	abilitation Care Center s/City/State/Zip k Road	СР	Survey D October			ber 9, 2023
Rule or Code Section		e of Violation	Class Fine Amount date			
56.6(1)	director of the departm shall treble the penaltie 56.3(135C) for any seco class II violation occurring period, if a citation was	repeated violations. The ent of inspections and appeals is specified in rule 481— nd or subsequent class I or ng within any 12-month issued for the same class I or ng within that period and a				
58.19(2)(b)(h)	residents. The resident shall provide, as appropriate nursing services under the qualified nurses with an these rules: 58.19(2) Medication and b. Provision of the appropriate shall be approximated to the services of the s	opriate care and treatment of sure sores, to promote healing, prevent new sores from	CLASS I	\$27,750 (\$9,250 (TREBL (HELD SUSPEN).00x3) ED) IN	UPON RECEIPT
	DESCRIPTION:					Page 1 of 4 !

Page 1

Facility Administrator

Date

Citation Number: #10101			Date Nov	e: ember 9, 2023
Facility Name: Pine Acres Rehabilitation Care Center		Survey D		
Facility Address/City/State/Zip 1501 Office Park Road	СР	October 9 – 25, 2023		
West Des Moines, IA 50265				
Rule or Code Section Nat	re of Violation	Class	Fine Amou	Correction date
resident, staff and advance practitioner interview protocol/policy, at the facility failed to provide intervention for a resident was covered with able to provide any we to follow through with resulted in the resident with septic shock (bloato organ failure, and confident in the bone bloodstream) and gar residents right foot for having a guillotine (exprevent the spread of of the limb) on 9/12/2 amputation on 9/20/2	rd review, hospital records, vanced registered nurse along with the facility time of the investigation, the de ongoing assessment and dent who demonstrated an other ight lateral plantar foot eschar. The facility was not bound documentation, and failed a wound clinic referral for which at being admitted to the hospital od poisoning, for which can lead leath) related to osteomyelitis for which travels in the grene (tissues death) to the resident hergency surgical amputation to infection) amputation (removal 3 and a below the knee 23 for 1 of 6 residents reviewed. Accility identified a census of 73			Page 2 of 4

Facility Administrator

Citation Number #10101	er:				Date: Noveml	ber 9, 2023
	abilitation Care Center		Survey D		022	
Facility Address 1501 Office Par	s/City/State/Zip	СР	October	9 – 25, 2	023	
West Des Moin		CF				
Rule or						Correction
Code Section	Natur	e of Violation	Class	Fine A	mount	date
	1. A Quarterly Minimun	n Data Set (MDS) assessment				
	•	documented Resident #12 had				
		orthostatic hypotension, renal				
	1	re, diabetes mellitus, need for				
	· ·	al care, varicose veins of				
	bilateral lower extremit	•				
		nd mobility. The assessment nt with a Brief Interview for				
		core of 15, for which indicated				
		d the ability to make needs				
	_	assistance of two (2) staff				
		pility, extensive assistance of				
	(2) for transfers, dressir	ng, toilet use and bathing. The				
		ented the resident with being				
		ressure ulcers/injuries with no				
	turning/repositioning p	g device for bed, chair and no				
	turning/repositioning p	rogram.				
	A Care Plan with a initia	ited date of 7/31/2023 and				
		023, documented the resident				
	had a Stage 5 pressure	ulcer on resident right foot				
	•	nterventions include the				
	following:					
		s as ordered and monitor for				
	effectiveness. *Educate the resident/f	family/caregivers as to causes				
		uding: transfer/positioning				
		nce of taking care during				
	·					Page 3 of 4

Facility Administrator

Citation Number: #10101					Date: Novemb	per 9, 2023
Facility Name: Pine Acres Rehabilit	tation Care Center		Survey D			
Facility Address/City 1501 Office Park Row West Des Moines, IA	ad	СР	October 9 – 25, 2023			
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
reparted rep	positioning. Collow facility policies, evention/treatment of the protectors on at a standard, monitor and report form the resident/fa a of skin breakdown eekly treatment documented factor assurement of each a gth, depth, type of time progress Notes date that the progress Notes date area to foot. Area area to foot. A	of skin breakdown. All times, float heels while in t if area deteriorates. Imily/caregivers of any new area of skin breakdowns width, issue and exudate. Med 7/31/2023 at 11:10 a.m., istation - with Physician e a 1.0 cm x 0.5 cm x 0.2 cm appears to be pressure as had small amount of ident reports pain when it is a man times. Med 7/31/2023 at 8:04 p.m., orders: heel protection on all times. May Evaluation and Plan of 2023-8/11/2023, documented				Page 4 of 4

Facility Administrator

Date

l	urvey Dates:		
Pine Acres Rehabilitation Care Center	ctobor 0 — 25	2022	
Facility Address/City/State/Zip 1501 Office Park Road West Des Moines, IA 50265	October 9 – 25, 2023		
Rule or Code Section Nature of Violation C	Class Fine	Amount	Correction date
of right foot and awaiting appointment with wound doctor outside of the facility. The Progress Notes dated 8/03/2023 at 8:28 a.m., documented, Order Note: New order obtained at this time to discontinue current treatment for heel. Start Cleanse with wound cleanser of choice, apply betadine moistened gauze, cover with abdominal pad and wrap with gauze, change daily and PRN (as needed). Refer to wound clinic. Prevalon boot at all times as tolerated. Will set up appointment for wound clinic. The Care Plan lacked documentation of the Prevalon boot at all times as tolerated order dated 8/3/23 at 8:28 a.m. from the Progress Note. The Progress Notes dated 8/04/2023 at 4:39 p.m., documented, Skin/Wound Text: Wound area to right foot (heel). Additional amino acid supplement to promote wound healing. A Weekly Pressure Wound Assessment tool dated 8/10/2023 at 2:37 p.m., documented acquired pressure area to right foot as healed.			Page 5 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

Facility Administrator

Facility Name: Pine Acres Rehabilitation Care Center Facility Address/City/State/Zip 1501 Office Park Road West Des Moines, IA 50265 The Progress Notes dated 8/10/2023 at 5:56 p.m., documented, Order Note: Encounter note received from ARNP (Advanced Registered Nurse Practitioner) with new orders to discontinue wound treatment to heel. Continue heel protection and notify office if redness, bogginess or open wound recurs. A Weekly Skin Review Form dated 8/13/2023 at 3:39 p.m., documented resident presents with dry skin to the lower shins. Charting reflects resident frequently refuse preventive treatments. Post-podiatry visit resident has areas of concern noted to her right foot. Areas included: *right lower leg (front) dry patch measuring 6 centimeters (cm) by 2 cm with scabs throughout. *right toe(s), 3rd toe nail was trimmed by podiatry, nail was cut short and open area formed. Scant blood drainage noted on sock. Band-Aid removed. Wound cleaned and new Band-Aid applied. 1 cm by 1 cm open spot at the first knuckle of the same toe. No drainage or sign/symptoms of infection noted. *right toe(s), right 4th and 5th metatarsal-contains a callous that has been shaved leaving an open spot in	Citation Number #10101	er:				Date: Novemb	per 9, 2023
The Progress Notes dated 8/10/2023 at 5:56 p.m., documented, Order Note: Encounter note received from ARNP (Advanced Registered Nurse Practitioner) with new orders to discontinue wound treatment to heel. Continue heel protection and notify office if redness, bogginess or open wound recurs. A Weekly Skin Review Form dated 8/13/2023 at 3:39 p.m., documented resident presents with dry skin to the lower shins. Charting reflects resident frequently refuse preventive treatments. Post-podiatry visit resident has areas of concern noted to her right foot. Areas included: *right lower leg (front) dry patch measuring 6 centimeters (cm) by 2 cm with scabs throughout. *right toe(s), 3rd toe nail was trimmed by podiatry, nail was cut short and open area formed. Scant blood drainage noted on sock. Band-Aid removed. Wound cleaned and new Band-Aid applied. 1 cm by 1 cm open spot at the first knuckle of the same toe. No drainage or sign/symptoms of infection noted. *right toe(s), right 4th and 5th metatarsal-contains a callous that has been shaved leaving an open spot in	Pine Acres Reh					123	
Rule or Code Section The Progress Notes dated 8/10/2023 at 5:56 p.m., documented, Order Note: Encounter note received from ARNP (Advanced Registered Nurse Practitioner) with new orders to discontinue wound treatment to heel. Continue heel protection and notify office if redness, bogginess or open wound recurs. A Weekly Skin Review Form dated 8/13/2023 at 3:39 p.m., documented resident presents with dry skin to the lower shins. Charting reflects resident frequently refuse preventive treatments. Post-podiatry visit resident has areas of concern noted to her right foot. Areas included: *right lower leg (front) dry patch measuring 6 centimeters (cm) by 2 cm with scabs throughout. *right toe(s), 3rd toe nail was trimmed by podiatry, nail was cut short and open area formed. Scant blood drainage noted on sock. Band-Aid removed. Wound cleaned and new Band-Aid applied. 1 cm by 1 cm open spot at the first knuckle of the same toe. No drainage or sign/symptoms of infection noted. *right toe(s), right 4th and 5th metatarsal-contains a callous that has been shaved leaving an open spot in	1501 Office Par	rk Road	СР	Cotober			
The Progress Notes dated 8/10/2023 at 5:56 p.m., documented, Order Note: Encounter note received from ARNP (Advanced Registered Nurse Practitioner) with new orders to discontinue wound treatment to heel. Continue heel protection and notify office if redness, bogginess or open wound recurs. A Weekly Skin Review Form dated 8/13/2023 at 3:39 p.m., documented resident presents with dry skin to the lower shins. Charting reflects resident frequently refuse preventive treatments. Post-podiatry visit resident has areas of concern noted to her right foot. Areas included: *right lower leg (front) dry patch measuring 6 centimeters (cm) by 2 cm with scabs throughout. *right toe(s), 3rd toe nail was trimmed by podiatry, nail was cut short and open area formed. Scant blood drainage noted on sock. Band-Aid removed. Wound cleaned and new Band-Aid applied. 1 cm by 1 cm open spot at the first knuckle of the same toe. No drainage or sign/symptoms of infection noted. *right toe(s), right 4th and 5th metatarsal-contains a callous that has been shaved leaving an open spot in		,					
documented, Order Note: Encounter note received from ARNP (Advanced Registered Nurse Practitioner) with new orders to discontinue wound treatment to heel. Continue heel protection and notify office if redness, bogginess or open wound recurs. A Weekly Skin Review Form dated 8/13/2023 at 3:39 p.m., documented resident presents with dry skin to the lower shins. Charting reflects resident frequently refuse preventive treatments. Post-podiatry visit resident has areas of concern noted to her right foot. Areas included: *right lower leg (front) dry patch measuring 6 centimeters (cm) by 2 cm with scabs throughout. *right toe(s), 3rd toe nail was trimmed by podiatry, nail was cut short and open area formed. Scant blood drainage noted on sock. Band-Aid removed. Wound cleaned and new Band-Aid applied. 1 cm by 1 cm open spot at the first knuckle of the same toe. No drainage or sign/symptoms of infection noted. *right toe(s), right 4th and 5th metatarsal-contains a callous that has been shaved leaving an open spot in		Natur	e of Violation	Class	Fine An	nount	Correction date
the interior measuring 6 millimeters by 5 millimeters with a 3-millimeter depth. Skin is hard and dry around the edges with a soft dark red interior wound bed. No signs/symptoms of infection at this time.		documented, Order No from ARNP (Advanced I with new orders to disc heel. Continue heel pro redness, bogginess or of A Weekly Skin Review Fp.m., documented resident has areas of continue heel proving the lower shins. Charting refuse preventive treat resident has areas of continued areas included: *right lower leg (front) centimeters (cm) by 2 continued areas included: *right toe(s), 3rd toe not have some some some some some some some som	te: Encounter note received Registered Nurse Practitioner) continue wound treatment to dection and notify office if open wound recurs. Form dated 8/13/2023 at 3:39 dent presents with dry skin to ag reflects resident frequently ments. Post-podiatry visit oncern noted to her right foot. dry patch measuring 6 cm with scabs throughout. ail was trimmed by podiatry, open area formed. Scant blood at Band-Aid removed. Wound Aid applied. 1 cm by 1 cm nuckle of the same toe. No oms of infection noted. and 5th metatarsal-contains a naved leaving an open spot in 6 millimeters by 5 millimeters with. Skin is hard and dry around ark red interior wound bed. No				Page 6 of 4 :

Facility Administrator

Date

Citation Numb #10101	er:				Date: Novemi	ber 9, 2023
	nabilitation Care Center		Survey D		2023	
1501 Office Pa West Des Moir		СР	-			
Rule or	1					Correction
Code Section	Natur	e of Violation	Class	Fine A	mount	date
	The Breeze State State	-10/42/2022 -1.4.42		<u> </u>		
	documented, Note Text on right foot this aftern post podiatry visit. -3rd toe nail was trimm short and open area for blood drainage noted o Wound cleaned and ne open spot at the first kridrainage or s/s of infect-Right 4th and 5th Meta that has been shaved le interior measuring 6 mi Skin is hard and dry aro red interior wound bed infection at this time.	etarsal area contains a callous eaving a open spot in the m x 5 mm with a 3 mm depth. Fund the edges with a soft dark . No signs/symptoms of				
	documented, Nursing N triple antibiotic ointme with non-adherent dres improvement and repo has signs/symptoms of A Metro Geriatric Service	ce Encounter note dated , revealed resident chief ound.				

Page **7** of **49**

Facility Administrator

Citation Number: #10101				Date: Novemi	ber 9, 2023
Facility Name: Pine Acres Rehabilitation Care Center		Survey D			
Facility Address/City/State/Zip 1501 Office Park Road West Des Moines, IA 50265	СР	October	9 – 25, 20	023	
Rule or Code Section Natur	e of Violation	Class	Fine An	mount	Correction date
wound nurse practition schedule. Right lateral punstageable pressure wantibiotic ointment and wound clinic. *Orders and Requisition *Refer to wour *Please use Present *Plan Notes: *Continue curr *Dressing chan *Refer to wour *Please use Present *Plan Notes: *Continue curr *Dressing chan *Refer to wour *Please use Present *Plan Notes: *The Progress Notes dat documented, Health St Wound Clinic to follow sent for referral. Appoint for Friday at 7:30 a.m. Atransport to set up transport to set up transp	plantar foot with eschar. vound. Will discontinue triple distart betadine and refer to ns: nd clinic evalon boots as ordered. ent level of care. ges as above. nd clinic. ed 9/01/2023 at 12:36 p.m. atus, Note Text: Call placed to up on information that was ntment scheduled at this time Awaiting call back from				Page 8 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 Iowa Code section 135C.43A (2013).

Date

Facility Administrator

Citation Number #10101	er:				ate: Iovemb	per 9, 2023
	abilitation Care Center		Survey D	9 – 25, 202	23	
1501 Office Par	s/City/State/Zip	СР		5 _5, _5_	-0	
West Des Moin		<u> </u>				
Rule or		<u> </u>				Correction
Code Section	Natur	e of Violation	Class	Fine Amo	ount	date
		5 · 1 · 11 · "			1	
	~	Resident unable to swallow				
	-	edication. Call placed to to Emergency Room. Call				
		essage on cell phone of				
		red to emergency room.				
	resident being transferr	ed to emergency room.				
	The Progress Notes date	ed 9/12/2023 at 11:02 p.m.,				
	•	t: Call placed to Hospital to				
	check in on resident ad	mitted to Critical Care Unit				
	(CCU) Admitting Diagno	osis: Sepsis				
	The Pre-Arrival Summa	ry dated 9/12/2023 at 7:14				
		ent was brought into the				
	emergency department	_				
	twitching this morning					
	The Emergency Room n	notes dated 9/12/2023 at 7:15				
	~ ,	patient present with weakness				
		was just prior to arrival. The				
	character of symptoms	is generalized. Patient was ok				
		bed at 11:00 p.m., but when				
	they woke her up at 5:0	00 a.m., patient was less alert				
	• .	ility on emergency medical				
	· ·	vas more alert and oriented				
		blood pressure. Patient				
	• •	ival but arousable to voice and				
		Chronic right foot ulceration.				
	skin appears to be warr	n, dry with large necrotic				

Facility Administrator

Date

Citation Number #10101	er:				ate: Iovemb	per 9, 2023
Facility Name: Pine Acres Reh	abilitation Care Center		Survey D			
1501 Office Par		СР	October 9 – 25, 2023			
West Des Moin	les, IA 50265					
Rule or Code Section	Natur	e of Violation	Class	Fine Amo	ount	Correction date
	and warmth. Antibiotic right foot as source of s soft tissue infection of r. The Hospital Progress n a.m., documented, 70-y of end stage renal disea presents with septic should soft tissue infection on of the right lower extre Reviewing with the patifoot wound measuring somewhat deep. Patien necrotic wound on the the right foot. The Pharmacy Antibioti 9/12/2023 at 1:36 p.m. into the emergency deptwitching this morning at that time was noted to colonic chronic foot wo appearing somewhat dehave been dealing with	, documented patient brought partment due to confusion and at 5:00 a.m. Blood pressure be 70/59. Patient has large und measuring 4 cm by 4 cm eep. Facility nurse reports they this foot wound for the last 3 ad wound care consulted, with				
						Page 10 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

Facility Administrator

	abilitation Care Center s/City/State/Zip rk Road	СР	Date: November 9, 2023 Survey Dates: October 9 – 25, 2023			ber 9, 2023
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	documented, patient wideformity, chronic right *Right foot x-ray, numedistal fifth metatarsal a the distal fifth metatarsal a the distal fifth metatars *Sepsis Today's Plan= consulted prognosis of right lower discussed at length risk with guillotine amputate comfortable, patient agamputation this evening ankle guillotine amputation this evening ankle guillotine amputation the Podiatrist Surgery Fat 6:21 p.m., document forefoot ulcer, necrotic ulcer/cellulite/developi osteomyelitis, poor proextremity limb salvage, The Vascular Amputation 9/12/2023 at 9:21 p.m., diagnosis= septic right oinfection, with hypoten right foot amputation.	erous gas bubbles overlying the and abnormal appearance of sal suspicious for osteomyelitis d with podiatry for poor extremity limb salvage, and benefits of proceeding tion versus keeping the patient greed to proceed with g. will perform right above ation. Progress Note dated 9/12/2023 and, resident with plantar left right forefoot approach to probable				

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 lowa Code section 135C.43A (2013).

Page 11 of 49

Citation Number #10101	er:				Date: Novemb	per 9, 2023
Facility Name: Pine Acres Reh	abilitation Care Center		Survey D		222	
Facility Address 1501 Office Par West Des Moin		СР	October 9 – 25, 2023			
Rule or Code Section	Natur	e of Violation	Class	Fine An	mount	Correction date
	to have deep space tentissue in the lateral food inverted, due to Charco The History and Physica 9/13/2023 at 2:48 p.m. emergency department that she got confused. It has a large right colonic measuring 4 cm by 4 cm Patient was evaluated a personally reviewed an bubbles overlying the dabnormal appearance of suspect osteomyelitis. Olower extremity covere swelling and erythema bandaging. The Vascular Operative 2:40 p.m., documented sepsis/right foot osteor right ankle guillotine an below knee amputation	al Consultation dated , documented on arrival to the c on 9/12/2023, patient reports Reviewing with the patient she c chronic foot wound n appearing somewhat deep. at the bedside. Right foot x-ray d was significant for gas istal fifth metatarsal and of the distal fifth metatarsal Guillotine amputation of right d in surgical bandages with appreciated proximal to Notes dated 9/20/2023 at pre-operative diagnosis= nyelitis/status post urgent nputation. Procedure=right al Consultation report dated				Page 12 of 4 9

. ago := 0

Facility Administrator

Date

Citation Number: #10101					Date: Novemb	per 9, 2023
	ilitation Care Center		Survey D	Dates:	22	
Facility Address/City/State/Zip 1501 Office Park Road West Des Moines, IA 50265		СР	October	3 – 23, 20		
	, 50200					
Rule or Code Section	Natur	e of Violation	Class	Fine Am	ount	Correction date
9 m n cl la a o ti a si tr si o (a si la 9 * Co a * o a	nedical service as an entursing home. Reported hronic foot wound meast 3-4 weeks, her norm bout 5:00 a.m., this mobjectively alert and origine which is her baseling rousable but only alert ituation. She was found ransferred to the Intenupport. Septic Shock we figher right foot and postatus/post guillotine are status/post below 1/20/2023. Assessment foot and postatus Route Right foot osteo oot gangrene. Chronic Diabetic right charcot foot deformity imputation 19/12/2023, right foot overlying the distal fifth	morning by the emergency mergent transfer from a local dly she was confused and has a asuring 4 cm by 4 cm for the mal self yesterday, however at orning she was no longer ented to person, place and ne. Patient was lethargic, at to persons, place, or time or d to be in septic shock and sive Care Unit for pressor was secondary to osteomyelitis sitive culture for proteus scular was consulted and mputation on 09/12/2023 and knee amputation on				Page 13 of 4

Facility Administrator

Facility Addres 1501 Office Pa West Des Moir	abilitation Care Center s/City/State/Zip rk Road	СР	Date: November 9, 2023 Survey Dates: October 9 – 25, 2023 Correcti			
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	"			11		
	amputation, ulcer with osteomyelitis, margins in the Hospital Progress in p.m., documented the lipresented to the emerging home on 9/12/2 weakness/lethargy, right hypotension. Patient with right foot osteomy. Intensive Care Unit for started on broad spectric surgery was consulted an ankle amputation on 9/1 to the operating room of the knee amputation. Proceedings and the subcutaneous tissue in calcifications tibia artern grossly viable tissues. Interview on 10/9/23 are confirmed and verified emergency guillotine and below the knee amputation they were not aware of was necrotic and had garen.	notes dated 10/10/2023 at 3:42 mospital course, patient initially gency department from local 2023, due to not foot wound and as found to be in septic shock relitis. Patient was admitted to pressor support and was rum antibiotics. Vascular and patient underwent right 12/2023 and then on returned on 9/20/2023 for right below rathology showed nonviable rolving stump, focal ies, and excision margin with				

Page **14** of **49**

Facility Administrator Date

Citation Number #10101	er:		Date: November 9, 2023			
	abilitation Care Center		Survey [Dates:	123	
1501 Office Par West Des Moin		СР	Guidaci			
Rule or Code Section	Natur	e of Violation	Class Fine Amount date			
	Interview on 10/16/23 (licensed practical nurse confirmed and verified documentation of the vompleted on Resident also confirmed and verified and complete baths as Interview on 10/16/202 administrator, confirmer record lacked documents being completed it is the expectation of weekly and the facility was use the resident receivable. Interview on 10/17/23 confirmed and verified record lacked any documents being completed in the resident receivable.	at 4:45 p.m., Staff I, LPN				
						Page 15 of 4

Facility Administrator

Citation Number: #10101				Date: Novem	ber 9, 2023
Facility Name: Pine Acres Rehabilitation Care Cent	er	Survey I		2023	
Facility Address/City/State/Zip 1501 Office Park Road West Des Moines, IA 50265	СР	Cetober			
Rule or Code Section Na	ture of Violation	Class	Fine A	mount	Correction date
Advanced Registere aware of the necrot lateral plantar foot 8/28/2023 and expl have the resident se facility would of info was not seen at the Resident #12 to the given due to the are expected the facility changes. Completing an Accur Pressure Injuries, Fadate, revealed that assess the resident' resident receives and the resident's status staff that are qualificand knowledge about strengths, and areas Why Its Done- to accept the status.	23 at 9:45 a.m., the facility d Nurse Practitioner (ARNP) was ic area on Resident #12's right with eschar from a visit on ained that an order was given to en at the wound clinic and if the ormed the ARNP that Resident #12 wound clinic an order to send Emergency room would of been a being necrotic and would of to notify and inform of any rate Assessment Regarding cility Policy and Practice with nothe assessment must accurately a status and to assure that each accurate assessment reflective of at the time of the assessment by ed to assess relevant care areas at the resident status, needs, of decline.				

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

Date

Facility Administrator

	abilitation Care Center s/City/State/Zip rk Road	СР	Date: November 9, 2023 Survey Dates: October 9 – 25, 2023			
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	manual (utilization guid section M and Care Are a. Staff appropriate) b. Obsect. Medic Complete the Electronic Record (EMAR), skin ass Go to assessments, ope Complete for date sche and document in assess	member interviews (if ervations/wound assessments cal Record review c Medication Administration sessment in EMAR en up weekly skin review. duled. If new area, measure sment. open risk management. and Power of Attorney				
58.28(3)e	facility shall be respons maintenance of a safe e personnel. (III). 58.28(3) Resident safet e. Each resident shall re	rceive adequate supervision to from self, others, or elements	CLASS I	\$7,000 (HELD SUSPEN	IN	UPON RECEIPT

Facility Administrator Date

Citation Number: #10101 Facility Name: Pine Acres Rehabilitation Care Center			Survey D	Dates:	Date: Novemb	per 9, 2023
	s/City/State/Zip k Road	СР	October			
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	interviews, and facility p	clinical record review, staff policy review, the facility failed				
	to ensure two (2) of five reviewed (#1 & #4), rec protect against hazards revealed Resident #1 re with a gait belt for transapproximated 6:00 a.m Assistant (CNA) assisted without a gait belt. Dur became anxious, was walloud sound and lower Resident #1 sustained a required hospitalization facility failed to provide for Resident #4 identified exit seeking and trespassions Staff B, CNA left Resident #4 exit authorization. The facili residents. Findings include:					
						Page 18 of 4 9

Facility Administrator

Citation Number: #10101					Date: Novemb	per 9, 2023	
Facility Name: Pine Acres Rehabilitati	on Care Center		Survey D		.022		
Facility Address/City/S 1501 Office Park Road	•	СР	October				
West Des Moines, IA 5	U265						
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date	
with a docum Menta cogniti include and an staff for toilet or falls sin A Nursidentiff self-ca level or interversassista walker plan for impair neuror of meditative is wear related and im	reference date of nented a score of al Status (BIMS) to live impairment. The ded dementia, osteror bed mobility, to use, and personal nece reentry. Sing Care Plan data fied a focus area: re deficit, with a life function, and dispatched in the following in the following in the following is ring proper footwalt of alls which in	um Data Set (MDS) assessment f 6/28/23 for Resident #1 10 of 15 on Brief Interview for est which indicated moderate. The resident had diagnoses that eoporosis, muscle weakness, ed extensive assistance of one ransfer, ambulation, dressing, hygiene. The resident had no seed as initiated on 8/1/22 ADL (Activities of Daily Living) goal of maintaining current frected the following and ambulates with the mber and FWW (four wheeled in assist for toileting. The care resident has had falls related to safety awareness, anal impairment and/or the use by increase fall risk, with a goal mo serious injury from falls, and interventions: Ensure resident wear, follow all facility protocol cluded: report, investigate, intion and long-term				Page 19 of 4	
Facility Admin					_	Page 19 of 4	

Facility Name: Pine Acres Rehabilitation Care Center Facility Address/City/State/Zip 1501 Office Park Road West Des Moines, IA 50265 Rule or Code Section Nature of Violation Class Fine Amount Correction date A Fall Risk Assessment dated 5/10/23 documented a score of 18 which indicated a high risk of falls. Observation on 10/18/23 at 2:15 p.m. Resident #1 was observed to transfer. Resident appeared anxious, and was noted to shakily and unpredictably mover her arms, and yell out in a high-pitched tone. A Progress Note dated at written by Staff C, Registered Nurse (RN) at 6:29 a.m. 8/19/23 documented that Staff C was alerted by the CNA that the resident had been lowered to the floor on 8/19/23 at 6:03 a.m. in the resident's restroom. Staff C assessed and suspected a right shoulder injury for the resident. The resident was placed in a wheelchair and a call to the on-call was placed to obtain permission to send to the local hospital.	Citation Number #10101	er:				Date: Novemb	per 9, 2023
Table of Section Rule or Code Section A Fall Risk Assessment dated 5/10/23 documented a score of 18 which indicated a high risk of falls. Observation on 10/18/23 at 2:15 p.m. Resident #1 was observed to transfer. Resident appeared anxious, and was noted to shakily and unpredictably mover her arms, and yell out in a high-pitched tone. A Progress Note dated at written by Staff C, Registered Nurse (RN) at 6:29 a.m. 8/19/23 documented that Staff C was alerted by the CNA that the resident had been lowered to the floor on 8/19/23 at 6:03 a.m. in the resident's restroom. Staff C assessed and suspected a right shoulder injury for the resident. The resident was placed in a wheelchair and a call to the on-call was placed to obtain	Pine Acres Reh			-		022	
A Fall Risk Assessment dated 5/10/23 documented a score of 18 which indicated a high risk of falls. Observation on 10/18/23 at 2:15 p.m. Resident #1 was observed to transfer. Resident appeared anxious, and was noted to shakily and unpredictably mover her arms, and yell out in a high-pitched tone. A Progress Note dated at written by Staff C, Registered Nurse (RN) at 6:29 a.m. 8/19/23 documented that Staff C was alerted by the CNA that the resident had been lowered to the floor on 8/19/23 at 6:03 a.m. in the resident's restroom. Staff C assessed and suspected a right shoulder injury for the resident. The resident was placed in a wheelchair and a call to the on-call was placed to obtain	1501 Office Par	k Road	СР	October	9 – 25, 20	U23	
score of 18 which indicated a high risk of falls. Observation on 10/18/23 at 2:15 p.m. Resident #1 was observed to transfer. Resident appeared anxious, and was noted to shakily and unpredictably mover her arms, and yell out in a high-pitched tone. A Progress Note dated at written by Staff C, Registered Nurse (RN) at 6:29 a.m. 8/19/23 documented that Staff C was alerted by the CNA that the resident had been lowered to the floor on 8/19/23 at 6:03 a.m. in the resident's restroom. Staff C assessed and suspected a right shoulder injury for the resident. The resident was placed in a wheelchair and a call to the on-call was placed to obtain		Natur	e of Violation				
In an interview on 10/16/23 at 4:05 p.m., Staff C, RN recalled he had been called to Resident #1's room by Staff A, CNA who had alerted resident was on the floor. Staff C stated responded immediately and found resident on the floor near the toilet in her room. Confirmed Staff A had been the only staff person in the room at the time of the fall, and had reported resident had lost balance during transfer, was flailing		Observation on 10/18/2 was observed to transfer and was noted to shaking arms, and yell out in a half and was noted to shaking arms, and yell out in a half and was noted to shaking arms, and yell out in a half and yell out in a half and yell out in a half and was noted to the resident had been to a sessed and suspect the resident. The resident and a call to the on-call permission to send to the interview on 10/1 recalled he had been call and the staff A, CNA who had a floor. Staff C stated resident on the floor neconfirmed Staff A had be the room at the time of	ated a high risk of falls. 23 at 2:15 p.m. Resident #1 er. Resident appeared anxious, ly and unpredictably mover her nigh-pitched tone. at written by Staff C, at 6:29 a.m. 8/19/23 C was alerted by the CNA that owered to the floor on the resident's restroom. Staff ed a right shoulder injury for ent was placed in a wheelchair was placed to obtain he local hospital. 6/23 at 4:05 p.m., Staff C, RN alled to Resident #1's room by lerted resident was on the ponded immediately and found ear the toilet in her room. Deen the only staff person in the fall, and had reported				Page 20 of 4 :

Facility Administrator

Citation Number	er:				Date:	
#10101					Novem	ber 9, 2023
						•
Facility Name:			Survey D	ates:		
-	abilitation Care Center		,			
			October	9 – 25. 2	2023	
-	s/City/State/Zip					
1501 Office Par		СР				
West Des Moin	ies, IA 50265					
Rule or						Correction
Code Section	Natur	e of Violation				date
Code Section	Ivatui	c or violation	Class	Tille	inount	uate
	around and hout the ar	m while being lewered to the				
		m while being lowered to the				
	ground.					
	In an interview on 10/1	C/22 at 2.52 a Staff D				
	-	n an interview on 10/16/23 at 2:52 p.m., Staff D, icensed Practical Nurse (LPN) confirmed that she had				
	responded to the room to assess Resident #1 who was on the floor and yelling in pain. Staff D, recalled that					
	the resident had complained of right arm pain. Staff D					
		stated after the assessment the staff had assisted the				
		with a gait belt. Staff D stated				
	•	taff to use a gait belt for all				
		Staff D stated that Staff A had				
		ne resident over to the toilet				
		ailing around and Staff A, CNA				
	lowered the resident to	the floor.				
		6/23 at 2:59 p.m., Staff A, CNA				
		approximately 6:00 a.m. she				
		care to Resident#1. The				
		se the bathroom, so Staff A				
		walk to the bathroom with				
		bathroom, Staff A started to				
		lent with her clothing. Staff A				
		ecame hysterical without				
	warning and started fla	_				
	· ·	a sound like clothes ripping,				
		t's arm was limp and lowered				
	resident to the floor. St	taff A denied that she had seen				

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 lowa Code section 135C.43A (2013).

Page **21** of **49**

Citation Number #10101	er:				Date: Noveml	per 9, 2023
	abilitation Care Center		Survey Dates: October 9 – 25, 2023			
Facility Addres 1501 Office Par	s/City/State/Zip rk Road	СР	October	<i>3</i> – 23, 20	/23	
West Des Moir	nes, IA 50265					
Rule or Code Section	Natur	e of Violation	Class	Fine Am	nount	Correction date
	that she had not used a transfer resident. Staff anticipated that she wo belt was available in the wearing one. Staff A st have used a gait belt, be one and didn't. Further 5:18, Staff A clarified the by grasping the waist of denied that she had graat any time. In an interview on 10/1 Administrator and Interstated that they had questioned the resident message that she had to	rim Director of Nursing (IDON) lestioned how Staff A had t and had received a text ransferred by grasping at the				
	previous DON if a gait be previous DON had resign question. An investigation self-resthe Department by the Resident had a fall with resident was in the rest	The IDON had questioned the belt had been used, but the gned without answering her port amendment submitted to facility included the following; injury on 8/19/23. The groom and staff were assisting proom. The resident grabbed				Page 22 of 4

Facility Administrator

Citation Number #10101	er:				Date: Noveml	ber 9, 2023
	abilitation Care Center		Survey D		2023	
1501 Office Park Road West Des Moines, IA 50265		СР				
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	heard a "pop" in the resemble of the nurse. Resident ass Emergency Room (ER) for reported to have a fract Resident admitted to he A Hospital Operative Redocumented a preoper displaced, comminuted humerus (upper arm be documented resident scinjury. Decision was material fracture. Review of a facility policity dated 4/2/22 directed that cannot independent the purpose of safety. Following guidelines: Reto ensure they have a good times when at work. Famay result in termination 2. The Quarterly MDS a date of 9/3/23 for Resident assumes the purpose of the purp	ative diagnosis of closed right (broken in numerous pieces) one) fracture. History ustained a fall resulting in the ade to operatively repair the cy titled, Use of Gait Belt, to use gait belts with residents on the policy included the esponsibility of each employee cait belt available for use at all ilure to use gait belt properly				

Page 23 of 49

Facility Administrator

Citation Number: #10101					Date: Novem	ber 9, 2023
Facility Name: Pine Acres Rehabilitation	n Care Center		Survey D			
Facility Address/City/Sta 1501 Office Park Road West Des Moines, IA 502		СР	October	9 – 25, 2	2023	
West bes Womes, IA 302	.03					
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
The resident anxiety, transfer, personal behavior wanderi A Nursin identifie episodes combatimedicati following ordered, and safe manner, take to a the resident which disigns of from uncommun. The Nursin identifie episodes combatimedicati following ordered, and safe manner, take to a the resident which disigns of from uncommun.	dent had diagnored dementia and it ambulation, delaygiene. The first symptoms deng occurred 1-3 general symptoms are as of behaviors area of behaviors area of directives: Additional alternate location oncoming behaviors. And it are elopement of attempts to least an elopement of attempts to least an elopement of attempts to least an elopement of attempts to least ambulatempts to least an elopement of attempts to least ambulatempts ambulatempts to least ambulatempts ambulatemp	oderate cognitive impairment. oses that included a stroke, independent bed mobility, ressing, toilet use, and MDS documented that verbal irected towards others and 3 days. ted as initiated on 2/20/23 as follows; Resident has as evidenced by being rbalizations, refusal of a Care Plan included the aminister medications as accessary to protect the rights pproach/speak in a calm an, remove from situation and an. Minimize the potential for a behaviors by offering tasks Observe for early warning aviors. Call by name. Remove a Utilize the language line for further identified a focus area: risk/wanderer related to eave facility unattended, a less dated as initiated on				Page 24 of 4

9

Facility Administrator Date

Citation Numb #10101	er:				Date: Novem	ber 9, 2023
Facility Name: Pine Acres Reh	abilitation Care Center		Survey D	ates:		
1501 Office Pa		СР	October	9 – 25, 2	2023	
West Des Moir	nes, IA 50265					
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	facility unattended and directives: 8/7/23 Residen facility: monitor hours of skilled door to remind, place and redirect as ap 9/23/25 Resided due to extreme behavior evaluation 9/25/23 Resided facility, 1:1, wander guan Disguise exits: of tape floor Distract resider pleasant diversions, structures and dentify pattern as appropriate Provide structures and men Wander alert devery night and replaced appropriately. When resident	t attempted to leave the of sleep, stop sign place on continue wander guard in opropriate. Int attempted to leave facility, ors sent to hospital for int attempted to leave the ard in place cover door knobs, handles and int from wandering by offering uctured activities, food, in, book in of wandering, and intervene ired activities: toileting, walking rientation strategies including mory boxes. Evice, verify device is working if it is not functioning wants to go outside assist the resident refuses to re-enter the				

Page **25** of **49**

Facility Administrator

	abilitation Care Center s/City/State/Zip k Road	СР	Date: November 9, 20 Survey Dates: October 9 – 25, 2023			ber 9, 2023
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
"				<u> </u>		
	A Nursing Progress noted Staff E, Licensed Practice 9/27/23 at 9:50 p.m. showhen the door alarm gothe door at the bottom Staff E ran to the door at in the parking lot sitting to the bottom of the hill responded. Approache fists, and throwing rock assistance, resident was buildings. Assisted to he fluids. One on one assignift with new staff men will continue through the In an interview on 10/1 stated on 9/27/23 on the	ocumented that alarms activity room door where be outside. Resident aiday with daughter. Institute of the color of the color of the 200 halls was sounding. In wheelchair self-propelling and exited and found resident as in wheelchair self-propelling and exited and found resident as in wheelchair self-propelling and exited and found resident as in wheelchair self-propelling and exited and found resident as in wheelchair self-propelling and exited and found resident as in wheelchair self-propelling and exited and found resident as in wheelchair self-propelling as Police were summoned for as returned inside facility is room and given snacks and gned to resident for the night of the one on one supervision				Page 26 of 4 8

Facility Administrator

Date

Citation Number #10101	er:				Date: Novem	ber 9, 2023
	abilitation Care Center		Survey D		2022	
1501 Office Par		СР	October 9 – 25, 2023			
West Des Moines, IA 50265						
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
		aviors and elopement risk.				
		ad observed Staff B on a hand-				
		held electronic device during the shift so he reminded Staff B that she was supposed to be watching the				
		ted that he felt Staff B was not				
		esident so he helped out by ating the resident's needs. Staff				
		ork at approximately 9:45 p.m.				
		e front desk with the resident				
	and he had assured tha	t staff knew that he was				
		sponded that a one on one for				
		ia and behaviors is required to				
		focused on the resident so you				
	can quickly identify cha	ted that he would not leave a				
	•	attended unless he had been				
	assured that someone					
		to provide 1 on 1 supervision.				
	<u> </u>	6/23 at 12:42 p.m., Staff E LPN				
	stated that she worked					
		ved at work she passed Staff F,				
		Staff E reported that she was I been initiated for the resident				
		and that the resident had				
		pervision previously. Staff E				
		ed Staff B CNA was at the front				
		the 1 on 1, however Resident				
1	,	,	1			Dawa 27 of 4

Page **27** of **49**

Facility Administrator Date

Citation Number #10101	er:				Date: Noveml	ber 9, 2023
Facility Name: Pine Acres Reh	abilitation Care Center		Survey D		.022	
Facility Address 1501 Office Par	s/City/State/Zip rk Road	СР	October	9 – 25, 2	.023	
West Des Moines, IA 50265						
Rule or		far alare	Ol	5 1 4		Correction
Code Section	Natur	e of Violation	Class	Fine A	mount	date
	with the resident and Stand stated that she need denied that she had asshad been assigned to an break. At that same tin sounded and Staff E resfacility and noted that twith two oncoming staff stayed with the resident inside the facility and 1 Staff E, LPN stated she wassigned to 1 on 1 superat all times, to anticipate behaviors, and keep saff would never expect stated the staff person assigned to resident behaviors as the staff person assigned to resident as the staff person assigned to resident behaviors as the staff person assigned to resident as the staff person assigned to resident as the staff person as the staff per	If E questioned Staff B who was taff B shrugged her shoulders eded a break, Staff B then sured responsibility for 1 on 1 mother staff person to take the 200 halls exit alarm sponded. Staff Ee exited the che resident was outside but on 1 supervision reinstated. Would expect a staff person rision to be with that resident the needs, redirect, diffuse of the leave resident unattended signed to the 1 on 1 would be elp, have someone else fore leaving their responsibility ober. 2/23 at 12:30 p.m. Staff B, CNA been assigned the 1 on 1 that the stated that she should not on 1 that she should not on 1 that she should not on 1 the breakroom unless sponsibility for Resident #4.				
						Page 28 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

Facility Administrator

Citation Number #10101	er:				Date: Novem	ber 9, 2023
	abilitation Care Center s/City/State/Zip		Survey D		2023	
1501 Office Park Road West Des Moines, IA 50265		СР				
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	would you leave a reside supervision unattended. An Interdisciplinary Teata.m., initiated by the Docomplete skin assessment completed with no skin wander guard in place. Review of an Employee 9/27/23 documented the suspension for an occur Staff B was assigned to resident that eloped on Review of a facility Staff attendance sign in sheet staff were educated the eyesight at all times. Observation on 10/11/2 exit was alarmed but no Observation revealed a an exterior alarmed exident.	Im Note dated 9/28/23 at 9:51 ON documented that a ent of the resident was issues. Continue 1 on 1, Disciplinary Form dated hat Staff B, CNA was issued a rence that was described as: resident #4 as a 1 to 1 for 19/27/23. In-Service Training et dated 9/27/23 documented at for a 1 to 1, keep resident in 23 at 3:00 p.m. the 200-door				

Page **29** of **49**

Facility Administrator Date

		.				
Citation Number	er:				Date:	
#10101					Novem	ber 9, 2023
Facility Name:			Survey D	ates:		
Pine Acres Reh	abilitation Care Center		_			
Facility Address	s/City/State/Zip		October	9 – 25, 2	2023	
1501 Office Par	k Road	СР				
West Des Moin	es, IA 50265					
Rule or						Correction
Code Section	Natur	e of Violation	Class	Fine A	mount	date
	The DON provided a scr	reenshot from her cell phone				
	•	n 9/25/23 at 11:00 p.m. that				
	directed Resident #4 re	quired 1 to 1 supervision.				
		·				
	The facility was unable	to provide a facility policy that				
	addressed the responsi	bility of a 1 to 1 situation.				
58.43(9)	• • •	dent abuse prohibited. Each	CLASS I	\$19,50		UPON
		nd and considerate care at all		(\$6,500	0.00X3)	RECEIPT
		from mental, physical, sexual,				
	•	pitation, neglect, and physical		(TREBL	ED)	
		all be free from chemical and				
		pt as follows: when authorized		/11515		
	•	n for a specified period of time;		(HELD		
	-	mergency to protect the		SUSPE	NSION)	
	• •	the resident or to others, in				
	which case restraints m	l personnel who promptly				
		to the physician; and in the				
	•	disabled individual when				
	•	physician and authorized by a				
	designated qualified int	• •				
		ring behavior modification				
		apports used in normative				
		dependent adult abuse.				
	Allegations of depender	•				
	•	ed pursuant to Iowa Code				
	chapter 235E and 481-	-				

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 lowa Code section 135C.43A (2013).

Page 30 of 49

Facility Address 1501 Office Par West Des Moin	abilitation Care Center s/City/State/Zip rk Road	СР	Date: November 9, 202: Survey Dates: October 9 – 25, 2023 Correct			
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	date
	interview and facility por thoroughly investigate a and separate an alleged (Resident #11), for 2 of 09/10/2023, Staff N, Ce reported as being rough repositioning by "jerking #11's neck and then Sta	clinical record review, staff olicy review the facility failed to a major injury (Resident #1) dabuser from the victim 5 residents reviewed. On extified Nurse's Aide (CNA) was n with Resident #11 during g and pulling" on Resident eff N continued to work the .0/2023 and also the entire				
	shift on 09/11/2023, ca other vulnerable reside Immediate Jeopardy to security of the resident. 6:00 a.m., Staff A, Certif assisted Resident #1 to resident became anxiou A heard a loud sound ar floor. Resident #1 susta required hospitalization investigation failed to ic failed to use a gait belt facility reported a censu					

Page 31 of 49

Facility Administrator

Citation Number: #10101					Date: Novemi	per 9, 2023
	ilitation Care Center		Survey Dates: October 9 – 25, 2023			
Facility Address/City/State/Zip 1501 Office Park Road West Des Moines, IA 50265		СР	October	9 – 25, 2	2023	
				П	_	
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
Fi	inding include:					
(Nda Ca A ag ai for both not for full or more for in as in which we have the second or	MDS) for Resident #11, ated 9/25/2023, docur rancer, Osteoporosis, Nanxiety, Bipolar Disorder gitation. The MDS revend long-term memory or decision making abilitehavioral symptoms directly of the cares, and rector all aspects of daily light unctional limitations in ower extremities and the care Plan with a initiative production of transportation. The Care Plan with a initiative production of the care production of the care with the care production of the	irected towards others, does quired total assist of two staff ving. The MDS revealed no range of motion to upper or he wheelchair as primary. Itiated date of 11/10/2021 elf-care deficit as evidenced by h activity of daily living (ADL's), g transitions requiring ng, incontinence Dx: conormal posture, muscle bry of cancer, glaucoma, e. Interventions include: rovide peri-care with every				Page 32 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 Iowa Code section 135C.43A (2013).

Date

Facility Administrator

Citation Number: #10101 Facility Name: Pine Acres Rehabilitation Care Center Facility Address/City/State/Zip 1501 Office Park Road West Des Moines, IA 50265	СР	Survey [October	Dates: 9 – 25, 2		per 9, 2023
Rule or Code Section Natur	e of Violation	Class	Fine A	mount	Correction date
lift *Use full body slings fo *EATING: Assist x 1- De *Ask yes/no questions determine needs. An Incident Summary R 5:20 p.m. documented occurred dated 9/10/20 this writer received a st Director of Nursing (AD p.m., in regards to an a employee Staff M, CNA CNA. The employee ind room at breakfast and st the side of her chair wit rest and her arm hangin chair. Staff reported the and indicated she did n employee was new to t waited for Staff N to co indicated that when Sta resident that Staff N "je resident's top half mov resident is extremely co	•				Page 33 of 4 9

Facility Administrator Date

Citation Number #10101	er:				ate: lovemb	per 9, 2023
	abilitation Care Center		Survey D		12	
Facility Addres 1501 Office Par	s/City/State/Zip rk Road	СР	October	October 9 – 25, 2023		
West Des Moir	nes, IA 50265					
Rule or Code Section	Natur	e of Violation	Class	Fine Amo	ount	Correction date
	The Progress Notes dat	ed 9/11/2023 at 3:58 p.m.,				
	documented as follows Staff M reported that o					
		n tray noted that Resident #11 wheelchair with her head Staff M attempted to				
	reposition her and aske stated that Staff N, put	d Staff N, to assist. Staff M, her hand on Resident #11 top				
	trying to reposition her	on Resident #11 neck when Staff M could not say for sure ne with the intent of "Harming				
	the resident". She was though it was	unable to give further details s s "rougher" then was				
	head/forehead, no redr	nurse reviewed skin around ness, bruises or abrasions were dent did not appear to be in				
	pain at this time. Reside	ent is primarily non-verbal. She ds a voice or person. She was				
	has very poor truck con	er norm at this time. Resident trol and is regularly in a				
		e prefers to lean or lay on her mes kick her legs out or wiggle this with purpose.				
	On 10/10/2023 at 10:12 and verified that the fac	2 a.m., Staff M, CNA confirmed				
		0/10/2023 right after breakfast.				
						Page 34 of 4

Facility Administrator

	abilitation Care Center s/City/State/Zip rk Road	СР	Survey D October			oer 9, 2023
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	M, CNA, reported the a facility nurses on 09/10 breakfast meal. Interview on 10/11/202 confirmed and verified their entire shift on 9/1 shift on 9/11/2023 with Interview on 10/17/202	onfirmed and verified that Staff llegation of abuse to the /2023, sometime after the 23 at 2:30 p.m., Staff N, CNA, that they continued to work 0/2023 and also their entire all the residents in the facility.				
	CNA, continued to work 9/10/2023 and 9/11/20 to separate the alleged The Employee Timecard 09/10/2023 to 09/23/20 punched in on: *9/10/2023 at 5:51 a.m. p.m. *9/11/2023 at 5:52 a.m. p.m. The Abuse, Neglect and	·				

Facility Administrator

Date

Citation Number #10101	er:				Date: Novem	ber 9, 2023
Facility Name: Pine Acres Reh	abilitation Care Center		Survey D			
1501 Office Par		СР	October	9 – 25, 2	2023	
West Des Moines, IA 50265						
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	of each resident by dev written policies and pro prevent abuse, neglect, misappropriations of re *Procedure for Respons Abuse/Neglect/Exploita When suspicion of abus reports of abuse/neglect following procedure wil 1. The Licensed Nurse w	sident's property. Se and Reporting Allegations of ation: Se/neglect/exploitation or ct/exploitation occur, the ll be initiate. Vill: e needs of the resident and arther incident/ccuse employee from resident ector of Nursing or designee ministrator or designee ending physician, residents'				

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 lowa Code section 135C.43A (2013).

Page 36 of 49

Citation Number #10101	er:	Date: November 9,			per 9, 2023	
Facility Name: Pine Acres Reh	abilitation Care Center		Survey D		•	
1501 Office Par		СР	October			
West Des Moin	les, IA 50205					
Rule or Code Section	Natur	e of Violation	Class	Fine Amo	ount	Correction date
	required extensive assist mobility, transfer, ambit and personal hygiene. The reentry. A Nursing Care Plan data identified a focus area: self-care deficit, with a level of function, and distinct interventions: Transfers assistance of 1 staff me (FWW), and one person Plan further identified reimpaired balance, poor neuromuscular/function of medications that mathat resident will have redirected the following it is wearing proper footwore related to falls which in and immediate interversinterventions.	s and ambulates with the mber and four wheeled walker assist for toileting. The Care resident has had falls related to safety awareness, nal impairment and/or the use y increase fall risk, with a goal no serious injury from falls, and interventions: Ensure resident wear, follow all facility protocol cluded: report, investigate, intion and long-term				
						Page 37 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

Facility Administrator

Citation Number: #10101 Facility Name: Pine Acres Rehabilita Facility Address/City, 1501 Office Park Roa West Des Moines, IA	/State/Zip d	СР	Survey D October			ber 9, 2023
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
was and arms A Pro (RN) was loweresid right when obta On 1 beer had reporther resid flailing to the in a process of the residence of the res	observed to transferwas noted to shakills, and yell out in a hogress Note writter at 6:29 a.m. 8/19/2 alerted by the CNA ered to the floor on dent's restroom. Stashoulder injury. The elchair and a call to in permission to se and the resident of the resident of the floor of the	at 2:15 p.m. Resident #1 er. Resident appeared anxious, ly and unpredictably move her high-pitched tone. The by Staff C, Registered Nurse 23 documented that Staff C that the resident had been 8/19/23 at 6:03 a.m. in the aff C assessed and suspected a he resident was placed in a the on-call was placed to and to the local hospital. The m., Staff C, RN recalled he had at 1's room by Staff A, CNA who ent was on the floor. Staff C anded immediately and found or near the toilet in her room. The fall, and had reported the ce during the transfer, was the arm while being lowered that the had documented hought someone else had eport. Staff C confirmed that isk assessment should be filled				

Page **38** 01 **4**3

Facility Administrator

Date

Citation Number	er:	Date: November 9, 20			ber 9, 2023	
Facility Name: Pine Acres Reha	abilitation Care Center		Survey D			
Facility Address 1501 Office Par West Des Moin		СР	October	9 – 25, 4	2023	
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	Licensed Practical Nurse responded to the room on the floor and yelling the resident had complete reported that after an a staff assisted the reside belt. Staff D stated that a gait belt for all staff as responded that Staff A resident over to the toil around and she lowered responded she had not that would have been that would have been that she filled out the incident rewas a fall, and the process and the fall in an interview on 10/1 recalled on 8/18/23, at had gone in to provide Resident requested to unassisted the resident to her walker. Once in the	10/16/23 at 2:52 p.m., Staff D, e (LPN) confirmed that she had to assess Resident #1 who was in pain. Staff D recalled that ained of right arm pain. Staff D assessment was completed and from the floor with a gait at she would expect staff to use assisted transfers. Staff D had reported trying to get let, the resident was flailing d her to the floor. Staff D filled out an incident report, he responsibility of Staff C, RN. He had assumed that he had apport due to the fact that there ess would be to do a fall-risk and to fully investigate the ll. 6/23 at 2:59 p.m., Staff A, CNA approximately 6:00 a.m. she care to Resident#1. The use the bathroom, so she walk to the bathroom with bathroom, the resident ff A reported to assist with				
						Page 39 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 Iowa Code section 135C.43A (2013).

Date

Facility Administrator

9

Citation Number #10101	er:		Date: November		per 9, 2023	
Facility Name: Pine Acres Reh	abilitation Care Center		Survey D			
Facility Address 1501 Office Par West Des Moin		СР	October	9 – 25, 2	023	
West Des World	ics, IA 30203					
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	the resident became hy started flailing her arms heard a sound like cloth resident's arm was limp the floor. Staff A denie strike arm on anything, had not used a gait belt resident. Staff A, clarifi anticipated that she we belt was available in the wearing one. Staff A st have used a gait belt, b one and didn't. Further 5:18, Staff A clarified that to the floor by grasping pants. Staff A denied the resident by the arm at a lin an interview on 10/1 Administrator stated the investigation to the presence completed, however, the Administrator's stated in the Administrator's	ould need a gait belt, no gait are room and she was not sated she knew that she should but would have had to go get interview on 10/17/23 at sat she had eased the resident the waist of the resident's at she had grasped the any time. 6/23 at 2:45 p.m. the at she had referred the vious DON. The Administrator				Page 40 of 4
					_	Page 40 of 4
Facilit	y Administrator	Dat	e			

Citation Number: #10101 Facility Name: Pine Acres Rehabilitation Care Center Facility Address/City/State/Zip 1501 Office Park Road			Survey D			per 9, 2023
West Des Moin		СР				
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	DON confirmed she had but could not recall the stated there should have completed. In an interview on 10/1 Administrator and Interstated that they had que transferred the resident message that she had to waist of the resident. The previous DON if a gait be DON had resigned with the Department by the Resident#1 had a fall we resident was in the rest to the resident to the begrabbed the grab bar for while assisting heard a sarm. Staff A lowered the notified the nurse. Rest the local Emergency Rorest and the state of the resident#1 sustained a state of the state of the state of the same and the state of the sta	rim Director of Nursing (IDON) lestioned how Staff A had t and had received a text ransferred by grasping at the The IDON had questioned the belt had been used, but the out answering her question. Peport Amendment submitted to facility included the following; ith injury on 8/19/23. The croom and staff were assisting athroom. The resident or assistance. Staff A, CNA "pop" in the resident's right he resident to the floor and ident#1 assessed and sent to				Page 41 of 4

1 ago 41 01 4

Facility Administrator

Date

			Date: Novemb	er 9, 2023
Facility Name: Pine Acres Rehabilitation Care Center	Survey D		122	
Facility Address/City/State/Zip 1501 Office Park Road West Des Moines, IA 50265 CP	October	9 – 25, 20)23 	
Rule or Code Section Nature of Violation	Class Fine Amount date			Correction date
A Hospital Operative Report dated 8/21/23 documented a preoperative diagnosis of closed right displaced, comminuted (broken in numerous pieces) humerus (upper arm bone) fracture. History documented resident sustained a fall resulting in the injury. Decision was made to operatively repair the fracture. Review of a facility policy titled, Use of Gait Belt, dated 4/2/22 directed to use gait belts with residents that cannot independently ambulate or transfer for the purpose of safety. The policy included the following guidelines: Responsibility of each employee to ensure they have a gait belt available for use at all times when at work. Failure to use gait belt properly may result in termination. Review of a facility policy dated as reviewed on 7/2023 included: Investigation of alleged abuse, neglect, and exploitation. An immediate investigation is warranted when suspicion of abuse, neglect, or exploitation, or reports of abuse, neglect or exploitation occur. Identifying and interviewing all involved persons, focusing the investigation on determining if abuse, neglect, exploitation and/or mistreatment has occurred, the extent, and the cause.				Page 42 of 4

Facility Administrator

Date

Citation Number: #10101 Facility Name: Pine Acres Rehabilitation Care Center Facility Address/City/State/Zip 1501 Office Park Road West Des Moines, IA 50265		СР	Survey D			ber 9, 2023
Rule or Code Section	Natur	e of Violation	Class	Fine Ar	mount	Correction date
code Section	inatur	C OI VIOIALIOII	CidSS	rille Af	noullt	uale
58.43(9)	the investigation. 481—58.43(135C) Resident shall receive kitimes and shall be free and verbal abuse, exploinjury. Each resident shiphysical restraints excein writing by a physician when necessary in an eresident from injury to which case restraints midesignated professional report the action taken case of an intellectually ordered in writing by a designated qualified intiprofessional for use during sessions. Mechanical suits 18.43(9) Allegations of dependents	I personnel who promptly to the physician; and in the disabled individual when physician and authorized by a cellectual disabilities ring behavior modification apports used in normative dependent adult abuse. Int adult abuse shall be seed pursuant to lowa Code	CLASSII	\$500.00 (HELD II SUSPEN	N	UPON RECEIPT
	DESCRIPTION:					
						Page 43 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

Facility Administrator

Citation Number #10101	er:	Date: November			re: vember 9, 2023
Facility Name: Pine Acres Reh	abilitation Care Center		Survey D		
Facility Addres	s/City/State/Zip rk Road	СР	October		
West Des Moir					
Rule or					Correction
Code Section	Natur	e of Violation	Class	Fine Amou	nt date
	review of policy and pro- ensure all alleged violation neglect, or abuse of a re- reported immediately to facility policy and to the Inspection and Appeals #11). The facility report Findings include: 1. The Significant Chang (MDS) for Resident #11 dated 9/25/2023, docu Cancer, Osteoporosis, Nanxiety, Bipolar Disorder agitation. The MDS reversible and long-term memory for decision making abit behavioral symptoms direquired total assist of aspects of daily living. The Care Plan with an interport of th	within two hours. (Resident sed a census of 73 residents.) ge in Status Minimum Data Set , with an assessment reference mented diagnoses including Malnutrition, Depression, er, and restlessness and ealed the resident with short-problems, severely impaired lities, verbal and other irected towards others, and two staff members for all nitiated date 4/23/2022, stated ed cognitive function and/or			
		ry deficit, impaired decisions			
					Page 44 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

Facility Administrator

	abilitation Care Center s/City/State/Zip rk Road	СР	Survey D			per 9, 2023
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	related to diagnosis of i Interventions include: *Ask yes/no questions a determine the resident: * Cue, reorient and sup *Monitor document/ re in cognitive function, sp following: decision mak general awareness, diff understanding others, I status. *Use terms, gestures the Anticipate any non-verb	as indicated in order to 's needs. ervise as needed. eport as necessary any changes pecifically changes in the king ability, memory, recall and iculty expressing self, difficulty evel of consciousness, mental mat resident can understand.				
	feelings, fears and cond An Incident Summary R 5:20 p.m., with an incid at 8:00 a.m., report tha statement from Staff J A (ADON) at approximate allegation of abuse mad Certified Nurse's Aide C CNA. The employee ind room at breakfast and s the side of her chair with	eport Dated 9/11/2023, at lent occurred dated 9/10/2023				Page 45 of 4 5

-_-

Facility Administrator

Date

Citation Number: #10101	Date: November 9, 2023			ber 9, 2023	
Facility Name: Pine Acres Rehabilitation Care Center Facility Address/City/State/Zip		Survey D		2023	
1501 Office Park Road West Des Moines, IA 50265	СР				
Rule or Code Section Natur	e of Violation	Class	Fine A	mount	Correction date
indicated she did not kneed the employee was new to the waited for Staff N to continuous indicated that when Staff eresident that Staff N "jet eresident top half moved resident is extremely continuous movements. Resident of due to her rigidity. The Progress Notes dated documented, Incident Note that on 9/11/2 waiting on a room tray leaned over in her when on the arm rest. Staff Note and asked another Staff leaning over. She stated Resident #11 top of heat trying to reposition her that this action was done the resident". She was but felt as though it waintended/needed. This head/forehead, no redicate in the staff lead in the resident.	the community. Employee me and assist her. Staff M, aff N, came to assist the erked patients head" and the did to the right in the chair. The ontracture and has jerky an be difficult to reposition ed 9/11/2023 at 3:58 p.m., Note, Late Entry: Staff M 2023, while in dining room noted that Resident #11 was elchair with her head resting 1 attempted to reposition her f N, to assist her as she was still did that Staff N, put her hand on ad. Then "jerked" her when . Staff M could not say for sure the with the intent of "Harming unable to give further details				Page 46 of 4

Page **46** of **49**

Facility Administrator

Date

Citation Numb	er:				Date: Novem	ber 9, 2023
Facility Name: Pine Acres Reh	abilitation Care Center		Survey D			
1501 Office Par		СР	October	9 – 25, 2	2023	
West Des Moir	ies, IA 50265					
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	will at times look towar person. She was resting this time. Resident has regularly in a contracted position her right side. She will a wiggle herself but does not do On 10/10/2023 at 10:12 and verified that the fact allegation of abuse on 9 On 10/11/2023 at 11:00 Practical Nurse (LPN) common M, CNA, reported the a facility nurses on 09/10 breakfast meal. Staff L, Staff N continued to wore residents in the facility. On 10/11/2023 at 2:30 and verified that they common that they common the state of the stat	in recliner per her norm at very poor truck control and is a. She prefers to lean or lay on at times kick her legs out or this with purpose. 2 a.m., Staff M, CNA confirmed cility was aware of the 9/10/2023 right after breakfast. 3 a.m., Staff L, Licensed onfirmed and verified that Staff llegation of abuse to the /2023, sometime after the confirmed and verified that ork their entire shift with all p.m., Staff N, CNA, confirmed ontinued to work their entire also their entire shift on				

Facility Administrator Date

Citation Number: #10101				Date: November 9, 2023		
Facility Name: Pine Acres Rehabilitation Care Center		Survey D				
Facility Address/City/State/Zip 1501 Office Park Road West Des Moines, IA 50265	СР	October	9 – 25, 2	.023		
Rule or Code Section Natur	e of Violation	Class	Fine A	mount	Correction date	
confirmed and verified incident with in the two facility policy and proces worked the entire shift. The Employee Timecard 09/10/2023 to 09/23/2 punched in on: *9/10/2023 at 5:51 a.m. p.m. *9/11/2023 at 5:52 a.m. p.m. The Abuse, Neglect and of 07/2023, documented facility to provide protes and rights of each resid implementing written prohibit and prevent also misappropriations of reaching/Response *Reporting/Response *Reporting of all alleged Administrator, state again to all other requires timeframe's: *Immediately,	policies and procedures that buse, neglect, exploitation and esident's property.				Page 48 of 4	

Facility Administrator

Date

Citation Number: #10101 Facility Name: Pine Acres Rehabilitation Care Center Facility Address/City/State/Zip 1501 Office Park Road		СР	Date: November 9, 2023 Survey Dates: October 9 – 25, 2023			
Rule or Code Section Natur		e of Violation	Class	5 : 0	ımount	Correction date
	allegation involve abuse or result in serious bodily injury or *Not later than 24 hours if the events that cause the allegation do not involve abuse and do no result in serious bodily injury.					
	FACILITY RESPONSE:					

Facility Administrator	Date

Page **49** of **49**