Citation Number: 6874  Facility Name: Genesis Senior Living  Facility Address/City/State/Zip		Amended Citation – Fine amo 35% to \$2,762.50 on December pursuant to Iowa Code Section	er 31, 201 on 135C.4 Survey	ber 19, 2018 ecember 7,		
5608 SW 9 <sup>th</sup> S Des Moines, I		MW				
Rule or Code Section	Natur	e of Violation	Class Fine Amount			Correction date
58.19(2)b	<b>58.19(2)</b> <i>Medication</i>	n and treatment.	ı	\$4250		UPON
( )	b. Provision of the appropriate care and treatment of wounds, including pressure sores, to promote healing, prevent infection, and prevent new sores from developing; (I, II)			·		RECEIPT
	DESCRIPTION:	DESCRIPTION:				
	Based on observati staff, resident and p facility failed to ensi- develop a pressure condition demonstra- one of four resident Resident #5 was les a Stage III pressure was 59 residents.					
	Findings include:					
	dated 8/22/18, indic diagnoses that inclu accident (CVA), ma osteoarthritis and o	ata Set (MDS) assessment cated Resident #5 had uded cerebrovascular inic depression, besity and had a Brief I Status (BIMS) score of				

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**Facility Administrator** 

Citation Numb	Citation Number:  6874  Amended Citation – Fine am 35% to \$2,762.50 on December pursuant to lowa Code Section			8	Date: Decemb	ber 19, 2018
Facility Name: Genesis Senio			Survey I			
Facility Addres	ss/City/State/Zip		Novemb 2018	er 13, 29	9 and De	cember 7,
5608 SW 9 <sup>th</sup> St Des Moines, IA		MW				
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	assessment docume dependent on staff thygiene needs, bed dressing and was noccasionally incontibladder. The assess resident was at risk had no pressure uldon a turning and report weight was A Care Plan with a 3/15/18 and update indicated the reside related to mobility a deficits and a focus indicated the reside daily living (ADL's) and was noncompliated the rapy. Intervention	nent of bowel and sement documented the for pressure ulcers, but sers present and was not cositioning program. 217 pounds.  focus area initiated on d 6/13/18 and 10/29/18 nt had skin impairment nd range of motion (ROM) area revised 8/3/17 which nt had an activities of self care performance of and mobility deficits ant with working with the include:  the resident on not taking own and to ask for 3/15/18)				

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**Facility Administrator** 

Citation Number: 6874		Amended Citation – Fine amount reduced by 35% to \$2,762.50 on December 31, 2018 pursuant to Iowa Code Section 135C.43A  Date: December 19,			ber 19, 2018	
Facility Name: Genesis Senio			Survey Dates:			
Facility Addre	ss/City/State/Zip		Novemb 2018	er 13, 2	9 and De	cember 7,
5608 SW 9 <sup>th</sup> Street Des Moines, IA 50315		MW				
Rule or Code Section	Natur	e of Violation				Correction date
	the resident off the to wipe themselves take the bed pan out it rubbed on the resmore irritation. (dat d. Bed from home cover. (dated 7/28/e. Required assistated member with the bef. Required assistated with personal hygien. During an interview the resident stated span for an extended caused her current. During an interview a.m., the resident stated should be to buttock was caused positioned on a bed resident stated she positioned under he used the call light for	with a mattress protector (17) ance from one (1) staff (28/17) ance from 1 staff member (18/16/17) ance from 1 staff member (18/16/17) and 11/20/18 at 3:13 p.m., (18/16/16/17) be was left on the bed of period of time which				

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Facility Administrator

Citation Number: 6874		Amended Citation – Fine amount reduced by 35% to \$2,762.50 on December 31, 2018 pursuant to lowa Code Section 135C.43A  Date: December 19, 2018				ber 19, 2018		
Facility Name Genesis Senio			Survey	Dates:				
	ess/City/State/Zip			er 13, 29	and De	cember 7,		
			2018					
5608 SW 9 <sup>th</sup> S Des Moines, I		MW						
,								
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date		
	12/22/18, failed to hopen area on the reduction During an interview the Assistant Direct stated on 10/25/18 10:00 p.m., certified placed the resident during the shift and found until after 4:00 CNA noticed the bear usual. When the removed staff identification perfect ring of bruis ADON confirmed strinitial nursing assessment and/or ADON indicated the her attention until 10 performed the first and During an interview p.m., Staff C, CNA of the content of	ing from the bed pan. The aff failed to perform an asment, wound incident report. The e issue as not brought to 0/30/18 when she assessment to the area.  on 11/28/18 at 12:07 confirmed she worked on .m. to 10:00 p.m. shift,						

Page **4** of **10** 

**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 Number: 6874		Amended Citation – Fine amount reduced by 35% to \$2,762.50 on December 31, 2018 pursuant to Iowa Code Section 135C.43A  Date: December 19, 20				per 19, 2018
Facility Name Genesis Senio			Survey	Dates:		
	ss/City/State/Zip		Novemb 2018	er 13, 29	9 and De	cember 7,
5608 SW 9 <sup>th</sup> S Des Moines, L		MW				
Rule or Code Section	Natur	e of Violation				Correction date
	Staff E, CNA indicate she assisted Staff Con the bed pan as the long time ago.  During an interview Staff D, Certified Me confirmed she work p.m. until 5:00 a.m. 7:00 p.m. and 8:00 medications and apprescribed by the plant somewhere before the resident's call lig Doritos and a type of confirmed she obserperformed resident not in the resident's unable to assist due elbow at the time ar	on 11/28/18 at 1:21 p.m., ted she could not recall if 2 with placing the resident he incident occurred a on 11/28/18 at 2:32 p.m., edication Aide (CMA) ed 10/25/18 from 6:00 and somewhere between p.m. she administered plied creams as hysician. Staff D stated midnight she answered ght but all she wanted was				

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**Facility Administrator** 

Citation Numb	er:	Amended Citation – Fine amo 35% to \$2,762.50 on December pursuant to Iowa Code Section	er 31, 2018	8	Date: Decemi	per 19, 2018
Facility Name: Genesis Senio			Survey [			
Facility Addres	ss/City/State/Zip		2018	er 13, 29	and De	cember 7,
5608 SW 9 <sup>th</sup> St Des Moines, IA		MW				
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	Staff F, CNA indicate work on 10/25/18 for a.m., shift all of the staff just left so ther resident changes. a.m. she refilled the At 2:00 a.m. she ch however she was stailed between 4:00 a.m. aperformed her last resident she noted the resident because it had not left place. As the resident found the bed pandahip area, not where been noted and in a the impression the removal of the bed been known to do. applied Calmoseptic enable protection to During an interview	and 6:00 a.m., when she rounds for the residents ent's bed pan was missing been hanging it the normal ent rolled over, Staff Faround the resident's left the pressure ulcer had an area that gave Staff F				

Facility Administrator	Date

Citation Numb 6874				8	Date: Decemi	per 19, 2018
Facility Name: Genesis Senio			Survey I			
Facility Addres	ss/City/State/Zip		Novemb 2018	er 13, 29	9 and De	cember 7,
5608 SW 9 <sup>th</sup> St Des Moines, I <i>I</i>		MW				
Rule or Code Section	Natur	e of Violation	Class	Fine A	Mount	Correction date
	a.m., indicated a cowound progress not the wound involved buttock.  A Physician Progred documented the resubrasion on her right bed pan that measu (cm's) by 7 cm with and no induration.  Review of the Week forms revealed:  On 10/30/18 at 10:2 of an abrasion on the measured 10 cm by beefy red granulation.	ock/gluteal region.  atry dated 12/7/18 at 8:19 brrection was made to the tes with the clarification the resident's right  ass note dated 10/26/18,				

Facility Administrator	Date

Citation Numb	er:	Amended Citation – Fine amount reduced by 35% to \$2,762.50 on December 31, 2018 pursuant to Iowa Code Section 135C.43A			per 19, 2018	
Facility Name: Genesis Senio			Survey [		) and Da	
Facility Addres	ss/City/State/Zip		2018	er 13, 29	and De	cember 7,
5608 SW 9 <sup>th</sup> St Des Moines, IA		MW				
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	beefy red granulations scant amount of ser and no odor.  On 11/14/18 at 3:47 measured 16 cm by depth, beefy red grascant amount of ser and no odor.  On 11/20/18 at 12:0 changed to a Stage measuring 13.4 cm depth, beefy red grawith a scant amound drainage and no odor.  A Progress Note from Center dated 11/20 documented the are shape, wound under a scant amound documented the are shape, wound under a scant amound documented the are shape, wound under a scant amound documented the are shape, wound under a scant amound documented the are shape, wound under a scant amound documented the are shape, wound under a scant amound documented the are shape.	7 p.m., the abrasion 7 p.m., the abrasion 7 4.5 cm with 0.2 cm in 8 anulation tissue with a 8 rosangineous drainage  9 p.m., the area now 9 III pressure ulcer 1 by 4.8 cm with 0.2 cm in 1 anulation tissue present 1 t of serosangineous 1 or.  1 or the Wound Treatment 1 / 18 at 4:18 p.m., 1 ea was linear/angular in 1 or the resident's right 2 pressure injury from an				

Facility Administrator	Date

Citation Numb 6874		35% to \$2,762.50 on December 31, 2018 pursuant to Iowa Code Section 135C.43A			Date: Decemb	per 19, 2018	
Facility Name: Genesis Senio			Survey I		and Da	and December 7,	
-	ss/City/State/Zip		2018	IEI 13, 23	and De	cember 7,	
5608 SW 9 <sup>th</sup> St Des Moines, IA		MW					
Rule or Code Section	Natur	re of Violation	Class	Fine A	mount	Correction date	
	pressure ulcer mea with 1.0 cm in depth tissue present with sanguineous draina.  Observation on 11/2 revealed the reside side while the ADO Practical Nurse (LP to the resident's Stage III pressure us covered when it was had another area. The area was not prese area measured 2 cm deep.  During an interview the Physician confirmation of the same and the same area.	age and no odor.  28/18 at 11:22 a.m., nt repositioned on the left N and Staff B, Licensed N) performed a treatment age III pressure ulcer. The ulcer was packed and s pointed out the resident The ADON stated the new nt on 11/27/18. The new m by 1 cm and 0.4 cm  on 12/5/18 at 3:50 p.m., rmed the pressure ulcer he felt the area could size after the initial					

Facility Administrator	Date

Citation Numb 6874	er:	Amended Citation – Fine amount reduced by 35% to \$2,762.50 on December 31, 2018 pursuant to Iowa Code Section 135C.43A			Date: December 19, 2018		
Facility Name: Genesis Senior Living Facility Address/City/State/Zip				Survey Dates:  November 13, 29 and December 7,			
			2018	2018			
5608 SW 9 <sup>th</sup> St Des Moines, IA		MW					
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date	
						Page <b>10</b> of <b>10</b>	
Facilit	y Administrator		Date				

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