#8015		Fine Amount reduced by 35% to \$4,712.50 on March 02, 2020 pursuant to lowa Code Section 135C.43A			20	
Facility Name: Maple Heights			Survey Dates: 2/17-20/2020			
Facility Address/City/State/Zip 2 Sunrise Avenue Mapleton, IA 51034		SB				
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
58.28(3)e	nursing facility shall be provision and mainter for residents and pers 58.28(3) Resident saide. Each resident shall supervision to protect others, or elements in DESCRIPTION:  Based on observation interview, the facility from supervision to prevent residents reviewed (Fell 9/25/19 when the facility did not know where the same facility did not soon why the alarm did not soon why the alarm did not and still use the same resident. The facility residents.  Findings include:  According to the Mining assessment dated 9/8	nance of a safe environment sonnel. (III) fety.		\$7250		Upon receipt

Citation Numb #8015		Fine Amount reduced by 35% on March 02, 2020 pursuant t Section 135C.43A	o Iowa Co	ode	Date: 2/25/202	20
Facility Name: Maple Heights			Survey I 2/17-20/2			
Facility Address/City/State/Zip 2 Sunrise Avenue Mapleton, IA 51034		SB				
Rule or Code Section	Naturo	e of Violation	Class	Fine A	Mount	Correction date
	resident required exte	nitive impairment. The ensive assistance with bed ambulation, and diagnoses				
		Care Plan dated 6/7/19 transferred and ambulated				
	a.m. documented the	Report dated 6/21/19 at 8:31 resident sustained a fall and ergency room (ER) for acture.				
	A Discharge Docume documented the resid arthroplasty (replacent fracture.	ent had right hip				
	included interventions	Care Plan dated 6/7/19 for motion alarm when in in wheelchair initiated				
	resident received skill hospitalization for hip	ed 6/28/19 identified the ed care following repair after a fracture. The had written in motion sensor,				
						Page <b>2</b> of 9

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).

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	1					
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	a.m. documented it a himself to the bathroom opened the bathroom fell. The report indicathe chair without assist alarm because his has a statement dated 9/2 Certified Nursing Associated Nursing Associate	Report dated 9/25/19 at 5:50 ppeared the resident took om without assist and walker, a curtain, lost balance and ated the resident went from st. They issued of a new ad a delay.  25/19 documented Staff M istant (CNA) went to the the alarm sounded and took and then back to bed and set at 5:30 a.m. assisted him to the alarm (indicating the she bed versus the chair). The alarm did not sound, it  Notes dated 9/25/19 at 9:51 resident's alarm on and At the time of the fall, the ad had a delay, so replaced.  In 2/18/20 at 5:14 p.m., Staff or in September the resident er shift and did room checks				Page 3 of

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Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	not remember anything During an interview of Staff A Registered Nuter at the facility until 11/2 couldn't remember but heard a crash and the trying to go to the bat when he last toileted. Why the alarm did not one.  The Care Plan initiated resident with poor saffalls. The intervention call for assist with am wheel chair for long of for use in wheel chair room.  A Resident Incident Facility 3:30 a.m. documented help, the nurse found left side in front of his he tried to up and get the light on and fell. Thospital for evaluation dated 10/29/19 at 7:1	esident on the floor. She did ng else about it.  In 2/19/20 at 10:36 a.m., urse (RN) stated she worked 28/19. She stated she really ut she thought (9/25/19) they e resident had gotten up hroom. She had no idea She said they did not know a sound so they got another ed 9/26/19 identified the fety awareness and a risk for an included to remind him to abulation and transfers, use a listance mobility, seat alarm and the resident heard yelling for him on the floor lying on his a bed. The resident stated a ready for work. He turned the resident went to the and the res				Page 4 of
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Facility Name: Maple Heights			Survey   2/17-20/2			
Facility Address 2 Sunrise Average Mapleton, IA 5						
		SB				
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	resident on the floor is laid toward the head of curled up by his reclir. The alarm did not soon complained his left his stated he thought he resident transferred to the documented the resident documented the resident independently. The pain, difficulty getting Radiographs obtained femoral neck fracture a left broken hip and particularly with move proceed with left hip had be a proceed with left hip	p hurt like hell. The resident broke something. The othe ER for evaluation.  on Report dated 10/29/19 dent fell trying to get out of The resident had left hip up and weight bearing. It is displaced a left displaced. The resident noted he had reported some discomfort, ement. The resident would nemiarthroplasty.  Plan of Care dated 11/3/19 dent hospitalized 10/29/19 to it suffered a left hip fracture alt of a fall when the resident independently. They is fracture.  In on 2/17/20 at 1:35 p.m., otion sensor box on the floor				Page <b>5</b> of
Facilit	y Administrator	Dat	 :e			Ŭ i

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Facility Address/City/State/Zip 2 Sunrise Avenue Mapleton, IA 51034	SB				
Rule or Code Na Section	ture of Violation	Class	Fine Amo	ount	Correction date
C Licensed Practice worked the night the She said the Certife Staff D took the reminutes earlier, and said the CNA said time. Staff C didn's may have been been she said the CNA on when she took uncommon for himm. She said the alarm resident got up, but by it, and she said should have sound feet down. She said should have sound feet down. She said shead by the bed at heard they had troes sounding before. The seeded a new batt beep when the batt happen.  During an interview D CNA stated the responded to his at the fall. She put him the bathroom to	on 2/17/20 at 1:05 p.m. Staff al Nurse (LPN) stated she resident fell and fractured. The resident to the bathroom 15-20 at the went back to bed. She she set the alarm off at that the know, but thought the resident refoot at the time of the fall. Would have put gripper socks him to the bathroom. It wasn't to get up during the night. It was placed in a position it ed when the resident put his id he laid on the floor with his hid feet toward the door. She will with those type of alarms the said sometimes they ery, but they would usually the resident fell she farm about 15 minutes before as slippers on and he urinated let and then went back to bed. Le checked the alarm by				Page <b>6</b> of

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Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date	
room and at She took an walked dow room. The rand back toodoor. She so C walked in set so it face figure out what. It did not said they did to that and not said they did to that and not said they am, went bate 5 am.  During an of the resident on the mat be The alarm of During an in Director of Notice and the sound type used did not sound type used the soun	button and heard it in the resider the nurse's station. other resident to the bathroom and hall 3 when Staff C called her in resident laid on the floor with his hward the bed and his feet toward aid the alarm did not sound until 3 the room. The alarm box had be ed alongside the bed. They did not y the alarm did not sound. She all her once that another alarm did not beep indicating low batteries. So did routine every 30 minute checks now do every 15 minute walk through the bed and ready to get up and the process of the bed and ready to get up are conservation on 2/18/20 at 9:59 a.m. are remained in bed with an alarm be deside and at the head of the bed id not sound when the surveyor room. Staff G CNA stated she she for the document of the state of th	d the lead the Staff en ot said I She prior ugh. d 3 lund ., ox ut lee at ee		Page <b>7</b> of	

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		05				
Rule or Code Section	Nature	e of Violation	Class	Fine A	Amount	Correction date
	During an observation 7:36 a.m., the Assistate demonstrated the motor the room had an oreset on the other. The an on/off switch (and on). Both needed to be not the reset button on they were leaving the During an interview or DON stated they did reset the alarm correct all the company to trace the compa	tion sensor alarm. The box n off on one side and a ne box outside the room had had a flashing light when be on to sound. They would the box in the room when room.  1. 2/20/20 at 8:13 a.m., the not do a reenactment of the ith the CNA to see if she citly. She said she did not y and find out if they had s with the alarm not you have a home alarm ou replace it. She said each as at shift change for				Page <b>8</b> of

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Maple Heights		2/17-20/202	es: :0			
Facility Address/City/State/Zip 2 Sunrise Avenue Mapleton, IA 51034	SB					
Rule or Code Na Section	ature of Violation	Class	ine Amount	Correction date		
FACILITY RESPO	ONSE:					
Facility Administrator		Date		Page <b>9</b> of <b>9</b>		

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