

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

|  |                            |   |  |                                       |                        |
|--|----------------------------|---|--|---------------------------------------|------------------------|
| <b>Citation Number:</b> FC 5986  |                            | <i>Fine amount reduced by 35% to \$6,500 On February 14, 2023. Pursuant to Iowa Code 135C.43A</i> |  | <b>Date:</b> 2/1/23                   |                        |
| <b>Facility Name:</b><br>Glen Oaks Alzheimer's Special Care Center                     |                            |   |  | <b>Survey Dates:</b> 1/5/23 – 1/12/23 |                        |
| <b>Facility Address/City/State/Zip</b><br>8525 Urbandale Avenue<br>Urbandale, IA 50322 |                            |   |  |                                       |                        |
|  |                            | CC/DD   |  | 110002-I, 109942-C                    |                        |
| <b>Rule or Code Section</b>  | <b>Nature of Violation</b> |   |  | <b>Class</b>                          | <b>Fine Amount</b>     |
|  |                            |   |  |                                       | <b>Correction date</b> |

|                 |   |          |                    |                     |
|-----------------|---|----------|--------------------|---------------------|
| <b>57.7(5)a</b> | <p><b>481—57.7(135C) General requirements.</b></p> <p><b>57.7(5) The licensee shall:</b><br/> <b>a. Assume the responsibility for the overall operation of the residential care facility. (I, II, III)</b></p> <p><b>DESCRIPTION:</b><br/> Based on interview and record review the licensee failed to provide adequate direction to ensure appropriate cares and services were provided based on the needs of 1 of 1 residents reviewed at end of life (Resident #1). Findings include:</p> <p>On 1/04/23 the facility reported an incident regarding a resident presumed dead at 6:00 a.m. on 1/3/23 and transported to the funeral home. At the funeral home it was discovered the resident was still alive.</p> <p>On 1/05/23 record review revealed Resident #1 was 66 years old. She was admitted to the facility on 12/20/21 with diagnoses including end stage early onset dementia, anxiety and depression. The resident was admitted into hospice care on 12/28/22 due to senile degeneration of the brain. Comfort measures including lorazepam and morphine were initiated at that time.</p> <p>A review of Resident #1's nurses notes review revealed the following:</p> | <b>I</b> | <b>\$10,000.00</b> | <b>Upon receipt</b> |
|-----------------|---|----------|--------------------|---------------------|

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**

|  |                            |  |              |                                       |                        |
|--|----------------------------|--|--------------|---------------------------------------|------------------------|
| <b>Citation Number:</b> FC 5986  |                            | Fine amount reduced by 35% to \$6,500 On February 14, 2023. Pursuant to Iowa Code 135C.43A |              | <b>Date:</b> 2/1/23                   |                        |
| <b>Facility Name:</b><br>Glen Oaks Alzheimer's Special Care Center                     |                            |  |              | <b>Survey Dates:</b> 1/5/23 – 1/12/23 |                        |
| <b>Facility Address/City/State/Zip</b><br>8525 Urbandale Avenue<br>Urbandale, IA 50322 |                            |  |              |                                       |                        |
|  |                            | CC/DD  |              | 110002-I, 109942-C                    |                        |
| <b>Rule or Code Section</b>  | <b>Nature of Violation</b> |  | <b>Class</b> | <b>Fine Amount</b>                    | <b>Correction date</b> |

|  |  |  |  |  |
|--|--|--|--|--|
|  | <p>- 12/29/22 - resident started to become restless during early overnight. Lung sounds were diminished throughout with some labored breathing. Bowel sounds were hypoactive. Non-verbal. Appeared calm and comfortable.</p> <p>- 12/30/22 - resident no longer coming out of room for meals per family request. Appears comfortable, no frowning, respirations unlabored. Extremities cool to the touch. Vitals were temp 98, pulse 55, BP (blood pressure) 110/48, respirations 16, SPO2 (oxygen saturation level) 92%. Refused nighttime snack. Hydrated fairly well with assistance.</p> <p>- 12/31/2022 - bed bath given. She continued to be rigid when being bathed and repositioned. Laid in bed comfortably with no signs or symptoms of pain. Did not respond to nurse when taking vitals at 11:54 a.m. Vitals were temp 98.1, respiration 18, pulse 92, SPO2 98%.</p> <p>- 1/01/23 at 10:25 a.m. - hospice noted a temperature of 97.9, respirations 14, pulse 96, BP 119/88. Laid in bed in a fetal position. She did not open her eyes and did not speak or respond. She was rigid and resistant to touch. She open mouth breathed. Respirations depressed and even; lung sounds diminished.</p> <p>- 1/02/23 at 11:37 a.m. - temp 97.5, pulse 39, respirations shallow at 8 with 15 second pauses, BP 109/73. Nurse rechecked 10 minutes later. Respirations shallow at 8 with 15 second pauses continued. Pulse 36-96 irregular, temp 98.2, BP 148/50. Mid toe area beginning mottle stage. Grimaced with touch.</p> <p>- 1/02/23 at 4:23 p.m. - BP 94/62, temp 98.4, pulse 100, respiration 8-10 shallow. SPO2 dropped while being assessed from 94% to 85% on RA (radial artery).</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**

|  |                            |   |  |                                       |                        |
|--|----------------------------|---|--|---------------------------------------|------------------------|
| <b>Citation Number:</b> FC 5986  |                            | <i>Fine amount reduced by 35% to \$6,500 On February 14, 2023. Pursuant to Iowa Code 135C.43A</i> |  | <b>Date:</b> 2/1/23                   |                        |
| <b>Facility Name:</b><br>Glen Oaks Alzheimer's Special Care Center                     |                            |   |  | <b>Survey Dates:</b> 1/5/23 – 1/12/23 |                        |
| <b>Facility Address/City/State/Zip</b><br>8525 Urbandale Avenue<br>Urbandale, IA 50322 |                            |   |  |                                       |                        |
|  |                            | CC/DD   |  | 110002-I, 109942-C                    |                        |
| <b>Rule or Code Section</b>  | <b>Nature of Violation</b> |   |  | <b>Class</b>                          | <b>Fine Amount</b>     |
|  |                            |   |  |                                       | <b>Correction date</b> |

|  |  |  |  |  |
|--|--|--|--|--|
|  | <p>Seizure activity noted at 3:50 PM. Eyes rolled up, eyelids slightly open. Another minor seizure eight minutes later with a third at 4:15 PM. Family notified.</p> <ul style="list-style-type: none"> <li>- Following the reported seizures Resident #1's primary care provider was notified with update. New orders were received to increase morphine sulfate and lorazepam concentrate due to active decline.</li> <li>- 1/02/23 at 11:20 p.m. - resident continued to rest comfortably without seizure like activity. Resident with 10 second apnea and mouth breathing.</li> <li>- 1/03/23 at 1:19 a.m. - resident noted to have increased breathing. Morphine and Ativan administered. Mottling noted to both hands and bilateral lower extremities.</li> <li>- 1/03/23 at 3:38 a.m. - temperature 98.4, pulse 100, respirations 12. Resident with mottling to both hands and bilateral lower extremities.</li> <li>- 1/03/23 at 5:05 a.m. - resident continued to mouth breathe. Afebrile. She continued to have bilateral lower extremity mottling and bilateral hand mottling. 13 second apnea at this time.</li> <li>- 1/03/23 at 6:31 a.m. - time of death 6:00 a.m. Call placed to daughter. Orders obtained from physician to release body to funeral home.</li> </ul> <p>When interviewed on 1/05/23 at 4:10 p.m. Staff C revealed she worked a 12 hour shift starting at 6:00 p.m. on the evening of 1/02/23 until 6:00 a.m. on 1/03/23. She worked the overnight shift with LPN F. Staff C confirmed she assisted with the care of Resident #1 shortly before leaving her shift at 6:00 a.m. She performed perineal cares, changed Resident #1's brief</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**

|  |                            |   |                    |                                       |  |
|--|----------------------------|---|--------------------|---------------------------------------|--|
| <b>Citation Number:</b> FC 5986  |                            | <i>Fine amount reduced by 35% to \$6,500 On February 14, 2023. Pursuant to Iowa Code 135C.43A</i> |                    | <b>Date:</b> 2/1/23                   |  |
| <b>Facility Name:</b><br>Glen Oaks Alzheimer's Special Care Center                     |                            |   |                    | <b>Survey Dates:</b> 1/5/23 – 1/12/23 |  |
| <b>Facility Address/City/State/Zip</b><br>8525 Urbandale Avenue<br>Urbandale, IA 50322 |                            |   |                    |                                       |  |
|  |                            | CC/DD   |                    | 110002-I, 109942-C                    |  |
| <b>Rule or Code Section</b>  | <b>Nature of Violation</b> | <b>Class</b>  | <b>Fine Amount</b> | <b>Correction date</b>                |  |

|  |  |  |  |  |
|--|--|--|--|--|
|  | <p>and repositioned her. Staff C reported the resident's eyes were open. She felt her neck at the carotid artery and listened to her chest. She did not feel a pulse and the resident was not breathing at that time. She felt the resident had passed away and notified the nurse.</p> <p>On 1/05/22 at 2:10 p.m. interview with LPN F revealed she had been with Resident #1 every hour on the hour throughout the night of 1/2/23 to 1/3/23 administering her lorazepam and morphine as ordered for comfort. At 6:00 a.m. Resident #1's mouth was open, her eyes were fixed, and there were no breath sounds. She was unable to locate Resident #1's apical pulse using her stethoscope. She placed her hand on Resident #1's abdomen and noted no movement. LPN F believed she stayed and continued to assess Resident #1's condition for five minutes. She felt Resident #1 had passed away. She notified Resident #1's family member and the on call hospice nurse. Hospice agreed to call the funeral home and did so.</p> <p>The Funeral Director arrived at the facility to pick up Resident #1 at approximately 7:38 a.m. A second LPN (LPN D) and the Funeral Director placed Resident #1's body on the gurney inside a cloth bag and zipped it shut. When interviewed both LPN D (1/11/23 at 9:25 a.m.) and the Funeral Director (1/9/23 at 8:52 a.m.) reported there were no signs of life at that time. The Funeral Director left with Resident #1 at approximately 7:48 a.m. At approximately 8:26 a.m. funeral home staff unzipped the bag and observed Resident #1's chest moving and</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**

|  |                            |  |                    |                        |  |
|--|----------------------------|--|--------------------|------------------------|--|
| <b>Citation Number:</b> FC 5986  |                            | Fine amount reduced by 35% to \$6,500 On February 14, 2023. Pursuant to Iowa Code 135C.43A |                    | <b>Date:</b> 2/1/23    |  |
| <b>Facility Name:</b><br>Glen Oaks Alzheimer's Special Care Center                     |                            | <b>Survey Dates:</b> 1/5/23 – 1/12/23  |                    |                        |  |
|  |                            |  |                    |                        |  |
| <b>Facility Address/City/State/Zip</b><br>8525 Urbandale Avenue<br>Urbandale, IA 50322 |                            | CC/DD  |                    | 110002-I, 109942-C     |  |
|  |                            |  |                    |                        |  |
| <b>Rule or Code Section</b>  | <b>Nature of Violation</b> | <b>Class</b>   | <b>Fine Amount</b> | <b>Correction date</b> |  |

|  |  |  |  |  |
|--|--|--|--|--|
|  | <p>she gasped for air. The funeral home then called 911 and hospice.</p> <p>Record review revealed EMS (Emergency Medical Services) arrived at the funeral home at 8:30 a.m. on 1/03/23. EMS recorded Resident #1's vitals as BP (blood pressure) 65/40, pulse at 108, oxygen saturation level at 74, and respirations at 17. There was no eye movement, no verbal or vocal response and no motor response.</p> <p>On 1/03/23 at 10:03 a.m. EMS transported Resident #1 to MercyOne's Emergency Department (ED) for further evaluation. ED records revealed her BP at 69/54 temperature at 96.9 Respiration shallow at six per minute, SPO2 73%. The resident had advanced directives on file and paperwork showing she was on hospice. The director of the hospice agency and the family confirmed she was DNR (do not resuscitate). Resident #1 returned to the facility on 1/03/22 with continued hospice care around the clock.</p> <p>On 1/05/23 at 01:40 a.m. Resident #1 passed away at the facility with hospice and her family at her side.</p> <p>Review of facility policy in place at the time, Death of a Resident, revealed upon a resident's death all appropriate parties would be notified. If the death was unexpected the Medical Examiner was to be notified. If the death was expected post mortem procedures would be completed by staff. The policy did not include any</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**

|  |                            |  |              |                                       |                        |
|--|----------------------------|--|--------------|---------------------------------------|------------------------|
| <b>Citation Number:</b> FC 5986  |                            | Fine amount reduced by 35% to \$6,500 On February 14, 2023. Pursuant to Iowa Code 135C.43A |              | <b>Date:</b> 2/1/23                   |                        |
| <b>Facility Name:</b><br>Glen Oaks Alzheimer's Special Care Center                     |                            |  |              | <b>Survey Dates:</b> 1/5/23 – 1/12/23 |                        |
| <b>Facility Address/City/State/Zip</b><br>8525 Urbandale Avenue<br>Urbandale, IA 50322 |                            |  |              |                                       |                        |
|  |                            | CC/DD  |              | 110002-I, 109942-C                    |                        |
| <b>Rule or Code Section</b>  | <b>Nature of Violation</b> |  | <b>Class</b> | <b>Fine Amount</b>                    | <b>Correction date</b> |

|              |  |          |  |  |
|--------------|--|----------|--|--|
| <b>57.25</b> | <p>other steps for staff to follow if it was believed a resident had died.</p> <p>On 1/12/23 at 1:21 p.m. the Administrator confirmed these findings.</p> <p><b>481-57.25(135C) Dignity preserved. The resident shall be treated with consideration, respect, and full recognition of dignity and individuality, including privacy in treatment and in care for personal needs. (I, II)</b></p> <p>Based on interview and record review the facility failed to ensure residents received dignified treatment and care at end of life. This affected 1 of 1 residents reviewed (Resident #1). Findings include:</p> <p>On 1/04/23 the facility reported an incident regarding a resident who was presumed dead at 6:00 a.m. on 1/3/23 and transported to the funeral home. At the funeral home it was discovered the resident was still alive.</p> <p>On 1/05/23 record review revealed Resident #1 was 66 years old. She was admitted to the facility on 12/20/21 with diagnoses including end stage early onset dementia, anxiety and depression. The resident was admitted into hospice care on 12/28/22 due to senile</p> | <b>I</b> |  |  |
|--------------|--|----------|--|--|

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**

|  |                            |  |              |                                       |                        |
|--|----------------------------|--|--------------|---------------------------------------|------------------------|
| <b>Citation Number:</b> FC 5986  |                            | Fine amount reduced by 35% to \$6,500 On February 14, 2023. Pursuant to Iowa Code 135C.43A |              | <b>Date:</b> 2/1/23                   |                        |
| <b>Facility Name:</b><br>Glen Oaks Alzheimer's Special Care Center                     |                            |  |              | <b>Survey Dates:</b> 1/5/23 – 1/12/23 |                        |
| <b>Facility Address/City/State/Zip</b><br>8525 Urbandale Avenue<br>Urbandale, IA 50322 |                            |  |              |                                       |                        |
|  |                            | CC/DD  |              | 110002-I, 109942-C                    |                        |
| <b>Rule or Code Section</b>  | <b>Nature of Violation</b> |  | <b>Class</b> | <b>Fine Amount</b>                    | <b>Correction date</b> |

|  |  |  |  |  |
|--|--|--|--|--|
|  | <p>degeneration of the brain. Comfort measures including lorazepam and morphine were initiated at that time.</p> <p>On 1/05/22 at 2:10 p.m. interview with LPN F revealed she had been with Resident #1 every hour on the hour throughout the night of 1/2/23 to 1/3/23 administering her lorazepam and morphine as ordered for comfort. At 6:00 a.m. Resident #1's mouth was open, her eyes were fixed, and there were no breath sounds. She was unable to locate Resident #1's apical pulse using her stethoscope. She placed her hand on Resident #1's abdomen and noted no movement. LPN F believed she had stayed and continued to assess Resident #1's condition for five minutes. She felt Resident #1 had passed away. She notified Resident #1's family member and the on call hospice nurse. Hospice agreed to call the funeral home and did so.</p> <p>The Funeral Director arrived at the facility to pick up Resident #1 at approximately 7:38 a.m. A second LPN (LPN D) and the Funeral Director placed Resident #1's body on the gurney inside a cloth bag and zipped it shut. When interviewed both LPN D (1/11/23 at 9:25 a.m.) and the Funeral Director (1/9/23 at 8:52 a.m.) reported there were no signs of life at that time. The Funeral Director left with Resident #1 at approximately 7:48 a.m. At approximately 8:26 a.m. funeral home staff unzipped the bag and observed Resident #1's chest was moving and she was gasping for air. The funeral home then called 911 and hospice.</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**

|  |                            |  |              |                                       |                        |
|--|----------------------------|--|--------------|---------------------------------------|------------------------|
| <b>Citation Number:</b> FC 5986  |                            | Fine amount reduced by 35% to \$6,500 On February 14, 2023. Pursuant to Iowa Code 135C.43A |              | <b>Date:</b> 2/1/23                   |                        |
| <b>Facility Name:</b><br>Glen Oaks Alzheimer's Special Care Center                     |                            |  |              | <b>Survey Dates:</b> 1/5/23 – 1/12/23 |                        |
| <b>Facility Address/City/State/Zip</b><br>8525 Urbandale Avenue<br>Urbandale, IA 50322 |                            |  |              |                                       |                        |
|  |                            | CC/DD  |              | 110002-I, 109942-C                    |                        |
| <b>Rule or Code Section</b>  | <b>Nature of Violation</b> |  | <b>Class</b> | <b>Fine Amount</b>                    | <b>Correction date</b> |

|  |   |  |  |  |
|--|---|--|--|--|
|  | <p>Record review revealed EMS (Emergency Medical Services) arrived at the funeral home at 8:30 a.m. on 1/03/23. EMS recorded Resident #1's vitals as BP (blood pressure) 65/40, pulse at 108, oxygen saturation level at 74, and respirations at 17. There was no eye movement, no verbal or vocal response and no motor response.</p> <p>On 1/03/23 at 10:03 a.m. EMS transported Resident #1 to MercyOne's Emergency Department for further evaluation. ED records revealed her BP at 69/54 temperature at 96.9 Respiration shallow at 6 per minute, SPO2 73%. The resident had advanced directives on file and paperwork showing she was on hospice. The director of the hospice agency and the family confirmed she was DNR (do not resuscitate). Resident #1 returned to the facility on 1/03/22 with continued hospice care around the clock.</p> <p>On 1/05/23 at 01:40 a.m. Resident #1 passed away at the facility with hospice and her family at her side.</p> <p>On 1/12/23 at 1:21 p.m. the Administrator confirmed these findings.</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**

|  |                            |  |              |                                       |                        |
|--|----------------------------|--|--------------|---------------------------------------|------------------------|
| <b>Citation Number:</b> FC 5986  |                            | Fine amount reduced by 35% to \$6,500 On February 14, 2023. Pursuant to Iowa Code 135C.43A |              | <b>Date:</b> 2/1/23                   |                        |
| <b>Facility Name:</b><br>Glen Oaks Alzheimer's Special Care Center                     |                            |  |              | <b>Survey Dates:</b> 1/5/23 – 1/12/23 |                        |
| <b>Facility Address/City/State/Zip</b><br>8525 Urbandale Avenue<br>Urbandale, IA 50322 |                            |  |              |                                       |                        |
|  |                            | CC/DD  |              | 110002-I, 109942-C                    |                        |
| <b>Rule or Code Section</b>  | <b>Nature of Violation</b> |  | <b>Class</b> | <b>Fine Amount</b>                    | <b>Correction date</b> |

|  |                           |  |  |  |
|--|---------------------------|--|--|--|
|  | <b>Facility Response:</b> |  |  |  |
|  |                           |  |  |  |

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).**