Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: **#10425**			**Date:** **June 13, 2024**
Facility Name: **Valley View Village**		**Survey Dates:** **May 28, 2024 – May 30, 2024**	
Facility Address/City/State/Zip **2571 Gutherie Ave** **Des Moines, IA 50317**	**CP**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
56.12	**481—56.12(135C) Class I violation as a result of multiple lesser violations.** The director of the department of inspections and appeals may issue a citation for a class I violation when a physical condition or one or more practices exist in a facility which are a result of multiple lesser violations of the statutes or rules, but which taken as a whole constitute an imminent danger or a substantial probability of resultant death or physical harm to the residents of the facility	**I**	**$4,250.00**	**UPON RECEIPT**
58.20(2) **+** **58.20(3)** **+** **58.20(15)**	**481—58.20(135C) Duties of health service supervisor**. Every nursing facility shall have a health service supervisor who shall: **58.20(2)** Plan for and direct the nursing care, services, treatments, procedures, and other services in order that each resident's needs and choices, where practicable, are met; (II, III) **58.20(3)** Review the health care needs and choices, where practicable, of each resident admitted to the facility and assist the attending physician in planning for the resident's care; (II, III) **58.20(15)** Teach and coordinate rehabilitative health care including activities of daily living, promotion and maintenance of optimal physical and mental functioning; (III)	**II** **II** **III**		

_____ _____

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

Citation Number: **#10425**				**Date:** **June 13, 2024**
Facility Name: **Valley View Village**		**Survey Dates:** **May 28, 2024 – May 30, 2024**		
Facility Address/City/State/Zip **2571 Gutherie Ave** **Des Moines, IA 50317**	**CP**			

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	DESCRIPTION: Based on direct observation, clinical record review, staff interviews, family interviews, and policy review, the facility failed to provide sufficient amount of properly trained staff to implement care plan interventions for 1 of 1 residents with self-injurious behavior. (Resident#37). The facility staff also failed to intervene when the resident displayed behaviors. This resulted in harm to the resident in the form of three occurrences of cellulitis and loss of the distal portion of the left index finger - the tip of the left index finger to the first finger joint. She was placed on antibiotics for the treatment of the cellulitis. The facility reported a census of 75. Findings include: Record review of Resident #37's Minimum Data Set (MDS) assessment dated 05/13/24 documented that a Brief Interview of Mental Status (BIMS) could not be completed due to the resident being rarely or never understood. The MDS also documented the need for significant assistance for transfers, dressing and toileting, supervision at meals with set up assistance, and assistance for bed mobility. The resident's			

_____ _____

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

Citation Number: **#10425**				**Date:** **June 13, 2024**
Facility Name: **Valley View Village**		**Survey Dates:** **May 28, 2024 – May 30, 2024**		
Facility Address/City/State/Zip **2571 Gutherie Ave** **Des Moines, IA 50317**	**CP**			

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	diagnoses included, non-traumatic brain dysfunction, Alzheimer's disease, Non-Alzheimer's Dementia, diabetes, anxiety, depression, and pain. Record review of Resident #37's Care Plan last revised on 05/17/24 indicated staff should redirect self-harm behaviors by handing Resident #37 something to eat or giving her a stuffed dog. It indicated dependent care for oral hygiene. Review of oral hygiene charting revealed that oral cares were only recorded as completed on the following dates and times: 1. 04/29/24 at 10:52 AM 2. 04/30/24 at 12:24 AM 3. 05/07/24 at 02:48 PM 4. 05/08/24 at 09:23 AM 5. 05/09/24 at 04:25 AM 6. 05/10/24 at 12:35 PM 7. 05/11/24 at 03:55 PM 8. 05/12/24 at 10:21 AM 9. 05/13/24 at an undocumented time. Review of a Physician's Progress Note dated 04/15/24 revealed the following: 1. Resident #37 had a diagnosed history of advanced dementia. 2. She was placed on hospice services.			

_____ _____

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

Citation Number: **#10425**				**Date:** **June 13, 2024**
Facility Name: **Valley View Village**		**Survey Dates:** **May 28, 2024 – May 30, 2024**		
Facility Address/City/State/Zip **2571 Gutherie Ave** **Des Moines, IA 50317**	**CP**			

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	3. She had been persistently biting at her nails and fingers, ongoing for approximately two months as of the date of this progress note. 4. It began as minor wounds, but the patient had now chewed off the distal part of the left index finger near the distal interphalangeal (DIP) joint. 5. She had dementia related agitation, anxiety, and hallucinations. 6. The care team added Divalproex Sprinkles 125mg twice daily on 03/25/24. 7. This was reported to have slowed her behaviors, but staff reported finger chewing worsened as of the writing of this progress note. 8. Other measures have failed to stop chewing, included bandages and gloves. The Progress Notes for the resident documented the following: a. On 02/07/24 at 05:24 AM the resident was agitated, yelling, and biting an open area on the middle finger of the left hand. The area appeared swollen, red, and painful. The area was cleansed and covered. b. On 02/07/24 at 12:45 PM the resident was seen by the physician's assistant (PA) for an acute visit in which the resident presented with a swollen finger. The resident was prescribed Keflex 500mg two times			

_____ _____

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

Citation Number: **#10425**				**Date:** **June 13, 2024**
Facility Name: **Valley View Village**		**Survey Dates:** **May 28, 2024 – May 30, 2024**		
Facility Address/City/State/Zip **2571 Gutherie Ave** **Des Moines, IA 50317**	**CP**			

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	daily for ten days, the wound to be covered, and triple antibiotic ointment to be applied to the left middle finger. c. On 02/12/24 at 07:31 AM the resident remained on antibiotics for cellulitis of the left middle finger. Resident #37 continued to bite at the area, and had removed the bandages, but fresh bandages were applied. It noted a scant amount of serosanguinous drainage present on the dressing. d. On 02/24/24 at 05:48 PM The resident continued to bite at her left index finger. e. On 02/25/24 at 06:23 AM The resident bit her left index finger nail causing mild bleeding. f. On 02/25/24 at 03:48 PM The resident had new wounds on left index and middle fingers. It noted the resident had been chewing on fingers, staff covered wounds with dressings, and resident continued to remove dressings and chew on fingers. g. On 02/29/24 at 01:45 PM Nursing staff dressed the left index finger and lower left extremities, at this time it was noted the left index finger nail had nearly fallen off.			

_____ _____

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

Citation Number: **#10425**				**Date:** **June 13, 2024**
Facility Name: **Valley View Village**		**Survey Dates:** **May 28, 2024 – May 30, 2024**		
Facility Address/City/State/Zip **2571 Gutherie Ave** **Des Moines, IA 50317**	**CP**			

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	h. On 03/01/24 at 05:10 PM The resident continued to chew on her fingers. i. On 03/04/24 at 02:37 PM noted the resident had gloves added as an intervention which successfully prevented chewing behavior. j. On 03/05/24 at 06:19 AM the resident continued biting behavior and refused to allow staff to apply gloves or dressing. k. On 03/10/24 at 06:28 AM Noted the resident had bitten off nails on left index and middle fingers. A geri sleeve was placed over the dressing as a deterrent, which proved effective. l. On 03/15/24 at 03:13 PM The resident removed the dressing from her fingers. Nursing staff noted the fingers were red and warm to the touch. At 05:13 PM an order for Augmentin was clarified and changed to Doxycycline 100mg two times a day for ten days related to a second occurrence of cellulitis in the left fingers. m. On 04/12/2024 at 05:56 AM Noted that the resident had bitten her left index finger down to the distal interphalangeal joint and had bitten the fingernail off of her left middle finger.			

_____ _____

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

Citation Number: **#10425**				**Date:** **June 13, 2024**
Facility Name: **Valley View Village**		**Survey Dates:** **May 28, 2024 – May 30, 2024**		
Facility Address/City/State/Zip **2571 Gutherie Ave** **Des Moines, IA 50317**	**CP**			

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	n. On 04/19/2024 at 03:43 PM Noted resident was placed on Bactrim for ten days due to another occurrence of cellulitis in the left finger. o. On 04/28/2024 at 10:42 AM Noted the resident continued to chew on fingers and is quickly removing bandages and dressings. Review of a Provider Progress Note dated 04/15/24 recorded Resident #37 had been persistently biting at her nails and fingers; ongoing for approximately two months. These began has minor wounds, but patient had since chewed off distal part of the left index finger, nearly to the distal interphalangeal joint. Divalproex sprinkles 125mg twice daily was added at 03/25/24, which first appeared to have slowed the chewing behavior, but was reported to have failed as of the writing of this note. A direct observation on 05/28/24 at 01:00 PM revealed wounds on Resident #37's legs and bandages on her left hand with no blood visible on the bandages at the time of this observation. A continuous direct observation on 05/29/24 from 12:12 PM to 12:40 PM revealed the following:			

_____ _____

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

Citation Number: **#10425**				**Date:** **June 13, 2024**
Facility Name: **Valley View Village**		**Survey Dates:** **May 28, 2024 – May 30, 2024**		
Facility Address/City/State/Zip **2571 Gutherie Ave** **Des Moines, IA 50317**	**CP**			

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	1. At 12:12 PM, Resident #37 in the dining room attempting to free herself from her wheelchair. When attempts failed to free herself from her wheelchair she began to bite the bandage on her left middle finger. A red mark on the bandage was present. 2. At 12:14 PM, Staff B, Therapeutic Activities Coordinator, walked past Resident #37. No attempts were made at redirection and the nurse was not notified. Resident continued to chew the bandage on her left middle finger. 3. At 12:17 PM, Staff C, CNA, seated another resident next to Resident #37, then placed a clothing protector on Resident #37. No attempts were made to redirect the resident from chewing. Nurse was not notified. Resident continued to chew on the bandage on her left middle finger. 4. At 12:19 PM, Staff D, CNA, walked past Resident #37 as she freed her finger from the bandage. Staff D commented "That didn't last long" and continued to seat residents at the dining tables. No attempts were made to redirect at this time. The nurse was not notified. Resident #37 began to chew on the proximal interphalangeal joint of her left middle finger - the middle joint of her middle finger. 5. At 12:25 PM, Resident #37 continued to chew on the proximal interphalangeal joint of her middle finger, but asked for help from Staff F, Culinary Assistant. Staff F did not acknowledge Resident #37.			

_____ _____

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

Citation Number: **#10425**				**Date:** **June 13, 2024**
Facility Name: **Valley View Village**		**Survey Dates:** **May 28, 2024 – May 30, 2024**		
Facility Address/City/State/Zip **2571 Gutherie Ave** **Des Moines, IA 50317**	**CP**			

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	Staff F left the dining room without informing nursing staff. 6. At 12:27 PM, The Director of Food and Nutrition Services offered Resident #37 a glass of water. Resident #37 accepted the drink and stopped chewing. The chewing did not resume until the glass of water had been consumed. At 12:32 PM Resident #37 resumed chewing on the proximal interphalangeal joint of her left middle finger. Redness is noted on the finger at this time. 7. At 12:32 PM, Resident #37 had a dessert placed just out of her reach by the Director of Food and Nutrition Services. She continued chewing behavior in clear sight of Staff C and Staff D. No attempts to redirect were made. 8. At 12:40 PM, Staff G, RN noted resident was actively engaged in chewing behavior. Staff G placed the dessert in reach of Resident #37. Resident immediately ceased chewing behavior and began eating the dessert. In an interview on 05/29/24 at 03:23, PM Staff C stated they do not feel they have enough staff to handle the needs of residents in the Memory Care unit. She noted that several residents require a mechanical lift with an assist of two, leaving only on person on the floor to monitor all residents in Memory Care. She acknowledged the biting behavior			

_____ _____

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

Citation Number: **#10425**				**Date:** **June 13, 2024**
Facility Name: **Valley View Village**		**Survey Dates:** **May 28, 2024 – May 30, 2024**		
Facility Address/City/State/Zip **2571 Gutherie Ave** **Des Moines, IA 50317**	**CP**			

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	but noted it happens so frequently it fades into the background. She acknowledged that staff should attempt to redirect when they notice. In an interview on 05/30/24 at 09:28 AM, Staff D noted staff are to attempt to redirect Resident #37 when they notice her biting or attempting to free herself from her wheelchair. She noted that interventions are not always successful, but staff are still supposed to attempt to distract or redirect the resident. She stated she feels they need more staff in Memory Care. She stated that it is hard to tend to resident needs when they are dealing with a two person assist. She noted it leaves only one staff member to monitor the rest of the floor. In an interview on 05/30/24 at 09:06 AM A family member of Resident #37 stated he feels the facility does not have enough staff to adequately care for all of the residents in the Memory Care Unit. He noted when a resident is being assisted it often leaves only one person to watch the entire floor. He noted he visits every morning and most evenings. The family member gave permission to take pictures of Resident #37's fingers. These pictures were taken on 05/30/24 at 01:05 PM. They revealed scabs on the distal phalangeal joint, with a finger missing above that point on the left index finger. The fingernail of the			

_____ _____

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

Citation Number: **#10425**				**Date:** **June 13, 2024**
Facility Name: **Valley View Village**		**Survey Dates:** **May 28, 2024 – May 30, 2024**		
Facility Address/City/State/Zip **2571 Gutherie Ave** **Des Moines, IA 50317**	**CP**			

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	middle left finger had been removed and there was an open wound with a small white area protruding from the nail bed. There was recent trauma to the proximal phalangeal joint present with some scabbing noted. In an interview on 05/29/24 at 4:46 PM The Director of Nursing (DON) acknowledged the expectation is for nursing staff to attempt redirection as soon as they witnessed the self-injurious behavior. She noted kitchen and activities staff are expected to say something to nursing staff when they witness the behavior so that nursing staff can attempt to implement interventions in accordance with Resident #37's care plan. She stated she did not believe the facility could provide one on one care for Resident #37 at this time. Review of a visual body inspection dated 05/24/24 documented that the resident had no new injuries or damaged skin present. Review of a facility document titled Behavioral Health Services last reviewed on 03/18/24, documented the facility's interdisciplinary team (IDT) will evaluate behavior health symptoms to determine the degree of severity, distress and potential safety risk to the resident and effectiveness of interventions. If			

_____ _____

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

Citation Number: **#10425**				**Date:** **June 13, 2024**
Facility Name: **Valley View Village**		**Survey Dates:** **May 28, 2024 – May 30, 2024**		
Facility Address/City/State/Zip **2571 Gutherie Ave** **Des Moines, IA 50317**	**CP**			

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	necessary, safety strategies will be implemented immediately to protect the resident or others from harm. If a resident is having behaviors that are not responding to current interventions, staff will complete a behavioral expression-elevated event and this will be reviewed by the IDT. Facility staff will receive education to ensure competency in meeting the behavioral health needs of residents. Review of a facility document titled Dementia Care last reviewed on 03/28/24, documented the facility will use consulting psychologists as needed for assessment and intervention, and should it be deemed necessary for the well-being of the resident, safety of other residents, and/or staff, the use of geriatric inpatient mental health units. The facility did not provide evidence that this occurred. **FACILITY RESPONSE:**			

_____ _____

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).