Citation Number	er:				Date:	
9051		Janu			Janua	ry 28, 2021
Facility Name:			Survey [Dates:		
Carlisle Cen Rehab	ter for Wellness &		Novem	ber 2 -	- 24, 20	20
Facility Address	ss/City/State/Zip					
680 Cole St Carlisle, IA 5	50047	JM				
Rule or Code Section	Nature	e of Violation	Class	Fine A	mount	Correction date
56.6(1)	481—56.6(135C) Trebl	e and double fines.	ı	\$15,0	00	Upon Receipt
	56.6(1) Treble fines for repeated violations. The director of the department of inspections and appeals shall treble the penalties specified in rule 481—56.3(135C) for any second or subsequent class I or class II violation occurring within any 12-month period, if a citation was issued for the same class I or class II violation occurring within that period and a penalty was assessed therefor.			(\$5000 treble (Held Suspe	d fine I in	
58.28(3)e	facility shall be respondent maintenance of a safe personnel. (III) 58.28(3) Resident safet e. Each resident shall in	receive adequate supervision to from self, others, or elements in				
						 Page 1 of 9

Facility Advisors and a second second

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	er:				Date:	
9051					Janua	ry 28, 2021
Facility Name:			Survey I	Dates:		
Carlisle Cen Rehab	ter for Wellness &		November 2 – 24, 2020			20
Facility Addres	ss/City/State/Zip					
680 Cole St						
Carlisle, IA 5	50047	JM				
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
			II	П		
	interviews, the facility far adequate nursing super prevent accidents for 2 (Residents #45 and #15 Staff A left Resident #45 without a fall mat and be Care Plan. As a result, the floor and sustained to her head. The facility residents at the time of	58). On 11/19/20 at 4:40 p.m., in bed unattended and ody pillow as directed by the the resident fell from her bed to a fractured hip and a laceration identified a census of 52				
	diagnoses that included atherosclerosis, depression contractures. The MDS displayed severe cognitiand could not understare. The MDS documented I 2 staff with bed mobility personal hygiene, and cassessment timeframe.	10/13/20, Resident #45 had Alzheimer's disease, sion, hypertension, and documented the resident ive and memory impairment nd or be understood by others. Resident #45 required assist of , transfers, dressing, and				

Facility Administrator	Date

Page 2 of 9

Citation Number	er:				Date:	
9051		Jar			January 28, 2021	
Facility Name:			Survey [Dates:		
Carlisle Cen Rehab	ter for Wellness &		November 2 – 24, 2020			
Facility Addres	ss/City/State/Zip					
680 Cole St Carlisle, IA 5	50047	JM				
Rule or Code Section	Nature	e of Violation	Class	Fine A	mount	Correction date
						1
	A Morse Fall Risk Assessment Form dated 9/13/19 documented a score of 55 which placed her at a high risk for falls. The resident's undated Care Plan documented the resident experienced an activities of daily living (ADL's) self-care performance deficit related to (r/t) diagnosis of Alzheimer's disease, hypertension, depression, and osteoarthritis. The Care Plan directed the following interventions or actions: a. Apply air loss mattress to bed b. Ensure the proper positioning of the resident's lower extremities when in w/c by applying hip abductor pillow, straightening the hips, and lowering leg rests with pillows folded under calves to float heels. c. Transfer the resident with assist of 2 staff and the Hoyer Lift. d. Staff to propel and utilize the resident's wheelchair for locomotion. e. Place knee support pillow between knees in bed and when up in w/c, and may use strap on pillow around the resident's leg if needed. Monitor the inside of the resident's thighs/knees for redness. f. The resident requires assist of 2 staff for bed mobility.					

Facility Administrator	Date

Page 3 of 9

Citation Numb	er:]			Date:		
9051					January 28, 2021		
0001					Janaa	1 9 20, 202 1	
Facility Name:			Survey [Dates:			
Carlisle Cen Rehab	ter for Wellness &		November 2 – 24, 2020				
Facility Addres	ss/City/State/Zip						
680 Cole St		JM					
Carlisle, IA 5	50047						
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date	
	the Iowa Department of required that document fell from the bed to the faceration and fractured. An Incident Report form documented dietary staresident on the floor. We they saw the resident ly floor with blood under the The nurse completed as signs, cleansed the lace brow cleansed with non resident was unable to or describe pain. Staff on the floor until 911 and the residents head and blanket with assistance (DON) and an additional During an interview on CNA, (Certified Nursing the resident's room to a for dinner. Staff A report	a dated 11/19/19 at 4:40 p.m. Iff told the nurse they found the hen the nurse entered the rooming on her right side on the neir head and facing the bed. In assessment including vital eration to the resident's right mal saline and applied ice. The follow commands and indicate ensured the resident remained rived and placed a pillow under covered the resident with a from the Director of Nursing					

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).

Page 4 of 9

Citation Number		1			Date:	
Citation Number	er.				Date.	
9051		January 28,			ry 28, 2021	
Facility Name:			Survey [Dates:		
Carlisle Cen Rehab	ter for Wellness &		November 2 – 24, 2020			20
Facility Addres	ss/City/State/Zip					
680 Cole St Carlisle, IA 5	50047	JM				
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
				I.	U	
	the bed at that time and Staff A said she thought were only used on night interventions were on the had not checked it prior #45. Staff A stated where #45 lay flat in bed and caraised position and not added she did not know bed and was shocked wher of the resident's fall. During an interview on the previous DON, state guides on the back of expectation and representation and the fact to lower the bed and representation and the staff B stated Staff A cocare guide prior to provious During an interview on the previous Administration and the incident. Staff C said	11/20/20 at 2:52 pm, Staff B, ed the facility had placed care very resident's door. She said out of bed prior to the event cility added the directive to 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 lowa Code section 135C.43A (2013).

Citation Numb	er:				Date:		
9051		J			January 28, 2021		
Facility Name:			Survey [Dates:			
Carlisle Cen Rehab	ter for Wellness &		November 2 – 24, 2020				
Facility Address	ss/City/State/Zip						
680 Cole St Carlisle, IA 5	50047	JM					
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date	
	out of had. Staff C adda	d that signage was posted on					
	the walls at the time of the place the pillow on the beginning to the position, so Staff A show unattended and in that pure 2. According to the Minitassessment tool dated diagnoses of Alzheimer accident ("stroke") and of The MDS revealed the possible 15 on the Brief (BIMS) test, which means severely impaired cogning Resident #158 required for transfers, walking in	mum Data Set (MDS) 9/29/20, Resident #158 had 's disease, cerebral vascular coronary artery disease (CAD). resident scored 3 out of a Interview for Mental Status int the resident demonstrated tion. The MDS documented extensive assistance of 1 staff his room, and toilet use.					
	#158 was at risk for falls the facility fall protocol. Review of transfers which moved between surfaces	on 9/27/20 revealed Resident s and instructed staff to follow ch included how Resident #158 s from 11/6/20-11/18/20					
		3 required extensive assistance e on staff for transfers during					

Facility Administrator Date

Page 6 of 9

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	~	1			Doto	
Citation Number	er:				Date:	
9051					Janua	ry 28, 2021
Facility Name:			Survey [Dates:		
Carlisle Cen Rehab	ter for Wellness &		Novem	ber 2 -	- 24, 20	20
Facility Addres	ss/City/State/Zip					
680 Cole St Carlisle, IA 5	50047	JM				
Rule or Code Section	Nature	e of Violation	Class	Fine A	mount	Correction date
	Resident #158 was give Staff D, Licensed Practic Certified Nurse Aide (CN without the use of a gait wheelchair. The facility policy titled Cambulation and transfer used by all staff to allow which should help to avoing and staff. The policy furt member will have a gait when on duty. Procedur around the resident's was standing position by graand if the resident begin him/her down with your protects you and the resident on 11/19/20 at 3:51 PM), indicated gait belts should be for easier handling of resident oid injuries both to residents ther indicated each staff will belt readily available for use es included apply the belt aist, bringing the resident to a sping the belt with both hands is to lose their balance, ease hold on the gait belt as this sident from head or body injury.				

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).

Page **7** of **9**

Citation Numb	er:]			Date:	
9051					Janua	ry 28, 2021
Facility Name:		Survey Dates:				
Carlisle Cen Rehab	ter for Wellness &	November 2 – 24, 2020				20
Facility Addres	ss/City/State/Zip					
680 Cole St Carlisle, IA 5	50047	JM				
Rule or Code Section	Natur	e of Violation	Class Fine Amount Correction date			
		M, the Director of Nursing a not a facility fall policy in				

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).

Page 8 of 9

Citation Number:				Date:		
9051					January 28, 2021	
Facility Name:			Survey Dates:			
Carlisle Center for Wellness & Rehab			Novem	November 2 – 24, 2020		
Facility Address/City/State/Zip						
680 Cole St Carlisle, IA 50047		JM				
		JW				
Rule or Code Nature		e of Violation	Class	Fine A	mount	Correction date
Section	Natur	e or violation	Class			uate
T			0	1		

Facility Administrator	Date

Page 9 of 9