Citation Numb #10707	per:				y 9, 2025	
Facility Name: Pine Acres Rehabilitation and Care Center				Survey Dates: December 2, 2024 – December 19, 2024		
Facility Address/City/State/Zip 1501 Office Park Road West Des Moines, Iowa		СР				
Rule or Code Section	Natu	e of Violation	Class	Fine Amount	Correction date	

58.20(1)	<b>481—58.20(135C) Duties of health service</b> <b>supervisor</b> . Every nursing facility shall have a health service supervisor who shall:	CLASS I	\$8,250.00 HELD IN	UPON RECEIPT
+	<b>58.20(1)</b> Direct the implementation of the physician's orders; (I, II)		SUSPENSION	
58.20(2)	<b>50 20(2)</b> Disa fan and dinast tha muning ages	CLASS II		
(-)	<b>58.20(2)</b> Plan for and direct the nursing care, services, treatments, procedures, and other services in order that each resident's needs and choices, where practicable, are met; (II, III)			
	DESCRIPTION:			
	Based on clinical record review, policy review, and			
	resident and staff interviews, the facility failed to			
	ensure Resident#32 received diabetic shoes as			
	ordered by the physician on 7/10/24 to maintain			
	good foot health and to prevent complications for a resident with a known history of bilateral foot			
	diabetic ulcers. The failure continued throughout July			
	and an encounter note on 7/26/24 recorded the			
	resident required diabetic shoes due to a history of			
	type 2 diabetes mellitus with foot ulcer and			
	neuropathy (nerve damage). the facility failed to			
	follow up with a shoe vendor to ensure the shoes			
	ordered. On 8/26/24 the resident expressed a desire			
	for the diabetic shoes and on 8/30/24, the facility			Page 1 g

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Facility Administrator

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Facility Name: Pine Acres Rehabilitation and Care Center Facility Address/City/State/Zip 1501 Office Park Road West Des Moines, Iowa		СР	Survey I Decemb 2024	Dates: er 2, 2024 – Dec	ember 19,
West Des Woll	105, 10wa				
Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date

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	identified the resident had developed a foot ulcer.		
	The survey team found concerns with 1 of 1 residents		
	reviewed with a history of diabetic wounds (Resident		
	#32). The facility reported a census of 61 residents.		
	Findings include:		
	Thungs heldue.		
	The Quarterly Minimum Data Set (MDS) according		
	The Quarterly Minimum Data Set (MDS) assessment		
	tool, dated 8/11/24, listed diagnoses for Resident #32		
	which included diabetes, muscle weakness, and		
	repeated falls. The MDS listed the resident's Brief		
	Interview for Mental Status (BIMS) score as 15 out of		
	15, indicating intact cognition.		
	Care Plan entries, dated 5/24/23, stated the resident		
	was at risk for diabetic ulcers of the left and right feet		
	and would have no complications related to the ulcer		
	through the review date. The entries directed staff as		
	-		
	follows;		
	- ensure the application of appropriate protective		
	devices to the affected areas.		
	-inspect feet daily for open areas, sores, pressure		
	areas, blisters, edema or redness.		
	-monitor, document, and report as needed signs and		
	symptoms of infection to any open areas to include;		
	redness, pain, heat swelling or pus formation		
L			

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West Des mor	nes, iowa					
Rule or Code Section	Natu	re of Violation	Class	Fine Amount	Correction date	

	A 7/10/24 shoe vendor Diabetic Footwear		
	Prescription Form listed the diagnoses of		
	polyneuropathy (a disease that affected multiple		
	nerves throughout the body, causing weakness,		
	numbness, and pain) and a history of callus (a		
	thickened area of skin that formed on the body as a		
	result of repeated friction, pressure, or irritation) and		
	listed the covered procedures as depth shoes and		
	diabetic inserts. The top of the form stated the		
	prescription must be accompanied by a signed		
	statement of certifying physician.		
	, , ,		
	A 7/26/24 00:00 provider Encounter Note stated the		
	resident had a history of Type 2 diabetes with foot		
	ulcers and required diabetic shoes.		
	Encounter Note dated 8/16/24 00:00 listed		
	medication Sulfamethoxazole/Trimethoprim		
	(antibiotic) DS (double strength) take twice daily for		
	ten days, indicated use: left foot and heel infection.		
	,.		
	An 8/21/24 00:00 provider Encounter Note stated the		
	resident requested diabetic shoes and (facility staff)		
	placed the order.		
	An 8/30/24 4:27 PM Nursing Note stated the resident		
	had a wound to his left heel which measured 5 inches		
	x 3 inches across the entire heel. The facility obtained		
μ	.,		Page 3 of 10

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Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date
	a treatment order and an order for boots, including no shoe to left foot until healed.				
	The facility lacked further documentation regarding the provision of the resident's diabetic shoes. The facility lacked documentation of communication or follow-up with the shoe vendor between 7/10/24 and 8/30/24 when the resident developed the heel wound.				
	A 9/3/24 provider Encounter Note stated the resident had wounds to his left foot and the resident was not aware of how he sustained the wounds. A diabetic shoe order was completed on 7/26/24 and staff waited to hear back from the shoe vendor regarding the shoes.				
		note stated the wounds sident had an order for an x-ray.			
	heel was not improving need debridement (a p	ounter Note stated the left . The resident would likely rocedure which involved ted tissue from a wound).			
	A 9/25/24 Nursing Note underwent debridemer				

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A 10/1/24 provider Encounter Note stated the resident's heel was not improving.		
A 10/7/24 Order Note stated facility staff informed the shoe vendor his diabetic shoe order was on hold due to his foot ulcer. The facility documentation lacked action of the facility to reach out, and follow up with getting the resident diabetic shoes, to help protect the residents' other foot.		
A 10/14/24 Nursing Note stated the resident's wound would not heal.		
10/15/24 Nursing Notes stated the resident's heel had redness around the wound with an odor. The notes documented a new treatment order and the resident received an order for vascular testing (a test to determine blood flow).		
A 10/24/24 Nursing Note stated the facility received a call from the foot clinic and the resident's wound worsened. The clinic wished to send the resident to a surgeon for evaluation.		
A 10/25/24 Nursing Note stated the resident admitted to the hospital.		Page 5 of 1

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Rule or Code Section	Natur	e of Violation	Class	Fine An	nount	Correction date
	resident had an X-ray o which showed acute os the bone) and a wound pseudomonas (a bacter left foot amputation on An 11/2/24 Nursing No above the ankle amput An 11/13/24 provider E resident had a left foot a left below the knee an The facility policy "Wou revised 11/2024, stated healing the facility wou treatments in accordan practice and physician o On 12/2/24 at 11:59 a.r to have his leg amputat He stated he did not kn On 12/5/24 at 8:37 a.m vendor Office Manager additional paperwork fit	<ul> <li>The resident underwent a 10/26/24.</li> <li>te stated the resident had an ation on 10/31/24.</li> <li>Encounter Note stated the amputation on 10/26/24 and mputation on 10/31/24.</li> <li>and Treatment Management", d in order to promote wound Id provide evidence-based ce with current standards of orders.</li> <li>m., Resident #32 stated he had ted and he was upset about it. ow how this happened.</li> <li>u, via phone Staff G shoe</li> </ul>				

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Rule or Code Section	Natur	e of Violation	Class Fine Amount date			Correction date
	of this but they continup paperwork. On 12/5/24 at 8:55 a.m Doctor (MD) stated he of shoes would have preve stated the shoes would if there was an order fo want this carried out as the facility would follow make sure they obtained On 12/5/24 at 9:58 a.m (DON) stated if they fax would follow up within would follow up within should keep checking o On 12/5/24 at 2:59 p.m had no additional docum	<ul> <li>., via phone, Staff F Medical could not say for certain if the ented the resident's ulcers but help reduce ulcers. He stated r diabetic shoes, he would soon as possible. He stated v-up with the paperwork to ed them.</li> <li>., the Director of Nursing red an order for shoes, they 24-48 hours and "absolutely" 2 weeks. She stated staff n this until it was resolved.</li> <li>., the Administrator stated she</li> </ul>				

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Rule or Code Section	Nature of Violation		Class	Fine Amount	Correction date
					-

58.11(3)	481—58.11(135C) Personnel. 58.11(1) General	CLASS	\$500.00	UPON
	qualifications	II		RECEIPT
	58.11(3) Employee criminal record checks, child			
	abuse checks and dependent adult abuse checks and			
	employment of individuals who have committed a			
	crime or have a founded abuse. The facility shall			
	comply with the requirements found in Iowa Code			
	section 135C.33 and rule 481—50.9(135C) related to			
	completion of criminal record checks, child abuse			
	checks, and dependent adult abuse checks and to			
	employment of individuals who have committed a			
	crime or have a founded abuse. (I, II, III)			
	DESCRIPTION:			
	Based on employee file review, staff interview, and			
	policy review, the facility failed to complete a criminal			
	record check and dependent adult/child abuse			
	registry check prior to an employee's rehire date for 1			
	of 5 employee files reviewed. The facility reported a			
	census of 61.			
	Findings include:			
	Employee record review of Staff E, Registered Nurse,			
	showed a rehire date of 9/9/24. Staff E's updated			
	Single Contact License and Background Check was			
	initiated on 9/4/24 at 3:57 PM. The Criminal History			

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	Background Check indicated further research required and to await Division of Criminal		
	Investigation's (DCI) final response. Staff E's employee		
	record did not show that any further follow-up		
	completed prior to working with residents.		
	The facility initiated another Single Contact License		
	and Background Check on 11/11/24 at 3:57 PM. The		
	background check process was completed on this		
	date. However, Staff E had been working with		
	residents from 9/9/24-11/11/24.		
	During an interview on 12/5/24 at 10:45 AM, the		
	Provisional Administrator acknowledged that the		
	criminal and dependent adult/child abuse registry		
	check was not completed prior to Staff E's re-hire		
	date of 9/9/24. This oversight was identified during		
	the facility's employee record audit the Administrator		
	completed on 11/11/24.		
	The facility policy titled "Background Investigations"		
	revised 11/2024 stated "The Human Resource		
	department will conduct all applicable background		
	investigation(s) on each individual making application		
	for employment with this company and on any		
	current employee if such background investigation is		
	appropriate for position for which the individual has		
	applied."		
Ц			Page <b>9</b> of <b>1</b>

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FACILITY RESPONSE:		

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Facility Administrator

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