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Facility Nam	ne:		Survey [Dates:			
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Rule or				Fine Amount Correction			
Code Code	Natur	e of Violation	Ol			date	
Code Section			Class				
58.19(2)j		equired nursing services	I	\$6,000)	Upon	
		sident shall receive and the		(Held in		Receipt	
		as appropriate, the following ices under the 24-hour		suspens			
	direction of qualified r				,		
	coverage as set forth						
	58.19(2) Medication a	and treatment.					
	<i>i.</i> Provision of accu	rate assessment and timely					
	H -	sidents who have an onset of					
	adverse symptoms v	which represent a change in					

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mental, emotional, or physical condition. (I, II, III)

DESCRIPTION:

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	review and staff and printerviews, the facility residents (#2 and #8) acquired pressure uldid not receive assess an ulcer when it was fridentified a census of five residents were reprevention and care. Findings include: The MDS (Minimum Eidentifies the definition Stage I is an intact sk redness of a localized prominence. Darkly p	failed to ensure two did not receive facility- ers. In addition, Resident #8 sment and measurement of first discovered. The facility 89 current residents and viewed for pressure ulcer Data Set) assessment tool of pressure ulcers: in with non-blanchable I area usually over a bony igmented skin may not have dark skin tones only it may					

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	pink wound bed, withousually cream or yellousually cream or wisible but not exposed. Slough not exposed. Slough not exposed. Slough not exposed. Slough not exposed in yellousually cream or the work of the work	ow open ulcer with a red or out slough (dead tissue, ow in color). May also repen/ruptured blister. Is tissue loss. Subcutaneous bone, tendon or muscle is may be present but does not tissue loss. May include teling. The sess tissue loss with exposed tele. Slough or eschar (dry, ssue). may be present on and bed. Often includes teling or eschar. The session of th				Page 3 of 3	

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	non-blanchable deep discoloration. Intact sl persistent non-blanch purple discoloration d soft tissue. This area that is painful, firm, m cooler as compared to changes often preced discoloration may appropriate the bone-muscle interest the bone-muscle interest. According to the M #2 had diagnoses that injury, stage 3 kidney aphasia, hemiplegia, cellulitis. The assessing #2 possessed severe for daily decision-makes.	DS dated 1/22/20, Resident t included traumatic brain disease, diabetes mellitus,				Page 4 of 3	

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	Resident #2's Care Plate documented he had in to incontinence, the indiabetes and peripher Care Plan documented followed by an ARNP Nurse Practitioner). It is showed Wound Treat the Wound ARNP through a phone intervate resident's Wound when Resident #2 had the first time she saw was tight. When they open areas appeared facility staff or hospital	of developing further pressure ulcers. Staff documented his pressure ulcer as unstageable. Resident #2's Care Plan, initiated on 8/6/20, documented he had impaired skin integrity related to incontinence, the inability to reposition himself, diabetes and peripheral vascular disease. The Care Plan documented his wounds were being followed by an ARNP (Advanced Registered Nurse Practitioner). The resident's clinical record showed Wound Treatment Plans documented by the Wound ARNP throughout 2020. During a phone interview on 11/2/20 at 11:15 AM, the resident's Wound ARNP stated that in 3/20, when Resident #2 had his second toe removed, the first time she saw him afterwards, his dressing was tight. When they removed the dressing, new open areas appeared. The ARNP did not know if facility staff or hospital staff put the dressing on too tight. Also, with the open areas she saw in				Page 5 of 3	

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	thought the straps of the boot could have caused the open areas. The ARNP tried to get the Prevalon boot discontinued but it kept reappearing.					
	Review of the Treatment Administration Record of 3/20 revealed staff changed Resident #2's right foot dressing and covered the dressing with an ACE wrap every shift from 3/4 to 3/10/20.					
	The Wound Treatmer documented Residen of the second digit of and just returned to the surgeon managed the					
	documented several r discoloration to the rig straps on the Prevalo	nt Plan note dated 3/11/20 new areas of purple ght foot that lined up with the n boot. The plan note areas were located as				

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	measuring 9.5 cm (ced described as 5% stabitissue injury. b. Dorsal right foot, ur measuring 4.6 cm by areas. c. Right foot hallus, Pinterphalangeal) joint, ulcer, measuring 2 by The note documented injury areas appeared Prevalon boot. The dup with straps of the bidiscontinue the Prevalon wound Treatment documented Resident wound consultation. With arterial study conshowed some restrict	unstageable pressure 2 by 0.1 cm. I that all new deep tissue I to be secondary to the istribution is linear and line boot. The ARNP ordered to				

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	right foot ulcers as primarily related to pressure with a secondary cause as arterial. The Wound Treatment Plan notes dated The Wound Treatment Plan note dated 3/25/20, 4/8/20 and 6/17/20 documented Resident #2 wore Prevalon boots during the ARNP's wound care visits. She documented removal of the boots from the resident's room on 4/8/20. The Wound Treatment Plan notes revealed the ARNP continued to see and treat Resident #2's wounds weekly with the most recent note dated 11/4/20. During interview on 11/5/20 at 2:15, when asked the reason for placement of the Prevalon boot following it's order to be discontinued, the 4th floor Unit Manager (UM) stated stated that one night nurse kept putting the boot back on. The UM stated she talked to the staff member (Staff F) and told her of the resident's new open areas. Then the UM saw Resident #2 wear the boot again. The UM made a sign for the resident's					Page 8 of 3 0	

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	told the UM she forgoremoved the boot from During a phone intervible Staff F, RN (Registere Resident #2's Prevalous issues, but orders for Staff F did not recall a UM regarding the Prevalous and email dated Resident #2's surgeon with the resident's wo may have been applied development of woun care had been appropriate the clinical protocol for Breakdown, revised 4 staff and practitioner vindividual's significant	iew on 11/16/20 at 7:48 am, ed Nurse) recalled that on boot did cause skin it's use went back and forth. any conversations with the valon boot. d 11/10/20 at 8:58 am, on wrote that his only concern unds was that a dressing ed too tightly causing ds. Otherwise, the wound			Page 9 of 3 0		

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	breakdown, clarify statissues and order pertitions and order pertitions. The facility provided a Agreement for the Wointerviewed above to treatment for facility respectively. Resident #8 enterest according to the Minimassessment of 8/22/2 had diagnoses that in diabetes mellitus, lummuscle weakness, diffunded pressure. The Moderate cognitive are evidenced by a BIMS required the assistant bed, transfer, walk in complete personal hyidentified a risk for pressure.	provide wound care and esidents beginning 3/1/20. d the facility on 8/18/20, mum Data Set (MDS) 0. The MDS documented he cluded renal failure, bar disc degeneration, ficulty walking and high				Page 10 of 3

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	The 8/20 Treatment Administration Record (TAR) recorded staff applied Zinc Oxide paste to the resident's buttocks twice a day. His first documented skin assessment dated 8/18/20 at 3 pm documented he had intact skin. A Progress Note dated 8/25/20 at 4:36 am documented Resident #8 had a superficial open area on his right buttock. The nurse, Staff G RN, cleansed the wound, patted it dry and applied his treatment: Zinc Oxide paste according to the 8/20 Treatment Administration Record (TAR). The TAR also documented twice a day skin checks beginning 8/18/20. A Progress Note dated 8/28/20 at 12:33 pm documented Resident #8 had an unstageable area to his coccyx and the former wound nurse (author, Staff H, RN) was not notified. Staff H recorded an air mattress on order and starting the resident on weekly rounds. The note did not contain measurement or other description or					Page 12 of 3	

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	A Progress Note dated 9/9/20 at 9:45 am documented the Wound care ARNP as unable to see Resident #8 as the paperwork and signed consent had not been received. The resident discharged from the facility on 9/9/20.					
	The resident's Care Finterventions following area on 8/18/20, the sand unstageable area					
	at 1:30 pm and autho Resident #8 had an u to and a his coccyx th length and 13.8 cm in unstageable depth, do documented the goal opening and heal whi back, encourage him	red by Staff H documented nstageable pressure wound at measured 10 cm in width, with a 0.1 escribed as eschar. Staff to keep the wound from le closed, keep him off his to get out of bed and order attress. The assessment				

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	Resident #8's TAR of placed Duoderm (a procedure placed Duoderm (a procedure placedure	8/20 documented staff staff rotective dressing) to his of 9/20 documented removal hysician's order dated 9/2/20 to apply a Mediderm border hange it every three days AR documented the order as 0. Duoderm at 8:32 am (a not be found for application). Order dated 9/2/20 at 1:38 nese the resident's wound pice, apply No Sting Skin ring foam dressing and e days and prn. The 9/20 ff implemented the dressing am. On 9/2/20, the TAR of a pressure relieving ent's bed and directed to 8 side to side every two him on his back and to				Page 14 of 3

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	oncourage him to get	out of had twice during the			 	
	encourage him to get out of bed twice during the day (the MDS of 8/22/20 recorded Resident #8 received a turning schedule since on or before that date).					
	During a phone intervistated with regards to 8/28/20, she learned wound on that date; it small. Regarding ass Wound clinic referrals about resident wound the shower aide told homeasured the wound, and made a referral to remembered the Third her she would refer R clinic sometime betwee thought the 9/2/20 refinities. During a telephone in am. Staff G stated she					
	am, Staff G stated she	e ala not remember			Page 15 of 3 0	
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	open area, she would oncoming shift, leave be seen and send a fa orders. If Staff H was her in person. Staff Onot have assessed the discovery; Staff H assethen. On 11/5/20 at 11:47 p Manager stated after open area, Resident to hot charting related expectations include a when it is first discovered denied referring Resident referral would have the resident's air mat 8/26 (Progress Notes mattress ordered on 8 documented placeme	onot scheduled, she'd tell concluded that she would e resident's wound upon sessed resident wounds om, the Third floor Unit the 8/25/20 discovery of an #8 should have been added to the wound. Facility an assessment of a wound ered. The Unit Manager dent #8 to the Wound Clinic we come from the Staff H.			Page 16 of 3 0

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University Park Nursing & Rehabilitation Center Facility Address/City/State/Zip			October 22 – November 18, 2020			.8, 2020
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Rule or	Neton	6 \ \ \ - 1 - 4 \ - \ \ - \ \ \ \ \ \ \ \ \ \ \ \ \		Fine A	mount	Correction
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	de augres pating and an an an	area to Decident #01a				
	buttocks beginning 8/2	area to Resident #8's 25/20 and a pressure sore ng 8/29/20.				
	During interview on 11/5/20 at 12:30 pm, the Director of Nursing (DON) stated that upon discovery of a wound, staff are expected to notify the wound nurse and the physician for treatment orders. The DON would have expected wound measurements on 8/25 and 8/28/20. She did not think Resident #8 had a complicated wound on 8/25/20, so a Wound clinic referral would not have been done. By 9/2/20, Resident #8's wound appeared more complicated and should have been referred to the Wound clinic. The DON conducted resident wound assessments at present, Staff H left facility employment on 9/10/20.					
	9/10/20.					

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58.28(3)e	nursing facility shall provision and mainter for residents and persidents and persident safe. Each resident supervision to protect others, or elements in DESCRIPTION: Based on clinical recoresident, staff and pring interviews and review job descriptions, facilitisafe transfer for one of	shall receive adequate t against hazards from self, the environment. (I, II, III) ord review, observation, mary care provider of staff training records and ty staff failed to provide a of five residents reviewed for Resident #3). The facility		\$5,000 (Held i suspe		Upon Receipt

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			II			
	Findings include:					
	According to the Minimum Data Set (MDS) assessment dated 8/3/20, Resident #3 had diagnoses that included anxiety, post traumatic stress disorder, morbid obesity, lack of coordination, right knee pain and chronic lung disease. The assessment documented she had intact memory and cognitive skills, as evidenced by a brief interview for mental status score of 14. Resident #3 required the assistance of two staff during transfers and did not walk. She did not experience pain during the assessment period and had a scheduled pain medication regimen. Resident #3's Care Plan, updated 7/30/20, identified Resident #3 as nonambulatory. The Care Plan instructed staff to transfer her with the assistance of two, using a 3 XL full body Hoyer sling, not the criss-cross style sling. The Care Plan also identified she had extensive chronic					Page 19 of 3 0

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).

Date

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	ordered. The Order Summary recorded Resident #3 milligrams (mg) three and gabapentin 400 mpolyneuropathy, both 2/29/20. The Fall Report dated documented Staff A, I Nurse) was summone and observed the resia CNA (certified nursi a sitting position. Staff #3's leg as internally return call from the reinterviewed the CNA's fell out of the sling to the lift sling were not cresident's thighs. Wh	LPN (Licensed Practical ed to Resident #3's room ident sitting on the floor with any assistant) holding her in a f A documented Resident rotated. While waiting for a sident's physician, Staff A is and learned the resident the floor as the leg straps of				Page 20 of 3

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l d	lescription Staff A de	ocumented after receiving			
o to to the	orders for portable X-I to transfer Resident # he Hoyer lift and during he staff to properly polaring a Hoyer transfer for the X-Rays of Resident 9/27/20 revealed the pody habitus with artification and her publication and her publication and her publication and the are pain and the are pain and the are	nt #3's right hip with pelvis e impression as limited by act (degraded imagery) on X-Ray contained no d fracture, no joint bic rami appear intact. s Progress Notes dated d continued assessment			
	esident reported the i	Thee as painting to touch and			Page 21 of 3 0

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	she could not move it	due to the pain. Resident				
	to the area. Staff sen	e knee or any other trauma t a fax to her physician to				
	An X-Ray of Resident #3's right knee on 10/6/20 revealed a comminuted distal femoral fracture with fracture lines extended over a length of 10 cm (centimeters), surrounding soft tissue swelling and degenerative changes about the knee. The acility reported the incident to the Department of inspections and Appeals on 10/6/20 and it's investigation documented Staff B and Staff C, Hospitality Aides as present during Resident #3's fall on 9/27/20. A Major Injury Determination Form signed by the resident's primary care provider on 10/7/20 documented Resident #3 did not sustain a major injury and would return to her previous functional					
	status.	n to her previous functional				

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	her with a lift. One stanother staff cranked move during the transheld on to the lift, told slipping, who then told Resident #3 felt like slanding on her hip. Scould not state specific went behind her. Resident have any other fall have caused injury. During interview at the pm, Staff A stated on #3 up with a Hoyer lift medications, one of the fell. When Staff A entities the staff held the resident on her right knee. Stastraps of the sling were staff with the staff were staff wer	at on 9/27/20, staff moved aff put her in a sling and it up. They told her not to sfer. Resident #3 stated she the staff she felt herself d her she would not fall. he was falling and then did, he experienced pain but ically where, and her leg ident #3 stated she would Il or incidents that could e facility on 10/26/20 at 2:41 9/27/20, staff got Resident			Page 23 of 3 0

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).

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	they did not know the crossed. During a phone interv Staff B stated on 9/27 floor (4th) and did not Staff B got a medium telling Staff A the sling her to do what's need Staff B stated she wa Staff C transferred the she held sling and ke during the transfer. Slift and Resident #3 fe slowed the resident's floor and the resident's floor and the resident'B stated she learned have been criss-cross lifts slings are stored. eight hours a day sind Hoyer lift at least severe	riew on 10/26/20 at 4 pm, 7/20, she moved to a new 8 know Resident #3 well. amputee sling and recalled g looked wrong, who asked ed to get the resident up. s pretty new. Staff B and e resident. Staff B stated pt close to the resident staff C moved, bumped the				Page 24 of 3

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	During a phone intervent Staff C remembered Staff C remembered Staff B went they worked together resident, get her up a the resident's wheelch seat the resident, so sturned the resident's visibility slipped out of the sling slipped, Staff B held of guide it to the wheelch made it to the wheelch with her legs bent und stated she had just converted the watched Hoyer lift trailift controls. She did it mention concerns with	c had never worked with an			
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Rule or	Natur	e of Violation		Fine Amount	Correction	
Code Section	Natur	e or violation	Class		date	
	pm, Staff A stated she with Staff B about any appearance of the slir Staff B's CNA Oriental revealed she oriented 9/6/20 with the assistance of Staff B's CNA Orientation (revealed she oriented with the assistance of Both checklists documentaining on the use of During a phone intervestaff D stated when send Hoyer lift use, she had couple of days so the The next two days, she lift while she supervisoriented new staff on Staff D stated she had	ation Checklist dated 9/5/20 to her position on 9/5 and ance of Staff D, CNA. Staff Checklist dated 9/14/20 to her position on 9/14/20 Staff E, CNA.			Page 26 of 3 0	

Facility Administrator Date

Citation Nur	nber:				Date:	
9053						
					Februar	y 8, 2021
Facility Nam	ie:		Survey D	ates:		
University Par Rehabilitation			Ostobor	22 No.		0. 2020
Facility Addres	ss/City/State/Zip		October	22 – NO	vember 1	.8, 2020
233 University	Ave					
Des Moines, lA	A 50314	JM				
Rule or	Natur	e of Violation		Fine A	mount	Correction
Code Section	Natar	o or violation	Class			date
	thom Staff Dalso st	ated she used the CNA	1			
	Orientation Checklist	to orient new staff and had aining instruction from				
	Staff E stated when s normally ran the lift w while new staff watch comfortable, she wou the lift with her. Staff lift sling to orient, but if a resident required Orientation Checklist On 10/28/20 at 10:12 Unit Manager reveale in the third floor linen the facility laundry root	Ouring a phone interview on 11/9/20 at 11:50 am, Staff E stated when she oriented new staff, she formally ran the lift with another experienced aide while new staff watched. When they were both comfortable, she would have the new staff work he lift with her. Staff E normally used a full body fit sling to orient, but would use an amputee sling a resident required one. Staff E used the CNA Orientation Checklist to train from. On 10/28/20 at 10:12 am, tour with the 3rd floor Unit Manager revealed two Hoyer lift slings stored in the third floor linen room, 16 lift slings stored in the fourth floor linen room. All sizes were				

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Facility Administrator	Date	

Citation Nun	nber:			Date:	
9053				Februar	ry 8, 2021
Facility Nam	ie:		Survey D	ates:	
University Parl Rehabilitation			October	22 – November 1	.8, 2020
Facility Addres	ss/City/State/Zip				
233 University Des Moines, IA		JM			
Rule or	Natur	e of Violation		Fine Amount	Correction
Code Section	Natar	of violation	Class		date
	stated the job descrip would be the same as CNA. The undated Pot facility's CNA's docum function of the job work positioning and transport of beds, chairs, bathto in keeping with specifical of 11/10/20 at 1:40 pc (DON) stated that CN the CNA Orientation of they would validate the skills to train others, listincontinence care. During phone intervies Resident #3's Advance Practitioner (ARNP) shave no fracture seen have a fracture seen the same as	uld be to assist with lifting, porting residents into and out ubs, wheelchairs, lifts, etc., ic resident safety needs. om, the Director of Nursing A's who train new staff use Checklist as a guide and the training CNAs had the ke for transfers and w on 11/16/20 at 10:30 am,			Page 28 of 3 0

Facility Administrator Date

Citation Nun	nber:			ſ	Date:	
9053					Februar	y 8, 2021
Facility Nam	e:		Survey D	Dates:		
University Parl Rehabilitation	k Nursing & Center		October	October 22 – November 18, 2020		
Facility Addres	ss/City/State/Zip					
233 University Des Moines, IA		JM				
Rule or Code Section	Natur	e of Violation	Fine Amount Correction date			
	#3 had no other diagr contributed to the fract routine pain medication FACILITY RESPONS	·				Page 29 of 30
						Page 29 of 3 0
Facility	y Administrator	Dat	e		_	

Citation Number:					Date:	
9053						
					February 8, 2021	
Facility Name:			Survey D	Survey Dates: October 22 – November 18, 2020		
University Park Nursing & Rehabilitation Center			October			
Facility Address/City/State/Zip						
233 University Ave						
Des Moines, lA 50314		JM				
Rule or				Fine Ar	mount	Correction
Code Section	Nature	e of Violation	Class			date

		Page 30 of 30
Facility Administrator	Date	