

**Iowa Department of Inspections and Appeals
Health Facilities Division
Citation**

Citation Number: #10834				
		Date: June 17, 2025		
Facility Name: Glen Haven Village		Survey Dates: June 2 – June 5, 2025		
Facility Address/City/State/Zip 133 Indian Hills Drive Glenwood, Iowa 51534				
		LG		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

58.19(2)j	<p>481—58.19(135C) Required nursing services for residents. The resident shall receive and the facility shall provide, as appropriate, the following required nursing services under the 24-hour direction of qualified nurses with ancillary coverage as set forth in these rules:</p> <p>58.19(2) Medication and treatment.</p> <p>b. Provision of the appropriate care and treatment of wounds, including pressure sores, to promote healing, prevent infection, and prevent new sores from developing; (I, II)</p> <p>DESCRIPTION:</p> <p>Based on observations, staff interviews and clinical record review the facility failed to provide adequate treatment and interventions to prevent the worsening of pressure ulcers for 1 resident (Resident #23) and failed to implement interventions timely for 2 of 4 residents reviewed (Resident #23, #15). Staff failed to apply the pressure-reducing boots for Resident #23 and failed to document or follow up on a new area for Resident #23 and #15. The facility reported a census of 65 residents.</p> <p>Findings include:</p> <p>The MDS (Minimum Data Set) assessment identifies the definition of pressure ulcers:</p>	I	\$6000.00 (Held in Suspension)	Upon Receipt
------------------	--	----------	---	-------------------------

Facility Administrator

Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

**Iowa Department of Inspections and Appeals
Health Facilities Division
Citation**

Citation Number: #10834				
		Date: June 17, 2025		
Facility Name: Glen Haven Village		Survey Dates: June 2 – June 5, 2025		
Facility Address/City/State/Zip 133 Indian Hills Drive Glenwood, Iowa 51534		LG		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>Stage I is an intact skin with non-blanchable redness of a localized area usually over a bony prominence. Darkly pigmented skin may not have a visible blanching; in dark skin tones only, it may appear with persistent blue or purple hues.</p> <p>Stage II is partial thickness loss of dermis presenting as a shallow open ulcer with a red or pink wound bed, without slough (dead tissue, usually cream or yellow in color). May also present as an intact or open/ruptured blister.</p> <p>Stage III Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle is not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling.</p> <p>Stage IV is full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar (dry, black, hard necrotic tissue). may be present on some parts of the wound bed. Often includes undermining and tunneling or eschar.</p> <p>Unstageable Ulcer: inability to see the wound bed.</p> <p>1. According to the Minimum Data Set (MDS) dated 3/11/25, Resident #23 was unable to participate in a Brief Interview for Mental Status (BIMS) assessment. He had severe memory problems, and impaired cognitive skills. The resident was totally dependent on staff for eating, toileting, dressing, rolling over, and transfers. Resident #23 was at risk for pressure injury</p>			
--	---	--	--	--

Facility Administrator

Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

**Iowa Department of Inspections and Appeals
Health Facilities Division
Citation**

Citation Number: #10834				
		Date: June 17, 2025		
Facility Name: Glen Haven Village		Survey Dates: June 2 – June 5, 2025		
Facility Address/City/State/Zip 133 Indian Hills Drive Glenwood, Iowa 51534		LG		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>and did not have any ulcers at the time of the assessment. His diagnoses included; deep venous thrombosis, neurogenic bladder, secondary Parkinson's, chronic embolism and thrombosis of deep veins of lower extremities, chronic kidney disease.</p> <p>The Care Plan for Resident #23, last revised on 8/7/24, showed that the resident was at risk for fluid volume depletion/excess edema, and was on diuretic therapy. Nursing was to monitor for edema. He had chronic pain related to arthritis and neuropathy in the bilateral lower extremities, nursing was to encourage and assist to position for comfort. The resident was at risk for skin breakdown related to impaired mobility, pain and use of compression stockings. Nursing was to assist with wearing heel protectors at all times and floating heels while in bed to prevent pressure sores. Staff were to observe skin and any wounds for changes such as redness, tenderness, drainage and to notify the physician.</p> <p>The Braden Assessment dated 3/18/25 for Resident #23 documented he was at moderate risk for pressure related skin breakdown.</p> <p>On 6/2/25 at 12:44 PM, a Hospice Nurse Aide (HNA) attended to the resident and removed his stockings. The resident was not wearing edema-wear hose, the skin on his feet was tight and his lower extremities were swollen. On his left distal foot/heel area, there was an undated wound dressing patch. Medial to the patch was an uncovered, open red ulcer on his heel. On the 2nd and 3rd toes of the left foot there were</p>			
--	--	--	--	--

Facility Administrator

Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

**Iowa Department of Inspections and Appeals
Health Facilities Division
Citation**

Citation Number: #10834				
		Date: June 17, 2025		
Facility Name: Glen Haven Village		Survey Dates: June 2 – June 5, 2025		
Facility Address/City/State/Zip 133 Indian Hills Drive Glenwood, Iowa 51534		LG		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>small open blisters. The medial side of his right ankle contained an unblanchable red area. The HNA was not aware if any of these sores were new or if they were being treated.</p> <p>The documents titled: Skin Integrity Events revealed the following:</p> <ul style="list-style-type: none"> a. On 3/18/25 at 1:39 PM, the resident had red moist area to bilateral groin and tips of toes dry and cracked. No other areas documented. b. On 5/6/25 at 6:55 PM, the resident had a new wound measuring 2 centimeter (cm) x 2 cm. It was intact, not open. The intervention implemented was skin prep and heel protectors. c. On 5/17/25 heels and toes not checked, no measurements. d. On 5/24/25 left heel 5 cm x 3.3 cm. brown center the medial aspect of skin injury tissue was black in color and 2 cm x 2 cm. the second and third toes 0.2 cm x 0.2 cm. <p>A review of the clinical record revealed an order dated 4/14/23 that Resident #23 would wear bilateral heel protectors at all times.</p> <p>An on-going observation on 6/3/25 revealed the following:</p> <ul style="list-style-type: none"> a. At 11:20, Staff pushed the resident to the lunch table. He was wearing gripper socks, no edema wear and no protective boots. b. At 1:30 PM, the resident was still in the wheel chair. It was tipped back slightly, he was sleeping. His feet were unsupported, dangling, not on the foot rest. 			
--	--	--	--	--

Facility Administrator

Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

**Iowa Department of Inspections and Appeals
Health Facilities Division
Citation**

Citation Number: #10834				
		Date: June 17, 2025		
Facility Name: Glen Haven Village		Survey Dates: June 2 – June 5, 2025		
Facility Address/City/State/Zip 133 Indian Hills Drive Glenwood, Iowa 51534		LG		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>c. At 3:30 PM, the resident was in the same position in front of the television in the dining area. His feet were dangling, not on foot pedals. His legs were swollen.</p> <p>d. At 4:20 PM, the resident was still in the wheel chair, in front of the television. His legs dangling. He was leaning forward in the chair with his head hanging down and reaching into the air for unseen items.</p> <p>A Nursing Note dated 6/4/25 at 2:25 PM, showed two new areas distal to the larger wound on the left heel that measured 0.5 cm x 0.5 cm. The area was pink surrounding the wound where the dressing tape maybe tearing the skin. The chart lacked mention of the new area on the right heel, and lacked documentation that the doctor or Hospice had been contacted regarding the new open wounds.</p> <p>On 6/5/25 at 8:02 AM, Staff O, Care Coordinator, provided wound treatment changes for Resident #23. The patch on his left heel was not dated and it was soaked with serosanguinous fluid. Staff O acknowledged that it was macerated. She said that the nurse on the previous day, had noticed that the wound was getting worse and they would contact hospice. The area on the left heel measured 2 cm. x 1.8 cm. in the center with two smaller areas nearby measuring 0.7 cm. x 0.6 and 0.5 cm. x 0.5 cm. When directed to the right heel, Staff O look at it and agreed that it was unblanchable, and it measured 2.6 cm x 1.4 cm. Staff O acknowledged that the protective boots must be on at all times.</p>			
--	---	--	--	--

Facility Administrator

Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

**Iowa Department of Inspections and Appeals
Health Facilities Division
Citation**

Citation Number: #10834				
		Date: June 17, 2025		
Facility Name: Glen Haven Village		Survey Dates: June 2 – June 5, 2025		
Facility Address/City/State/Zip 133 Indian Hills Drive Glenwood, Iowa 51534		LG		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>On 6/5/25 at 10:26 AM, Staff O CC said that she ordered a support board for the wheel chair for Resident #23. She said that his feet should not be dangling, and this was concerning for his chronic edema. Staff O said that the resident needed to be repositioned more often.</p> <p>According to a facility policy titled; Skin Integrity and Wound/Pressure Injury Prevention/Treatment/Observation and Documentation, dated June of 2020; preventative measures encourage repositioning, heel protectors. All nurses would be responsible for ensuring the Care Plan and interventions were updated and monitor to ensure interventions were carried out as planned.</p> <p>2. According to the Minimum Data Set (MDS) assessment dated 12/16/24 Resident #15 scored 10/15 on the Brief Interview for Mental Status (BIMS) score indicating moderate cognitive impairment. The document revealed diagnoses of cerebrovascular accident/transient ischemic attack/stroke, Non-Alzheimer's dementia, coronary artery disease, and asthma/chronic obstructive pulmonary disease (COPD)/chronic lung disease. The assessment disclosed the resident required partial/moderate assistance for transfers, and independence with rolling left/right, and lying to/from sitting. The document revealed the resident was at risk for pressure ulcers/injury, did not have a pressure ulcer/injury, and no other skin problems or wounds. The document indicated the resident utilized skin and ulcer/injury treatments including pressure reducing devices for</p>			
--	--	--	--	--

Facility Administrator

Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

**Iowa Department of Inspections and Appeals
Health Facilities Division
Citation**

Citation Number: #10834				
		Date: June 17, 2025		
Facility Name: Glen Haven Village		Survey Dates: June 2 – June 5, 2025		
Facility Address/City/State/Zip 133 Indian Hills Drive Glenwood, Iowa 51534		LG		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>chair and bed. The resident did not receive Hospice services.</p> <p>The Electronic Medical Record (EMR) Skin Assessments for Resident #15 revealed the following: -On 1/19/25 red areas noted to the top of bilateral feet 1st digits. The resident denied pain. -On 1/23/25 tips of bilateral feet, 1st digits noted to have red areas. -On 1/30/25 tips of bilateral feet, 1st digits noted to have red areas. -On 2/6/25 red areas noted to bilateral feet 1st digits, the tip of them. -On 2/14/25 no concerns with feet. -On 2/20/25 red areas noted to bilateral feet, 1st digits. -On 2/28/25 no concerns with toes. -On 3/5/25 left foot, 1st digit noted to have a black area that measures approximately 1.2 cm in diameter. Right foot, 1st digit noted to have a scabbed area that measures approximately 0.5 cm in diameter. No drainage noted from either digit. Requested that the resident be seen by the wound nurse during rounds. Also, a request had already been sent for a podiatry appointment. -On 3/6/25 left foot, 1st digit noted to have a black area that measures approximately 1.2 cm in diameter. Right foot, 1st digit noted to have a scabbed area that measures approximately 0.5 cm in diameter. No drainage noted from either digit.</p> <p>The Braden Scale, dated 1/11/25, revealed the resident was not at risk.</p>			
--	---	--	--	--

Facility Administrator

Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

**Iowa Department of Inspections and Appeals
Health Facilities Division
Citation**

Citation Number: #10834				
		Date: June 17, 2025		
Facility Name: Glen Haven Village		Survey Dates: June 2 – June 5, 2025		
Facility Address/City/State/Zip 133 Indian Hills Drive Glenwood, Iowa 51534		LG		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>The Progress Notes revealed on 2/24/25 a referral was generated for podiatry for the right foot; the 5th digit was long, loose, and fungal.</p> <p>The Progress Notes revealed notification to the physician with new orders on 3/6/25 for painting Betadine to scabbed areas on bilateral great toes twice daily until healed. Note on 3/6/25 also revealed referral to hospice services.</p> <p>Observed on 6/2/2025 at 12:27 PM Resident #15 seated in her recliner with a blanket cradle "tent" at the foot of the bed.</p> <p>On 6/2/25 at 12:27 PM Resident #15's daughter stated the resident had pressure areas on her toes that were now healing. The family member stated the resident has a preference for having several blankets, and believed the blankets were applying pressure to her toes. The daughter stated the staff were now getting the resident up into her recliner more and the resident has a tent that keeps the blankets off of her toes.</p> <p>On 6/4/25 at 2:50 PM Staff J, Registered Nurse (RN)/Care Coordinator (CC) revealed she was not aware of the resident's skin condition until 3/5/25. Staff J stated when there was a change in skin condition the Care Coordinator and/or the physician should be notified. The staff stated it would have been acceptable to use a fax notification as it was not an emergency. Staff J stated she did not know what stage the wound was when she was notified as she did not stage the wound.</p>			
--	--	--	--	--

Facility Administrator

Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

**Iowa Department of Inspections and Appeals
Health Facilities Division
Citation**

Citation Number: #10834				
		Date: June 17, 2025		
Facility Name: Glen Haven Village		Survey Dates: June 2 – June 5, 2025		
Facility Address/City/State/Zip 133 Indian Hills Drive Glenwood, Iowa 51534		LG		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>On 6/4/25 at 3:32 PM Staff B, Director of Nursing (DON) stated the Care Coordinator should have been aware of the reddened toes either by reviewing the Skin Assessments or by notification from the nurse completing the assessment.</p> <p>On 6/5/25 at 9:35 AM the Administrator stated she expected if toes were reddened there would have been some intervention(s) put into place.</p> <p>The facility Skin Integrity and Wound/Pressure Injury Prevention/Treatment/Observation and Documentation Policy, dated 6/20, revealed all team members were responsible for preventing, caring and providing treatment for skin integrity issues. The document disclosed all impaired skin integrity concerns/skin care the physician should be notified immediately and documented. The document further revealed all nurses were responsible for monitoring for changes in condition, implementing interventions, and updating the Care Plan to prevent skin breakdown.</p> <p>FACILITY RESPONSE:</p>			
--	---	--	--	--

Facility Administrator

Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (2013).