Citation Numb #5522	er:		Date: January 12, 2022				
Facility Name: Silver Oak Nur	sing & Rehabilitation		Survey Dates: December 6 – December 28, 2022			28 2022	
Facility Addres	ss/City/State/Zip:	TAG, VW	2000	0. 0 2		-0, -0-1	
455 31 st Street Marion, IA 52302							
Rule or Code Section	Naturo	e of Violation				Correction date	
58.19(2)b	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. b. Provision of the appropriate care and treatment of wounds, including pressure sores, to promote healing, prevent infection, and prevent new sores from developing; (I, II)			\$5,500 (COLLE		UPON RECEIPT	
	DESCRIPTION:						
	Plan to address a reside an order to treat a pres identified and failed to pressure ulcers to deve	iled to initiate a Nursing Care ent's pressure ulcer, implement sure ulcer until 7 days after prevent two facility acquired lop for one of one residents rd sample (Resident #200). The					

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Facility Administrator

Citation Numb #5522	er:				Date: January	y 12, 2022
Facility Name: Silver Oak Nur	sing & Rehabilitation		Survey I			
Facility Address/City/State/Zip:		TAG, VW	December 6 – December 28, 2022			28, 2022
455 31 st Street Marion, IA 52302						
Rule or Code Section	Nature	e of Violation	Class	Fine A	mount	Correction date
	Findings Include:					
	1. Resident #200's Minitidated 11/30/21 identificity impaired with a Brief Inscore of 99, and with the fibrillation (abnormal healing transmitted to the stage 2 pressure ulcers. A review of the Admissical resident admitted to the Areview of the Care Plansmitted to the Areview of t	act infection and diabetes identified the resident assistance with most activities dwelling catheter and two present upon admission. on Record revealed the e facility on 11/24/21. an provided revealed the 3 pressure ulcer to right (date initiated 12/10/21). or wound healing weekly. th and depth where possible.				

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Facility Administrator

Citation Numb	er:				Date: Januar	y 12, 2022
Facility Name: Silver Oak Nur	rsing & Rehabilitation		Survey Dates: December 6 – December 28,			. 28. 2022
Facility Addres	ss/City/State/Zip:	TAG, VW	Decemb	ei u – D	ecember	20, 2022
455 31 st Street Marion, IA 52302						
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	initially admitted with j surrounding skin edges infection. In an interview on 12/8 Worker (SW) reported a resident sent out to her request orders to treat 12/8/21, the SW review doctor's order dated 12 Electronic Medical Record the doctor's order to St who later entered the contract of the Areview of the Fax from revealed an order for St ABD (abdominal pad), a until healed. A review of the December Administration Record revealed the above ord review of the paper reconstruction or Silver Sulfabilateral buttocks topic cleanse areas then applied.	/21 at 7:00 AM, the Social a Facsimile (Fax) report on the physician on 11/30/21 to her pressure ulcers. On yed the new orders and saw a 2/1/21 not entered into the ord (EMR) yet. The SW showed aff P, Registered Nurse (RN), order into the EMR In the physician dated 12/1/21 ilvadene to areas, cover with and change daily as needed				

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Facility Administrator

Citation Numb	er:				Date: January	y 12, 2022
Facility Name: Silver Oak Nur	sing & Rehabilitation		Survey I		ecember	28, 2022
Facility Address	ss/City/State/Zip:	TAG, VW	Decemb	CI U – D	CCCITIBCI	20, 2022
455 31 st Street Marion, IA 523						
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	treatment noted not sign 12/7/21.	gned out as completed until				
		se's Notes revealed the following				
	entries: a. On 11/24/21 at 7:12	PM revealed the following	lowing			
	assessment of a pressu	re ulcer:				
	Location: coccyx.					
	_	(cm), Width: 11.5 cm, and				
	Depth: 0.1 cm.					
		fy which side the pressure				
	ulcer located.	D. A.				
	b. On 11/30/2021 1:46					
	Stage III pressure ulcer	cm, and Depth: 0.1 cm.				
	Stage III pressure ulcer	· · · · · · · · · · · · · · · · · · ·				
		5 cm, and Depth: 0.1 cm.				
	,	cumented as completed				
	weekly.	·				
	c. The last assessment of	completed 12/21/21 at 11:21				
	AM:					
	Stage III pressure ulcer	•				
	'	3 cm, and Depth: 0.2 cm.				
	Stage III pressure ulcer					
	Length: 4 cm, Width: 2.	5 cm, and Depth none				
	documented.	makinahada an assassas s				
		not include an assessment of				
	the third pressure ulcer		ĺ			

Date

Facility Administrator

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Citation Numb	er:				Date: January	y 12, 2022
Facility Name: Silver Oak Nur	sing & Rehabilitation		Survey I			
Facility Address/City/State/Zip:		TAG, VW	Decemb	er 6 – De	ecember	28, 2022
455 31 st Street Marion, IA 52302						
Rule or Code Section	Natur	e of Violation	Class Fine Amount Correction			
	reported the following: a. When residents have who received the order the order to the Medica or TAR. b. The order should the and then the order is pl (DON) box. c. Orders should be sho the order had been rec d. Any of the nurses are new orders written. e. When the order for t received on 12/1/21, ev therefore did not get tr f. When this resident ac only one pressure ulcer gluteal area. In an interview on 12/1 Medical Director report Orders to be processed MARs/TARs within twe	e new orders written, the nurse is responsible for transcribing ation Treatment Record MAR on be reviewed by two nurses, laced in the Director of Nursing buld be noted within the shift eived or the next shift. It is responsible for follow-up on the Silvadene had been widently it did not get noted, ranscribed to the TAR. It dimitted to the facility, she had responsible for some on each the facility and entered on to the				

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Facility Administrator Date

Citation Numb #5522	er:				Date: January	y 12, 2022
Facility Name:	sing & Rehabilitation		Survey I	Dates:	1	
			Decemb	er 6 – D	ecember	28, 2022
Facility Address/City/State/Zip:		TAG, VW				ŕ
455 31 st Street Marion, IA 52302						
Rule or			01			Correction
Code Section	Natur	e of Violation	Class	Fine F	Amount	date
Occion						
	date and last revision de Pressure Injury Prevent documented the follow INTERVENTIONS FOR PREALING: a. After completing a the assessment/evaluation, shall develop a relevant measurable goals for pressure injuries with a b. Interventions will be identified in the risk assent any pressure injury assemanagement, impaired staging, wound charact c. Evidence-based interimplemented for all reseat risk or who have a pred. Basic or routine care but are not limited to: 1. Redistribute pressur protecting and/or offloads.	ing: REVENTION AND TO PROMOTE forough the Interdisciplinary Team care Plan that includes revention and management of ppropriate interventions. based on specific factors ressment, skin assessment, and ressment (e.g., moisture mobility, nutritional deficit, reristics). reventions for prevention will be idents who are assessed ressure injury present. interventions could include, re (such as repositioning,				
	support surfaces.	Il contamination. e, pressure-redistributing, e nutrition and hydration				

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).

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Citation Number: #5522 Facility Name:			Date: January 12, 2022 Survey Dates:				
Silver Oak Nursing 8		TAG		28, 2022			
Facility Address/City 455 31 st Street Marion, IA 52302	//State/ZIp:	TAG, VW					
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date	
e. Evicurre resid f. Pre press mois g. Tre chara amou or no MON a. The relev press comp of fin b. Th	ent standards of pro- lents who have a pro- lents who have a pro- lessure injuries, such a sure injuries, such a ture or incontinent eatment decisions of acteristics of the wo unt of exudate, and on-viable tissue. NITORING e RN Unit Managel erant documentation sure injury risks, pro- poliance at least weed andings in the medical	ments in accordance with actice will be provided for all ressure injury present. be differentiated from noas arterial, venous, diabetic, as arterial, venous, diabetic, and including the stage, size, as presence of pain, infection, are or designee, will review all a regarding skin assessments, and assessments, and document a summary all record. Sian will be notified of the sure injury upon identification.				Page 7 of 4	

		_					
Citation Number #5522	er:				Date: January	y 12, 2022	
Facility Name: Silver Oak Nur	sing & Rehabilitation		Survey [_		
Facility Addres	ss/City/State/Zip:	TAG, VW	Decemb	December 6 – December 28, 2022			
455 31 st Street Marion, IA 523	02						
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date	
58.28(3)e		receive adequate supervision azards from self, others, or	CLASS I	\$7,000 (COLLE		UPON RECEIPT	
	proper storage of portal document complete assifalls for two of nine resi (Resident #2, #39), failed a resident identified with residents reviewed with report a fall with major Inspections and Appeal document possible cause interventions for one resulting in multiple facility reported a censulting include:	illed to ensure the safe and ble oxygen tanks, failed to sessments after unwitnessed idents reviewed with falls and to provide a safe transfer for the ahip fracture for one of nine in falls (Resident #12), failed to injury to the Department of sessed (Resident #22), failed to ses and implement timely esident with multiple falls, with the fractures (Resident #50). The					

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Facility Administrator

Citation Numb	er:				Date: January	y 12, 2022
Facility Name: Silver Oak Nur	rsing & Rehabilitation		Survey I		acember	28, 2022
Facility Address/City/State/Zip:		TAG, VW	Decemb	ei 0 – De	cember	20, 2022
455 31 st Street Marion, IA 52302						
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	impaired with a Brief In 11, and with the follow mellitus, Non-Alzheime The MDS also identified staff assistance with me had two falls with no in injury. A review of the Care Plathe problem of being ad interventions document implementation in pare a. Resident educated to b. Anticipate and meet c. Be sure the resident encourage the resident needed. The resident nrequests for assistance d. Door to room to rem (2/23/20). e. Dycem in recliner (2/6. Have commonly used water, call light, remote (7/31/19). g. I have a motion night help me find my way defined.	r's Dementia and depression. It the resident required limited ost activities of daily living and jury and one fall with minor an identified the resident with the risk for falls with the following ted with dates of enthesis: In use call light (10/1/19). It the resident's needs (7/31/19). It is call light is within reach and it to use it for assistance as eeds prompt response to (7/31/19). It is call light is within reach and it is use it for assistance as eeds prompt response to (7/31/19). It is call light is within reach and it is use it for assistance as eeds prompt response to (7/31/19).				

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Facility Administrator

Citation Numb #5522	er:				Date: January	y 12, 2022
Facility Name: Silver Oak Nur	sing & Rehabilitation		Survey [acambar	28 2022
Facility Address	ss/City/State/Zip:	TAG, VW	December 6 – December 28, 2022			
455 31 st Street Marion, IA 523						
Rule or Code Section	Nature	e of Violation	Class	Fine A	mount	Correction date
	i. Resident re-educated assistance (2/23/20). j. Staff educated not to in her wheelchair in her (9/8/21). An observation on 12/6 resident in a wheelchair wearing gripper socks, pappears comfortable. Fresident during the survano falls during the hour A review of the Incident resident fell on the folloa. Seven times on 9/6/2 b. Three times on 10/11 c. Six times on 11/11/22. The resident's record faneuro checks complete all the unwitnessed falls (RCA) completed to det frequent falls.	further observations of the vey revealed the resident with s surveyors were in the facility. It Reports received revealed the owing dates:				

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Facility Administrator

Citation Numb #5522	er:				Date: January	y 12, 2022
Facility Name: Silver Oak Nur	sing & Rehabilitation		Survey I		ecember	28, 2022
Facility Address	ss/City/State/Zip:	TAG, VW	Decemb	CI 0 D	COCITIBET	20, 2022
455 31 st Street Marion, IA 52302						
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	BIMS of 8, and with the Alzheimer's Disease and The resident required li Activities of Daily Living no injury. A review of the Care Plathe problem of being at 6/22/21) with the following interdates of implementationa. Be sure the resident encourage the resident needed. The resident needed. The resident neededs for assistance. b. Encourage, remind, 8 resident will allow (3/28 c. Encourage and assist	to use it for assistance as eeds prompt response to (3/28/19).				
	in w/c, ie: gripper socks during the day while up e. Have commonly used (3/28/19).	when ambulating or mobilizing at bedtime (HS) and shoes				

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 Numb	er:				Date: January 12, 2022		
Facility Name: Silver Oak Nu	rsing & Rehabilitation		Survey I	Dates:			
Facility Addre	ss/City/State/Zip:	TAG, VW	December 6 - December 28, 2022			28, 2022	
455 31 st Street Marion, IA 52302							
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date	
	AM, Staff Q, Registered the floor, Assessment of 158/100, 103, 97.5, 20, 5/10. Resident was able arms and legs) without the right lower leg (RLE to bed with assistance of Doctor notified, order tright hip evaluation recfacility at 6:45 AM on a paramedics. In an interview on 12/8 (SW) reported the resident fell and nothing more document Agency Certified Nurse other CNA's picked the	Notes dated 11/25/21 at 6:54 Nurse found the resident on ompleted, vital signs noted as 95% RA (room air), pain of a to move BUEs and LLE (both problems with limitation to). The resident assisted back of 2 staff using a gait belt. The resident to hospital for eived. The resident left the stretcher accompanied by 1/21 7:00 AM, Social Worker lent fell out of bed When she came to work the booked at the resident's chart, and went to the hospital and leted. The next day, Staff F, Aide (CNA) reported that the resident up off the floor					
	before the nurse even on the they put her on the	came in the room to assess her, be bed and tried to get her coulance came. The SW called					

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Facility Administrator

Citation Numb	er:				Date: January	, 12, 2022	
Facility Name: Silver Oak Nu	rsing & Rehabilitation		Survey		ecember	28 2022	
Facility Addre	ss/City/State/Zip:	TAG, VW	Booming	December 6 – December 28, 2022			
455 31 st Street Marion, IA 52							
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date	
	resident fell. The family resident broke her hip a live. The SW reported to the SW reported to the floor in her room, the floor in her staff Q stayed with the could not recall the narmachine and took the relaid on the floor on her shorter than the left. So should be transferred whelt. Then Staff Q and the resident, helped her stalleg. They moved her from the floor in the floor or floor in the floor or floor in the floor or orders. Or resident to the hospital Medical Technicians (Ellisten)	ember and reported the member reported the and only had hours to days to the resident died at Hospice. 4/21 at 1:39 PM, Staff Q, then she found the resident on the resident said "my hip thospital, I'm going to die". Tresident and sent the CNA (she the of the CNA) to get the vital esident's vitals. The resident right side and her right leg was taff Q explained, the resident with the assist of one with a gait the CNA put the gait belt on the find and she stood on her left om the floor to the bed. The eared shorter than the left, and the to the hospital, I don't for, I need a doctor". Staff Q the the resident while she called Orders received to send the and then the Emergency MT's) arrived to take her. Staff ortant thing is not to displace				Page 13 of 4	

. ago .

Facility Administrator

Date

		_				
Citation Numb #5522	er:				Date: January	y 12, 2022
Facility Name: Silver Oak Nur	sing & Rehabilitation		Survey [Dates:		
	ss/City/State/Zip:	TAG, VW	December 6 - December 28, 2022			
455 31 st Street						
Marion, IA 52302						
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	a resident after a fall, so	taff P, RN reported if she found creaming in pain, she would call the doctor for an order to the hospital.				
	reported if she found a fall, she would stay with assesses the resident.	6/21 at 1:09 PM, Staff G, CNA resident on the floor after an the resident until the nurse Staff G stated, staff should not the floor unless the nurse so.				
	reported if found a resign she would call the nurse	6/21 at 1:30 PM, Staff H, CNA dent on the floor after a fall, e, if the nurse thought there the staff should not move the move the resident.				
	BIMS score to show the cognitive status. The M with the following diagrous vascular disease and ot limited assistance with dressing, toileting and p	dated 10/3/21 failed to have a resident evaluated for IDS also identified the resident noses: heart failure, peripheral her fracture and required bed mobility, ambulation, personal hygiene and bathing.				

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Citation Numb	er:				Date: January	y 12, 2022
Facility Name: Silver Oak Nur	rsing & Rehabilitation		Survey Dates:			28 2022
Facility Addres	ss/City/State/Zip:	TAG, VW	December 6 – December 28, 2022			20, 2022
455 31 st Street Marion, IA 523						
Rule or Code Section	Natur	e of Violation	Class	Fine Ar	mount	Correction date
	to pain and weakness (gwith the following interdates of implementation a. Apply gripper socks a b. Call light re-routed to (10/11/21). c. Follow facility fall production of the control	t HS as I will allow. (5/3/21). The foot of the bed r/t fall on a stocol (1/6/21). The foot to use my tray table as an ulate backwards, and to use due to my fall on (8/26/21). The foot of (9/7/21). The wear my shoes for all (8/10/21). The floor in front of my toilet r/t cupational Therapy (PT/OT) to on (7/19/21). The ducated to keep my door better supervision due to my				

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Citation Numb #5522	er:				Date: January	y 12, 2022		
Facility Name: Silver Oak Nur	sing & Rehabilitation		Survey Dates: December 6 – December 28, 2022			28, 2022		
Facility Addres	ss/City/State/Zip:	TAG, VW	20000	December 0 - December 20, 2022				
455 31 st Street Marion, IA 523								
Rule or Code Section	Nature	e of Violation	Class Fine Amount Correction date			Correction date		
	numbness or tingling to walker placed beside he observations of the res 12/6/21 through 12/22 remained with a cast to A review of the Nurse's a. On 9/16/2021 13:40, her left side in front of broke her fall with her lof left elbow pain. b. No documentation not for evaluation and treat A review of the Incident PM, documented the for a. Nursing Description: to resident being on the wearing shoes and wear b. Resident's Description what she was doing. c. Injury Noted to Back	Notes revealed the following: Resident noted to be lying on her recliner and states she eft elbow and does complain oted that the resident sent out timent t Report dated 9/16/21 at 1:40 ollowing: called to resident's room due efloor, lying on left side, not ring regular socks. n: stated she was unsure of of Left Hand: bruise, elbow: hematoma (an area of spooled blood) with no						

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Citation Numb	er:				Date: January	y 12, 2022
Facility Name: Silver Oak Nur	sing & Rehabilitation		Survey I			20, 2022
Facility Address/City/State/Zip:		TAG, VW	Decemb	er 6 – De	ecember	28, 2022
455 31 st Street Marion, IA 52302						
Rule or Code Section	Natur	e of Violation	Class Fine Amount Correction date			Correction date
	the resident had betwee revealed nine were unverseled nine were unverseled nine were unverseled on the facility protocol completed on 8/11/21. In an interview on 12/1 Director of Nursing (DC Witness Statements shows staff involved. In an interview on 12/1 DON reported unable to Staff Interviews or Witness dent #12 and #22's In an interview on 12/1 Administrator reported be followed after a resile. The Charge Nurse on the one to complete the Witness Statements and b. Typically the DON wor afterward. c. At our Daily Morning resident falls, why did to	to neuro checks completed as l. One post fall evaluation 4/21 at 10:42 AM, the former only only the former of the second any documentation of the second at 10:45 AM, the former of the second at 10:45 AM, the the following process should				

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Citation Numb #5522	er:				Date: Januar	y 12, 2022
Facility Name: Silver Oak Nur	sing & Rehabilitation		Survey [Dates:		
	ss/City/State/Zip:	TAG, VW	Decemb	er 6 – D	ecember	28, 2022
455 31 st Street Marion, IA 52302						
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	discuss the possible need and/or OT. e. The Charge Nurse is a Incident Report in Point Program) completely as Statements. The Charge describing the whole in In an interview on 12/2 Supervisor reported she documentation in the report of the resident's	nd getting the Witness Nurse also responsible for cident and who was involved. 7/21 at 1:03 PM, Staff I, Nurse				
	resident as cognitively i identified her with the failure, depression and	dated 10/21/21 identified the impaired with a BIMS of 8, following diagnoses: heart nutritional deficiency. The resident required limited DL's.				
	the problem of being at	an identified the resident with t risk for falls related to roblem identified as being				

Facility Administrator Date

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Citation Numb #5522	er:				Date: January	y 12, 2022
	sing & Rehabilitation		Survey Decemb		ecember	28. 2022
Facility Addres	ss/City/State/Zip:	TAG, VW		December 6 – December 28, 2022		
455 31 st Street Marion, IA 523						
Rule or Code Section	Nature	e of Violation				Correction date
	updates since). Interventions: I have Dy the possibility of me slip A review of the Nurse's 11:45 PM, documentati 12/11/2021 3:30 PM, Fa occurred in the Residen A review of the Neurolo at 11:30 PM revealed o orientation, level of cor pain, and extremities ha four sets of vitals signs 12/11/21 at 10:45 PM, In an interview on 12/1 reported she assessed to she received report. Sh checked the Incident Re resident fell at 3:30 PM one of the Medication A already left for the day Medication Aide (MA) r 3:30 PM, and the reside she tried to walk using the	Notes dated 12/11/21 at ion showed: Date/Time of Fall: all was not witnessed, and Fall at's room. Ogical Checklist dated 12/22/21 anly one assessment for asciousness, pupils, responses, ad been documented. Only had been documented on 11:30 PM, and 11:43 PM. 3/21 at 11:47 AM, Staff M, RN the resident at 10:20 PM after the noticed blood on the sheets, export which documented the staff M received report from Aides because the nurse had				

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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 Numb #5522	er:				Date: January	y 12, 2022
Facility Name: Silver Oak Nur	sing & Rehabilitation		Survey D		_	
Facility Addres	ss/City/State/Zip:	TAG, VW	Decemb	er 6 – De	ecember	28, 2022
455 31 st Street Marion, IA 52302						
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	every 30 minutes four to times, and then every 4 Staff M reported she cound not vitals. The nurse we first fell did not docume neuros or vitals. In an interview at 12/15 could not recall the det 12/11/21, reported that resident. Attempts man and no return the call reliable in the found a fall, The nurse should dunwitnessed, do neuros four times, then every 3 hourly four times, then then every shift for 3 days she suspected the reside would not move the reside and would complete a lin an interview on 12/1 reported if she found a	15 minutes four times, then imes, then every hour four hours for remainder of 3 days. Impleted the only neuro check ho took care of her when she ent anything about the fall, no alls of the resident's fall on tanother CNA took care of the de to contact that other aide, eccived. 6/21 at 10:36 AM, Staff N, RN resident on the floor after a or a head to toe assessment, if and vitals every 15 minutes and every 4 hours four times, then every 4 hours four times, then every 4 hours four times, and every 4 hours four times, then e				

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Citation Numb #5522	er:				Date: January	y 12, 2022
Facility Name: Silver Oak Nur	sing & Rehabilitation		Survey I		ecember	28, 2022
Facility Address/City/State/Zip:		TAG, VW				_0, _0
455 31 st Street Marion, IA 52302						
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	assesses the resident. S resident from the floor instructions to.	Staff should not move the unless the nurse gives				
	reported if she found a fall, she would call the i there might be a broke	12/16/21 at 1:30 PM, Staff H, CNA nd a resident on the floor after a the nurse, if the nurse thought roken hip, the staff should not and the EMTs will move the				
	Falls and Their Causes of after a fall: a. If a resident has just without a witness to the record vital signs and end the head, neck, spine as b. If there is evidence of fracture or bleeding, Not appropriate first aid. c. Once an assessment Nursing Staff will help to sitting, lying, or standing relevant details. d. Nursing Staff will not physician and family in	f a significant injury, such as a				

Date

Facility Administrator

Citation Number #5522	er:				Date: January	y 12, 2022
Facility Name: Silver Oak Nur	sing & Rehabilitation		Survey [Dates:	1	
	ss/City/State/Zip:	TAG, VW	Decemb	er 6 – D	ecember	28, 2022
455 31 st Street Marion, IA 523	002					
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
				1		
	change, Nursing Staff w immediately by phone.	ill notify the practitioner				
	A review of the undated Fall Risk Managing, doc	d facility policy titled: Falls and umented the following:				
	IDENTIFYING CAUSES O a. Within 24 hours of a to try to identify possib incident. They will refe evidence including med impairments, etc. b. The staff will continu information until they e falling or determine tha c. If the cause of a fall is significant medical caus attack or an adverse dre continues to fall despite nursing staff will discuss attending physician or fo d. If the causes of a fall and if the fall is accomp symptoms (e.g. confusion	F A FALL OR FALL RISK: fall, the Nursing Staff will begin le or likely causes of the r to the resident-specific lical history, known functional e to collect and evaluate either identify the cause of at the cause cannot be found. Is unclear, if the fall may have a lie such as a transient ischemic lug reaction or if the resident e attempted interventions, the st the situation with the				
	DOCUMENTATION:					

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Citation Numb #5522	er:				ate: anuary	y 12, 2022
Facility Name: Silver Oak Nur	rsing & Rehabilitation		Survey I	Dates: er 6 – Dece	omhor	28 2022
Facility Addres	ss/City/State/Zip:	TAG, VW	Decemb	CI U - DCC	CITIDO	20, 2022
455 31 st Street Marion, IA 523						
Rule or Code Section	Natur	e of Violation	Class	Fine Ame	ount	Correction date
	should be recorded in ta. The condition in which "resident found lying or chair"). b. Assessment data, incobvious injuries. c. Interventions, first aid. Notification of the phindicated. e. Completion of a falls f. Appropriate interventialls. g. The signature and title data. A review of the protocol					
	staff saw or did not see b. Vital signs and any tr documented in matrix. c. Physician notification d. Call the responsible p	ent, description of what the , heard, etc. eatment performed should be a and document in Matrix. party and document in Matrix. th party, the next shift should				

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Facility Administrator

Date

Citation Numb	oer:				Date: Januar	y 12, 2022
Facility Name: Silver Oak Nu	: rsing & Rehabilitation		Survey I)ecember	28, 2022
Facility Addre	ss/City/State/Zip:	TAG, VW	Decemb	GI U - D	CCCIIIDCI	20, 2022
455 31 st Street Marion, IA 52302						
Rule or Code Section	Natur	e of Violation	Class	Fine I	Amount	Correction date
	A FALL RISK OBSERVATI					
	Form should be filled o					
	in the Matrix as follows a. If fall was unwitnesse					
		cical exam/neuro observation in				
	Matrix as per protocol.	·				
		t for any head injuries, injuries,				
	skin.	and did not hit his/her head,				
		nd vitals needs to be done				
	· ·	with evaluation note and				
		interventions to assist with				
	1 '	ows: every 15 minutes x 4				
		s x 4 times, every hour x 4				
	times, every 4 hours x 4 72 hours.	times and then every shift for				
	5 The Significant Chang	ge Minimum Data Set (MDS)				
	_ ·	nt #50 dated 6/9/21 revealed				
	 	ut of 15 on a Brief Interview for				
	1 ' '	xam, which indicated the				
	-	ognitively impaired and also				
		#50 with disorganized thinking				
	present which fluctuate					
	The state of the s	the extensive assistance of one and transfers, and was not				

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Facility Administrator

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455 31 st Street Marion, IA 52302						
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	assistance for moving for position, walking (with turning around and fact while walking, moving of surface to surface transchair or wheelchair). The resident without falls signer the prior assessment. The Face Sheet for Resignation which included muscle Palliative Care. The Care Plan dated 3/2 is at risk for falls r/t well interventions per the prior following with dates im a. Anticipate and meet date 3/02/21) b. Apply gripper socks as c. Follow facility fall produced to alert staff if I attassistance. (7/03/21)	assistive device if used), ing the opposite direction on and off the toilet, and for ifer (transfer between bed and ite assessment documented the ince admission/entry, reentry, it, whichever was most recent. dent #50 revealed diagnoses weakness and encounter for 2/21 documented, The resident akness and confusion. Ian of care included the plemented in parenthesis: the resident's needs. (initiated its resident will allow. (3/27/21) otocol. (03/02/2021) cting alarm at the foot of my empt to get up without				

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Facility Administrator

Date

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Facility Name: Silver Oak Nur	sing & Rehabilitation		Survey D	Dates:		
	ss/City/State/Zip:	TAG, VW	Decemb	er 6 – D	ecember	28, 2022
		170, ***				
455 31 st Street Marion, IA 523						
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	assistance and supervish. I was moved to a roowith direct sight. [Room i. I was moved to a roor [Room Number Redacted]. Maintenance repaired bathroom. (5/26/21) k. Rearranged room for I. Staff educated to not room. (6/01/21) m. Staff has been educated to not room. (6/01/21) m. Staff has been educated to not room. (6/01/21) o. UA (urinalysis) obtain The Incident Note dated documented, in part, Refall without injury. Four bottom of her roommasstating she was trying to mate's bed was moved pointing towards the dostuck in an upward posimotorized wheelchair (1/20).	m closer to the nurse's station in Number Redacted] (5/01/21) in closer to the nurse's station. It is closer to the threshold going into the leave wheelchair in resident's leave wheelchair in resident's leave wheelchair in resident's leave on the need for frequent leave on my FWW (front wheeled leave). It is considered and lying curled around the leaves bed. Resident confused to get the weed eater. Room with the foot of the bed loor and the lower part of bed lition. Roommate states her				

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Facility Administrator Date

Citation Numb #5522	er:				Date: Januar	y 12, 2022
Facility Name: Silver Oak Nur	sing & Rehabilitation		Survey [Dates:		
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455 31 st Street Marion, IA 52302						
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	noted the resident lying bathroom as if she were an assist x 1 but very not ambulating on her own noted to be bleeding. Note it is neck stabilized head. Resident awake a with visible shaking not light however not equal. The Incident Note dated documented: This nursed Nursing Assistant (CNA) the floor lying next to the performed a skin assess to back of the resident' (c/o) pain in that area at 4/10 on numeric pain so and within normal limit performed and WNL for oriented to self. The Incident Report Fol at 1:30 PM documented up. Resident is non-con assistance for transfer as	d 5/1/2021 at 10:54 PM, e was notified by a Certified that resident was found on er bed. Upon arrival this nurse ment some redness was noted s head. Resident complained of es well and rated the pain at a cale. Vital Signs (VS) completed es (WNL)Neuro assessment or this resident. She is alert and low Up Note dated 5/2/2021 d: Resident is on a fall follow				

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Facility Administrator

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Facility Address	ss/City/State/Zip:	TAG, VW	Decemb	December 6 – December 28, 2022		
455 31 st Street Marion, IA 52302						
Rule or Code Section	Natur	e of Violation	Class	Fine Ar	mount	Correction date
	and VS WNL.					
	The Communication with 5/3/2021 at 3:36 PM do have 4 abrasions to her occurred over the week that measure 0.5 centing on resident's left upper noted to the left of resident x 1.0 cm. The wound signs/symptoms (s/s) of	th Physician Note dated ocumented: Resident noted to back, likely from falls that send. There are 3 abrasions meters (cm) x 0.5 cm each are back, and another abrasion dent's spine that measures 1.0 d bed is clean at this time, no f infection noted to area. Will eas. Resident denies pain to				
	documented: Resident of Repeated attempts to goutside room after resident bathroom, and offered attempts to ambulate with frequent reminder newspaper provided. The Behavior Note date documented, Res. repeated.	ed 6/20/2021 at 5:40 PM atedly trying to stand up from all as she was ready to get up ting 1:1 with nurse for safety as				

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Facility Administrator Date

Citation Numb	oer:				Date: January	<i>y</i> 12, 2022
Facility Name: Silver Oak Nu	rsing & Rehabilitation		Survey Dates: December 6 – December 28, 20			28, 2022
•	ss/City/State/Zip:	TAG, VW		20, 2022		
455 31 st Street Marion, IA 523						
Rule or Code Section	Natur	e of Violation				Correction date
	documented: Nurse ale the floor in her room or she did not know why soffered the washroom, nurse observed multipl arms and hands, also not hematoma to the left hamedication as prescribe to evaluate resident an hip, Primary Care Physicall notified, will pass of Power of Attorney (POW). The Fall Risk Evaluation Resident #50 at risk for Assessment. The Assessintermittent confusion, three months, was ambiguous vision, balance prostanding, required the had one to two predisp Suggestions included the personal/pressure sense.	or alarms. This assessment Evaluation included in the				Page 29 of 4

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Facility Administrator

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Facility Name: Silver Oak Nu	rsing & Rehabilitation		Survey I		ocombor	28, 2022
Facility Address/City/State/Zip:		TAG, VW	Decemb	ei u – D	ecember	20, 2022
455 31 st Street Marion, IA 52302						
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	Assessment remained i documentation present The Incident Report dat documented no witnes. The Behavior Note date documented: Resident was trying to get out of bathroom. Very restless out of her chair, tolerat Scheduled Tylenol and medication) provided a walk down hall and bac Continues to require 1: The Health Status Note documented: CNA foun in her room, upright an legs extended forward. this writer entered room the floor with a pillow usaid her back was tired. Oriented x self per usua injury or redness noted	ted 6/21/21 at 9:40 PM, ses to the fall event. ed 6/23/2021 at 5:08 PM up since 1545 (3:45 PM) as she bed unassisted. Assisted to s, multiple attempts to get up ed request to sit back down. PRN ativan (anti-anxiety t 1600 (4:00 PM). Assisted with k, given thickened drink.				

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Citation Numb	er:				ate: anuary	, 12, 2022
Facility Name: Silver Oak Nur	sing & Rehabilitation		Survey [mbo-	28 2022
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455 31 st Street Marion, IA 523						
Rule or Code Section	Natur	e of Violation	Class Fine Amount Correction			
	documented the follow factors: Ambulating with The Post Fall Assessment information inputted for Assessment revealed the current and post falls. The Incident Report for 10:40 AM documented the event. The N Advanced - Long 6/30/2021 at 1:50 PM of obeyed commands, was of short-term memory and inattention. Noted cognitively impaired, are baseline for the resider documented the resider ambulate without assist The Incident Note dates authored by Staff L, Lice documented, CNA told the floor. Resident four	the fall dated 6/26/21 at there were similarities between the fall dated 6/26/21 at there were no witnesses to Term Care Evaluation dated documented: Resident #50 s confused, experienced signs loss, and had disorientation the resident severely and disorientation was at at. Safety concerns at frequently attempted to tt.				

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).

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Citation Numb	er:				Date: January	y 12, 2022
Facility Name: Silver Oak Nu	rsing & Rehabilitation		Survey I		nombor	29 2022
Facility Addre	ss/City/State/Zip:	TAG, VW	Decemb	er 6 – Dec	cember	26, 2022
455 31 st Street Marion, IA 52302						
Rule or Code Section	Natur	e of Violation	Class	Fine Am	nount	Correction date
	57, Respiration -18, Blo (O2) saturation -98% a reopened an old injury 0.2 cm x 0.2 cm with sc reopened area on left later The corresponding Incir 7:20 AM documented: The following injuries a a. Bruise to left elbow, unable to determine to b. Immediate action takevaluation of the resided. Upon return, placed d. The resident's pain see. Mental status assess f. Predisposing situation Ambulating without Ass g. Other info document with foot pedals in place. The Incident Report dofall found. Information was not predocumented who had I	dent Report dated 7/3/21 at t time of incident: laceration to left knee, and back of head. ken documented, Physical ent. a motion detector toward bed. core noted at a level of 8. ed as oriented to person. hal factors documented, sist. ed: sitting in her w/c in hall				

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Facility Name: Silver Oak Nur	sing & Rehabilitation		Survey I) Joseph Sar	· 28, 2022
Facility Addres	ss/City/State/Zip:	TAG, VW	Decemb	CI U - D	CCCIIIDCI	20, 2022
455 31 st Street Marion, IA 523						
Rule or Code Section	Natur	e of Violation	Class	Fine /	Amount	Correction date
	staff prior to the fall.		ı	1		
	The Emergency Departi					
	encounter date of 7/3/21 documented: in part, Patient currently on Hospice, arrives from facility care					
	Has a left parietal scalp	nd-level fall with her walker. hematoma. Complains of left	matoma. Complains of left			
	received reported Hosp	scomfort. Verbal report pice wanted the resident's				
	injuries evaluated and t further treatment advice	then to be contacted for ce.				
	X-Ray and a Computerized documented, in part, the a. X-Ray left shoulder left	_				
	Findings highly suspicio clavicular fracture. This	us for comminuted distal				
	dedicated clavicle radio	ographs as clinically warranted. ninimum left 2 views: 1.				
	c. CT Head without con					
	associated mass effect	eft greater than right with and left-to-right midline shift				
	of 7 millimeters (mm). bleeding within the left Neurosurgical consulta					
	On 12/14/21 at 2:35 PM	ለ, review of the Post Fall				

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Silver Oak Nui	Sing & Nenabilitation		Decemb	er 6 – D	ecember	28, 2022
Facility Addres	ss/City/State/Zip:	TAG, VW				
455 31st Street						
Marion, IA 52302						
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
Section						
	remained in progress, a on the assessment. The Health Status Note documented: Resident removing her night gow bed to "go to the Avenu Day Shift Nurse. Reside slept most of the shift,	21 revealed the assessment nd no documentation present dated 7/4/2021 at 5:21 AM restless at beginning of shift, on and attempting to exit her ue". PRN medications given by nt fell asleep after supper and and woke about 2:15 AM				
		PRN Tylenol and Ativan) given. Resident sleeping at				
	Nurse (LPN), was queried which occurred 7/3/21, who had notified them floor. Staff L explained to remember. Staff L was walked or used a wheeled walk. Staff L was queried self-transfer, and acknowled acknowled to do so. Staff L was queried self-transfer, and acknowled to do so. Staff L was queried to do so.	A, Staff L, Licensed Practical ed about the resident's fall and to the identity of the CNA of the resident being on the this was too long ago for them as queried if the resident chair, and responded the nair but thought they could still d if the resident attempted to wledged the resident ff L explained pretty sure the ff falls prior and this was not an was queried about the process ed the nurse would come into				

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			Decemb	er 6 – D	ecember	28, 2022
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455 31 st Street Marion, IA 52302						
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	neuro checks would occ neuros were done in the (EHR) system. Staff L was Assessment in the EHR, charting would occur or Staff L explained there almost 72 hours. Per St. Incident Report following staff member would be something they felt need would get hold of the D. Witness Statements to they tended to do was statements. Staff L was had been handwritten as Report, and acknowled further explained handwood to Staff P,RN. Staff L was would be implemented the time would try to the right then, and the DON they came to work if no explained the Fall Team interventions.	if not a witnessed fall, then cur. Staff L acknowledged e Electronic Health Record as queried about the Post Fall and explained she believed nce a shift as well as neuros. was a system for follow up for aff L the nurse would do the ng falls, and the DON or on-call notified. Per Staff L, if eded to be checked out they ON. Staff L was queried about the event, and explained what have CNAs write handwritten queried if she recalled if there statements to the Incident ged she did not know. Staff L written statements would go is queried how an intervention, and explained the nurse at nink of what could be done. I would be notified as soon as of involved with the fall. Staff L				

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Facility Name:			Survey I	Dates:		
	sing & Rehabilitation		Decemb	er 6 – D	ecember	28, 2022
Facility Address/City/State/Zip:		TAG, VW				,
455 31 st Street Marion, IA 52302						
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	was queried about inversexplained they made sucompleted and family higher queried about Witness lot of times they would acknowledged she would other staff, whomever explained nurses were from the CNAs, if the ninvestigating would ask	are follow up had been had been notified. Staff P was Statements, and explained a end up in her box and ld pass the information on to was tracking all the falls. Staff P supposed to get statements eeded them, and whoever was if more statements were hal follow up. Staff P explained				
	the resident was very in do what she wanted to said. Staff P was querie follow directions, and e would forget five minut resident was cooperative staff, etc. Staff P was queresident was in an anteresident was anteresid	out Resident #50, and explained adependent and was going to do regardless of what was d if Resident #50 was able to explained she could do so but sees later. Staff P explained the eve with staff for walking with sucried about one on one dent, and explained if the eve wood one of the CNAs would a Per Staff P, communication ly about having the family pervision, which the family				

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		_				
Citation Number: #5522					Date: January	/ 12, 2022
Facility Name: Silver Oak Nursing & Rehabilitation			Survey [_	
Facility Addres	ss/City/State/Zip:	TAG, VW	December 6 – December 28, 2022			28, 2022
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Rule or Code Section	Natur	e of Violation	Class Fine Amount Correction date			
	documentation for falls the Incident Report, wo neuros, and 3 day follow Staff P explained there would stay at the nursin On 12/16/21 at 1:25 PN about Resident #50. Staresident noncompliant explained the resident and would not stay in the resident fell two, three, R further explained the wheelchair too. Staff R resident's cognition, an tell you when she need On 12/16/21 at 1:46 PN about Resident #50. Stawalked with assistance, asking for assistance. Stawould address a resider explained the majority every chance she had to was queried if the facili	A, Staff R, CNA was queried aff R acknowledged the following a decline. Staff R would not put on the call light heir chair. Per Staff R, the or four times after that. Staff resident did walk and used the was queried about the dexplained the resident could ed to go to the bathroom. A, Staff H, CNA, was queried aff H explained the resident and was non-compliant with taff H was queried how they not with this situation, and of the time she would go down to check on the resident. Staff H ty had enough staff to and acknowledged there were				

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	was not working at the incident, was queried a Assessments would be quarterly with the MDS Supervisor was queried explained she believed half hour checks that w (POC) Charting for CNA whether this was comp Nursing Supervisor explangor injury then stated Nursing Staff, and their Report should come up intervention. Then man if the intervention appr Supervisor was queried Assessment, acknowled was used at the facility, facility would use it. The queried about one to o resident would be near she could not necessarito accommodate this.	Nature of Violation 2/21/21 at 8:51 AM, the Nursing Supervisor, who not working at the facility at the time of the ent, was queried about when Fall Risk saments would be completed, and explained terly with the MDS and after a fall. The Nursing rvisor was queried about frequent checks, and sined she believed this would be fifteen minute or nour checks that would be in the Point of Care Charting for CNAs, although she was unaware ther this was completed at this facility. The ing Supervisor explained if there was a fall with ar injury then statements should be obtained from ing Staff, and the nurse who did the Incident out should come up with an immediate evention. Then management would review to see an intervention appropriate. The Nursing rvisor was queried about the Post Fall sament, acknowledged she was not sure how this used at the facility, and however assumed the ty would use it. The Nursing Supervisor was ited about one to one status and explained the ent would be near the Nursing Station, although could not necessarily say the facility would be able commodate this. e following observations occurred on the North				

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Rule or Code Section	Natur	e of Violation	Class Fine Amount Correction date			Correction date
	I	1 6 110	ı	1		
	Unit and South Unit of t	the facility:				
	12:15 PM, 1:04 PM, and tank was unsecured and the Medication Room a North Unit. On 12/08/21 at 2:54 PM	21 at 11:36 AM, 11:54 AM, d 2:45 PM revealed an oxygen d standing upright in front of t the Nursing Station on the M, Staff D, CNA, was asked s were normally stored, and				
	and said the nurse has	ed to the Medication Room the key for the room. Staff D was full or empty, lifted the apty.				
	about the oxygen tank,	A, Staff J, LPN was queried and moved it to the J explained a CNA probably				
	Nursing (DON) was que tanks, said they would I	M, the facility's Director of ried about storage of oxygen have to see the facility policy, as were not to be unsecured.				
	oxygen tanks were stan	21 at 11:47 AM, revealed two ding upright and unsecured the Nursing Station on the				

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Rule or Code Section	Nature	e of Violation	Class	Fine A	Amount	Correction date
	the former DON, reveal unsecured at the Nursir The DON was queried if there, and acknowledge Observation on 12/15/2 oxygen tanks remained Station on the South Ur On 12/21/21 at 8:48 AN explained oxygen tanks and acknowledged they holders. A policy for oxygen storfacility. An undated policy for oxygen tanks and acknowledged they holders.	21 at 1:30 PM, revealed the unsecured at the Nursing hit M, the Nurse Supervisor should never be on the floor, were to be within the rage was requested from the ficy titled Oxygen Concentrator did not address the area of				
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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 Numb #5522	er:			Date: Januar	ry 12, 2022	
Facility Name: Silver Oak Nursing & Rehabilitation			Survey I		r 28 2022	
Facility Address/City/State/Zip:		TAG, VW	Decemb	December 6 – December 28, 2022		
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Facility Administrator			Date			