Citation Numb #8002	er:				Date: 2/11/202	20
Facility Name: Salem Luthera			Survey I			
Facility Addres	ss/City/State/Zip		1727 0072	2020		
2027 College A Elk Horn, Iowa		SB				
Rule or Code Section	Nature of Violation			Fine Am	ount	Correction date
58.19(2)b	for residents. The refacility shall provide, a required nursing servidirection of qualified roverage as set forth. 58.19(2) Medication at b. Provision of the application of wounds, including phealing, prevent infection developing; (I, II) DESCRIPTION: Based on observation staff interviews the far prevent a pressure ulcare to prevent deterifor 1 of 3 residents refacility reported a central Findings include: The Face Sheet for Rediagnoses to include	in these rules: and treatment. propriate care and treatment pressure sores, to promote tion, and prevent new sores ins, record review, family and cility failed to provide care to cer and failed to provide oration of pressure ulcers viewed. (Resident #54) The		\$8,750		Page 1 of 1
						r age i or i
Facilit	y Administrator	Dat	e			

Citation Numb #8002	er:		Date: 2/11/2020				
Facility Name: Salem Luthera			Survey [
Facility Address	ss/City/State/Zip		1/27-30/2	2020			
2027 College A Elk Horn, Iowa		SB					
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date	
	8/12/19 following a far independent in room and the total lift. The significant chang dated 8/19/19 docume have any pressure used developing pressure in needing extensive as and total care of 2 states 11/15 on her Brief Interpretation (BIMS) which indicate impairment. The reside foley catheter and was bowel. The Braden Assessm she scored at 16 for by pressure related breat The Braden Assessm she scored at 13 for by pressure related breat The Braden Assessm documented she scored or pressure related by The Braden Assessm documented she scored or pressure related by The Braden Assessm documented she scored or pressure related by The Braden Assessm documented she scored or pressure related by The Braden Assessm	to needing staff assist of 2 e Minimum Data Set (MDS) ented Resident #54 did not cers but was at risk of alcers. It coded her as sist of 2 staff for bed mobility eff for transfers. She scored erview of Mental Status ed moderate cognitive elent utilized an indwelling s always incontinent of ent on 8/19/19 documented being at mild risk for kdown. ent on 9/27/19 documented being at moderate risk for kdown. ent on 11/12/19 ed 15 for being at mild risk				Page 2 of 1	

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: 2/11/202	20
Facility Name: Salem Luthera	n Home		Survey D			
Facility Address/City/State/Zip 2027 College Avenue Elk Horn, Iowa 51531		SB				
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	the resident did not have at risk of develop coded her to require a bed mobility and total She scored 9/15 on having a significant resident as always in frequently incontinent as having a significant. The Progress Note day documented the residual appointment accompander to remove the sher wheelchair and the updated. The Wound Data Coll documented the residual accordant to the re	ated 10/2/2019 at 11:59 AM dent returned from a medical anied by her son with an sling when the resident is in the care plan was dection Tool dated 10/17/19 dent with a red moist area to and Data Collection Tool mented no rash noted. In form dated 10/30/19 buttock with a red open (centimeters) by 1cm and				

Facility Administrator Date

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Citation Numb	er:				Date: 2/11/2020		
Facility Name: Salem Luthera			Survey				
Facility Addre	ss/City/State/Zip		1/21-30//	2020			
2027 College A Elk Horn, lowa		SB					
Rule or Code Section	Natur	e of Violation	Class	Fine Ar	mount	Correction date	
	1/31/20 lacked any do border foam dressing open area to the right Progress Notes lacke physician notification The Wound Data Coll documented the residence occyx measuring width by 0.2cm in dependence of the Skin Observation documented the residence occumented the residence of the Skin Observation documented the residence of the Skin Observation documented the residence of the Skin Observation documented the residence of the Skin Observation of the Skin Obse	lection form dated 11/5/19 Ident with a stage 3 area to g 2cm in length by 0.7cm in oth. Wound characteristics ent granulation, 10 percent int eschar. In form dated 11/5/19 Ident with an open area to her ing 2.5cm by 1.1cm, an open buttock measuring 2.5cm by a to her upper left buttock 5cm. The form indicated the sician for an order for Allevyn documentation regarding				Page 4 of 1	

Facility Administrator Date

Citation Numb					Date: 2/11/202	20
Facility Name: Salem Luthera	n Home		Survey Dates: 1/27-30/2020			
Facility Addres	ss/City/State/Zip		1721 0072	-0-0		
2027 College A Elk Horn, Iowa		SB				
Rule or Code Section	Nature of Violation			Fine A	mount	Correction date
	supplement until she 11/12/19.	seen by her physician on				
	The Progress Note dated 11/7/19 at 11:16 AM documented her appetite was less with intake of meals at 25 to 50 percent. The Progress Note dated 11/10/19 at 2:59 PM documented her appetite was still poor.					
	The Progress Note da documented the dietic recommend Prostat.	ated 11/12/19 at 10:14 AM cian continues to				
	The Clinic Note dated physician order for the	111/12/19 documented the e Prostat.				
	documented the dress the resident with a state measuring 2cm in lend cm in depth. Wound of 100 percent slough. The Skin Observation documented the resident	ection form dated 11/12/19 sing was not present and age 3 area to her coccyx gth by 1.3cm in width by 0.2 characteristics documented form dated 11/12/19 lent had a open area to her easuring 2cm by 0.9cm by				
	documented the resid	ated 11/13/19 at 12:59 PM lent experienced pain with d the facility would request				
						Page 5 of 1 6

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Date

Citation Number: #8002					Date: 2/11/202	20
Facility Name: Salem Luthera			Survey D	ates:		
	ss/City/State/Zip		1/27-30/2	020		
2027 College A Elk Horn, Iowa		SB				
Rule or Code Section	Natur	e of Violation	Class	Fine Am	ount	Correction date
	Progress Note dated documented the phys (analgesic) 500 millig days and then to report the significant change documented the residue development with one of the MDS coded the resist of 2 staff for bestaff for transfers. She the BIMS and was do modified independent coded her as always bladder. The Wound Data Coll documented the dress resident had a stage of the measuring 2.5cm in less than 10.7cm in depth. It also area on the residents 2cm by 1cm by 0.2cm the physician to request an indwelling large amount of uring the physician to form the physician to request an indwelling large amount of uring the physician to request an indwelling	ician ordered Tylenol rams every 6 hours for 7 ort back to the physician. e MDS dated 11/12/19 lent at risk for pressure ulcer e stage 3 pressure ulcer. esident to require extensive d mobility and total care of 2 e was unable to complete cumented as having ce for cognitive skills. It incontinent of bowel and lection form dated 11/19/19 sing as not present and the 3 area to her coccyx ength by 2cm in width by a documented a stage 2 right buttock measuring in depth. The facility faxed est a treatment change and ang urinary catheter due to ary incontinence".				Page 6 of 1 0
Facilit	y Administrator	Dat	 e			3 · · · · ·

Citation Number: #8002					ate: /11/202	0
Facility Name: Salem Luthera	n Home		Survey D	Dates:		
	ss/City/State/Zip		1/27-30/2	2020		
2027 College A						
Elk Horn, Iowa		SB				
Rule or Code Section	Nature	e of Violation	Class	Fine Ame	ount	Correction date
	The care plan contain positioning on back we revision dates of 11/6 staff to provide pressure bed with initiation and On 1/30/20 at 10:47 A (DON) described this as the same mattress. The care plan did not repositioning interven directed staff to turn a every 2 hours when in directed staff to leave until canceled on 6/17 10/2/19 identified sling. The care plan did not for the wheelchair or 11/26/19 and revision identified low air loss 11/16/19 and revision. The Care Plan lacked prior to 11/26/19 exceed avoid positioning residuaded on 11/6/19 after the Wound Data Coll	/19. The care plan directed are reduction mattress to a revision dates of 11/23/18. At the Director of Nursing pressure reduction mattress a provided to all residents. contain every 2 hour tions until 11/26/19 when it and reposition the resident the bed. The care plan the sling under the resident r/19. (A physician note g as under the resident). Identify pressure reduction recliner until date initiated on 12/17/19. The care plan mattress date initiated				Page 7 of 1 0
Facilit	y Administrator		 e			

Citation Numb	oer:			Date: 2/11/202	20		
Facility Name			Survey Da	Survey Dates:			
Salem Luthera			1/27-30/20				
Facility Addre	ss/City/State/Zip						
2027 College A		SB					
Lik Hom, lowe	3 3 1 3 3 1						
Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date		
	border foam. The form an unstageable press measuring 3cm in len in depth. Wound char percent slough and 7s odor present. The wo with purulent drainage Collection form dated resident had a stage buttock measuring 1.4 width by 0.1cm in deplarge pressure ulcer repossible infection. The flinched with pain. A physician order dat order for levofloxacin (mg.) daily every other 12/9/19. A wound care special resident 11/28/19. The Wound Data Colledocumented the resident pressure ulcer on her length by 3.7cm in with Wound characteristics.	e resident grimaced and ed 11/28/19 revealed an (antibiotic) 750 milligrams er day for coccyx wound until			Page 8 of 1		
Facilit	ty Administrator		 ·e				

Facility Name: Salem Lutheran Home Facility Address/City/State/Zip 2027 College Avenue Elk Horn, Iowa 51531 Rule or Code Section Mechanical debridement scheduled for the pressure sore that day. The form identified the resident with continuous pain to the area, The physician ordered hydrocodone (narcotic) for the pain. The description of the wound was listed as possible worsening of infection, increased size/drainage and worsening pain. The wound had a foul necrotic odor. he second Wound Data Collection form dated 12/3/19 documented the resident with dull achy pain from the wound that worsened while sitting and caused the resident to flinch/grimace. Staff placed the resident in bed between meals. The Wound Data Collection form dated 12/10/19 documented the resident with dull achy pain from the wound that worsened while sitting and caused the resident to flinch/grimace. Staff placed the resident in bed between meals. The Wound Data Collection form dated 12/10/19 documented the resident had an unstageable pressure ulcer on her sacrum measuring 5.2cm in length by 6.2cm in width and 3.4 cm in depth. Wound description documented possible worsening of infection, increased size and drainage and worsening pain. The resident grimaced with light touch and laid down after meals. The resident utilized Fentanyl (narcotic) and hydrocodone for pain. Wound characteristics documented 80 percent slough and 20 percent eschar with a foul necrotic odor present. Tunneling was present. The treatment was Santyl	Citation Numb	er:				Date: 2/11/202	20
Rule or Code Section Mechanical debridement scheduled for the pressure sore that day. The form identified the resident with continuous pain to the area, The physician ordered hydrocodone (narcotic) for the pain. The description of the wound was listed as possible worsening of infection, increased size/drainage and worsening pain. The wound had a foul necrotic odor, he second Wound Data Collection form dated 12/3/19 documented the resident with dull achy pain from the wound that worsened while sitting and caused the resident to flinch/grimace. Staff placed the resident in bed between meals. The Wound Data Collection form dated 12/10/19 documented the resident had an unstageable pressure ulcer on her sacrum measuring 5.2cm in length by 6.2cm in width add 3.4 cm in depth. Wound description documented possible worsening of infection, increased size and drainage and worsening pain. The resident to grimace worsening of infection, increased size and drainage and worsening pain. The resident grimaced with light touch and laid down after meals. The resident utilized Fentanyl (narcotic) and hydrocodone for pain. Wound characteristics documented 80 percent slough and 20 percent eschar with a foul necrotic odor present. Tunneling was present. The treatment was Santyl				,			
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Mechanical debridement scheduled for the pressure sore that day. The form identified the resident with continuous pain to the area, The physician ordered hydrocodone (narcotic) for the pain. The description of the wound was listed as possible worsening of infection, increased size/drainage and worsening pain. The wound had a foul necrotic odor. he second Wound Data Collection form dated 12/3/19 documented the resident had a stage 2 pressure area on her right buttock measuring 1.5cm in length by 1.6cm in width by 0.2cm in depth. The form identified the resident with dull achy pain from the wound that worsened while sitting and caused the resident to flinch/grimace. Staff placed the resident in bed between meals. The Wound Data Collection form dated 12/10/19 documented the resident had an unstageable pressure ulcer on her sacrum measuring 5.2cm in length by 6.2cm in width and 3.4 cm in depth. Wound description documented possible worsening of infection, increased size and drainage and worsening pain. The resident grimaced with light touch and laid down after meals. The resident utilized Fentanyl (narcotic) and hydrocodone for pain. Wound characteristics documented 80 percent slough and 20 percent eschar with a foul necrotic odor present. Tunneling was present. The treatment was Santyl	Elk Horn, lowa	51531	SB				
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Fig. 20 Advisor of the control of th		pressure sore that da resident with continuous physician ordered hydrogain. The description possible worsening of size/drainage and wo had a foul necrotic od Collection form dated resident had a stage buttock measuring 1.5 width by 0.2cm in depresident with dull achyworsened while sitting flinch/grimace. Staff pubetween meals. The Wound Data Coll documented the resident by 6.2cm in wid Wound description downsening of infection drainage and worsening of infection drainage and worsening rimaced with light to meals. The resident used and hydrocodone for documented 80 perces eschar with a foul necessity.	y. The form identified the bus pain to the area, The drocodone (narcotic) for the of the wound was listed as f infection, increased rsening pain. The wound lor. he second Wound Data 12/3/19 documented the 2 pressure area on her right 5cm in length by 1.6cm in both. The form identified the y pain from the wound that g and caused the resident to placed the resident in bed lection form dated 12/10/19 dent had an unstageable sacrum measuring 5.2cm in dth and 3.4 cm in depth. Documented possible in, increased size and ling pain. The resident uch and laid down after utilized Fentanyl (narcotic) pain. Wound characteristics ent slough and 20 percent crotic odor present.				Page 9 of 16
	F	A desirable				_	3

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Facility Addres	ss/City/State/Zip		1,21 00,1	-0-0			
2027 College A Elk Horn, Iowa		SB					
Rule or Code Section	Natur	ure of Violation Class			Amount	Correction date	
	scheduled. The second form dated 12/10/19 of had a stage 2 pressure measuring 1.5cm in lead of the new order directed packing, using Dakins PRN (as needed) and the worder directed packing, using Dakins PRN (as needed) and the worder directed packing, using Dakins PRN (as needed) and the worder directed documented the residulcer on her sacrum in by 4.2cm in width and description document grimacing in pain. Stamedication prior to the characteristics documented 10 percent epither her room. Staff documented with border for reduction mattress or repositioning and pair Wound Data Collections.	nent at the bedside was and Wound Data Collection documented the resident are area on her right buttock ength by 01.6cm in width by 1.12/12/19 identified a the sacral pressure wound. And staff to apply wet to dry as solution .0125 daily and a cover with foam dressing. Ilection form dated 12/17/19 dent had an stage 4 pressure measuring 6.1cm in length at 4.2 cm in depth. Wound are dresident hollering out and aff administered pain the treatment change. Wound nented 90 percent slough elization and a foul odor in mented dressing and				Page 10 of 16	
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Citation Number: #8002					Date: 2/11/202	20
Facility Name: Salem Luthera			Survey D			
Facility Addres	ss/City/State/Zip		1,21 00,2	.020		
2027 College A Elk Horn, Iowa		SB				
Rule or Code Section	Nature	e of Violation	Class	Fine A	mount	Correction date
	_	ock measuring 1.5cm in dth by 0.2 cm in depth.				
	The quarterly MDS dated 12/18/19 documented the resident was at risk for pressure ulcer development and had one Stage 4 pressure ulcer. It coded her as needing extensive assist of 2 staff for bed mobility and transfers, having an indwelling catheter and always incontinent of bowel.					
	documented the sacra in length by 5 cm in w Wound characteristics granulation 20 perceneschar with a strong f Wound Data Collectic documented the residarea on her right butto	und Data Collection form dated 12/24/19 Inted the sacral wound measured 5.9 cm In by 5 cm in width and 4.2 cm in depth. Incharacteristics documented 60 percent Ition 20 percent slough and 20 percent Invith a strong four odor. The second In Data Collection form dated 12/24/19 Inted the resident had a stage 2 pressure Intelligent the percent of the pe				
	update of the coccyx previously contained popening and those edgreen/black. The residuals	pink edges on exterior lges now appear dent is totally dependent doesn't reposition on own. urs and transfers the				
						Page 11 of 1 0

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Facility Name: Salem Luthera	n Home		Survey [
Facility Addres	ss/City/State/Zip					
2027 College A Elk Horn, Iowa		SB				
Rule or Code Section	Nature of Violation			Fine A	mount	Correction date
	The Wound Data Coll documented the sacra in length by 6.5 cm in Wound characteristics granulation 25 percer odor. Current wet to othe wound vac arrives. The Wound Data Coll 1/7/20 did not include was described as 4.8 were no other measure assessments found for The Wound Data Coll documented the stage sacrum measured 5.9 width and 4 cm in dep be in pain continuous characteristics documented the stage sacrum measured for Documentation of correct slough with a bone was removed fron Documentation of correct. The dressing mattress, high protein	ection form dated 12/31/19 al wound measured 6.5 cm width and 4 cm in depth. It is documented 75 percent at slough with a strong four dry dressing being used until 6.5. ection forms dated 1/6 and measurements. Tunneling cm. ay 10-12 o'clock, there rements. No other wound for the right buttock. ection form dated 1/14/20 at 4 pressure ulcer on her of cm in length by 5.4 cm in both. Resident described to all with movement. Wound finented 92 epithelized and 8 mild four odor. Apiece of com the wound bed. Eversation with family about gytreatment listed: LALAP				
	, ,		u.			Page 12 of 16

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw

Date

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).

Facility Administrator

Citation Number: #8002					Date: 2/11/202	20	
Facility Name: Salem Lutheran Home			Survey Dates: 1/27-30/2020				
Facility Address/City/State/Zip			1/27-30/2	2020			
2027 College Avenue Elk Horn, Iowa 51531		SB					
Rule or Code Section	Natur	e of Violation	Class Fine Amoun		Amount	Correction date	
	A physician order dat physician discontinue directed staff to use stressings. Change 3 A clinic note dated 1/is 95 years old and wresident admitted to function and nonhealist The family requests of The physician documappear ill and rested resident did not responsible to the wound Data Coll documented the stages acrum measured 6 cwidth and 5.3 cm in dwound included the cresident described a bed checks. Wound of	ound Data Collection form dated 1/21/20 ented the stage 4 pressure ulcer on her a measured 6 cm in length by 5.4 cm in and 5.3 cm in depth. The evaluation of the included the comment "increased bone". In the described as moaning in pain during ecks. Wound characteristics documented a of bone removed from the wound bed					

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Facility Name:		•	Survey D	Dates:		
Salem Lutheran Home			1/27-30/2020			
Facility Address/City/State/Zip						
2027 College A Elk Horn, lowa		SB				
Lik Hom, lowa	1 3 1 3 3 1					
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
			<u> </u>			
	documented the stage sacrum measured 6.5 width and 5.5 cm in documented the stage sacrum measured 6.5 width and 5.5 cm in documented the stage of th	d on 1/29/20 at 9:45 AM LPN tified nurse aide) Staff G he bed mobility. The resident on an alternating air vashed their hands and G held the resident in place e Staff F removed an old open wound approximately. Staff F identified tunneling d her gloves and used hand oplied clean gloves and used to clean the wound and also flush the wound. Staff G ves, used hand sanitizer and She used 3M skin prepound the edge of the wound th 2 wet 4x4 gauze pads then covered it with a foam at grimaced and said ouch cares.				Page 14 of 1
	Tresident in bed laying	טוו ווכו טמטג מאופפף.	<u> </u>			Page 14 of 1
						. ago 14 01 1

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).

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Facility Name: Salem Lutheran Home			Survey Dates: - 1/27-30/2020				
Facility Address/City/State/Zip 2027 College Avenue Elk Horn, Iowa 51531			- 1727-30/2020				
		SB					
Rule or Code Section	Natur	e of Violation	Class Fine An		mount	Correction date	
	resident in bed laying pillows found in her bound in her bound in her bound in her bound in her bounder to a the concerned with how to there. The physician to appointment that the under the resident be breakdown. She state awhile before they awhile before they state awhi	ter in law stated on 1/28/20 and her husband are he pressure ulcer developed old them last fall at a doctor blue sling should not be left cause it contributed to the ed it took the facility quite arted removing it from under 1/30/20 at 10:47 AM she otify the physician new open areas and then She also expected staff to ongoing with changes and on of dietician mediately.				Page 15 of 1	
Facilit	ty Administrator		e				

Citation Number:					Date:		
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Facility Name:			Surve	ey Dates:	<u> </u>		
Salem Lutheran Home							
Facility Address/City/State/Zip			1/27-3	30/2020			
Tacility Address/C	nty/State/Zip						
2027 College Aver	nue	SB					
Elk Horn, Iowa 515	531	36					
Dula sa				F:	A	Composition	
Rule or Code	Nature	e of Violation	Clas		Amount	Correction date	
Section	Hatar	or violation	Jido			uuto	
			<u></u>				

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Date

Facility Administrator

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