Department of Inspections, Appeals, and Licensing
Health & Safety Division
Citation

Citation Number #10968			**Report date** November 24, 2025
Facility name Northgate Care Center		**Survey dates** October 21, 2025 – November 14, 2025	
Facility address 960 4th Street			
City Waukon, IA	**DC**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
58.19(2)j	**481—58.19(135C) Required nursing services for residents.** The resident shall receive and the facility shall provide, as appropriate, the following required nursing services under the 24-hour direction of qualified nurses with ancillary coverage as set forth in these rules: **58.19(2)** *Medication and treatment.* *j.* Provision of accurate assessment and timely intervention for all residents who have an onset of adverse symptoms which represent a change in mental, emotional, or physical condition. (I, II, III) **DESCRIPTION** Based on clinical record review, staff interview, facility video, and facility policy review the facility failed to properly assess and intervene for 2 of 3 residents reviewed, (Residents #3 and #8). The facility identified a census of 45 residents. Findings include: A Minimum Data Set (MDS) assessment form dated 7/24/25 indicated Resident #3 had diagnosis that included Non-Traumatic Brain Dysfunction, Alzheimer's Disease, Non-Alzheimer's Dementia and a Retinal Vascular Occlusion. The assessment indicated the resident had a Brief Interview for Mental Status (BIMS) score of 0 out of 15 (cognitively impaired), with delusions, ambulated with a walker, required supervision to touch	**Class I**	**$10,000**	**Upon Receipt**

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).

Facility Administrator _____ Date _____

Department of Inspections, Appeals, and Licensing
Health & Safety Division
Citation

Citation Number #10968			**Report date** November 24, 2025
Facility name Northgate Care Center		**Survey dates** October 21, 2025 – November 14, 2025	
Facility address 960 4th Street			
City Waukon, IA	**DC**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
	assistance with transfers and ambulation and with two (2) falls since reentry to the facility on 2/25/25. A Care Plan included the following Focus and Interventions: a. I have impaired visual function related to (r/t) blindness in my right eye. b. The resident required assistance with activities of daily living (ADL's). 1. Ambulation - Supervision with assistance of one (1) staff member. c. At risk for falls. 1. Resident fell 2/21/25, 2/23/25, 7/9/25, 7/22/25, 8/26/25 and 10/17/25. d. At risk for pain r/t generalized pain verbalized by the resident. 1. Evaluation of her pain level as ordered. 2. Monitored for factors/activities that precipitated or aggravated the pain. e. Resident required an indwelling catheter. Review of the facilities video footage revealed the following instances occurred on 10/17/25 at the approximate times listed below: a. At 7:31:52 until 7:32:04 p.m. (according to the video time stamp) - The resident stood from her			

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).

Department of Inspections, Appeals, and Licensing
Health & Safety Division
Citation

Citation Number #10968			**Report date** November 24, 2025
Facility name Northgate Care Center		**Survey dates** October 21, 2025 – November 14, 2025	
Facility address 960 4th Street			
City Waukon, IA	**DC**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
	recliner took five (5) steps towards a dining room table, tripped over her catheter tubing, fell on her left side and hit her head on the recliner all the while Staff A, Licensed Practical Nurse (LPN) and Staff B, Certified Nursing Assistant (CNA)/Certified Medication Aide (CMA) stood at the nurse's station. b. 7:31:59 p.m. - Staff A remained at the nurse's station while Staff B walked around the front of the station with her head positioned down as she looked at an item in her and walked down the North hallway. The resident in site. c. 7:32:08 p.m. - The resident stood from the reclined electric chair d. 7:32:13 thru 7:32:23 p.m. - Staff A casually walked to the resident positioned on the floor and held out her hand towards the resident. e. 7:32:31 - Staff B arrived and both Staff A and Staff B sat the resident up on her buttocks. f. 7:33:13 - Both staff members placed their hands/arms under the resident's bilateral arms/axilla (armpit) area and stood the resident while her left leg presented internally rotated, her foot dragged behind and she refused application of pressure to the area. g. 7:33:31 - The staff sat the resident in a dining room chair. h. 7:33:38 - Staff B pushed the dining room chair across the carpet approximately 10 feet to the same electric recliner she stood from prior.			

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).

Facility Administrator _____ Date _____

Department of Inspections, Appeals, and Licensing
Health & Safety Division
Citation

Citation Number #10968			**Report date** November 24, 2025
Facility name Northgate Care Center		**Survey dates** October 21, 2025 – November 14, 2025	
Facility address 960 4th Street			
City Waukon, IA	**DC**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
	i. 7:34:08 - Staff again transferred the resident as described above from the dining room chair to an electric recliner. j. 7:34:19 - The resident held her left leg/hip while positioned in her chair. k. 7:34:30 thru 7:35:25 - Staff covered the resident with a blanket, reclined the chair and walked away. l. 8:43:54 p.m. - Staff A and Staff C, CNA stood resident from recliner chair without the use of a gait belt assistive device and ambulated the resident attempted to take approximately 10 steps to a dining room table, limped during the process and failed to bare weight on the left leg. m. 8:45:09 p.m. - The resident remained in a standing position at the dining room table as she leaned her head down (chin to chest type position) and rested her arms on the table. n. 8:45:27 p.m. - The resident stood back up straight. o. 8:46:03 p.m. - The resident remained standing but leaned to the left and on Staff A. p. 8:46:29 p.m. - Staff A assisted the resident into a dining room chair. q. 8:47:04 p.m. - Staff C brought a piece of paper and writing tool to the resident as a means of communication.			

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).

Facility Administrator _____ Date _____

Department of Inspections, Appeals, and Licensing
Health & Safety Division
Citation

Citation Number #10968			**Report date** November 24, 2025
Facility name Northgate Care Center		**Survey dates** October 21, 2025 – November 14, 2025	
Facility address 960 4th Street			
City Waukon, IA	**DC**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
	r. 8:53:05 - The resident remained positioned in the dining room chair as she moved around frequently as Staff A and C periodically stayed and left the resident's side. s. 8:55:54 - Staff A and Staff C stood the resident as stated above and again without the use of a GB assistive device. t. 8:56:11 - The staff sat the resident back down in the dining room chair. u. 9:21:25 - The ambulance crew arrived. v. 9:27:25 - Transferred the resident per GB and the assistance of 2 ambulance crew members. A Progress Note entry identified as a late entry dated 10/17/25 at 7 p.m. included the following information: Resident #3 had been administered the medications for Resident #6 which consisted of Melatonin (hormone that regulated sleep) 3 milligrams (mgs), Mirtazapine (antidepressant) 15 mg, Alprazolam (antianxiety) 0.375 mgs and Apixaban (anticoagulant) 2.5 mg. A Progress Note entry identified an Incident Report as a late entry dated 10/17/25 at 7 p.m. included the following information: The resident sat in a recliner in the day room, stood up and immediately fell to the floor next to the recliner. The nurse witnessed the fall from across the room and observed her as she landed on her left side on the floor while the pressure alarm sounded. Staff assisted the resident to her feet and helped her back into the recliner. The resident complained of pain to her left			

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).

Department of Inspections, Appeals, and Licensing
Health & Safety Division
Citation

Citation Number #10968			**Report date** November 24, 2025
Facility name Northgate Care Center		**Survey dates** October 21, 2025 – November 14, 2025	
Facility address 960 4th Street			
City Waukon, IA	**DC**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
	leg with no deformity noted and no pain as the nurse palpated the upper leg. Vital signs included a blood pressure (B/P) of 156/80, Pulse (P) 83, Respirations (R) 20, Temperature (T) 97.2 degrees Fahrenheit (F) and an oxygen saturation rate (O2) of 95%. The resident continued to complain of leg pain so Staff A and Staff B, CNA stood the resident and walked her as the resident refused placement of weight on her left leg. Staff sent the resident to the Emergency Room (ED) by ambulance. An X-ray showed a closed, traumatic, minimally displaced fracture of the trochanter of the left femur. The family chose no surgical intervention and the hospital sent the resident back to the facility on Hospice care. According to an email dated 10/31/25 at 11:12 a.m. the Director of Nursing (DON) indicated Staff A made the Progress Notes entries from 10/17/25 on 10/20/25 at a time unknown and under the directive of management. According to an email dated 10/31/25 at 12:02 p.m. the DON indicated she had not been sure where Staff A obtained the information she documented above because she had been unable to answer questions that pertained to her assessment rather she stated she could not have recalled. An Ambulance service Patient Care Report dated 10/17/25 indicated the ambulance crew had been dispatched at 8:22 p.m., arrived at the scene at 8:28 p.m. and departed the facility with the resident at 8:43 p.m. The Narrative portion included the following information: Upon arrival the patient had been located in the commons area accompanied by 2 nursing home staff. The staff stated the patient			

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).

Department of Inspections, Appeals, and Licensing
Health & Safety Division
Citation

Citation Number #10968			**Report date** November 24, 2025
Facility name Northgate Care Center		**Survey dates** October 21, 2025 – November 14, 2025	
Facility address 960 4th Street			
City Waukon, IA	**DC**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
	was seated in a chair then for an unknown reason fell forward to the ground and landed on her left side. The staff then approached the patient and attempted to assist her to a standing position and ambulatory but it caused the patient to much pain so the ambulance crew had been activated. An ED Provider Note form dated 10/17/25 at 8:51 p.m. indicated the resident presented at the ED following a fall out of a recliner as she landed on her left hip and complained of left hip pan. At 9:17 p.m. the nursing facility called the ED and informed them the patient received 2.5 mg of Eliquis not prescribed to her that night. (The facility failed to notify the ED related to the other 3 medications administered in error. The ED described the Impression as a mildly impacted and angulated intertrochanteric left femur fracture. A Hospice Certification and Plan of Care form with the start of care dated 10/18/25 indicated the top 3 admission diagnosis in the following order: Alzheimer's Disease, Fall and a Trochanteric Fracture of the Left Femur. The Discharge Instructions directed the facility staff the patient planned to return to facility enrolled in Hospice for pain control, nonsurgical pain control and end of life care. During an interview 10/21/25 at 4:55 p.m. Staff D, CNA confirmed she worked the night the resident fell but not present in the area she fell. When Staff C told her of the fall she knew right away it had been this resident because she became restless at that time of night and refused to stay positioned in the recliner. The staff member indicated when a			

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).

Department of Inspections, Appeals, and Licensing
Health & Safety Division
Citation

Citation Number #10968			**Report date** November 24, 2025
Facility name Northgate Care Center		**Survey dates** October 21, 2025 – November 14, 2025	
Facility address 960 4th Street			
City Waukon, IA	**DC**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
	resident fell she had been told staff left the residents on the floor until the nurse assessed the resident. During an interview 10/22/25 at 4:42 p.m. Staff B confirmed worked 10/17/25 from 3 until PM med pass was over approximately 9:30 p.m. Staff B Confirmed the resident had been positioned in recliner chair in dining/lounge area when she passed her HS meds to her and then returned to medication cart and continued to pass meds to other residents. Staff B then dished up the medications for Resident #6, who had been positioned right past resident #3, but in the course of that medication administration, Resident #3 quickly scooted down the foot rest of her recliner so the staff member approached the resident with the medications for Resident #6 still in-hand and assisted her back into the chair. Staff B stated at that point lost her mind and gave Resident #3 the medications of Resident #6. Staff B did not recall if she lifted her up in the chair or scooted her back but thought the alarm had been positioned under the resident. Staff B then went and found Staff A and reported the medication error. Staff B suggested Staff A should have completed a medication error report and Staff A voiced she had not planned to do so. Staff B confirmed she had not observed the resident as she fell, had been unable to recall if the pressure alarm sounded but she had notified Staff A about the fall. At that point, the staff members walked to the resident and helped get her up off the floor. Staff A asked the resident if she had pain on her head or any other place and the resident stated nope. When the staff members stood the resident she			

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).

Facility Administrator _____ Date _____

Department of Inspections, Appeals, and Licensing
Health & Safety Division
Citation

Citation Number #10968			**Report date** November 24, 2025
Facility name Northgate Care Center		**Survey dates** October 21, 2025 – November 14, 2025	
Facility address 960 4th Street			
City Waukon, IA	**DC**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
	complained of terrible leg pain as she grabbed her left leg. The staff members then positioned the resident in the recliner in the lounge/dining area at which time the staff member had been corrected due to the actual video footage so at that point she indicated she had no recollection of the event and staff members interventions at that time. Staff B confirmed Staff A failed to assess the resident and per policy and procedure they are required to do so prior to having moved a resident who had fallen. During an interview 10/22/25 at 11:44 p.m. Staff A confirmed she worked as the charge nurse on 10/17/25 from 4 p.m. to 4 a.m. and just prior to the fall the resident attempted to stand when Staff B redirected the resident. Shortly after the redirection the staff members stood at the nurse's station when she heard the alarm sound so she looked up and witnessed the resident as she fell and landed on her left side. The staff member indicated she performed a hit and miss assessment for injuries and directed an unknown CNA to have performed an assessment of the resident's vital signs. Staff A indicated the resident had not complained of pain on the floor and/or when the staff stood her and positioned her back into the recliner however after a short time later complained of pain so she decided to send her to the ED. The staff member confirmed she failed to perform thorough range of motion (ROM) exercises and vitals per facility policy. The staff member confirmed the resident had been known to self transfer and that had been why staff kept her positioned in a visible area in the facility and not in bed.			

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).

Facility Administrator _____ Date _____

Department of Inspections, Appeals, and Licensing
Health & Safety Division
Citation

Citation Number #10968			**Report date** November 24, 2025
Facility name Northgate Care Center		**Survey dates** October 21, 2025 – November 14, 2025	
Facility address 960 4th Street			
City Waukon, IA	**DC**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
	During an interview 10/23/25 at 9:02 p.m. Staff A now confirmed she had been in the general area of the fall but had not observed her as she stood the first time due to the chaos rather she knew what Staff B reported to her was the resident's pressure alarm sounded so Staff B responded and made sure the resident sat in the chair. Staff B then informed her of the medication error which had been right around the time the resident's alarm sounded again. Staff A indicated both staff members were about to respond when the resident fell and it took longer to respond, because the staff members were in the midst of discussion about the medication error. At that time she had not known but she was muddled and confused. The staff member indicated in hindsight Staff A and B should have ended their discussion on the medication error and responded to the resident more quickly. Staff A confirmed when the staff stood the resident they sat her in the recliner for comfort. Again the staff member stated, the resident never complained of pain until after she sat in the recliner for 5-10 minutes but she had been unable to pinpoint the location of the pain at that time until later when she verbalized the left leg. When the staff member pressed on hip the resident expressed no pain. The staff member indicated she observed her hip for bruising and that had been when she stated the area hurt so bad. At that point the staff member debated whether to send her to the ED but she wondered if her current condition had been her normal level of care so she decided ambulation of the resident would have been an effective assessment because the staff member had been aware she ambulated. When the staff ambulated the resident she failed to place any			

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).

Facility Administrator _____ Date _____

Department of Inspections, Appeals, and Licensing
Health & Safety Division
Citation

Citation Number #10968			**Report date** November 24, 2025
Facility name Northgate Care Center		**Survey dates** October 21, 2025 – November 14, 2025	
Facility address 960 4th Street			
City Waukon, IA	**DC**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
	weight at all on her left leg so that is when Staff A decided something had been wrong, called the physician and ambulance crew for transportation to the ED. After the resident left with the ambulance crew had been when the staff member called the ED and informed them the resident received Eliquis and that she should have informed them of all 4 of the medications administered in error. When asked Staff A what she failed to do she stated, number 1, I failed to get to her quicker, #2 I failed to do a complete evaluation before we got her up and #3 she failed to tell the physician about all the incorrect medications administered. When asked why she had not told the truth in the beginning Staff A responded by stating because I knew I was wrong. During an interview on 10/22/25 at 12:42 p.m. Staff E, CNA indicated she had not been present when the resident fell however when she came to the conference room and planned to chart a little after 7:30 p.m. she overheard the resident as she stated ouch my leg. When Staff E originally came to conference room the resident had been positioned in a recliner in the lounge/dining area and when Staff E came out of the conference room the resident had then been positioned in a dining room chair approximately 15-25 feet away from the recliner with staff present. When Staff E exited the conference room she heard the resident as she verbalized ouch I want an ambulance and my leg hurt as she rubbed her hip. Staff A stated lets try some pain meds but approximately 20 minutes later the resident continued verbalization of pain. Staff E confirmed the resident had not been supposed to			

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).

Citation Number #10968			**Report date** November 24, 2025
Facility name Northgate Care Center		**Survey dates** October 21, 2025 – November 14, 2025	
Facility address 960 4th Street			
City Waukon, IA	**DC**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
	self transfer as she required one staff assistance. Staff E described the facility policy following a resident's fall as the nurse's were required to thoroughly assess a resident when on the floor. Had heard Staff A failed to properly assess other residents after they fell as well. During an interview 10/22/25 at approximately 1:50 p.m. the DON confirmed the nurse's assessment had not been as thorough as she would have expected after review of the video and nurse failed to assess the resident's vital signs. During an interview on 10/28/25 at 10:17 a.m. Staff D, RN MDS Coordinator and the DON confirmed the facilities policy following a resident fall consisted of the following: In the event of a witnessed or unwitnessed fall staff went right to the resident/person while positioned on the floor, assessed vital signs, performed ROM, assessed for abnormalities and stopped bleeding if applicable. Staff D confirmed the staff members failed to have performed neurological assessments. During an interview 10/23/25 at 12:05 p.m. Staff C, CNA indicated Staff A notified her of the resident's fall and asked her if she would check her out with a plan to ambulate the resident as an assessment to see if she could walk. Staff A and Staff C stood the resident without a gait belt as the resident complained of leg pain and barely placed weight on her leg, she barely put it on the ground and lifted it back up again. The staff member confirmed the resident stood on one leg and they sat her down in a			

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).

Department of Inspections, Appeals, and Licensing
Health & Safety Division
Citation

Citation Number #10968			**Report date** November 24, 2025
Facility name Northgate Care Center		**Survey dates** October 21, 2025 – November 14, 2025	
Facility address 960 4th Street			
City Waukon, IA	**DC**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
	dining room chair because she could not walk. The staff member indicated the nurse had been required to have assessed the resident on the floor with no movement with a potential injury. During an interview 10/29/25 at 1:07 p.m. a Hospice staff member confirmed staff having moved the resident would have affected and/or worsened her fracture and caused her harm and increased pain and a non-repaired fall and fracture would have hastened the resident's death. During an interview 10/29/25 at 1:47 p.m. the Hospice staff member indicated she had spoken with the Hospice Medical director who indicated he had been unable to state the cause of death without the death certificate but 9 times out of 10 when the elderly sustain a fall and fracture they throw an emboli which caused death. The Hospice Medical Director felt because she called out in pain when she fell staff should not have moved her and the continued movement could have caused a worsening fracture. More than likely with a femur fracture occurred with the initial fall and worsened with each transfer/movement. Staff A signed acknowledgement of the facilities LPN Floor Nurse job description form on 5/12/25 which indicated she understood her job duties which included the following: a. Promotion of quality nurse care to guests in an environment that promoted their rights, dignity and freedom of choice.			

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).

Facility Administrator _____ Date _____

Department of Inspections, Appeals, and Licensing
Health & Safety Division
Citation

Citation Number #10968			**Report date** November 24, 2025
Facility name Northgate Care Center		**Survey dates** October 21, 2025 – November 14, 2025	
Facility address 960 4th Street			
City Waukon, IA	**DC**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
	b. Carried out direct contemporaneous charting on your shift. c. Responsible for all nursing care of assigned guest while on duty. Notification of appropriate persons of a significant change in a guest's condition. d. Assurance that guest care plans were followed and assessed each guest's status in accord with their care plan. e. Completed medical records documenting care provided and other information in accordance with nursing policies. f. Maintained the comfort, privacy and dignity of guest and interacted with them in a manner that displayed warmth, respect and promoted a caring environment. During an interview 10/29/25 at 1:59 p.m. Staff F, CNA indicated it had been the charge nurse's responsibility when a resident fell to have to have made sure the resident safe, staff were not to move the resident until the nurse completed a thorough assessment which included vital signs, range of motion and complete follow up. During an interview 10/29/25 at 2:08 p.m. Staff G, CNA indicated when a resident fell direct care staff had been directed to call for the nurse, leave the resident where they fell for the nurse to have completed a through assessment of the resident and to have made sure nothing broken.			

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).

Facility Administrator _____ Date _____

Department of Inspections, Appeals, and Licensing
Health & Safety Division
Citation

Citation Number #10968			**Report date** November 24, 2025
Facility name Northgate Care Center		**Survey dates** October 21, 2025 – November 14, 2025	
Facility address 960 4th Street			
City Waukon, IA	**DC**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
	During an interview 10/21/25 at 4:55 p.m. Staff H, CNA confirmed when a resident fell the nurse's responsibility began with an assessment of the resident vital signs. The staff member indicated upon hire she had been directed all residents remained positioned on the floor following a fall until the nurse completed her assessment. A Fall Occurrence policy and procedure revised 2/2024 indicated the Purpose as the assurance the residents were evaluated for fall risks and implemented interventions which minimized the risk for falls and/or the risk for injury from falls. The Procedures included the following: a. An Incident Report completed by the nurse with each fall. b. Residents assessed by a licensed nurse prior to having been moved after a fall. c. Neurological assessment initiated for an unwitnessed fall and/or falls witnessed and the resident hit their head. d. Notification of a physician and resident representative. d. Documentation and monitoring completed for 72 hours post a fall. 2. A Minimum Data Set (MDS) assessment form dated 9/22/25, (follow up to his 9/15/25 readmission to the facility) indicated Resident #8 had diagnosis that included Heart Failure (HF), Diabetes Mellitus			

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).

Facility Administrator _____ Date _____

Department of Inspections, Appeals, and Licensing
Health & Safety Division
Citation

Citation Number #10968			**Report date** November 24, 2025
Facility name Northgate Care Center		**Survey dates** October 21, 2025 – November 14, 2025	
Facility address 960 4th Street			
City Waukon, IA	**DC**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
	(DM), Non-Alzheimer's Dementia, altered mental status, adult failure to thrive and abnormal weight loss. The assessment indicated the resident had a Brief Interview for Mental Status (BIMS) score of 13 out of 15 (cognitively intact), required partial/moderate assistance with toileting, personal hygiene and non-ambulatory. The assessment identified the resident without any skin issues and as not on a repositioning program. The Care Plan included a Focus area of at risk for alteration in skin integrity related to a potential risk for development of a pressure ulcer. The Interventions included the following: a. Provision of preventative skin care. A Nursing - Admission/Readmission Assessment form dated 9/15/25 at 12:39 p.m. indicated the resident as readmitted to the facility with a right trochanter blister and no further assessment provided (i.e. measurements, surrounding skin, drainage, odor). According to an email dated 11/30/25 at 10:34 a.m. the Director of Nursing (DON) confirmed the facility staff failed to assess the resident's blistered area between 9/15/25 and 9/29/25 and she had been unsure of the etiology of the blistered area. A Progress Notes entry dated 9/29/25 at 9:30 a.m. indicated the resident with an intact blister on his			

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).

Facility Administrator _____ Date _____

Department of Inspections, Appeals, and Licensing
Health & Safety Division
Citation

Citation Number #10968				**Report date** November 24, 2025
Facility name Northgate Care Center		**Survey dates** October 21, 2025 – November 14, 2025		
Facility address 960 4th Street				
City Waukon, IA	**DC**			

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
	right hip that measured 6.5 centimeters (cm) by (x) 2.2 cm with no further assessment completed. According to the facilities Timeline of Events form (not dated) included the following entries which pertained to the resident's blistered area as dated: a. 10/4/25 - 6 cm x 3 cm x 0.0 cm, a scant amount of serous drainage, wound bed dark pink/red tissue with the blister opened and pain noted. b. 10/15/25 - 2.3 cm x 1.5 cm, purulent drainage, slough noted in the wound bed and surrounding skin red. The physician started the resident on Cephalexin 500 milligrams (mg's) three times a day (TID) for 7 days. **FACILITY RESPONSE**			

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).