toilet use. The MDS documented the resident had no range of motion (ROM) limitations to either the upper and lower extremities. The MDS documented the resident did not receive passive or active ROM or any restorative activities during the assessment period.</p> <p>The MDS assessment dated 6/13/18 documented the resident had no ROM impairment to either the upper or lower extremities.</p> <p>The care plan, with a target date of 7/1/18, did not document any ROM impairment.</p> <p>Review of the Occupational Therapy notes dated 8/10/16 to 11/7/16 revealed a fitting for compression socks to reduce edema in the lower legs. The resident had no further assessments from therapy.</p>			
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	<p>Observations on 6/20/18 at 8:15 a.m. and 10:20 a.m. revealed the resident kept his left hand in fisted position. Interview with the resident's daughter at 10:20 a.m. revealed Resident #5 did not keep his hand in a fist until a couple months ago. The facility had not done anything that she knew of. Further observation revealed the resident's left fingers would not extend and a strong odor of yeast.</p> <p>During an interview on 6/20/18 at 7:25 a.m. Staff I, Restorative Coordinator, stated the resident did not have a restorative exercise program.</p> <p>During an interview on 6/20/18 at 9:50 a.m. Staff K, certified nurse aide from a temporary agency, stated the resident has had his hand in a fist for the last couple months. Staff K did not recall telling anyone about it.</p> <p>During an interview on 6/25/18 at 9:01 a.m. Staff Q, Physical Therapy, stated no one from the staff had told her about the resident's hand. Prior to the current MDS Coordinator, there had been no system in place to screen residents for a decline in function.</p> <p>The Certified Occupational Therapist Assistant (COTA) completed an assessment on the resident's left hand on 6/25/18. She documented a recent decline in function, the left hand had ROM impairment and requested an Occupation Therapy evaluation.</p>			
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	<p>During an interview on 6/25/18 at 9:01 a.m. the COTA that assessed Resident #5 stated the resident's left hand had contractures. She asked for a therapy evaluation to assess for a hand brace and education to the certified nurse aides on gentle ROM. She thought the contractures could have been prevented.</p> <p>Facility Response:</p>			
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