Citation Numb #5334	er:	Date: July 13, 2021				
Facility Name: Eldora Special			Survey I		1	
Facility Addres	ss/City/State/Zip		ounc 21	<b>1</b> -1, <b>2</b> 02	•	
1510 22 <sup>nd</sup> Stree Eldora, IA 5136		MW/DC				
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
58.28(3)e	facility shall be respondent facility shall be respondented for a safe personnel. (III)  58.28(3) Resident se. Each residented	nt shall receive adequate gainst hazards from self, others,	I	\$4,750	0.00	UPON RECEIPT
	interviews, the facility faresidents during adminitransfer assistance for 4	facility policy review and staff ailed to ensure supervision of stration of medication and safe 4 of 6 residents reviewed 9 and #32). The facility reported s.				
	diagnoses of diabetes n asthma. The MDS rever Interview for Mental Sta 15 which indicated intac revealed Resident #19	um Data Set (MDS) /21 revealed Resident #19 had nellitus (DM), malnutrition and aled Resident #19 had a Brief itus (BIMS) score of 15 out of ct cognition. The MDS further required one person physical id off the unit, dressing and				
					_	Page <b>1</b> of <b>12</b>
Facilit	y Administrator	Date	e			

Citation Numb	er:				Date: July 13,	2021
Facility Name: Eldora Special			Survey Dates:  June 21-24, 2021			
Facility Addres	ss/City/State/Zip		_ Julie 21-24, 2021			
1510 22 <sup>nd</sup> Stree Eldora, IA 5136		MW/DC				
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	_	on 11/4/20 revealed Resident s with a goal to remain safe in				
	#19 had a medication c on her bedside tray tabl medications with no sup	at 9:00 AM revealed Resident up filled with medications left e. Resident #19 was taking pervision. At 9:04 AM Resident dications with no one watching.				
	administering medication supervision. Resident # Practical Nurse (LPN) a with her because she was nurse's leave medication one that doesn't trust mathe medication cup. Residual more medications to them and "you're luck	Resident #19 was observed in in her room without 19 stated Staff L, Licensed Ilways leaves her medications as "with it enough" and "all the n with me in my room except e." Observed six medications in sident #19 revealed she had but she had already taken some ky you didn't come in here assium pill is so big I had to				
		ders did not indicate Resident ce to self-administer medication				
	During interview on 6/22	2/21 at 9:11 AM the Director of				
						Page <b>2</b> of <b>12</b>

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).

Date

**Facility Administrator** 

Citation Numb #5334	er:				Date: July 13,	, 2021
Facility Name: Eldora Special	ty Care		Survey D		1	
Facility Addres	ss/City/State/Zip			,		
1510 22 <sup>nd</sup> Stree Eldora, IA 5136		MW/DC				
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	A review of the Medicat on 6/23/21 at 1:58 PM r Practical Nurse (LPN), of Resident #19's medic Facility policy dated 1/2 Administration, revealed received the proper medordered by their physicionserve for the act of strong for any adverse drug resident #11 I cerebrovascular accident hypertension. The MDS BIMS of 13 out of 15 who The MDS further reveal up help with eating and transfers, walking and transfers, walking and transfers of TUMS sitting next to her bed. Resident physician recommended additional vitamins.	ion Administration Audit Report revealed Staff I, Licensed documented the administration cations for 6/22/21 at 8:54 AM.  015, titled Medications documented the correct time as an administer the medication, wallowing and observe resident action.  In the sessment dated 6/9/21 and diagnoses of the (CVA), hemiplegia and a revealed Resident #11 had a nich indicated intact cognition.  In the sessment dated 6/9/21 and the revealed Resident #11 had a nich indicated intact cognition.				Page <b>3</b> of <b>12</b>
						g- • •. • <b>-</b>

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).

Date

**Facility Administrator** 

Citation Numb	oer:	Date: July 13, 2021				2021
Facility Name Eldora Specia			Survey I		1	
-	-					
1510 22 <sup>nd</sup> Stre Eldora, IA 513		MW/DC				
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	her bed.					
		ders did not indicate Resident ce to self-administer medication				
	(DON) the resident had night stand. Resident # the TUMS when the fac the facility and she had The DON removed the	notified the Director of Nursing half bottle of TUMS on her 11 informed the DON she took ility didn't have any available at the TUMS since she admitted. TUMS and informed Resident t an order for her to have the				
	acknowledged medicati	3/21 at 11:10 AM, the DON ons should not be left with a sion without an order to self-				
	9 documented diagnose disorder (a mental illnes mood and behavior) and	nt dated 3/31/21 for Resident # es of dementia, schizoaffective es that can affect your thoughts, d hypothyroidism (underactive yed the Brief Interview for core of 15, indicating no				
	cup with several medica	n., observation of a medication ations including orange pills tray sitting to the left of the				
						Page <b>4</b> of <b>12</b>
					_	

**Facility Administrator** 

Date

Facility Name: Eldora Specialty Care  Facility Address/City/State/Zip  1510 22 <sup>nd</sup> Street Eldora, IA 51360  MW/DC  Rule or Code Section  Resident's recliner in her room. No nursing staff
Facility Address/City/State/Zip  1510 22 <sup>nd</sup> Street Eldora, IA 51360   Rule or Code Section  Rule or Violation Class  Rule or Code Section  Rule or Violation Class  Rule or Class
Rule or Code Section    Rule or Code Section   Class   Fine Amount   Correction date
Code Section Nature of Violation Class date  resident's recliner in her room. No nursing staff
resident's recliner in her room. No nursing staff
observed in the room or hallway outside of the resident's room.  4. The Annual Minimum Data Set (MDS) with reference date of 4/15/20 documented Resident#32 had diagnoses including Parkinson's disease, stroke, cognitive communication deficit, and dementia. The MDS documented the resident had a BIMS score of 6 out of 15, which indicated severely impaired cognitive skills. The MDS documented the resident could sometimes understand, and sometimes make concrete requests. The resident had difficulty focusing attention. The MDS documented the resident required extensive assistance of one staff member for transfers, walking in his room, and toilet use.
The Care Plan revealed the resident had a focus area of potential for falls secondary to impaired balance, visual impairment, and had a history of falls initiated on 4/13/18. The Care Plan included an intervention dated 11/2/18 that showed the resident was to have assist of 2 staff and walker for ambulation.  A Witnessed Fall Report dated 5/30/20 with time of 7:50 p.m., documented as follows; This nurse down
center hall way passing medication, certified nurses aide (CNA) called this nurse to the residents room as the resident had been lowered to the floor. Upon entering the room the nurse observed the resident sitting on the floor beside his bed with legs bent up.
Page <b>5</b> of Facility Administrator Date

Citation Number: #5334				Date: July 13,	2021
Facility Name: Eldora Specialty Care		Survey I	Dates: -24, 2021		
Facility Address/City/State/Zip					
1510 22 <sup>nd</sup> Street Eldora, IA 51360	MW/DC				
			T == -		
Rule or Code Natu Section	re of Violation	Class	Fine A	mount	Correction date
to the bed. Noted the 4.5 centimeter abrasic The area had been cle left open to the air. Not the residents legs. Per completed. Immediate documented as follow transferred by two star with a gait belt. The Fapredisposing situation transfer, the resident of (gripper socks), and a during the transfer. With documented as Staff is as preparing the report Nurse.  An Employee Coaching documented Staff A, F. Coached Staff K, CNA when transferring when to the wheelchair, and Staff A, RN, and Staff document.  The Nursing Guideline 1/2015 edition contain use in ambulation and documented gait belts allow for easier handli	should be used by all staff, to ng of residents which should both to residents and staff. The				
					Page <b>6</b> of <b>12</b>

Citation Numb #5334	er:				Date: July 13,	, 2021
Facility Name: Eldora Special			Survey I		1	
Facility Addres	ss/City/State/Zip			,		
1510 22 <sup>nd</sup> Stree	et					
Eldora, IA 513		MW/DC				
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	1		1	I.	L	
	available for use, when 2. Provide instructions to 3. Apply the belt around enough to eliminate the ribs.  4. Assist the resident to chair/bed/surface, with 5. Staff are to use proposifit with your knees and straight at all times.  6. Bring the resident to the with both hands, who 7. Use the gait belt during resident by grasping the resident by grasping the resident by grasping the resident by grasping the resident close to you easied the gait belt. This prothead or body injury. Camove the resident until the nurse.  A Case Summary with stacility Administrator do had been that all reside a gait belt for the safety Administrator document Staff K reported she had	to the resident. If the resident's waist snug possibility of sliding up on the the edge or the both feet flat on the floor. It both feet flat on the floor. It body mechanics: Bend and not your back, Keep your back a standing position by grasping hile remaining upright yourself, and ambulation to stabilize the leabelt firmly in the middle of the slightly behind the resident, where the belt belt is belt firmly in the middle of the leabelt firmly in the middle of the slightly behind the resident, where the belt is belt from lift for assistance, draw as him/her down with your hold the ects you and the resident from the lift for assistance and do not he/she has been assessed by submitted date 6/14/20 by the cumented the company policy and transfers of any type require				
	use it. I have one floating	ng around here somewhere".				
						Page <b>7</b> of <b>12</b>
Facilit	y Administrator	Dat	:e		_	

Citation Numb	er:				Date: July 13,	2021
Facility Name: Eldora Specia			Survey I		1	
Facility Address	ss/City/State/Zip		- Gane 21	Z-1, Z-0Z	•	
1510 22 <sup>nd</sup> Stree Eldora, IA 513		MW/DC				
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	witnessed by her and the The Orientation Checkli 5/17/19 for Staff K, CNA instructed on assist amin and resident transfers.  The Nurses Note dated documented the resident is right leg had been in resident to sit at the sident assist of two staff. The bear weight, and the resight upper leg, the staff bed.  An x-ray report dated 5/2 had a slightly displaced orthopedic consultation x-ray report documente (upper leg bone) demonsubcapital fracture.  The Nurses Note dated documented new orders ambulance to the emergence of the staff of th	ist: Nursing Assistant dated A documented she had been bulation with use of a gait belt,  5/31/20 at 6:00 a.m.  In thad yelled out in pain when noved, staff assisted the e of the bed, with maximum resident had not been able to sident complained of pain to the f then laid him back down in  //31/20 documented the resident fracture of the right hip, and a had been recommended. The d the resident had a fight femure a slightly displaced  5/31/20 at 1:35 p.m. s for the resident to be sent by gency room.  6/5/20 at 1:35 p.m., at had returned to the facility				
	On 6/22/21 at 10:45 a.n	n. Staff H, CNA, reported that				
						Page <b>8</b> of <b>12</b>
Facilit	ry Administrator	Dat	<u> </u>		_	

Citation Numb	er:				Date: July 13,	2021
Facility Name: Eldora Specia			Survey D			
Facility Addre	ss/City/State/Zip		June 21-24, 2021			
1510 22 <sup>nd</sup> Stree Eldora, IA 513		MW/DC				
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	on the resident before the On 6/22/21 at 10:45 a.m gait belt on her waist.  On 6/22/21 at 10:50 a.m Aide (CMA) reported the are used for all two personal two per	sist transfer the gait belt is put the transfer.  In. noted Staff H, CNA had a sharp, Staff D, Certified Medication at during a transfer gait belts son and one person transfers.  In. noted Staff D, had a gait belt sharp a staff G, CMA reported a one assist or even two assist 5/30/20, and always use a gait Staff G reported staff had been ear the gait belts if not in use.  In. Staff I, Licensed Practical at had been a transfer of one g on his status, for example in the touse one staff member, and maybe needed for safety.  In belts should be use with all				
	belt, at the time of his fa reported she heard Staf help, she entered the re	, Staff A, RN reported a transfer of one with a gait all on 5/30/20. Staff A, RN if K, CNA yell her name for esidents room and the resident did not use a gait belt when				Page <b>9</b> of <b>12</b>

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Date

**Facility Administrator** 

Citation Numb	er:		Date: July 13, 2021				
Facility Name: Eldora Special	ty Care		Survey Dates:  June 21-24, 2021				
Facility Addres	ss/City/State/Zip						
1510 22 <sup>nd</sup> Stree Eldora, IA 513		MW/DC					
Rule or Code Section	Natur	e of Violation	Class	Fine Amo	ount	Correction date	
	been in the room. Staff gait belt in the room, on CNA. Staff A, RN stated helped with the fall and that after the fall had be management team ther gait belt use.  On 6/22/21 at 12:03 p.n reported gait belts shown on 6/23/21 at 12:22 p.n should always be used two staff members to as On 6/23/21 at 12:33 p.n 5/30/20 the resident wo	n. the Director of Nursing ald be use for all transfers.  n. Staff B, reported gait belts for transfer that require one or exist a resident.  n. Staff C, RN reported that on all have been a one to two fers, and a gait belt should be type of transfers.					
						Page <b>10</b> of <b>1</b> 2	
Facilit	y Administrator	Dat	te				

Citation Number #5334	r:			Date: July 13	2021
Facility Name: Eldora Specialty Facility Address			Survey Dates:  June 21-24, 2021		
1510 22 <sup>nd</sup> Street Eldora, IA 51360		MW/DC			
Rule or Code Section	Natur	re of Violation	Class	Fine Amount	Correction date
					Page <b>11</b> of <b>12</b>
Facility	Administrator		Date		

Citation Number: #5334			Date: July 13, 2021				
Facility Name: Eldora Specialty Ca	re	_	Survey I	Dates: -24, 2021			
Facility Address/Cit 1510 22 <sup>nd</sup> Street	y/State/Zip		Julie 21	-24, 2021			
Eldora, IA 51360		MW/DC					
Rule or Code Section	Natu	re of Violation	Class	Fine Amount	Correction date		

Facility Administrator	Date

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