Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: **#8082**			**Date:** **August 18, 2020**
Facility Name: **Rock Rapids Health Center**		**Survey Dates:** **July 28-August 11, 2020**	
Facility Address/City/State/Zip **703 South Union** **Rock rapids, IA 51246**	**MW/DC**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
58.28(3)e	**481—58.28(135C) Safety.** The licensee of a nursing facility shall be responsible for the provision and maintenance of a safe environment for residents and personnel. (III) **58.28(3)** *Resident safety.* *e.* Each resident shall receive adequate supervision to protect against hazards from self, others, or elements in the environment. (I, II, III) **DESCRIPTION:** Based on record review, and staff interview, the facility failed to provide adequate supervision, implement interventions per the care plan, and investigate incidents to identify risks to prevent accidents for 3 of 4 resident's reviewed (Resident #1, #4, and #5) and failed to prevent hazards in the environment by locking two fire doors which posed a hazard and impeded exit from the facility for all residents in the event of a fire or an emergency. The facility reported a census of 37 residents. Findings include: 1) According to the Minimum Data Set (MDS) assessment dated 4/16/20, Resident #1 scored 2 on the Brief Interview for Mental Status (BIMS) indicating severe cognitive impairment. The resident required extensive assistance with activities of daily living (ADL's) including bed mobility and transfer. The	**I**	**$9500.00**	**UPON RECEIPT**

_____ _____

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).

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: **#8082**			**Date:** **August 18, 2020**
Facility Name: **Rock Rapids Health Center**		**Survey Dates:** **July 28-August 11, 2020**	
Facility Address/City/State/Zip **703 South Union** **Rock rapids, IA 51246**	**MW/DC**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	resident's diagnoses included malignant neoplasm of the prostate. The current Care Plan identified the resident with a self care deficit related to (r/t) altered balance, cerebrovascular disease, tachycardia and history of neoplasm of the prostate revised 1/7/16. The interventions included providing supervision to set up help with locomotion in the wheel chair (w/c), the resident able to propel himself (revised 10/6/18). The Progress Notes dated 6/5/20 at 2:19 p.m. documented when returning from the dining room after lunch, Staff D, Certified Nursing Assistant/Certified Medication Aide (CNA/CMA) pushed the resident in the w/c. When entering the resident's room, his foot hit the entry of the door. The resident called out in pain from his room. No redness, swelling or bruising noted. The resident reported it just really hurt, with application of ice ineffective. The resident requested to wear a Prevalon boot. The resident reported it felt better with the boot on and as needed (PRN) Tylenol 650 mg PO given, staff to monitor. In a Witness Statement dated 6/5/20 Staff D stated she pushed the resident out of the dining room after lunch and the left side of the w/c foot pedal caught on the door and pulled the resident's leg back. The resident cried out in pain so she looked at his leg immediately and it already started to swell. Another CNA went with Staff D to lay the resident down, put ice on it, and notified the nurse to look at it.			

_____ _____

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).

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: **#8082**				**Date:** **August 18, 2020**
Facility Name: **Rock Rapids Health Center**		**Survey Dates:** **July 28-August 11, 2020**		
Facility Address/City/State/Zip **703 South Union** **Rock rapids, IA 51246**	**MW/DC**			
Rule or Code Section	**Nature of Violation**	**Class**	**Fine Amount**	**Correction date**
	During an interview on 8/3/20 at 10:50 a.m. Staff D reenacted the event and stated she came around the corner (of a table in the dining room) and the front left foot pedal caught the door and went outward and twisted the resident's foot outward. She didn't think his foot hit the door. He hollered out in pain right away and the area appeared swollen. She did not know if she turned too sharp or what happened. The Progress Notes dated 6/6/20 at 6:45 a.m. documented awaiting Hospice to return a phone call regarding the resident's left ankle, swollen and painful to touch. The prior nurse stated the resident's left side of foot hit while moving the resident via w/c through a doorway with no noticeable injury after the occurrence. A fax to the physician 6/6/20 asked for a clarification of the Norco (Hydrocodone/narcotic analgesic) order (dose, amount, frequency) and if okay to change the Tylenol order to PRN every 6 hours. Hospice reported a voice order received. The physician responded Norco 5/325 1 tab every 6 hours PRN pain, and okay for an ace wrap to the left ankle PRN swelling. The Pain Assessment in Advanced Dementia Scale (PAINAD) included instructions for observing the patient for five minutes before scoring his or her behaviors and score the behaviors according to the chart. Definitions of each item provided. The patient could be observed under different conditions (e.g., at rest, during a pleasant activity, during caregiving, after the administration of pain medication). The total score			

_____ _____

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).

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: **#8082**			**Date:** **August 18, 2020**
Facility Name: **Rock Rapids Health Center**		**Survey Dates:** **July 28-August 11, 2020**	
Facility Address/City/State/Zip **703 South Union** **Rock rapids, IA 51246**	**MW/DC**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	ranges from 0-10 points. A possible interpretation of the scores is: 1-3=mild pain; 4-6=moderate pain; 7-10=severe pain. The June MAR showed the resident received scheduled Tylenol at 7 a.m. 6/6/20. He received Hydrocodone at 11:30 a.m., 5:28 p.m., and 11:35 p.m. with pain at 7 (severe pain) with each administration. The MAR indicated the pain medication was effective, however the Progress Notes dated 6/6/20 at 12:55 p.m. documented follow up pain at 5, and at 9:21 p.m. follow up pain at 6. The MAR showed the resident received scheduled Tylenol at 7 a.m. and PRN Hydrocodone at 7:09 a.m. on 6/7/20 with pain at a 7. The Progress Notes dated 6/7/20 at 7:09 a.m. documented the resident had frequent episodes of crying out, left ankle painful to touch saying "Oh god please take me I just want to die, I don't want to do this anymore". The PAINAD rated at 7. The resident pulled away from gentle touch of the left lower extremity. The Progress Notes dated 6/7/20 at 12:53 p.m. documented the resident had frequent episodes of crying out, left ankle painful to touch, saying oh god, please take me, I just want to die, I don't want to do this anymore. The PAINAD rated at 7. The resident pulled away from gentle touch of the left lower extremity. Call received from hospice checking on the resident after beginning Lortab (Hydrocodone). Hospice stated that it may be a better idea to schedule Lortab 2 tabs 2 times a day (BID) and then 1-2 tabs			

_____ _____

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).

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: **#8082**			**Date:** **August 18, 2020**
Facility Name: **Rock Rapids Health Center**		**Survey Dates:** **July 28-August 11, 2020**	
Facility Address/City/State/Zip **703 South Union** **Rock rapids, IA 51246**	**MW/DC**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	every 4 hours PRN to stay ahead of the pain. hospice stated voice order received. Call paced to verify voice order. The Progress Notes dated 6/7/20 at 1:08 p.m. documented voice order received to discontinue (D/C) current BID Tylenol 650 mg and change to Norco 5/325 2 tabs BID and 1-2 tabs every 4 hours PRN. Okay to continue with PRN Tylenol as well. The MAR documented the resident received Hydrocodone at 1:25 p.m. for pain of 7. The Progress Notes dated 6/7/20 documented the resident received Hydrocodone for continuing to call out, would try to alleviate pain with 1 tab. The Progress Notes at 9:22 p.m. documented the PRN was ineffective, pain at an 8 (more severe pain than previously indicated). The MAR 6/7/20 at 7 p.m. showed the resident received the scheduled dose of Hydrocodone with PAINAD of 8. The Progress Notes dated 6/8/20 at 3:28 a.m. documented the resident started Hydrocodone 2 tabs at bedtime (HS), and he rested comfortably. The Progress Notes dated 6/8/20 at 3:28 a.m. documented the resident continued with current pain management orders, starting Hydrocodone/Tylenol 5/325 mg 2 tabs orally at HS without signs and symptoms of adverse reaction. The left foot remained swollen even with the ACE wrap in place. The resident had light purple bruising to bilateral sides of the left foot. Applied pressure reducing boot per the resident's request.			

_____ _____

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).

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: **#8082**			**Date:** **August 18, 2020**
Facility Name: **Rock Rapids Health Center**		**Survey Dates:** **July 28-August 11, 2020**	
Facility Address/City/State/Zip **703 South Union** **Rock rapids, IA 51246**	**MW/DC**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	The Progress Notes dated 6/8/20 at 12:13 p.m. documented the resident had purple bruising to the left inner ankle and bottom of the heel. The resident yelled out when the left foot touched or moved. The Progress Notes dated 6/9/20 at 11:16 a.m. documented the resident seen in the a.m. by the physician's assistant (PA-C) via telehealth video visit to assess the left ankle injury. The resident hard of hearing and not able to answer questions. The resident laid in bed during the visit and yelled out when moving or touching the ankle. Per the PA-C, continue with pain management, and if the family wished an X-ray could be ordered. The Power of Attorney (POA)/family member called and updated. Hospice staff nurse at facility for 14 day Registered Nurse (RN) visit and would collaborate with the family and let the facility know how they wished to proceed. A late entry in the Progress Notes dated 6/9/20 at 11:00 a.m. documented the resident's POA called back and stated he would like to proceed with an x-ray regardless of the Hospice recommendations, and x-ray scheduled for 1 p.m. at the clinic. The Progress Notes dated 6/9/20 at 2:30 p.m. documented receipt of results from the resident's x-ray. He had a nondisplaced fracture to the left medial malleolar tip. Received a new order for stirrup ankle brace and would continue with comfort cares and pain medication to control his pain. A Physician Order sheet dated 6/9/20 at 2 p.m.			

_____ _____

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).

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: **#8082**			**Date:** **August 18, 2020**
Facility Name: **Rock Rapids Health Center**		**Survey Dates:** **July 28-August 11, 2020**	
Facility Address/City/State/Zip **703 South Union** **Rock rapids, IA 51246**	**MW/DC**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	documented the resident had an avulsion fracture of the left distal medial malleolar tip, non-displaced. New orders received for a universal stirrup ankle brace for 3 weeks. The Progress Notes dated 6/10/20 at 8:44 a.m. documented the resident had the brace on his left foot and propelled in his w/c, The resident took scheduled Lortab and then slept with a pillow under his leg and it seemed to help until he moved around and he told the nurse he just hit a spot then he had tears in his eyes with pain. The resident received PRN pain med and TLC and he got calmer. A fax dated 6/11/20 asked the physician if the resident should wear the airform ankle brace continuously. The physician responded to wear continuously for 4 weeks. During an interview on 8/3/20 at 12 p.m. Staff A, CNA stated the resident usually wheeled himself in and out of the dining room. She said if not busy they would push him out of the dining room and go lay him down. During an interview on 8/4/20 at 9:07 a.m. the Director of Nursing (DON) stated they did not have an incident report for the incident or physician and family notification until a later date, At 4 p.m. the DON stated Staff D probably pushed the resident out of the dining room so another resident could go in and eat, and probably in a hurry. The DON confirmed the resident could wheel himself out of the dining room. She expected the physician and the family would be notified as soon as possible after an incident occurred.			

_____ _____

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).

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: **#8082**			**Date:** **August 18, 2020**
Facility Name: **Rock Rapids Health Center**		**Survey Dates:** **July 28-August 11, 2020**	
Facility Address/City/State/Zip **703 South Union** **Rock rapids, IA 51246**	**MW/DC**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	A facility Teachable Moment report dated 6/15/20 documented Staff D re-educated on w/c transport of residents including potential safety hazards of negotiating the w/c in room and hallway focusing on doorways, corners and decreasing velocity throughout. Patient specific training for left hemiparesis to ensure left lower extremity and upper extremity properly positioned on pedals and arm rest. 2) According to the MDS assessment dated 2/11/20, Resident #4 scored 13 on the BIMS indicating no cognitive impairment. The resident required extensive assistance with bed mobility, transfers, ambulation, dressing, and toilet use. The resident's diagnoses included seizure disorder. The Care Plan revised 12/3/19 identified the resident a very high risk for falls related to seizures and involuntary movements. The interventions included see restraint plan of care, the resident needed safety seat belt on when in w/c due to seizures and movements. All staff to monitor and check the resident every 1-2 hours and as needed, in wheel chair and bed due to seizures and safety needs. The Care Plan revised 12/03/19 identified the resident needed and used a seat belt when in the wheelchair as physical restraints related to safety and protection from falls and injuries with seizures and movements revised 12/3/19. The resident needed the seat belt restraint applied when in the wheelchair and released			

_____ _____

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).

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: **#8082**			**Date:** **August 18, 2020**
Facility Name: **Rock Rapids Health Center**		**Survey Dates:** **July 28-August 11, 2020**	
Facility Address/City/State/Zip **703 South Union** **Rock rapids, IA 51246**	**MW/DC**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	every 30 minutes or repositioned every hour to bed. Document restraint use and release as per facility protocol. The resident needed assistance and supervision when not restrained due to seizure activity and involuntary movements and high fall risk. The Care Plan revised 12/3/19 identified the resident with progressive ADL self care performance and interventions included the resident needed the sit to stand lift or stand and pivot with 2 staff extensive assist for transfers. 1. The Progress Notes dated 4/12/20 at 5:11 p.m. documented the writer was urgently called to the dining room after the resident fell out of wheelchair. Upon arrival, the resident sat on the floor surrounded by copious amounts of blood with a large amount draining from 2 deep lacerations on the L forehead and L eyelid. Unable to measure due to the exudates. No change in mental status. The facility called the ambulance at 5 p.m. to transport the resident to the emergency department (ED). An Emergency Room Visit Note dated 4/12/20 at 6:26 p.m. documented the resident had a 1.5 cm long laceration to her left upper eyelid and a 2.3 cm long laceration to the left side of the forehead with the deepest portion of the laceration in the center of the wound, where fascia noted. In an undated Witness Report at 5 p.m. Staff B, CNA wrote he situated the resident at the dining room table then headed away. After about 40 seconds he heard a			

_____ _____

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).

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: **#8082**			**Date:** **August 18, 2020**
Facility Name: **Rock Rapids Health Center**		**Survey Dates:** **July 28-August 11, 2020**	
Facility Address/City/State/Zip **703 South Union** **Rock rapids, IA 51246**	**MW/DC**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	noise and found the resident on the floor with blood on the floor. The resident had not been seat belted in her chair. During an interview on 8/3/20 at 10:20 a.m. the Director of Nursing (DON) stated they did not let Staff B, agency staff, return after the incident (4/12/20). He admitted he did not buckle the resident in and knew she should be. At 12:45 p.m. the DON stated Staff B had worked at the facility on 4/5/20, 4/10/20, and 4/11/20. She said Staff B was very remorseful, but aware the seat belt needed to be in place. During an interview on 8/3/20 at 10:58 a.m. Staff D, Certified Medication Aide (CMA) stated the resident always wore the seatbelt when in the wheel chair. During an interview on 8/3/20 at 1:35 p.m. Staff H, Cook stated she saw Staff B wheel the resident to the dining room. She looked slouchy in the chair. She walked into the kitchen and when she looked through the window she saw the resident on the floor. She alerted staff to the fall. During an interview on 8/3/20 at 1:57 p.m. Staff F, CNA (worked 4/12/20) stated she thought Staff B got the resident up by himself. She didn't know if Staff B had worked with the resident before. She did not know how he would know how to care for the resident, or if he had access to the care plan. Staff B admitted he did not buckle the seat belt but said he didn't know she had a belt. She had not witnessed staff not applying the seat belt. She said an agency staff would normally			

_____ _____

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).

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: **#8082**			**Date:** **August 18, 2020**
Facility Name: **Rock Rapids Health Center**		**Survey Dates:** **July 28-August 11, 2020**	
Facility Address/City/State/Zip **703 South Union** **Rock rapids, IA 51246**	**MW/DC**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	be pared up with a facility staff, because facility staff were aware of the resident's needs. During an interview on 8/3/20 at 2:30 p.m. Staff I, CNA (worked 4/12/20) stated she did not assist Staff B get the resident up to the wheel chair. She said Staff B felt horrible about the fall. He said he did not buckle the seat belt, he forgot. She said usually agency staff would double up with regular staff . If agency staff had a question, they would need to ask a nurse. She said she and Staff F were busy and Staff B started getting residents up himself. She did not think the resident could unfasten the seatbelt herself. During an interview on 8/3/20 at 2:48 p.m. Staff E, (worked 4/12/20) Licensed Practical Nurse (LPN) stated she did not assist Staff B getting the resident up in the wheel chair. She did not see him push the resident into the dining room, she came after the fall. Staff B said he didn't even know she had a seatbelt to put on her. She said agency staff worked with a consistent staff member to learn the care of each resident. Staff B was sincerely upset about the incident. Staff E stated she had nothing but good things to say about Staff B. 2. A fax dated 11/23/19 notified the physician the resident fell off the toilet at 7 a.m. and hit her head on the floor causing a laceration to the left side of her head with a large pool of blood. The Care Plan identified the resident had progressive ADL Self Care Performance Deficit revised 12/3/19.			

_____ _____

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).

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: **#8082**			**Date:** **August 18, 2020**
Facility Name: **Rock Rapids Health Center**		**Survey Dates:** **July 28-August 11, 2020**	
Facility Address/City/State/Zip **703 South Union** **Rock rapids, IA 51246**	**MW/DC**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	The interventions included the resident required extensive assistance of 2 staff with transfers on and off the commode, and with adjusting clothing and cleansing and changing padding when using the commode. One staff to remain with the resident when on the commode due to movements and seizures revised 12/03/19. The Care Plan identified the resident at very high risk for falls and the interventions included assist of 2 when using the toilet r/t increased involuntary movements/tremors. An Incident Report dated 6/22/20 at 9:40 a.m. documented the resident used the toilet with staff by her side. Staff did not have wet wipes for cleaning the resident so she left the resident and went around the corner to look quickly. When she returned the resident was on the floor. The resident reported hitting her head, and laid on her left side with no clear injuries. During an interview on 8/3/20 at 10:20 a.m. the DON stated the CNA did not follow the care plan. During an interview on 8/3/20 at 10:58 a.m. Staff D, CMA (with the resident at the time of the fall) stated the resident needed 2 to transfer to the toilet, and 1 person to stay with her, with eyes on her at all times. If needed something another person could get it. During an interview on 8/3/20 at 11:54 a.m. Staff A, CNA stated never leave the resident alone on the toilet. During an interview on 8/3/20 at 1:57 p.m. Staff F,			

_____ _____

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).

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: **#8082**			**Date:** **August 18, 2020**
Facility Name: **Rock Rapids Health Center**		**Survey Dates:** **July 28-August 11, 2020**	
Facility Address/City/State/Zip **703 South Union** **Rock rapids, IA 51246**	**MW/DC**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	CNA stated no one with assist 1 or 2 should be left unattended on the toilet. During an interview on 8/3/20 at 2:30 p.m. Staff I, CNA stated when on the toilet could not leave the resident at all. The facility policy Transfer Techniques dated 1/13 identified the purpose to safely transfer a resident while minimizing the risk of injury to the resident and caregiver. The procedure included obtaining assistance as needed, and reviewing and revising the resident transferring plan as indicated. 3) According to the MDS assessment dated 2/27/20, Resident #5 scored 3 on the BIMS indicating severe cognitive impairment. The resident demonstrated independence in bed mobility, transfers, ambulation, dressing, and toilet use. The resident's diagnoses included Alzheimer's disease. The Care Plan revised 1/27/16 identified the resident with the potential risk for falls r/t history of falls, dementia with behavioral disturbances, The resident needed a safe environment with: floors free from spills and/or clutter, adequate, glare-free light; a working and reachable call light, personal items within reach, etc. The Progress Notes dated 3/24/20 at 5:07 a.m. documented a CNA stated she walked by the resident's room and observed the resident crawling out of the bathroom. The CNA alerted the nurse and staff			

_____ _____

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).

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: **#8082**			**Date:** **August 18, 2020**
Facility Name: **Rock Rapids Health Center**		**Survey Dates:** **July 28-August 11, 2020**	
Facility Address/City/State/Zip **703 South Union** **Rock rapids, IA 51246**	**MW/DC**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	entered the room to observe the resident moving herself from the floor and sitting in a chair. The resident's top and bottom lip were bloody with increased swelling towards the left side. The resident unable to give description (of the incident). Increased confusion noted during the night, with the resident awake and wandering from room to dining room all night, believing it was meal time and staff unable to redirect. Fax sent to the physician with update The Progress Notes dated 3/24/20 at 4:15 p.m. documented the resident up to the bathroom with assistance, noting a moderate amount of blood in her urine. The family notified and ambulance called. Resident evaluated in the ER. A Pre-hospital Care Report documented the ambulance dispatched for an elderly female who suffered a fall and urinating blood. Staff reported the resident had not been herself lately, gait impairment, increasingly confused, and suffered multiple falls that day. The resident had a laceration to her finger and multiple contusions to her face. Staff reported after the last fall (around 3:30 p.m.) the resident was unconscious when found. Emergency Room Visit Notes dated 3/23/20 at 5:09 p.m. documented the resident presented to the ER after 2 falls. The resident had a laceration to the right 3rd digit down to the tendon. The laceration was closed with 2 sutures. The Progress Notes lacked any documentation the			

_____ _____

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).

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: **#8082**			**Date:** **August 18, 2020**
Facility Name: **Rock Rapids Health Center**		**Survey Dates:** **July 28-August 11, 2020**	
Facility Address/City/State/Zip **703 South Union** **Rock rapids, IA 51246**	**MW/DC**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	resident had another fall, and lacked documentation of the resident's status between the 2 falls. An Incident report dated 3/24/20 at 3:45 p.m. documented the resident found on the floor near her bathroom, and was initially unresponsive, but aroused to stimuli. She had a laceration to her right middle finger and a small abrasion on the left side of her forehead. Resident assisted to ambulate to a chair near the nurse's station for constant monitoring, and seated at the nurse's station. They cleaned and steri stripped the wound pending further treatment. The report documented the resident had confusion all day and had not slept much the night before. The clinical record lacked documentation the facility provide increased supervision in regard to the early a.m. fall with increased confusion and lack of sleep. The Progress Notes dated 3/24/20 at 7:00 p.m. documented the resident returned to the facility with stitches to her right middle finger. The Progress Notes dated 3/25/20 at 1:26 a.m. documented the resident rested in bed since returning from hospital ED visit with 2 stitches present to the right middle finger laceration. The area looked clean and open to air. The resident continued with redness and increased swelling to the left side of the top and bottom lip, and redness to the left side of her chin. During an interview on 8/5/20 at 1 p.m. the DON stated`there were no new interventions put in place			

_____ _____

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).

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: **#8082**			**Date:** **August 18, 2020**
Facility Name: **Rock Rapids Health Center**		**Survey Dates:** **July 28-August 11, 2020**	
Facility Address/City/State/Zip **703 South Union** **Rock rapids, IA 51246**	**MW/DC**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	after either fall on 3/24/20. The Progress Notes dated 4/22/20 at 7:43 a.m. documented staff heard the resident calling out for help from her room. Staff entered and observed the resident face down on the floor unable to tell staff details of the incident. The resident screamed out in pain and grabbed her left hip when assessing her left lower extremity. Call placed to on call provider and order received to send the resident to the ED for further evaluation of left hip pain and left sided low back pain. The resident left the facility at 7:43 a.m. on a stretcher via ambulance. The Progress Notes dated 4/22/20 at 10:34 a.m. documented receipt of a call from the ED and the resident fractured her left hip. The family wished to proceed with surgical intervention, and the resident would be transferred for surgery. The facility did not have an incident report or investigation of the fall to determine root cause and possible interventions to prevent falls. During an interview on 8/4/20 at 2:08 p.m. the DON stated they did not do an investigation after the 4/22/20 fall with fracture to determine the cause. An Incident/Accident Management policy reviewed 11/19 documented an investigation would be completed within 5 days of the occurrence.			

_____ _____

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).

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: **#8082**			**Date:** **August 18, 2020**
Facility Name: **Rock Rapids Health Center**		**Survey Dates:** **July 28-August 11, 2020**	
Facility Address/City/State/Zip **703 South Union** **Rock rapids, IA 51246**	**MW/DC**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	Upon entrance to the facility on 7/29/20 at 9:30 AM the surveyor entered through the front door. Signage was present at the entrance that directed, no visitors. A phone number was provided to call to enter the facility due to Covid-19 restrictions. The Administrator was observed to lock the dead bolt lock with a key from the inside after the surveyor entered. At that time the Administrator stated the door had been locked to prevent visitors from entering. The Administrator further confirmed the door would not open when locked and required the key to unlock. Surveyor attempted to open the door when locked and the door failed to open. The key is located either in a box to the left of the front door, or in the lock. The door is located at the front of the facility which is the main entrance/exit. The Administrator stated that a staff person is located in an office adjacent to the entrance during business hours only. The door is identified as a fire exit by signage and lighting. An Environmental tour of all exits was completed on 7/29/20 at 2:10 PM with the Director of Nursing (DON). An additional exit door, located between the kitchen and storage hall adjacent to the dining room was found to be locked and restricted exit from the facility. The exit was noted to be a double set of doors, facing the South East that was marked off with yellow tape. The door was identified as an emergency fire exit by signage with instructions for delayed egress. Emergency exit lighting present. The door was locked by an internal door handle lock. The surveyor was unable to open the door when locked even when keyed pad access code was entered. Door handle			

_____ _____

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).

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: **#8082**			**Date:** **August 18, 2020**
Facility Name: **Rock Rapids Health Center**		**Survey Dates:** **July 28-August 11, 2020**	
Facility Address/City/State/Zip **703 South Union** **Rock rapids, IA 51246**	**MW/DC**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	lock was turned to unlock which allowed the surveyor to open the door. The DON confirmed the door is locked at all times. Additionally, confirmed the front door was locked with a dead bolt lock at all times. In an interview on 7/29/20 at 3:30 PM the Administrator confirmed the doors have been locked to restrict visitor access since March 15, 2020. The Administrator stated there have been no fire or other emergency that required exit from the facility since that time. The Administrator provided a plan for having doors unlocked. **FACILITY RESPONSE:**			

_____ _____

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).

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: **#8082**			**Date:** **August 18, 2020**
Facility Name: **Rock Rapids Health Center**		**Survey Dates:** **July 28-August 11, 2020**	
Facility Address/City/State/Zip **703 South Union** **Rock rapids, IA 51246**	**MW/DC**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

_____ _____

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).