Citation Numb #5349	er:				Date: August	12, 2021	
Facility Name: Azria Health P			Survey I				
-	ss/City/State/Zip	9/30/21 Fine amount amended following IDR	July 19-	July 19-28, 2021			
2401 E. 8 th Stre Des Moines, IA		MW/DC					
Rule or Code Section	Natur	e of Violation	Class Fine Amount Correction date			Correction date	
58.28(3)e 58.18(4)	facility shall be responsible to ensure resident at the environment. (I, II, III) 58.28(3) Resident safet e. Each resident shall protect against hazards the environment. (I, II, III) 481—58.18(135C) Nur 58.18(4) The facility shall qualified staff for the resystem. (II, III) (Prompt no longer than 15 minut) DESCRIPTION: Based on facility record interview, and review of failed to ensure resident answered/met in a time (Resident #15, #32, and answer a call light timel assisting herself in her regetting stuck resulting in	receive adequate supervision to from self, others, or elements in III) rsing care. III provide prompt response from esident's use of the nurse call response being considered as tes.) d review, resident and staff facility fall protocol the facility ts call lights and needs were ly manner for 3 of 19 residents, d #41). The facility failed to y to prevent Resident #15 from wheelchair and the wheelchair in the resident falling out of the ing her left distal (far end of)		\$6,000 (Held i Suspe		UPON RECEIPT	

Facility Administrator Date

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Citation Numb #5349	er:				Date: August	12, 2021		
Facility Name: Azria Health Pa		Survey Da			•			
•	ss/City/State/Zip	9/30/21 Fine amount amended following IDR	July 19-28, 2021					
2401 E. 8 th Street Des Moines, IA		MW/DC						
Rule or Code Section	Natur	ature of Violation Class			mount	Correction date		
	Resident #15 reported a Status (BIMS) of 15 whi The resident was able to understood others. The assistance with 2 staff for locomotion on the staff for locomotion and muscle resident #15's Care Platatrisk for limitations in a Daily Living (ADL's) and complete tasks and to a shift. The Care Plan als falls and directed staff to needs, follow facility fall light within reach and enter assistance as needed. The facilities document revised 3/18 included the In addition, the nurse should document/report the follow. Vital signs. b. Recent injury, especion. Musculoskeletal function of the individual signs. b. Recent injury, especion of the individual signs. c. Musculoskeletal function of the individual signs. b. Recent injury, especion of the individual signs. c. Musculoskeletal function of the individual signs. c. Musculoskeletal status. f. Pain.	an revised 4/6/18 identified her ability to perform Activities of directed staff to allow time to assist with reposition throughout o identified resident at risk for anticipate and meet her protocol and place the call accourage the resident to use if ed. titled Fall- Clinical Protocol and efollowing; all assess and lowing. ally fracture or head injury. tion, observing for changes in						

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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).

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Facility Name: Azria Health Pa			Survey	Dates:		
Facility Addres	ss/City/State/Zip	9/30/21 Fine amount amended following IDR				
Des Moines, IA		MW/DC				
Rule or Code Section	Natur	e of Violation			Correction date	
	i. All current medication with dizziness or letharg j. All active diagnoses. A facility document date Resident #15 included a Resident #15's room by Upon arrival resident wawindow on her back with feet laying toward bed both of left knee pain. Resident water to purse. Resident water to purse. Resident water to purse. Resident water to purse to her so she get to purse. Resident water to purse to her so she get to purse. A Progress Note dated by Assistant Director of following; Called to Resupon arrival resident lyi window. Residents head feet lying toward bed by Wheelchair next to resident lying toward bed by Wheelchair next to resident with small sheare Resident verbalized tries on she could eat after man Resident verbalized tries and just fell out of wheel notify of low blood pressure.	ed 1/9/21 tiled Un-witnessed for a Nursing Description, called to a Certified Nursing Aide (CNA). as lying on floor next to bed by h head laying against bed and by door. Resident complained ent verbalized tried to get food a could eat after moving food to verbalized tried to move chair all out. Doctor notified at 1:46 1/9/21 at 1:46 PM documented Nursing (ADON) include the ident #15's room by CNA. In gon floor next to bed by doing against bed. Resident's a door. Lying on back. Death of 10 and right knee and area 1 by 1 centimeter (cm). In do get food back close to her noving food to get to purse. In do now the country of the co				Page 3 of S

Facility Administrator

Date

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Facility Name: Azria Health Pa	ark Place		Survey I			
	ss/City/State/Zip	9/30/21 Fine amount amended following IDR	July 19-	20, 2021		
2401 E. 8 th Stree Des Moines, IA		MW/DC				
Rule or Code Section	Nature of Violation		Class	Fine A	mount	Correction date
	correct or if the resident declines. No other compaware. Resident denies status initiated for unwit Untitled document provi Resident #15's room inc 1/9/21 at 12:31 PM responsive 1/9/21 at 12:36 PM responsive 1/9/21 at 1:13 PM responsive 1/9/21 at 1	ded for call data on 1/9/21 for cluded the following; conse 7:31 minutes. conse 5:03 minutes. conse 22:54 minutes. aphy (CR) (a digital as radiographic images on corplates instead of film image 1/9/21 at 6:31 PM reason for dication: left knee twisting memarthosis and apparent al plateau, concerning for intractor characterization with crossive indicated, given limitation of degree of osteopenia and e. aphy (CT) (a radiographic and image of detailed cross that dated 1/9/21 at 7:11 PM on suspected fracture on included comminuted (fracture				Page 4 of

Facility Administrator

Date

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Citation Numb #5349	er:				Date: August	12, 2021
Facility Name: Azria Health Pa			Survey I			
	ss/City/State/Zip	9/30/21 Fine amount amended following IDR	July 19-	20, 2021		
2401 E. 8 th Street Des Moines, IA 50316		MW/DC				
Rule or Code Section	Nature of Violation		Class	Fine A	mount	Correction date
	readmitted on 1/26/21. During interview on 7/22 stated staff brought in heach it so she put on his so she tried to move an oxygen tubing got caugh wheelchair. Resident courseled and then someone came. During interview on 7/22 acknowledged Resident and leaned forward to reach it. The aide stift front of her when they leaway to get something a fell. The ADON stated slight was on or not. During interview on 7/22 Nurse Consultant acknowledged Resident and leaned forward to reach it. The aide stift front of her when they leaway to get something a fell. The ADON stated slight was on or not. During interview on 7/22 Nurse Consultant acknowledged Resident	2/21 at 12:00 PM the ADON t #15 was sitting in wheelchair each her tray table and could ated to her the table was in eft the room she had pushed it and then could not reach it and he did not remember if the call 2/21 at 4:02 PM the Regional owledged they do not have a ave a fall protocol and provided nical Protocol revised 3/18.				Page 5 of

Facility Administrator Date

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Citation Number: #5349					Date: August	12, 2021
Facility Name: Azria Health Pa			Survey I			
·	ss/City/State/Zip	9/30/21 Fine amount amended following IDR	July 19-28, 2021			
2401 E. 8 th Street Des Moines, IA 50316		MW/DC				
Rule or Code Section	Nature of Violation		Class	Fine A	mount	Correction date
	6/24/21 for Resident #3: Mental Status (BIMS) so 14 indicated no cognitive revealed the resident reform staff for personal harmonic	ascle weakness and difficulty in 6/10/19 encouraged the all for assistance. 21 at 1:20 p.m. Resident #32 aswered promptly. Resident r call light at 6:10 a.m. and it at 6:50 a.m. Resident #32 clock in her room. 21 at 10:00 a.m. Resident #32 took over 45 minutes to be the morning. 21 at 12:30 p.m. a facility on Link Call Data revealed on room North 6 (Res #32) call ninutes and 15 seconds. 7/20/21 at 6:05 a.m. call ninutes and 14 seconds.				Page 6 of 9

· ·

Facility Administrator Date

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Citation Numb #5349	er:				Date: August	12, 2021
Facility Name: Azria Health P			Survey I			
-	ss/City/State/Zip	9/30/21 Fine amount amended following IDR	July 19-	28, 2021		
2401 E. 8 th Stro Des Moines, I		MW/DC				
Rule or Code Section	de Nature of Violation Class		Amount	Correction date		
	6/30/21 for Resident #4 hypertension, fracture a assessment documente Status (BIMS) score of moderate cognitive imp Resident #14 needed e personal hygiene and tr. The Care Plan initiated resident to use bell to compare to be an expectation of the purpose of the personal hygiene and tr. During the group intervious Resident #41 stated in the 20-30 minutes to be an expectation of the pushed his call in morning and received he resident #41 stated he watched the time. Record review on 7/22/sprovided form titled Visiting 7/20/21 at 6:34 a.m. for light response was 36 minutes on the purpose was 36 minutes.	and need for personal care. The ed a Brief Interview for Mental 12 of 15 which indicated airment. The MDS indicated xtensive assistance for bathing, ransferring. 3/02/20 encouraged the all for assistance. Sew on 7/20/21 at 2:10 p.m. the morning his call light takes swered. Resident #41 stated light on at 6:30 a.m. this relp from the staff at 7:05 a.m had a clock on the wall and he at 11:30 a.m. of a facility on Link Call Data revealed on room North 10 (Res #41) call minutes and 32 seconds.				Page 7 of

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Date

Facility Administrator

Citation Numb	er:				Date: August	12, 2021
Facility Name: Azria Health Pa	ouls Dioce		Survey [Dates:		
	ss/City/State/Zip	9/30/21 Fine amount	July 19-2	28, 2021		
2401 E. 8 th Stree Des Moines, I <i>A</i>		amended following IDR MW/DC				
Rule or Code Section	Natur	e of Violation	Class	Fine Ar	mount	Correction date
	FACILITY RESPONSE					
					_	Page 8 of 9
Facilit	y Administrator	Da	te			

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Citation Numb	er:				Date: August	12, 2021	
Facility Name: Azria Health Park Place Facility Address/City/State/Zip		9/30/21 Fine amount amended following IDR					
2401 E. 8 th Stree Des Moines, IA		MW/DC					
Rule or Code Section	Naturo	e of Violation	Class	Fine A	mount	Correction date	

	-
Facility Administrator	Date

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