Citation Numb #9047	er:				Date: January	y 21, 2021
Facility Name: Ivy at Davenpo			Survey Dates:  December 10, 2020 – January 5, 20			mary 5 2021
Facility Addres	ss/City/State/Zip	TAG, MW, VW	Becein	501 10, 20	zo oan	idai y 0, 202 i
800 East Rush Davenport, IA						
Rule or Code Section	Natur	e of Violation	Class	Correction date		
56.6(1) 58.19(2)a	director of the department appeals shall treble the 481—56.3(135C) for an I or class II violation occuperiod, if a citation was class II violation occurring penalty was assessed the 481—58.19(135C) Requesidents. The resident shall provide, as appronursing services under qualified nurses with an these rules: 58.19(2) Medication and a. Administration of all physician including oral, (to be injected by a practical nurse only); (I, DESCRIPTION:	repeated violations. The ent of inspections and penalties specified in rule y second or subsequent class surring within any 12-month issued for the same class I or ng within that period and a herefor.  Indired nursing services for the shall receive and the facility epriate, the following required for the 24-hour direction of cillary coverage as set forth in the directions as ordered by the instillations, topical, injectable registered nurse or licensed II)	Class	\$8,250( <sup>*</sup> \$24,750 (Held In Suspen	total	Upon Receipt
	for three out of twelve re	d to follow physician orders esidents reviewed (Residents cility reported a census of 56				
	Findings Include:					Page <b>1</b> of <b>4</b>

Facility Administrator

Date

Citation Number: #9047					Date: January	/ 21, 2021
Facility Name: Ivy at Davenpor	rt		Survey		1 020 – Jan	nuary 5, 2021
Facility Addres	s/City/State/Zip	TAG, MW, VW	Booms	70. 10, 2	020 Gai	.ua.y 0, 2021
800 East Rusho Davenport, IA						
Rule or Code Section	Nature	e of Violation	Class	Fine A	Amount	Correction date
	Change Assessment co documented the followin cardiorespiratory conditi intertrochanteric fracture (an abnormal heart rhyth resident as cognitively in Mental Status (BIMS) so extensive staff assistant living.  APIXABAN/ELIQUIS (a thinner): The Care Plan dated as admission date of 12/12 with the problem of their therapy and directed stamedications as ordered side effects and effective A review of the facility N following: a. On 11/21/2020 at 5:00 views of front, unable to too much pain. View do front formal neck. Called received orders to send evaluate and treat.	ing diagnoses: debility, ons, displaced eleft femur, atrial fibrillation of the intact with a Brief Interview for core of 13 out of 15, required the with most activities of daily medication used as a blood last revised 12/21/20 for 1/20 identified the resident resident on anticoagulant of the physician. Monitor for eness each shift.  Solution of the element of the diagram of the diagram of the element of the				Page <b>2</b> of <b>4</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

Date

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 #9047	er:			Date: January	<i>,</i> 21, 2021			
Facility Name: Ivy at Davenpo	ort		Survey	Dates:				
Facility Addres	ss/City/State/Zip	TAG, MW, VW	Decemb	December 10, 2020 – January 5, 2021				
800 East Rush Davenport, IA								
Rule or Code Section	Nature	e of Violation	Class	Fine A	Amount	Correction date		
	up on resident, nurse re this morning for fracture Review of the Discharge for Resident #4 dated 1 admitted 11/21/20 and to the facility. Admission pain secondary to a left fracture status post fall, to Chronic Obstructive Fexacerbation and COVII the resident underwent Fixation (ORIF - surgica 11/24/20, rapid responsive resident complained of I resident identified with A abnormal heart rhythm) response) and started with medication to control he transitioned to oral Amic back to the facility the real Amic day to continue 5 morn daily and continue on he Apixaban/Eliquis, which be 5 mg by mouth, twice	e Summary from the hospital 1/26/20 showed the resident discharged on 11/26/20 back of diagnoses included left hip intertrochanteric femur respiratory failure secondary Pulmonary Disorder (COPD) Dipneumonia. On 11/22/20 Open Reduction Internal I repair) of the left hip. On the was called after the eft-sided chest pain. The AFib (atrial fibrillation an with RVR (rapid ventricular with an Amiodarone that is a Amiodarone with an Amiodarone when discharged with an Amiodarone with an Amiodarone when discharged with an Amiodarone when a Amioda				Page <b>3</b> of <b>43</b>		
Facilit	y Administrator		ite		_			

Citation Numb #9047	er:				Date: January	/ 21, 2021
Facility Name: Ivy at Davenpo			Survey		1 020 – Jan	nuary 5, 2021
Facility Address	ss/City/State/Zip	TAG, MW, VW	Decemb	) <del>C</del> I 10, 20	020 – Jan	lual y 3, 2021
800 East Rush Davenport, IA						
Rule or Code Section	Nature	e of Violation				Correction date
	related to PE (pulmonar had been documented. 7:12 p.m. to 11/28/20 at out as given during this Eliquis restarting once the hospital on 11/26/20, per and was not given the result of the hospital post-surgical of the post of the hospital post-surgical of the post of the hospital post-surgical of the post of the hospital stay of the chest was obtained and was sucardiologist, but she did of the chest was obtained scattered pulmonary emdrip for possible pulmonary emdrip for possible pulmonary.	provided by the Director of the resident returned from al repair of a hip fracture on d to the hospital on 12/6/20.  Physician's History and at 10:55 p.m. had nt recently admitted to the prough 11/26/20 with a left derwent Open Reduction surgical repair) on 11/22/20. also had AFib (atrial neart rhythm) with RVR (rapid		Page <b>4</b> of <b>4</b>		
Facilit	y Administrator					<b>9</b> - 2- 2

Citation Numb	er:				Date: January	<i>,</i> 21, 2021
Facility Name: Ivy at Davenpo			Survey	Dates:		
	ss/City/State/Zip	TAG, MW, VW	Decemb	er 10, 20	020 – Jan	uary 5, 2021
800 East Rush Davenport, IA						
Rule or Code Section	Nature	e of Violation	Class	Fine A	Amount	Correction date
	following order: a. Apixaban tablet 5 mg related to PE - no start of b. No order transcribed 12/14/20. c. The first dose of Apixagiven till 12/14/20 at 8:0  A review of the Physicia hospital transfer form da Apixaban (Eliquis/blood mouth twice daily.  AMIODARONE HCL (arrhythm of the heart):: A review of the Care Pla address the resident witneed to administer Amic effects to monitor for.  A review of the Nurse's the following: On 12/18/20 1:03 p.m., order completed by the The resident returned for conflicting Amiodarone with the cardiologist price.	to MAR from 12/1/20 through aban not documented as 0 p.m.  In Orders documented on the ated 12/12/20 had orders for thinner) 5 mg (milligrams) by a medication affecting the an revealed it failed to h cardiac history and the odarone and potential side  Notes had documentation of clarification on Amiodarone DON.  In the hospital with orders, needs to be clarified				Page <b>5</b> of <b>4</b> 3
Facilit	y Administrator		te			

Citation Numb	er:				Date: January	<i>y</i> 21, 2021
Facility Name: Ivy at Davenpo			Survey		1 020 – Jan	uary 5, 2021
Facility Address	ss/City/State/Zip	TAG, MW, VW	Decemb	)Ci 10, 2	020 Jan	idai y 3, 2021
800 East Rush Davenport, IA						
Rule or Code Section	Nature	e of Violation	Class	Fine A	Amount	Correction date
	for 30 days. Amiodaron for 5 days followed by 20 A review of the Decemb following orders: a. Amiodarone HCL tabl mouth two times a day f given at 8:00 a.m. on De 18 and at 8:00 p.m. on De 18 and at 8:00 p.m. on De 19 and at 8:	nurse can fax the orders to dications need to be entered er for the pharmacy to				Page <b>6</b> of <b>4</b>

Facility Administrator

Date

Citation Numb #9047	er:				Date: January	<i>,</i> 21, 2021
Facility Name: Ivy at Davenpo			Survey		)20 – .lan	uary 5, 2021
Facility Addres	ss/City/State/Zip	TAG, MW, VW	Decemb	701 10, 20	idai y 3, 2021	
800 East Rush Davenport, IA						
Rule or Code Section	Nature	e of Violation	Class	Fine A	mount	Correction date
	During an interview on 1 LPN, reported she though into the computer, hower residents admitted that sadmitted the resident is orders into the computer never been trained at the recall the orders for Apis she took care of 49 residents admitted the resident she took care of 49 residents and interview on 12/22 Registered Nurse (RN), admitted the resident she computer and fax them care of the resident the the hospital on 11/27/20 check the orders, howeved happen. Once the order checked, they are place a cupboard behind the New system to show that the checked when looking at the can take weeks after the scanned into the computer orders for Resident #4 for During an interview on 10 DON reported the nurse responsible for entering	12/22/21 at 4:41 p.m., Staff M, ght she entered the orders ever, there had been 3 same day. The nurse who responsible for entering the r. She also reported she had e facility. She could not kaban and Amiodarone as dents.  1/20 at 4:20 p.m., Staff V, reported the nurse who rould enter the orders into the to the pharmacy. She took day after she returned from the nurse should double ever, this does not always as have been entered and do into a basket that is kept in Nurse's Station. There is no orders have been double at the MARs on the computer. The actual order is written and ther. She could not recall the or Apixaban and Amiodarone.				Page <b>7</b> of <b>4</b>

Facility Administrator Date

Citation Number: #9047					Date: January	<i>,</i> 21, 2021
Facility Name:			Survey	Dates:		
	ss/City/State/Zip	TAG, MW, VW	Decemb	uary 5, 2021		
800 East Rush Davenport, IA						
Rule or Code Section	Nature	e of Violation	Class	Fine A	Amount	Correction date
	received Eliquis 2.5 mg admitting nurse forgot to medications. Regarding Amiodarone, the DON for significant change from thospitalized. The resident mg one tab BID (twice do that was missed. The ofform the hospital was 20 for 30 days, then it also tabs) by mouth twice da one tab mg by mouth or had the floor nurse call the directed us to hold the Ahad been clarified with the tresident came returned cardiologist wanted her once a day. The orders as soon as she returned verified Amiodarone 200 been given on 12/13/20 doses after that. The orfrom the computer that sediscontinued.	g the order for the bound the order was a what she had prior to being ent should have received 200 laily). This was another order reder when she came back 00 mg one tablet once daily says 400 mg (200 mg x 2 ily for 5 days followed by 200 nce daily. On 12/17/20, she the medical director, who later amiodarone until the order the cardiologist. When the from the hospital, the to have 200 mg one tablet should have been clarified a from the hospital. She of mg one tab one dose had She did not receive any ders were not discontinued should have been				Page <b>8</b> of <b>4</b>
Facilit	y Administrator		 ate			

Citation Numb	per:				Date: January	/ 21, 2021
Facility Name: lvy at Davenpo			Survey		)20 – .lan	uary 5, 2021
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800 East Rush Davenport, IA						
Rule or Code Section	Nature	e of Violation	Class	Fine A	mount	Correction date
	and did not have a Care her death on 11/27/20.  A review of the Physicia Summary Report dated revealed the following o a. Budenoside-formoter mcg/act 2 puff inhale orab. Ferrous sulfate 325 mevery morning. c. Furosemide 40 mg ord. Gabapentin 300 mg of or 14 days. e. Lidocaine patch 5% a bedtime for 30 days, apf. Montelukast Sodium to for asthma for 30 days. g. Pantoprazole sodium daily. h. Paroxetine Hcl 30 mg for 30 days. i. Potassium chloride EF meQ (milliequivelents) gday.  Review of the November	itted to the facility 11/25/20 Plan documented prior to  n Orders on the Order 11/01/20 to 11/30/20 rders dated 11/26/20: ol fumerate aerosol 160-4.5 ally two times a day. ng (milligrams) one tablet ne tablet one time a day. one capsule two times a day upply to back topically at				Page <b>9</b> of <b>4</b>

Facility Administrator

Date

Citation Number: #9047					Date: January	/ 21, 2021		
Facility Name: Ivy at Davenpo	ort		Survey	Dates:				
	ss/City/State/Zip	TAG, MW, VW	Decemb	December 10, 2020 – January 5, 20				
800 East Rush Davenport, IA								
Rule or Code Section	Nature	e of Violation	Class	Fine A	mount	Correction date		
	DON reported the reside the evening shift, the ph medications prior to her unsure why. The expect to notify the DON, look f call the pharmacy again the facility within 2 hours reviewing the November administration records the ordered had been signed. In an interview on 12/28 Consultant Pharmacist in had been entered on 11 been closed for the holic called the pharmacy on appear that they called the available 24 hours. The called before the 11/27/2 to be filled when the pharmacy on Friday 11/27/20. The that this resident had be admission date of 11/26 orders came over. The were closed that day an 12/27/20. If orders are concept as 24 hour Pharm have sent a 3 day supplements.	hat none of the medications d out as administered.  /20 at 12:24 p.m., the reported there are orders that /27/20 and the pharmacy had day. The facility should have call number and it does not the on call service which is the is no record that they 20. The orders were waiting armacy staff returned to work be never received notification then admitted. It showed an /20, which is when electronic Consultant Pharmacist stated d we filled the orders on alled after hours, our no Des Plaines, Illinois. There acy near the facility that could y. He also reported there and a difficult time contacting				Page <b>10</b> of <b>4</b> :		
Facilit	y Administrator	Da	ite		_			

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Date

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Facility Name:			Survey I	Survey Dates:				
	ss/City/State/Zip	TAG, MW, VW	Decemb	cember 10, 2020 – January 5, 2021				
800 East Rush Davenport, IA								
Rule or Code Section	Nature	e of Violation				Correction date		
	slightly moistened cover roll gauze, tape. Change every other day and as a leg.  Review of the Novembe administration record (Ta. An order for Left later cleanse with normal sali slightly moistened cover roll gauze, tape. Change every other day and as a b. Surgical shoe to the least other day for wound care. The treatments not sign November 2, 4, 10, 18, 2d. Order for Right lateral saline apply hydrofera be with Vaseline gauze, 4 and dressing 3 times per we needed.  e. Surgical shoe to Right. One time a day every f. Treatments had not be on November 2, 4, 10, 1.  A review of the December following:  a. Order for Left lateral for with normal saline apply	re apply hydrofera blue with Vaseline gauze, 4 x 4, and dressing 3 times per weekneeded surgical shoe to left ar 2020 treatment AR) revealed the following: al foot: Left Lateral foot ne apply hydrofera blue with Vaseline gauze, 4 x 4, and dressing 3 times per weekneeded. The second of the second				Page <b>12</b> of <b>43</b>		
						Faye 12 01 43		
Facilit	y Administrator	Da	ate					

Citation Numb	er:		Date: Janua			/ 21, 2021	
Facility Name: Ivy at Davenpo			Survey	Dates:			
Facility Addres	ss/City/State/Zip	TAG, MW, VW	December 10, 2020 – January 5, 202				
800 East Rush Davenport, IA							
Rule or Code Section	Nature	e of Violation	Class	Fine A	mount	Correction date	
	every other day and as a b. Surgical shoe to left leday for wound care. c. Treatments had not be on December 6, 10 and d. Order for Right lateral hydrofera blue slightly m gauze, 4 x 4, roll gauze, times per week- every one. Surgical shoe to right other day for wound care f. Treatments not signed December 6, 10 and 12.  During an interview on 1 resident reported he went they say the dressings of the dressings for at leas arrived to the facility, he wounds, they would begoinfected as the nurses we dressings. He reported the dressings would be on the facility of the dressings would be on the facility of the dressings would be on the facility. It is an interview on 12/14 reported the nurses did 12/13/20. Usually most so busy, they end up no wounds got infected the	een signed out as completed 12. I foot: cleanse with NS apply noistened cover with Vaseline tape. Change dressing 3 ther day and as needed. leg. one time a day every e. I out as completed on 2/10/20 12:06 p.m., the not to the Wound Clinic and need to be changed every hunt down the nurse to The nurses are not changing t 3 days. When he had first developed an infection to the pin to heal but later became were not changing the 4 days would go by before				Page <b>13</b> of <b>43</b>	
Facilit	y Administrator	Da	 te				

Citation Numb #9047	er:				Date: January	<i>,</i> 21, 2021
Facility Name: Ivy at Davenpo			Survey		020 – Jan	uary 5, 2021
	ss/City/State/Zip	TAG, MW, VW		, o. 10, <u>-</u>		.ua.y 0, 2021
800 East Rush Davenport, IA						
Rule or Code Section	Nature	e of Violation	Class	Fine A	Amount	Correction date
	not get changed and the again since he is diabetically an interview on 12/14 reported the resident's of to be changed every othout on the treatment addiction on the treatment addiction and the distriction of the undated Medication Administration following:  a. Review MAR (medical identify medication to be beautify medication to be beautify medication to be beautify medication with manufacturer specience. Sign the MAR after admedications requiring visigns onto the MAR.  A review of the facility produce of April 2007 and the Receipt Record had door and receipt records.  b. The medication order as. The prescription beautify of the resident's nation of the control of the resident's nation of the control of the resident's nation. The resident's nation of the control of the resident's nation of the control of the resident's nation. The resident's nation of the control of the resident's nation.	dressings had been ordered her day and should be signed ministration record when facility policy titled: on had documentation of the ation administration record) to endoministered. In as ordered in accordance fications. It distributes that signs, record the vital olicy with the last revision titled: Medication Orders and cumentation of the following: I maintain medication order dreceipt record shall contain: number;				Page <b>14</b> of <b>4</b>

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Facility Administrator Date

Citation Numb	er:				Date: January	y 21, 2021	
Facility Name: Ivy at Davenpo			Survey	Dates:			
	ss/City/State/Zip	TAG, MW, VW	Decem	December 10, 2020 – January 5, 2021			
800 East Rush Davenport, IA							
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date	
58.28(3)e	order. c. The Director of Nursir individuals to be respon medication order/receipted. Medications should be on the dispensing pharme. Emergency medicationals obe entered onto the record. f. The receiving nurse streceived on the receipted shall verify each delivered the order form. Controll verified in the presence drug order. g. Noted discrepancies a dispensing pharmacy. h. The facility shall retain records for at least one by applicable law and responsible shall retain records.	antity received; and of the person receiving the ang services will designate sible for completing t forms. e ordered in advance, based macy's required lead time. ons ordered/received shall e medication order and receipt thall record medication orders record. The receiving nurse ed medication and check off ed substances shall be of the person delivering the shall be reported to the an medication order/receipt year or as otherwise required egulations.					
33.20(0)0	facility shall be respon	ety. The licensee of a nursing nsible for the provision and environment for residents and	Class I	\$9,000 (Held Ir Suspen		Upon Receipt	
					_	Page <b>15</b> of <b>43</b>	
Facilit	y Administrator	Da	 ate		<del></del>		

Citation Numb #9047	er:				Date: January	<i>,</i> 21, 2021
Facility Name: Ivy at Davenpo			Survey Dates:  December 10, 2020 – January 5, 20			uary 5, 2021
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800 East Rush Davenport, IA						
Rule or Code Section	Nature	e of Violation	Class	Fine A	Amount	Correction date
	to protect against hat elements in the environmediate lements in the environments of the elements of the environments of the elements	receive adequate supervision zards from self, others, or ment. (I, II, III)  amily and staff interviews and y failed to prevent falls two residents (Residents #4 revent a fall out of the ident #14) of six residents d sample. The facility residents.  Important Set (MDS) Significant mpleted 11/28/20 and diagnoses: debility, ons, displaced a left femur, atrial fibrillation from). It also identified the intact with a Brief Interview for core of 13 out of 15, required the with most activities of daily the the target date of 11/15/20				Page <b>16</b> of <b>4</b>

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Date

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Facility Name: Ivy at Davenpo			Survey		120 – Jan	uary 5, 2021
Facility Address	ss/City/State/Zip	TAG, MW, VW	Decemb	)CI 10, 20	720 — Jan	idai y 3, 2021
800 East Rush Davenport, IA						
Rule or Code Section	Nature	e of Violation	Class	Fine A	mount	Correction date
	fractured humerus. Inter resident requires limited between surfaces and a A review of the Risk Ma the resident fell on 11/2 documentation of the fold This nurse was informed entered the room, obser buttock bilateral lower expected out, resident had gown a socks. Certified Nurse was assisted the resident to stood up, the CNA pulle incontinent brief when rethe resident fell back. Not incident. The report did not include Personal Care Aide (PC did not place a gait belth had reported to this nurse a see the resident to evaluating to the left leg. The after a fall on the left sid patient via webcam and onset of left hip pain. X-post fall and complaint of	nagement Report identified 1/20 at 12:00 p.m. and had llowing: d by staff resident had fallen, red resident sitting on xtremities extended straight on and non-skid slipper Aide (CNA) stated she get changed, the resident d up the resident's esident lost her balance and lo injuries observed at time of de documentation to show the A a non-certified Nurse Aide) on the resident which she se and to the surveyor.  ractitioner (NP) Notes 3:30 p.m., the NP asked to uate after falling and possible NP asked to assess patient e of the body, NP assessed patient is complaining of new-ray of the left femur status of pain to left leg. NP e x-ray shows a fracture she				Page <b>17</b> of <b>4</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).

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	ss/City/State/Zip	TAG, MW, VW	Decemb	er 10, 20	020 – Jan	uary 5, 2021
800 East Rush Davenport, IA						
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	following: a. On 11/21/2020 at 5:0 views of front, unable to too much pain. View do front formal neck. Called received orders to send evaluate and treat. b. On 11/21/20 5:20 p.m resident to the emergen paperwork given to med c. On 11/22/20 10:53 a. on resident, nurse repor morning for fractured fel d. On 11/26/20 9:09 p.m resident hydrocodone of order to be filled by pha  A review of the timeline Nursing (DON) revealed the hospital post-surgica 11/26/20.  In an interview on 12/14 LPN reported she did no fell and had been inform day after when she retur reported to her that she resident before she fell.	to the emergency room to  a. Medic here to transport the cy room, appropriate lics.  m. called hospital to follow up ted resident had surgery this mur  a. per report at shift change, rder requires prescription in rmacy  provided by the Director of a the resident returned from all repair of a hip fracture on  /20 at 10:20 a.m., Staff S, of work the day the resident hed of the resident's fall the rned to work. Staff E did not put a gait belt on the The resident was not a fall, she had to have the				Page <b>18</b> of <b>4</b> :
Facilit	y Administrator	Da	ate			

Citation Numb	oer:				Date: January	y 21, 2021
Facility Name			Survey	Dates:		
Ivy at Davenp		740 100 100	December 10, 2020 – January 5, 20			nuary 5, 2021
Facility Addre	ss/City/State/Zip	TAG, MW, VW				
800 East Rush						
Davenport, IA	52803					
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	During an interview on 1	12/14/20 at 2:24 p.m., Staff D,				<b>I</b>
	the resident fell and fract (non-certified nurse aided who had already been so when Staff E attempted incontinent brief, the roc resident lost her balance After the aides informed resident's room and four Staff E beside her. Staff place a gait belt on the in	e and fell on her bottom.  I her, Staff D went to the nd her sitting on the floor with E did report that she did not resident				
	of either leg. She did co The aides used a gait be the chair. After she noti	of have any outward rotation omplain of pain to the left leg. elt to assist the resident up to fied the Nurse Practitioner ctured femoral head, she her to the hospital.				
	Certified Medication Aid fall on 11/21/20, the res to pivot transfer with ass	d/20 at 3:18 p.m., Staff H, le (CMA), reported prior to the lident had been Care Planned sist of two using a gait belt. dependent prior to this fall, sist of two to transfer.				
	E, PCA, reported she had resident had been indep the floor helping the resident decide sideways. She did not p	12/15/20 at 11:37 a.m., Staff ad been informed that the bendent. She was kneeling on ident pull up her incontinent ded to stand up then fell lace a gait belt on her. The side, no bleeding and she				
						Page <b>19</b> of <b>4</b>
Facili	ty Administrator		 te			

Citation Numb	er:				Date: January	21, 2021
Facility Name: lvy at Davenpo			Survey		)20 – .lan	uary 5, 2021
Facility Addres	ss/City/State/Zip	TAG, MW, VW	Decemb	, ci 10, 2	720 Gail	uary 5, 2021
800 East Rush Davenport, IA						
Rule or Code Section	Nature	e of Violation	Class	Fine A	mount	Correction date
	room and helped Staff E the wheelchair.  In an interview on 12/15 PCA, reported Resident around her and use a wher. She did not always get up on her own.  During an interview on 1 J, PCA reported the resiherself and that staff she her up.  In an interview on 12/28 reported if the aide had resident had been care would expect the aide to resident before transfer.  2. Resident #12's MDS completed 11/27/20 dood diagnoses: progressive heart failure and pneum resident as cognitively in 6 out of 15 and required most activities of daily live.	n Staff D, LPN entered the transfer the resident back to //20 at 11:53 a.m., Staff I, #4 should have a gait belt alker when the aides transfer cooperate and would try to //2/15/20 at 12:29 p.m., Staff dent should not get up by build use the gait belt to help //20 at 9:12 a.m., the DON not been sure of how the planned to transfer, she oplace a gait belt around the sumented the following neuro conditions, COVID-19, onia. It also identified the mpaired with a BIMS score of limited staff assistance with ving.				Page <b>20</b> of <b>4</b>

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Citation Number #9047	er:		Date: January			/ 21, 2021	
Facility Name: Ivy at Davenpo	ort		Survey	Dates:			
	ss/City/State/Zip	TAG, MW, VW	December 10, 2020 – January 5, 2021				
800 East Rush Davenport, IA							
Rule or Code Section	Nature	e of Violation	Class	Fine A	mount	Correction date	
	of the pelvis and hand a monitor/document/reporsigns/symptoms or come A review of the nurse's ra. On 12/11/20 at 10:14 and increased complain area, unable to bear we Noted anatomical differeb. On 12/11/20 at 10:43 emergency room for furt post fall on 12/10/20. The documentation of an ass 12/10/20. c. On 12/20/20 at 5:32 px-ray ordered for right had octor. The notes did not have a not the resident sustained. An observation on 12/15 revealed Staff K, PCA a resident's room as the resident's room as the resident of the bathroo arm and did not place the observed in the resident resident. Staff F reported week which resulted in a assisted the resident to placed a gait belt around	t as needed the plications related to arthritis.  notes revealed the following: a.m., post fall on 12/10/20 t of pain to the left hip/femur ight or walk this morning. ence from the left to the right. a.m., resident sent out to the ther evaluation and treatment is enotes did not have sessment of the fall on b.m., resident fell on 12/19/20, and. Results called to the documentation of whether or ed a fracture to the right hand.  5/20 beginning at 9:53 a.m. and Staff F, LPN entered the esident had been standing in both assisted the resident to m, holding her under each is gait belt (which was it's closet) around the d the resident had a fall last a pelvic fracture. After both sit on the toilet, Staff K then d the resident's waist.				Page <b>21</b> of <b>4</b> 3	
Facilit	y Administrator		 te		_		

Citation Numb	er:		Date: January 21, 2021				
Facility Name:			Survey	Dates:	1		
	ss/City/State/Zip	TAG, MW, VW	December 10, 2020 – January 5, 202			nuary 5, 2021	
		TAG, MIVV, VVV					
800 East Rush Davenport, IA							
Dula ar					Correction		
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date	
	reported she had not be fell on 12/20/20. She re that there always needs hallway to keep an eye constantly got up on her to call for help. The res right hand, and prior to tindependent, she should with the gait belt. She a documentation in the Nubeen identified.  During an interview on reported she would exprafter a resident fell on the guides them what to do document on the Progre head to toe assessment what happened, should 15 minutes four times, enhourly four times then on also reported she would the physician whether of fracture. She then reported she would the physician whether of the state of the state of the she would the physician whether of the state	on the resident as she rown and did not understand ident had a fracture to her that fall had not been d have had assist of one staff also reported there should be urse's Notes if a fracture had a fract				Page <b>22</b> of <b>4</b>	
Facilit	y Administrator	Dat				3	

Citation Number #9047	er:				Date: January	<i>,</i> 21, 2021
Facility Name:	r4		Survey	Dates:		
Ivy at Davenpo	ss/City/State/Zip	TAG, MW, VW	Decemb	December 10, 2020 – January 5, 202		
•		TAG, WIVV, VVV				
800 East Rusho Davenport, IA						
Rule or Code Section	Nature	e of Violation	Class	Fine A	mount	Correction date
		laced on the facility's Fall				
	to the resident's room. d. Place Fall Prevention wheelchair. e. Implement interventio protocols. f. Provide interventions t factors measured by the medications, psychologi change in functional stat g. Provide additional interesident's assessment. h. When any resident ex will: 1. Assess the resident. 2. Complete a post-fall a 3. Complete an incident 4. Notify physician and f 5. Review the resident's indicated. 6. Document all assessr 7. Obtain witness statem A review of the policy wi March 2018 and titled: F had documentation of th - Resident-Centered App and Fall Risk a. The staff with the input	Indicator on the name plate indicator on resident's as from low/moderate risk that address unique risk that assessment tool: cal, cognitive status or recent tus. The reventions as directed by the experiences a fall, the facility assessment. The report amily. The care plan and update as ments and actions. The reners in the case of injury. The last revision date of falls and Fall Risk, Managing				
			<u> </u>			Page <b>23</b> of <b>4</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

Citation Number #9047	er:		Date: January			<i>,</i> 21, 2021	
Facility Name: Ivy at Davenpo	rt		Survey	Dates:			
Facility Addres	ss/City/State/Zip	TAG, MW, VW	Decemb	December 10, 2020 – January 5, 2021			
800 East Rusho Davenport, IA							
Rule or Code Section	Nature	e of Violation				Correction date	
	each resident at risk or valuation b. If a systematic evaluation identifies several possibly choose to prioritize intermediate c. If falling recurs despite implement additional or indicate why the current d. If underlying causes of corrected, staff will try value on assessment of the natural falling is reduced on for the continuation of the unavoidable.  e. In conjunction with the will identify and implement try to minimize serious of the continuity of the will identify and implement try to minimize serious of the conjunction with the will identify and implement try to minimize serious of the conjunction with the will identify and implement try to minimize serious of the conjunction with the will intervent to minimize serious of the conjunction of the conjunction with the conjunction with the staff will continue consider whether these problem that required the c. If the resident continuity the situation and whether or change current intervattending physician will be considered as the conjunction of the conjunction with the conjunction of the conjunction of the conjunction with the will identify and implement the conjunction with the will identify and implement the conjunction of the conjunct	ation of a resident's fall risk ble interventions, the staff may eventions.  The initial interventions, staff will different interventions, or approach remains relevant. It cannot be readily identified or arious interventions, based ature or category of falling ar stopped, or until the reason are falling is identified as the attending physician, staff ent relevant interventions to consequences of falling.  The falls and Fall Risk and document each anterventions intended to as of falling.  The energy of the interventions or remeasures are still needed if a tentervention.  The intervention interventions or remeasures are still reventions er to fall, staff will re-evaluate er it is appropriate to continue entions. As needed, the				Page <b>24</b> of <b>43</b>	
Facility	y Administrator	Da					

Citation Numb #9047	er:				Date: January	/ 21, 2021	
Facility Name:			Survey I	Dates:			
Facility Addres	ss/City/State/Zip	TAG, MW, VW	Decemb	December 10, 2020 – January 5, 202			
800 East Rush Davenport, IA							
Rule or Code Section	Naturo	e of Violation	Class Fine Amount Correction			Correction date	
	for conclusions that speexist that continue to preduce to falls.  3. The MDS Assessme Resident #14 shown dia Gastroesophageal Reflutyperlipidemia, Thyroid The MDS indicated Res 15 on the BIMS, indicaticognitive impairment. Tresident needed extensiof 1-2 staff with transfers personal hygiene. The high risk for skin damage associated skin damage During observations of the following noted:  a. At 12/14/20 at 11:30 ptable in the main dining and eyes closed. Reside 12:00 p.m.  b. At 2:30 p.m., sitting and dining area slumped for head down on the table. c. At 3:30 p.m., laying faront of wheelchair in the	gnoses include Anemia, ix Disorder, Diabetes, Disorder and Parkinson's. ident #14 scored a 5 out of ng the resident severe he MDS indicated the ve assist to total dependence is, bed mobility, dressing and MDS indicated the resident is e and has moisture is.  The resident #14 on 12/14/20 or.m., sitting in wheelchair at a area with head down on table ent remained at the table at the atable in activity in the main ward in her wheelchair with the resident in a staff D, ent and directed CNA's to get					
	Tesident back into whee	ionan and then to bed.				Page <b>25</b> of <b>4</b> 3	
Facilit	y Administrator	Da	 te		_		

Citation Numb	er:				Date: January	<i>,</i> 21, 2021
Facility Name: Ivy at Davenpo			Survey		020 – Jan	uary 5, 2021
Facility Addres	ss/City/State/Zip	TAG, MW, VW	20001111			
800 East Rush Davenport, IA						
Rule or Code Section	Nature	e of Violation	Class	Fine A	Amount	Correction date
	noted the following entria. On 12/1/20 revealed I in front of her wheelchair reaching for item on cab when slid out of the chair b. On 12/4/20 reveals the wheelchair onto the floonurse observed her on h.c. On 12/8/20 revealed the floor next to her bed. d. On 12/14/20 revealed laying in prone position wheelchair. Resident has socks incontinent of uring description.  The Care Plan for Resident of 12/3/20 indicated she related to gait and balant fails to reveal any intervent wheelchair or positioning.  During an interview with Occupational Therapy A have not seen the residerelated to falls. They did Resident #14 for wheelch extremity strength but she 11/20/20.  During an interview on 1	Resident #14 was found lying r. Resident states she was sinet that is sitting in hallway ir.  The Resident #14 fell out of r in the main dining room the ner stomach. The resident was found on the last resident was found on the last resident #14 was observed with bilateral feet under her don pants, shirts, gripper re. Resident unable to give lent #14 with a revision date is at moderate risk for falls receproblems. The Care Plan rentions regarding falls out of grinterventions.  Staff A, Certified resistant (COTA) states they rent for wheelchair positioning deprovide treatment for shair mobility and upper				Page <b>26</b> of <b>4</b>

Facility Administrator Date

Citation Numb #9047	er:				Date: January	y 21, 2021	
Facility Name: lvy at Davenpo				Survey Dates:			
Facility Addres	ss/City/State/Zip	TAG, MW, VW	Decem	December 10, 2020 – January 5, 202			
800 East Rush Davenport, IA							
Rule or Code Section	Naturo	e of Violation	Class	Fine A	mount	Correction date	
58.19(2)b	what caused the fall. The and assess the need for falls.  481—58.18(135C) Nurse 58.18(1) Individual healther resident treatment decise or disability, treatment, shall be developed be service, treatment, and writing, revised as necestable be made available services and for review 58.19(2) Medication and be be provided in the approvential forms of the approvential facility and developing; (I, II)  DESCRIPTION:  Based on observation, restrictions and record reprevent facility acquired failed to document asses weekly on two of two restrictions.	th care plans shall be based on sions, the nature of the illness and care prescribed. Goals y each discipline providing care. These plans shall be in ssary, and kept current. They e to all those rendering the by the department. (III) of treatment.  Opriate care and treatment of ure sores, to promote healing, I prevent new sores from esident, family and staff view, the facility failed to pressure ulcers forming and ssments/measurements sidents reviewed with ents #10 and #14) The facility	Class	\$8,500 (Held In Suspen		Upon Receipt	
						Page <b>27</b> of <b>43</b>	

Facility Administrator Date

Citation Numb #9047	er:	Date: January 21, 20			y 21, 2021	
Facility Name: Ivy at Davenpo			Survey		N20 - Jan	nuary 5, 2021
Facility Address	ss/City/State/Zip	TAG, MW, VW	Decemb	Jei 10, 20	020 – Jai	iuary 5, 2021
800 East Rush Davenport, IA						
Rule or Code Section	Natur	e of Violation				Correction date
	fibrillation (an abnormal identified the resident to Brief Interview for Menta out of 15 and required li most activities of daily li resident at risk for devel.  The Care Plan with the identified the resident w skin integrity and actual decreased mobility and weekly treatment docum measurement of each a include there width, leng exudate and any other robservations.  A review of the daily ski 11/18/20 at 2:47 p.m. re intact with no pressure to the skin.  A review of the Nurse's entry on 12/12/20 at 3:3 burning to the sacral/cooks.	completed 11/21/20 ng diagnoses: debility: ions, COVID-19 and atrial heart rhythm). It also be cognitively intact with a al Status (BIMS) score of 13 mited staff assistance with ving and identified the loping pressure ulcers.  target date of 12/23/20 ith potential impairment to pressure area related to directed staff to provide nentation to include the rea of skin breakdown to oth, depth, type of tissue and notable changes or  n assessment completed evealed the resident's skin ulcers, only with bruising to  Notes revealed the following 5 p.m. patient complained of				Page 28 of 4
						Page <b>28</b> of <b>4</b>
Facilit	y Administrator	 Da	 ate		<del></del>	

Citation Number: #9047	:				Date: January	<i>,</i> 21, 2021
Facility Name: Ivy at Davenport			Survey		1 020 – .lan	uary 5, 2021
Facility Address/	/City/State/Zip	TAG, MW, VW	Decemb	701 10, 2	020 Oui	dai y 0, 2021
800 East Rusholi Davenport, IA 52						
Rule or Code Section	Nature	e of Violation	Class	Fine A	Amount	Correction date
b N N A T for a Ir a p c b D c tii p N m D c 9 S L ir c w m n	peen labeled as to which lew order from the Nurs Mepilex to the area and A review of the Weekly Fool completed 12/12/20 ollowing:  a. Documented as Stage that skin with non-blandarea usually over a bony sigmented skin may not color may differ from the	Pressure Wound Observation of at 3:49 p.m. revealed the end of the				Page <b>29</b> of <b>4</b>

Data

Facility Administrator

Date

Citation Numb #9047	er:				Date: January	y 21, 2021	
Facility Name:			Survey	Dates:	1		
Ivy at Davenpo	ort		Decemb	er 10 2	020 – Jar	uary 5 2021	
Facility Addres	ss/City/State/Zip	TAG, MW, VW	Decemb	December 10, 2020 – January 5, 2021			
800 East Rush Davenport, IA							
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date	
	treatment had been a M	epilex dressing. Staff F then					
	applied Phytophex barri gloves that she cleanse and wound with, applied wound inward to middle gloves before applying N Staff F did not change g cleansing the resident's tube of Triad ointment fr peri area or before repousing the soaker pad.	er cream using the same d the resident's rectal crease I from outward edges of of wound and did not change Mepliex dressing to wound. loves before she began peri area, before removing a om drawer and applied to sitioning the resident in bed //20 12:49 p.m., Staff K, PCA d not have a pressure					
	recliner or wheelchair. S and when she returned, area which she did not k only intervention she ha remind the resident to tu	She had been off a few days the resident had an open know what caused it. The d been aware of had been to					
	LPN reported when she the aide of the pressure cleaned it up. Prior to the intervention she had was had been caused by precompliant with reposition assessed the wound eventhe nurse is responsible measurements and assessed wound Care Assessme	had first been informed by sore, she measured it, he wound opening, the s barrier cream and the area essure as the resident is nonning. Staff F reported she ery shift she worked and that for documenting essments on the Weekly					
						Page <b>30</b> of <b>4</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

Citation Number: #9047					Date: January	<i>,</i> 21, 2021	
Facility Name: Ivy at Davenport				Survey Dates:  December 10, 2020 – January 5, 20			
Facility Address/C	City/State/Zip	TAG, MW, VW	Decemb	December 10, 2020 – January 5, 202			
800 East Rusholm Davenport, IA 528							
Rule or Code Section	Nature	e of Violation	Class	Fine A	Amount	Correction date	
she wip dre adre wa app In a Nu is rexp obs Assany for door add car any the bef	e reported she would bes, reapply the barrie essing, should change mitted she should have ashed her hands and plied the barrier and committed the barrier and committed an interview on 12/28 arsing (DON) reported responsible for documpected nurses to additional pertinent to the management of the management of the management of the end of the putting on any new the sessment of the following pertinent to the management of the following pertinent to the management of the management of the management of the management of the sk assessment assess the resident of the peat the risk assessment anges in condition.	/20 9:12 a.m., the Director of the Assistant DON (ADON) nenting on wounds. She ress each time the wound is ton the Weekly Skin ey should be documenting a wound, measurements - the what needs to be also a spot they can add any es. While completing wound the nurse to change gloves ean areas or from one part of after cleaning the wound and ew treatments or dressings.  facility policy titled: ulcers/injuries had allowing:				Page <b>31</b> of <b>4</b>	

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Date

Citation Numb	per:				Date: January	y 21, 2021
Facility Name: Ivy at Davenpo			Survey		1 020 – Jar	nuary 5, 2021
Facility Addre	ss/City/State/Zip	TAG, MW, VW	Decemi	Jei 10, 2	020 – Jai	iuary 3, 2021
800 East Rush Davenport, IA						
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	pressure ulcers or injurice. Tissue tolerance - the assupporting structures to pressure and Areas of impaired circult positioning or medical doc. Use a screening tool risk for under-nutrition of d. Inspect the skin on a or assisting with personal Living (ADL's). Identify any signs of devenon-blanchable erythem inspect for changes in sconsistency. Inspect pressure points coccyx, elbows, ischium Wash the skin after an eusing pH balanced skin Moisturize dry skin daily Reposition resident as in Mobility/Repositioning: a. Choose a frequency fresident's mobility, the scondition and tolerance preferences. b. At least every hour, rechair-bound or bed-bour elevated 30 degrees or c. At least every 2 hours	bility of the skin (and endure the effects of ation due to pressure from evices. to determine if a resident is at ir malnutrition. daily basis when performing al cares or Activites of Daily veloping pressure injuries (ie: na) For darkly pigmented skin, kin tone, temperature and (sacrum, heels, buttocks, n, trochanter, etc.). episodes of incontinence, cleanser. v. Indicated on the Care Plan.				Page <b>32</b> of 4

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

Citation Number #9047	er:				Date: January	<i>,</i> 21, 2021
Facility Name: Ivy at Davenpo	rt		Survey	Dates:		
Facility Addres	s/City/State/Zip	TAG, MW, VW	Decemb	er 10, 20	020 – Jan	uary 5, 2021
800 East Rusho Davenport, IA						
Rule or Code Section	Nature	e of Violation	Class	Fine A	Amount	Correction date
	the condition of the skin e. Teach residents who independently the impore Provide support devices Remind and encourage positions.  Support surfaces and president's mobility, contingerfusion, body size, we Monitoring:  a. Evaluate, report and on in the skin.  b. Review the intervention effectiveness on an ongoing A review of the facility produced and the skin and the skin are in the skin.  A review of the facility produced and the skin are intervented effectiveness on an ongoing A review had document avoidable:  Avoidable means that the pressure ulcer/injury and following was not compliant. Evaluation of the residuals in the residuals in the residuals.  b. Definition or implementations.	tance of repositioning. and assistance as needed. residents to change ressure redistribution: ort surfaces based on the nence, skin moisture and eight and overall risk factors document potential changes ons and strategies for oing basis. olicy with the last revision Pressure Ulcers/Injuries tation of the following: the resident developed a d that the one or more of the eted: dent's clinical condition and intation of interventions that lent needs, resident goals, rds of practice. on of the impact of the				Page <b>33</b> of <b>4</b>
Facility	/ Administrator		 ate			

Citation Number #9047	er:	Date: January 21,			y 21, 2021	
Facility Name: Ivy at Davenpo			Survey	Dates:		
	ss/City/State/Zip	TAG, MW, VW	Decemb	er 10, 20	020 – Jan	nuary 5, 2021
800 East Rusho Davenport, IA						
Rule or Code Section	Nature	e of Violation	Class	Fine A	Amount	Correction date
	with exposed dermis: a. The Stage 2 pressure thickness loss of skin wi presenting as a shallow b. The wound bed is via may also present as an c. Adipose (fat) tissue is tissues are not visible d. Granulation tissue, skip present e. This stage should not associated skin damage associated dermatitis, in (inflammation of skin folkskin injury, or traumatic abrasions).  Stage 3 Pressure Ulcer: a. The Stage 3 pressure thickness loss of skin, in be visible in the ulcer an epibole (rolled wound ed b. Slough and/or eschar obscure the depth of tissue da location; areas of signific deep wounds. d. Undermining and tunne. Fascia, muscle, tendo bone are not exposed.	open ulcer. ble, pink or red, moist and intact or open/ruptured blister not visible and deeper ough and eschar are not be used to describe moisture including incontinence atertriginous dermatitis ds), medical adhesive related wounds (skin tears, burns,  Full-thickness skin loss a ulcer appears as fulling which subcutaneous fat may ad granulation tissue and dges) are often present. It may be visible but does not sue loss amage varies by anatomical cant adiposity can develop the ling may occur.  In ligament, cartilage and/or secures the wound bed, it is an				Page <b>34</b> of <b>4</b> 3

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Date

Citation Number: #9047		Date: January 21,			y 21, 2021		
Facility Name: Ivy at Davenport			Survey				
Facility Address/City/	/State/Zip	TAG, MW, VW	Decemb	December 10, 2020 – January 5, 202 <sup>-</sup>			
800 East Rusholme S Davenport, IA 52803	Street						
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date	
date of Dry/Cl proced a. Cle b. Wa c. Put soiled d. Pull biohaze. Wa f. Ope the ex exterion g. Lab Place h. Usin i. Was gloves j. Asserednes wound k. Cle gauze from the contar l. Use m. Ap or bor initials	of September 2013 lean had documer dure: an bedside stand. sh and dry your ha on clean gloves. dressing. I glove over dressing and dry your ha on dry, clean dress card bag. sh and dry your ha on clean field. on clean field. on clean field. on clean technique sh and dry your ha s. ess the wound and ss, and drainage, d stage. anse the wound we he least contamina minated area (usu dry gauze to pat t ply the ordered dre dered dressing pe s to top of dressing card disposable ite	Loosen tape and remove  ng and discard into plastic or ands thoroughly. ings(s) by pulling corners of atward, touching only the g with date, time and initials. e, open other products. nds thoroughly. Put on clean d surrounding skin for edema, tissue healing progress and ith ordered cleanser. If using for each cleansing stroke ated area to the most ally from the center outward). he wound dry. essing and secure with tape r order. Label with date and				Page <b>35</b> of <b>4</b> 3	

Facility Administrator Date

Citation Numb	er:				Date: January	<i>,</i> 21, 2021
Facility Name: Ivy at Davenpo			Survey		020 – Jan	uary 5, 2021
Facility Address	ss/City/State/Zip	TAG, MW, VW				.aa.y 0, 2021
Davenport, IA						
Rule or Code Section	Naturo	e of Violation	Class	Fine A	Amount	Correction date
	thoroughly. p. Reposition the bed cocomfortable. q. Place the call light wit resident. r. Clean the bedside stas. Wash and dry your has.  2. The MDS Assessme Resident #14 shown dia Gastroesophageal Reflutlyperlipidemia, Thyroid The MDS indicated Res. 15 on the BIMS, indicatic cognitive impairment. Tresident needed extensi of 1-2 staff with transfers personal hygiene. The high risk for skin damage associated skin damage During an observation of Nursing Assistant (CNA providing incontinent call which 2 open areas appered wound base were not staff A, CNA stated she over the weekend. They Assistant (PCA) to go get the staff and the common the common transfer of the staff and the common transfer of the staff and the common transfer of the staff and the common transfer of the	wers. Make the resident thin easy reach of the md. ands thoroughly.  Int dated 11/19/20 for agnoses include Anemia, ax Disorder, Diabetes, Disorder and Parkinson's. ident #14 scored a 5 out of agnoses include Anemia, ax Disorder and Parkinson's. ident #14 scored a 5 out of agnoses include Anemia, ax Disorder and Parkinson's. ident #14 scored a 5 out of agnoses include Anemia, ax Disorder and Parkinson's. ident #14 scored a 5 out of agnoses include Anemia, ax Disorder, Diabetes, Disorder and Parkinson's. ident #14 scored the resident is a e and has moisture and has moisture and has moisture and Staff C, CNA were res to Resident #14 during roximately dime sized with oticed to right gluteal fold. had notified the nurse of this y told Staff E, Personal Care				Page <b>36</b> of <b>4</b>

Facility Administrator Date

Citation Number: #9047					Date: January	<i>,</i> 21, 2021		
Facility Name: Ivy at Davenport			Survey		)20 – Jan	uary 5, 2021		
Facility Addre	ss/City/State/Zip	TAG, MW, VW		- December 10, 2020 – January 5, 202				
800 East Rush Davenport, IA								
Rule or Code Section	Naturo	e of Violation	Class	Fine A	mount	Correction date		
	dressing and applied thi measure the area or cle they have standing order CNA and Staff C, CNA to wheelchair and the whereat.  During an observation or resident is sitting in wheelchair.  During an observation or resident is sitting in wheelchair.  During an observation or resident remains in wheelchair.  During an observation or resident remains in wheelchair.  Review of the residents revealed a score of 14 wat moderate risk for skind at moderate risk for skind the standing of 11/30/20 failed to reveal dressing. The standing wound directed staff to Clean, dress, and off loadstart weekly wound obspressure relief measure protocol (every 2 hours)	orders for the facility dated I an order for Hydrocolloid				Page <b>37</b> of <b>4</b> :		

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Date

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Facility Name: Ivy at Davenport				Survey Dates:			
Facility Addres	ss/City/State/Zip	TAG, MW, VW	Decemb	December 10, 2020 – January 5, 20			
800 East Rush Davenport, IA							
Rule or Code Section	Naturo	e of Violation	Class	Fine A	mount	Correction date	
[	l		11		П	<u> </u>	
		t Administration Record Physician Orders failed to e wound to the right gluteal					
	Review of Resident #14's Care Plan dated 12/3/20 directed staff to provide pressure relieving/reducing pad to protect the skin while up in chair. Provide weekly documentation to include areas of skin breakdown, redness and any other notable changes or observations.						
	The Administrator provid Skin Review dated 12/1 #14 had a blister at site area which measured 1						
	states resident noted withe inside of the right thin noted to the area, and cand calazime cream apply was placed in wheelchat onto the floor on her fall	Resident #14 dated 12/13/20 th multiple pressure areas on gh. No complaint of pain leaned with normal saline blied to the area. Resident ir after crawling out of bed matt and unable to measure ben and the DON, ADON and wounds.					
	The Weekly Wound Doo Electronic Health Recon initiated but incomplete.	d (EHR) dated 12/13/20 was					
		medical record failed to nentation on the wound until				Page <b>38</b> of <b>4</b> 3	

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800 East Rusho Davenport, IA							
Rule or Code Section	Naturo	e of Violation	Class	Fine A	Amount	Correction date	
	12/21/20 at 12:30 p.m. s complete a Risk Manage weekly measurements. Medical Doctor and the when the pressure ulcer During an interview with p.m., stated she would enurse if an open area is clean, dress, position of Medical Doctor on the streatment.  During an interview on 1 LPN stated the wound soriginally after initiated of change of shift and she complete and it was new obtain measurements to #14 has been up in her LPN did speak to the No.	ith Interim Administrator on states typically they would ement Tool for Skin and do The nurse should notify the Power of Attorney (POA) is discovered.  the DON on 12/21/20 at 3:15 expect the CNA to notify the noted. The nurse should if the area and notify the ame day to obtain orders for 12/21/20 at 4:00 p.m., Staff F, heet was not filled out on 12/13/20 because it was				Page <b>39</b> of <b>4</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

Citation Number: #9047					Date: January	y 21, 2021
Facility Name:		1	Survey	Dates:		
Ivy at Davenp	ort		Dagam	har 10 20	020 lor	
Facility Addre	ss/City/State/Zip	TAG, MW, VW	Decem	ber 10, 20	020 – Jai	nuary 5, 2021
800 East Rush	nolme Street					
Davenport, IA						
Rule or	Netur	o of Violetian	Class	a. E		Correction
Code Section	Natur	e of Violation	Class	Fine F	Amount	date
				II .		
58.43(9)	resident shall receive ki times and shall be free and verbal abuse, explainjury. Each resident shaphysical restraints excelin writing by a physician when necessary in ar resident from injury to which case restraints designated professional report the action taken case of an intellectual ordered in writing by a professional for use of sessions. Mechanical situations to achieve professional not be considered 58.43(9) Allegations of dependent and investigated pursual and 481—Chapter 52. (DESCRIPTION:	during behavior modification supports used in normative per body position and balance to be a restraint. (II) of dependent adult abuse t adult abuse shall be reported nt to lowa Code chapter 235E I, II, III)	Class	\$500.00 (Held In Suspen	1	Upon Receipt
<u>L</u>	1 . soponoisio party (rti ) i	incomo, are racinty randa to		<u> </u>		Page <b>40</b> of <b>4</b>
						-
Facili	ty Administrator	Da	ate			

Citation Number: #9047					Date: January	<i>,</i> 21, 2021		
Facility Name: Ivy at Davenpo			Survey	Dates:				
	ss/City/State/Zip	TAG, MW, VW	Decemb	December 10, 2020 – January 5, 2021				
800 East Rusholme Street Davenport, IA 52803								
Rule or Code Section	Natur	e of Violation	Class Fine Amount			Correction date		
	required to the lowa Del Appeals (DIA), and faile suspicion of a crime to le required, for 1 record re misappropriation of prop facility reported a censural Findings include:  The 11/14/20 Minimum tool revealed Resident included anxiety, thyroic positive COVID-19 Virus possible on the Brief Interposition of the Brief	to report the allegation as partment of Inspections and d to report reasonable ocal law enforcement as viewed with an allegation of perty (Resident #3). The s of 56 residents.  Data Set (MDS) Assessment #3 with diagnoses that d disorder, other fracture and s, scored 10 out of 15 points erview for Mental Status sment without symptoms of quired extensive assistance osition in bed, transfer to and sing, toileting, bathing and alled the resident admitted 12/20 and died at the facility						
		look into the matter and get				Page <b>41</b> of <b>4</b> 3		
						1 aye 41 01 4.		
Facilit	y Administrator	Da	ite					

Citation Numb	er:				Date: January	<i>,</i> 21, 2021	
Facility Name: Ivy at Davenport			Survey		) )20 – Jan	uary 5, 2021	
Facility Addre	ss/City/State/Zip	TAG, MW, VW	Boooms	December 10, 2020 – January 5, 202			
800 East Rusholme Street Davenport, IA 52803							
Rule or Code Section	Nature	e of Violation	Class	Fine A	mount	Correction date	
	success. The resident's documentation of the event documentation and there were not document	facility about the issue without a record lacked any rent.  21/20 at 1:40 p.m., the trator stated she spoke to s, contacted the Corporate or records of the resident's estigation of the matter.  Duse Prohibition and Elder ed employees: esident property was financial se must be followed up and se must be reported to the gation must be sent to the				Page <b>42</b> of <b>4</b>	

Facility Administrator

Date

Citation Number: #9047				Date: January	Date: January 21, 2021	
Facility Name: Ivy at Davenport  Facility Address/City/State/Zip  800 East Rusholme Street Davenport, IA 52803  Rule or Code Section  Nat			Survey		wary 5, 2021	
		TAG, MW, VW	December 10, 2020 – January 5, 20			
		ture of Violation	Class	Fine Amount	Correction date	
					Page <b>43</b> of <b>4</b> 3	
Facility Administrator			Date	<del></del>		