Citation Number 6827	er:	Date: July 20, 2018			, 2018	
Facility Name: Pleasant Acres	3		Survey I			
Facility Address/City/State/Zip			ounc 12	10 0 20	21, 2010	
3099 Railroad 9 Hull, IA 51239	Street	MW				
Rule or Code Section	Natur	e of Violation	Class Fine Amount			Correction date
58.28(3)e		•	I	\$5350 (Held Suspe		UPON RECEIPT
	DESCRIPTION:					
	interview and policy re always ensure reside during assisted transf	ew, observation, resident eview the facility failed to nts remain free of injury erring for 1 of 5 residents #3) The facility identified a residents.				
	Findings include:					
	dated 2/15/18 Reside included anemia, hyp depression, kyphosis identified the resident which indicated intact MDS the resident req	inimum Data Set (MDS) nt #3 had diagnoses that ertension, hyperlipidemia, and dyspnea. The MDS had a BIMs score of 15 cognition. According to the uired extensive assistance asfers, ambulation, dressing				
		Plan initiated on 10/7/14, and dentified the resident had a				
						Page 1 of 8

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 (2013).

Citation Numb	oer:				Date: July 20,	, 2018	
Facility Name: Pleasant Acres			Survey Dates: June 12-19 & 20-21, 2018				
Facility Address/City/State/Zip				.0 0. 20	,		
3099 Railroad Hull, IA 51239		MW					
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date	
	altered balance, hyper spinal stenosis, depres spinal stenosis, depres spinal stenosis, depres spinal stenosis, depres staff were instructed or importance of gaitbelt directed staff resident independently in her undependently in her undepen	ea dated 8/1/17 revealed on proper use and to the care plan also to may be transfer room from recliner. If but not limited to the roper use and importance of afety techniques and and increased assistance 0/7/14 and updated 3/23/18. Oripper socks or slippers on ambulating in room during M. Initated 8/13/16, and anned to the bed at bedtime. The the bed. Initiated 8/7/17. If it is assist with transfers and re-educated to use the call stance. Initiated 6/2/16. In with HS cares as noted to				Page 2 of	

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 (2013).

Date

Facility Administrator

Citation Numb	er:	Date: July 20		Date: July 20,	2018	
Facility Name: Pleasant Acres	5		Survey Dates: June 12-19 & 20-21, 2018			
Facility Addres	ss/City/State/Zip				_1, _010	
3099 Railroad Hull, IA 51239		MW				
Rule or Code Section	Nature	e of Violation	Class	Fine A	mount	Correction date
	may use walker for tra The resident bears we Has upper body stren Unsteady. Follows dir Review of the Progres 6:36 PM revealed the with transferring for so the wheelchair when a stable enough to stan left side under the bea left upper eye. Modera exudate noted from th neuros in place. The a resident transferred to ambulance. Review of the Inciden 6:26 PM revealed the assistant) assisted the to the dining room. Th side and her head hit The Emergency Room documented the resid height) she was walki getting ready to sit in fell forward. They beli	eight less than 4 seconds. gth. Sits up with assistance. ections. ss Notes dated 4/19/18 at CNA assisted the resident upper. CNA turned to grab she though the resident d. The resident fell on her d, resulting in a gash to her ate amount of bloody he area. Vital signs and ambulance called and the o the Emergency room via t Report dated 4/19/18 at CNA (certified nursing e resident to stand and walk he resident fell on her left				Page 3 of

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

Citation Numb	oer:				Date: July 20	, 2018	
Facility Name Pleasant Acre			Survey Dates: June 12-19 & 20-21, 2018				
Facility Addre	ss/City/State/Zip		Julie 12-	19 & 20	-21, 2010		
3099 Railroad Hull, IA 51239		MW					
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date	
	underneath the bed a and sat her in a chair anything about the fall back pain so EMS se resident had ecchymology and active bleeding of swelling over the left superior orbital ridge of the left cheek. Review of the Radiology revealed the resident cervical spine an add through the base of the minimally distracted. The Major Injury Detection of the Region of the left cheek. The Major Injury Detection of the Region of	ermination Form (MIDF) gistered Nurse on 4/20/18 at l: On 4/19/18 at 6:30 PM the om causing a cervical rned from standing resident ir to follow the resident dent requires limited to with transfers, limited				Page 4 of	

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 (2013).

Date

Facility Administrator

Citation Numb	er:				Date: July 20,	2018
Facility Name: Pleasant Acres			Survey I		-21, 2018	
-	ss/City/State/Zip				•	
3099 Railroad Hull, IA 51239		MW				
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	the injury sustained is Review of the Progres revealed the resident hospital via med star. Could not bear any w states that she has pa Range Of Motion (RC to family and physicia for further treatment. ok to wait until Monda to what happened on Resident denies pain Only with movement of continue to monitor. Progress Notes dated documented the resid pain and left foot turns Unable to bear weigh left pupil unresponsive	lent's prognosis, I believe a major injury. ss Notes dated 4/21/18 arrived back from the Resident placed in recliner. eight on left leg. Resident ain in her left hip area when DM) performed. Call placed in. Family would like to wait Call placed to ER Physician by. Feels like this is related Thursday (4-19-18). when sitting in her recliner. does she feel pain. Will 14/22/18 at 3:40 PM lent confused, with left hip in. Pain with movement. It to left hip. Neuros reveals it and right pupil sluggish. Everal left hand slightly iness and headache.				

Facility Administrator	Date

Citation Numb	er:				Date: July 20,	2018
Facility Name: Pleasant Acres			Survey Dates: June 12-19 & 20-21, 2018			
Facility Addres	ss/City/State/Zip		Gune 12	15 & 20	21, 2010	
3099 Railroad Hull, IA 51239		MW				
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	documented the residual with a pelvic fracture. Progress Note dated documented resident hospital. Resident only When interviewed on resident stated Staff unow; prior to the fall the consistently. Review of the Incident 11:02 PM revealed the bathroom to her bed at The resident lowered by the CNA. The gaith resident's legs in from sides. Vital signs norm dizziness and no new Review of the Policy at Belt dated 1/13 direct to minimize the risk of caregiver while perfor ambulating: a. Review any special	returned to facility from ly bears weight to right leg. 6/13/18 at 3:30 PM the use the gait belt all the time ney did not use it t Report dated 8/1/17 at e resident walked from the and lost strength in her legs. to the floor around the arms belt not in place. The t of her and arms at her mal, denied headache or injuries noted. and Procedure titled Gait ed staff to do the following f injury to the resident and ming transfers and I precautions or approaches gait belt with a resident.				Page 6 of

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).

Citation Numb	er:	Date: July 20, 2			2018	
Facility Name: Pleasant Acres			Survey Dates: June 12-19 & 20-21, 2018			
Facility Address/City/State/Zip			Juno 12			
3099 Railroad Hull, IA 51239		MW				
Rule or Code Section	Nature	e of Violation	Class	Fine A	mount	Correction date
	belt soul not come in skin. c. Position one hand of d. Position the other handled be snug. e. Transfer the reside mechanics. f. Remove belt. g. Assist resident to a call light in reach. h. Instruct resident to	the buckle at the side. The contact with the resident's under the belt. The belt and under the belt. The belt int using proper body comfortable position with notify nursing staff for ferring and ambulation.				Page 7 of 8
						Page 7 of 8

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 (2013).

Date

Facility Administrator

Citation Number: 6827					2018			
Facility Name: Pleasant Acres			Survey					
Facility Address/City/S	state/Zip			June 12-19 & 20-21, 2018				
3099 Railroad Street Hull, IA 51239	MW							
Rule or Code Section	Nature of Vi	olation	Class	Fine Ar	mount	Correction date		
						Page 8 of 8		
Facility Admini	strator		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 (2013).