DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165248	A. BUILDING ______ B. WING ______	C 06/21/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ACRES CARE CENTER	309 RAILROAD STREET HULL, IA 51239

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS Correction date: 07/30/2018 The following deficiencies were identified during the investigation of complaint #76398-C and incident #75689-I and #76085-I completed on 5/25/18 through 6/21/18. Complaint #76398-C Not substantiated. Incident #75689-I and #76085-I Substantiated. (See Code of Federal Regulations (45 CFR) Part 483, Subpart B.)	F 000		
F 583 SS=E	Personal Privacy/Confidentiality of Records CFR(s): 483.10(h)(1)-(3)(i)(ii) §483.10(h) Privacy and Confidentiality. The resident has a right to personal privacy and confidentiality of his or her personal and medical records. §483.10(h)(l) Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident. §483.10(h)(2) The facility must respect the residents right to personal privacy, including the right to privacy in his or her oral (that is, spoken), written, and electronic communications, including the right to send and promptly receive unopened mail and other letters, packages and other materials delivered to the facility for the resident, including those delivered through a means other than a postal service.	F 583	This Plan of Correction constitutes my written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet the requirements established by state and federal law. Continued on page #2	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 07/30/2018

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

7/14/18
MW

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F 583	Continued From page 1 §483.10(h)(3) The resident has a right to secure and confidential personal and medical records. (i) The resident has the right to refuse the release of personal and medical records except as provided at §483.70(i)(2) or other applicable federal or state laws. (ii) The facility must allow representatives of the Office of the State Long-Term Care Ombudsman to examine a resident's medical, social, and administrative records in accordance with State law. This REQUIREMENT is not met as evidenced by: Based on record review, observation, staff interview and policy review the facility failed ensure residents privacy protected from pictures displayed on social media for 2 of 5 residents reviewed. (Resident #1 and #4) The facility identified a census of 48 current residents. Findings include: 1. According to the Minimum Data Set (MDS) dated 4/17/18 Resident #1 had diagnoses that included atrial fibrillation, hypertension, renal insufficiency and dementia. The MDS identified the resident had a BIMs (brief interview for mental status) score of 4 which indicated severe cognitive impairment. According to the MDS identified the resident required extensive assistance with bed mobility, transfers, dressing and toilet use. The care plan dated 4/30/18 and revised 5/1/18 directed staff to provide extensive assist of 2 staff per mechanical lift with transfers. Observation of pictures identified from Staff B's Snapchat revealed the resident in a sitting in the	F 583	✧ It is the policy of this facility not use social media to post, upload, send or otherwise share or disclose a photo or video of any resident without prior written permission of the resident or the resident's authorized agent as required by applicable law. To ensure resident #4 is provided with the right of secure and confidential personal and medical records, the use of social media in the facility is prohibited. ✧ Because all residents are afforded the right to privacy and provided dignity, all residents are potentially affected by the cited deficiency. Our human resources director completed in-service regarding abuse with social media for facility staff of the facility on June 26th, 2018. In addition, any staff absent were required to receive the information and sensitivity training prior to assigned work shift. ✧ To boost currently compliant operations and under the direction of the administrator, facility staff were educated regarding abuse, neglect, and exploitation awareness and prevention to emphasis the reporting policy and procedure and who the ANE Coordinator is. ✧ Effective June 26th, a quality-assurance program was implemented under the supervision of the human resource director to in-service, orientate, and monitor staff training regarding abuse, neglect, and exploitation of vulnerable persons.	07/30/2018

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NAME OF PROVIDER OR SUPPLIER: PLEASANT ACRES CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 309 RAILROAD STREET HULL, IA 51239	

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F 583	Continued From page 2 wheelchair. The back of the resident's head, left arm and shoulder visible and included his room with bed and recliner. Staff D, CNA (certified nursing assistant) and Staff S, CNA positioned with a sit stand lift to transfer the resident. (Snapchat is both a messaging platform and a social network. It is a mobile app you can download to your iPhone or Android smartphone. Users can "chat" with their friends by sending them photos, short videos up to 10 seconds long.) During an interview with Staff A, CNA on 6/12/17 at 4:00 PM he stated he used to be part of a Snapchat. He did see a picture of a resident sent over snap chat and identified Resident #1. Staff were also in the picture and were lifting the resident with a stand lift. He further stated Staff B took the picture and sent on Snapchat. He stated he did not report it to anyone. He stated he knew it had not been right but shrugged it off. He stated he had been re-educated on the facilities social media policy. During an interview with Staff B, CNA on 6/12/18 at 4:15 PM she stated approximately 2 months ago she took a picture of the back of Resident #1's head. She stated she had been taking a picture of a co-worker and the resident got into the picture and part of the back of his head in it. She sent the picture to the group on Snapchat. She further stated she had been educated prior to the incident that she can't post anything over social media. During an interview with Staff D, CNA on 6/12/18 at 4:30 PM he stated he received a Snapchat from Staff B which included the back of a	F 583	✧ New hires will sign that they have received this training and facility staff will be refreshed each year regarding what ANE is and the mandatory reporting to whom. Newly hired staff ANE training will be reported, documented and submitted to the quality-assurance committee or designated quality-assurance representative monthly times 6 months to ensure compliance.	

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F 583	Continued From page 3 resident's head, who may have been on the commode. Other staff were in the picture and he could recognize Resident #6. Staff D stated he did not report the picture and did not think of it as a big issue. 2. According to the MDS dated 2/21/18 Resident #4 had diagnosis that included cerebrovascular accident, cerebrovascular disease, dysphagia and diabetes mellitus. The MDS identified the resident had a BIMs score of 10 which indicated moderate cognitive impairment. According to the MDS the resident required extensive assistance with bed mobility, transfers, dressing and toilet use. The care plan dated with a Target date of 5/17/18 directed staff to observe changes in level of cognition, provide emotional support and avoid situations with possible feelings of failure. Observation of the pictures identified Staff T, CNA's Snapchat revealed a picture of Staff T in the residents room. The picture included items identified belonging to the resident. During an interview with the Assistant Director Of Nursing (ADON) on 6/12/18 at 3:45 PM she stated Staff C, CNA notified her of the pictures sent on Snapchat. She stated she reported the incident to the previous Administrator. She further stated the facility can not find documentation of education or write up completed. She reported during staff education they went over the Abuse policy and procedure and the social media policy and procedure. During an interview with Staff C, CNA on 6/12/17 at 4:20 PM she stated her family member had	F 583		

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F 583	Continued From page 4 reported to her that 2 pictures of the inside of the facility, one of which included Resident #4's first name had been sent to her on social media application, Snapchat by Staff Q, CNA. Staff C stated she immediately reported the information to the DON and ADON. During an interview with the Administrator on 6/21/18 at 11:00 AM he stated the incident that included Resident #4 had not been reported to The Department Of Inspections And Appeals (DIA). During an interview with the Business Office Manager on 6/21/18 at 1:10 PM she stated the incident that included Resident #4 occurred on 2/10/18. Policy Review Review of the Policy and Procedure titled Social Media dated 6/22/16 directed staff to do the following for social media, including but not limited to all social networking communications, electronic communications and electronic information. Examples of social media include, but are not limited to Facebook, Snapchat, linkedin, instagram, twitter, you tube, various blogs or any other sites where information is shared or stored in a public or non-protected forum. a. Do not use social media to post, upload, send or otherwise share or disclose a photo or video of any resident without prior written permission of the resident or the resident's authorized agent as required by applicable law. You must use the company's authorization form to obtain such prior written permission. This prohibition includes photos and videos where the resident is not easily identifiable (e.g. a photo of the resident's hand, a	F 583		

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F 583	Continued From page 5 close up photo of any part of a resident's body, or a photo of the back of a resident in the far background of the photo). It also includes photos or video where the resident is easily identifiable, whether in the photo or video itself or through a caption. This prohibition also includes photos and videos of residents participation in company-sponsored activities or events. When in doubt, assume that you do not have permission to share a photo or video of the resident. Keep in mind that the resident or the resident's authorized agency may revoke the permission at any time, which could require you to destroy all such photos or videos, including where posted. b. Do not use social media to post, upload, send or otherwise share or disclose the name of any resident (even if just the first name or a nickname) without prior written permission of the resident or the resident's authorized agent as required by applicable law. You must use the company's authorization for to obtain such prior written permission. When in doubt, assume that you do not have permission to share the resident's name. Keep in mind that the resident or the resident's authorized agency may revoke the permission at any time, which could require you to destroy all such photos or videos, including where posted. c. Do not use social media to post, upload, send, or otherwise share or disclose information about a specific resident, even without a photo, video, or name, that could allow any individual to identify the resident without prior written permission of the resident or the resident's authorized agent as required by applicable law. You must use the company's authorization form to obtain such prior written permission. This prohibition includes any resident's age, biographical background information, unique medical condition, treatment	F 583		

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F 583	Continued From page 6 or payment information, or other personal or identifiable information about a resident, whether alone or in concert with other information about the resident. This prohibition also includes any photos, videos, or other identifying information about the family members of any resident. Keep in mind that the resident or the resident's authorized agency may revoke the permission at any time, which could require you to destroy all such photos or videos, including where posted. Review of the Policy and Procedure titled revised 11/17 directed staff to do the following: a. Notify the Shift Supervisor immediately if suspected resident to resident abuse occurs. b. Report immediately with 2 hours (but not to exceed 24 hours), separate the alleged perpetrator from ALL potential victims and begin their investigation. All allegations of resident abuse shall be reported not later than two (2) hours after the allegation is made. All allegations of Resident neglect, exploitation, mistreatment, injuries of unknown origin and misappropriation shall be reported not later than 24 hours after the allegation is made, if the events that cause the allegation. c, At the conclusion of the facility's investigation, if the facility determines the allegation of abuse is not substantiated, the facility may allow the alleged perpetrator to resume working with residents. The alleged perpetrator's return to fully unrestricted work status will be dependent on the outcome of the DIA investigation.	F 583	Started on the following page	07/21/2018
F 689 SS=G	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that -	F 689		

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F 689	Continued From page 7 §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on record review, observation, resident interview and policy review the facility failed to always ensure residents remain free of injury during assisted transferring for 1 of 5 residents reviewed. (Resident #3) The facility identified a census of 48 current residents. Findings include: 1. According to the Minimum Data Set (MDS) dated 2/15/18 Resident #3 had diagnoses that included anemia, hypertension, hyperlipidemia, depression, kyphosis and dyspnea. The MDS identified the resident had a BIMs score of 15 which indicated intact cognition. According to the MDS the resident required extensive assistance with bed mobility, transfers, ambulation, dressing and toilet use. The resident's Care Plan initiated on 10/7/14, and revised on 11/17/15 identified the resident had a potential for falls related to a history of falls; altered balance, hypertension, osteoporosis, spinal stenosis, depression, and history of TIA/ CVA. A Focus area dated 8/1/17 revealed staff were instructed on proper use and importance of gaitbelt. The care plan also directed staff resident may be transfer independently in her room from recliner. Interventions included but not limited to the	F 689	◆ It is the policy of this facility to provide supervision and assistive devices to minimize accidents. Some of the ways that this has been achieved for resident #3 is reviewing assistive transfers with staff to include two assists when directed, gait-belt use, potential adverse effects associated with falls, and providing training for the awareness of those without balance control. For strength, balance, assisted transfers, gait training and maintenance, physical and occupational therapy was provided. ◆ Because all residents receiving physical assistance with transfers are potentially affected by the cited deficiency, on 04/20/2018, the director of nursing reviewed the deployment sheets for those residents to ensure that gait belts were addressed. In addition, a supply of gait belts was made readily available for staff members that needed them. The nurse supervisors observed that resident transfers involving staff assistance were conducted with the use of a gait belt. No other resident was affected.	07/21/2018

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F 689	Continued From page 8 following: Aides instructed on proper use and importance of a gaitbelt. 8/1/17. Monitor resident for safety techniques and provide cues/prompts and increased assistance as needed. Initated 10/7/14 and updated 3/23/18. Ensure resident has gripper socks or slippers on when going to BR or ambulating in room during the night and early AM. Initated 8/13/16, and updated 8/17/16. Ensure call light is pinned to the bed at bedtime. Add grip strips beside the bed. Initiated 8/7/17. Resident is to be one (1) assist with transfers and ambulation. Resident re-educated to use the call light and wait for assistance. Initiated 6/2/16. Staff to assist resident with HS cares as noted to be slightly unsteady. Initiated 4/26/16. According to the Resident Transfer Determination Form dated 2/26/18 at 8:15 AM Resident #3 required minimum assistance with gait belt and may use walker for transfers. The resident bears weight less than 4 seconds. Has upper body strength. Sits up with assistance. Unsteady. Follows directions. Review of the Progress Notes dated 4/19/18 at 6:36 PM revealed the CNA assisted the resident with transferring for supper. CNA turned to grab the wheelchair when she though the resident stable enough to stand. The resident fell on her left side under the bed, resulting in a gash to her left upper eye. Moderate amount of bloody exudate noted from the area. Vital signs and neuros in place. The ambulance called and the resident transferred to the Emergency room via ambulance. Review of the Incident Report dated 4/19/18 at	F 689	◆ To enhance currently compliant operations and under the direction of the director of nurses, on April 20th through the 25th of 2018 nursing staff received in-service training regarding state and federal requirements for minimizing accidents. The training emphasized the importance of using gait belts as indicated on the resident's care plan and assignment sheet. ◆ Effective April 25th of 2018, a quality assurance program was implemented under the supervision of the director of nurses to monitor resident transfers requiring staff assistance. The director of nurses or designated quality-assurance representative will perform the following systematic changes: Monitor random, weekly checking of residents who require assistance with transfers to ensure gait belts are being utilized. Any deficiencies will be corrected on the spot, and the findings of the quality-assurance checks will be documented and submitted at the monthly quality assurance committee meeting for further review and/or corrective action.	

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F 689	Continued From page 9 6:26 PM revealed the CNA (certified nursing assistant) assisted the resident to stand and walk to the dining room. The resident fell on her left side and her head hit the edge of the bed. The Emergency Room visit Notes dated 4/19/18 documented the resident had a fall (from standing height) she was walking back from the bathroom getting ready to sit in the chair and tripped and fell forward. They believe that she hit the left side of her head on the bed rail or the floor, she had quite a bit of bleeding. She ended up somewhat underneath the bed after the fall. They got her up and sat her in a chair. She did not remember anything about the fall. She complained of some back pain so EMS services were requested. The resident had ecchymosis of the left orbital ridge, and active bleeding of the left superior orbit, swelling over the left eye and tenderness of the superior orbital ridge left eye and zygomatic arch of the left cheek. Review of the Radiology Details dated 4/19/18 revealed the resident had acute fracture of the cervical spine an additional acute type 2 fracture through the base of the odontoid which is minimally distracted. The Major Injury Determination Form (MIDF) completed by the Registered Nurse on 4/20/18 at 7:30 AM documented: On 4/19/18 at 6:30 PM the resident fell in her room causing a cervical fracture. The CNA turned from standing resident to grab the wheelchair to follow the resident ambulating. The resident requires limited to extensive assistance with transfers, limited assistance with dressing, toileting, and ambulation. Independent with eating with set up assistance. The physician signed the MIDF on	F 689		

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F 689	Continued From page 10 5/15/18 at 2:00 PM and indicated: After reviewing the circumstances of the incident causing the injury, the previous functional ability of the resident and the resident's prognosis, I believe the injury sustained is a major injury. Review of the Progress Notes dated 4/21/18 revealed the resident arrived back from the hospital via med star. Resident placed in recliner. Could not bear any weight on left leg. Resident states that she has pain in her left hip area when Range Of Motion (ROM) performed. Call placed to family and physician. Family would like to wait for further treatment. Call placed to ER Physician ok to wait until Monday. Feels like this is related to what happened on Thursday (4-19-18). Resident denies pain when sitting in her recliner. Only with movement does she feel pain. Will continue to monitor. Progress Notes dated 4/22/18 at 3:40 PM documented the resident confused, with left hip pain and left foot turns in. Pain with movement. Unable to bear weight to left hip. Neuros reveals left pupil unresponsive and right pupil sluggish. Bilateral hand grips reveal left hand slightly weaker. Denies dizziness and headache. Resident sent to hospital by ambulance for evaluation. Progress Notes dated 4/22/18 at at 7:05 PM documented the resident admitted to acute care, with a pelvic fracture. Progress Note dated 4/25/18 at 11:55 AM documented resident returned to facility from hospital. Resident only bears weight to right leg. When interviewed on 6/13/18 at 3:30 PM the	F 689		

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F 689	Continued From page 11 resident stated Staff use the gait belt all the time now; prior to the fall they did not use it consistently. Review of the Incident Report dated 8/1/17 at 11:02 PM revealed the resident walked from the bathroom to her bed and lost strength in her legs. The resident lowered to the floor around the arms by the CNA. The gaitbelt not in place. The resident's legs in front of her and arms at her sides. Vital signs normal, denied headache or dizziness and no new injuries noted. Review of the Policy and Procedure titled Gait Belt dated 1/13 directed staff to do the following to minimize the risk of injury to the resident and caregiver while performing transfers and ambulating: a. Review any special precautions or approaches to take when using a gait belt with a resident. Obtain assistance as needed. b. Fasten the gait belt securely around the resident's waist wit the buckle at the side. The belt soul not come in contact with the resident's skin. c. Position one hand under the belt. d. Position the other hand under the belt. The belt should be snug. e. Transfer the resident using proper body mechanics. f. Remove belt. g. Assist resident to a comfortable position with call light in reach. h. Instruct resident to notify nursing staff for assistance with transferring and ambulation.	F 689		