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

Citation Number 11197			**Report date** July 29, 2026
Facility name Crystal Heights Care Center		**Survey dates** July 13, 2026 - July 16, 2026	
Facility address 1514 High Avenue West			
City Oskaloosa	**JB**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
58.20(6)e	481—58.20(135C) Duties of health service supervisor. Every nursing facility shall have a health service supervisor who shall: 58.20(6) Supervise health services personnel to ensure they perform the following restorative measures in their daily care of residents: e. Assisting residents with routine range of motion exercises; (III) **DESCRIPTION** Based on observation, record review, and interview, the facility failed to ensure staff provided range of motion (ROM) (joint movement exercises) to maintain functional status and prevent joint contractures (permanent tightening of muscles or joints) for 1 of 2 residents reviewed for restorative care (Resident #37). The facility reported a census of 68 residents. Findings included: Resident #37's MDS assessment dated 6/11/26 listed diagnoses including cancer (malignant growth), age-related debility (weakness from aging), and adult failure to thrive (decline in physical and cognitive function). Resident #37's MDS documented impairment in ROM on both sides of upper and lower extremities and a Brief	**Class I**	**7250.00**	**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).

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	Interview for Mental Status (BIMS) score of 7, indicating severely impaired cognition. The MDS reflected Resident #37 received Hospice services (end-of-life care) during the lookback period. On 7/16/26 at 8:33 AM observed Resident #37 sitting at the nursing station with his left arm held up tightly to his chest with his left wrist bent downwards at a 90-degree angle. When asked to move the wrist up and down, Resident #37 moved the right wrist, but couldn't move the left wrist. Resident #37's Minimum Data Set (MDS) assessment dated 4/10/25 documented no impairment in ROM in upper or lower extremities (limbs). Resident #37's MDS assessment dated 7/24/25 documented no impairment in ROM in upper extremities and impairments on both sides of lower extremities. Resident #37's MDS assessment dated 10/14/25 documented no impairment in ROM in upper extremities and impairments on both sides of lower extremities. Resident #37's MDS assessment dated 12/24/25 documented no impairment in ROM in upper extremities and impairments on both sides of lower			

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	extremities. Resident #37's MDS assessment dated 3/11/26 documented impairments in ROM on both sides of upper and lower extremities. A Condition Follow-Up Note dated 12/21/26 documented staff noted a contracture to Resident #37's left arm. Resident #37 held the left arm stiffly in place across the abdomen and chest. Resident #37's record review lacked documentation that completed ROM exercises with him. The Restorative Care policy dated July 2021 instructed the facility to provide each resident restorative care according to individual needs. The policy instructed residents receive services to maintain the highest possible functional status and noted restorative care may include ROM. On 7/15/26 at 2:53 PM Staff E, Certified Nursing Assistant (CNA), stated Resident #37 had a stiff-arm which he could move, but it grew stiffer. Staff E stated the arm got worse. On 7/15/26 at 3:08 PM Staff F, CNA, stated Resident #37's left arm became contracted. Staff F stated the arm felt stiff and Resident #37 could pull the arm out some, but it got worse. Staff F stated			

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	no one ever assigned Staff F to complete ROM. On 7/15/26 at 3:28 PM Staff D, CNA, stated working at the facility for 2 years without a restorative program existing at the facility. On 7/15/26 at 4:49 PM Staff A, Therapy Director, stated Hospice would carry out ROM as part of hospice services if Resident #37 received Hospice care. On 7/16/26 at 8:39 AM Staff B, Director of Nursing (DON), stated Resident #37 didn't start out as stiff as currently observed and slowly became stiffer. Staff B stated Hospice could bring in therapy if Hospice desired. On 7/16/26 at 9:14 AM Staff G, Hospice Director, stated via phone seeing nothing on Resident #37's Care Plan related to ROM and assumed the facility managed ROM. On 7/16/26 at 12:14 PM Staff H, Assistant Director of Nursing (ADON), stated the facility didn't have a ROM program, but knew a program needed to exist. **FACILITY RESPONSE**			

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