

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/18/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 188640	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING <u>(K5) 9/30/2013</u>	(X3) DATE SURVEY COMPLETED 08/22/2013
NAME OF PROVIDER OR SUPPLIER COUNTRYSIDE NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 8120 MORNINGSIDE AVENUE SIOUX CITY, IA 51106	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS Correction date <u>10/9/13</u> The following deficiencies relate to the the facility's annual survey of 8/19 to 8/22/13. (See code of Federal Regulations (42 CFR), Part 483, Subpart B-C). F 281 483.20(k)(3)(i) SERVICES PROVIDED MEET SS=D PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on clinical record review and staff interview, the facility failed to follow a physician order and professional medication standards for 2 of 9 current residents (Residents #8 & 9) and 1 closed record reviewed. The facility reported a census of 23. Findings include: 1. According to the MDS (minimum data set) assessment dated 6/7/13, Resident #9 had diagnoses that included hypertension, diabetes mellitus, coronary artery disease, atrial fibrillation, osteoporosis and hyperlipidemia. The MDS documented the resident had frequent pain with an intensity rating of 5 out of the 1-10 pain scale (zero being no pain and 10 being the worse pain imagined). Review of a care plan dated 6/7/13 identified s	F 000	See Attached	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ DATE 9/25/13

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

POC accepted 9/26/13

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F 281	<p>Continued From page 1</p> <p>problem with pain related to arthritis with a goal of controlling pain through interventions. The care plan interventions included instruction to:</p> <ul style="list-style-type: none"> a. Acknowledge to the resident that his/her pain is unique and baliavable; b. Administer medications es needed/ordered and monitor and record effectiveness; c. Assess for pain with any significant change in condition; d. Assess past effective and ineffective pain relief measures; e. Encourage the resident to report pain at the first onset; f. Evaluate the effectiveness of pain management interventions and adjust if ineffective or edverse aide effects emerge; g. Monitor and record any complaints of pain; iocation, frequency, effect on function, intensity, alleviating factors, diaphoresis, withdrawal, etc; h. Monitor and record any non-verbal signs of pain; i. Notify Hospice and physician if pain is not managed; j. Obtain diagnostic tests/ labs per physician order; k. Position for comfort with physical support as necessary; l. Use non-medicated pain relief auch as bio-feedback, application of heat or cold, massaga, physical therapy, stretching and strengthening exercises, etc <p>Review of a telaphona physician order dated 7/26/13 at 3:00 PM revealed an order for for Hydrocodone/APAP (acetaminophen) 5/325 mg every 4-6 hours as needed for pain.</p> <p>Review of the August 2013 medication sheet revealed the physician orders for</p>	F 281			

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F 281	<p>Continued From page 2</p> <p>Hydrocodone/APAP 5/325 mg every 4-6 hours as needed for pain. The medication sheet also directed to administer the following:</p> <ul style="list-style-type: none"> b. Tramadol (narcotic-like pain reliever) 50 mg one tablet three times daily for pain management; b. Tylenol (pain reliever) 1000 mg one tablet three times per day for mild to moderate pain; c. Tramadol 50 mg one tablet every 4-6 hours as needed for pain; d. Tylenol 1000 mg 1 tablet three times per day as needed for pain; a. Hydrocodone (narcotic/opioid pain reliever) with Acetaminophan (Tylenol) 5/325 mg one tablet every 4-6 hours as needed for pain. <p>Review of the August 2013 medication sheets revealed:</p> <ul style="list-style-type: none"> a. On 8/3/13 at 4:00 AM, the staff administered Hydrocodone for a headache with no response documented. b. On 8/8/13 at 2:45 PM, the staff administered Hydrocodone for complaints of stomach pain with some relief at 3:30 PM. c. On 8/9/13 at 12:00 PM, the staff held Tramadol and Tylenol as the resident received Hydrocodone with no response documented. d. On 8/9/13 at 12:00 PM, the staff administered Hydrocodone for complaints of stomach cramping with some relief at 2:00 PM. e. On 8/10/13 at 8:00 AM, the staff administered Hydrocodone for cramping with relief at 10:00 AM. f. On 8/10/13 at 8:00 AM, the staff held Tramadol and Tylenol as the resident received Hydrocodone. g. On 8/10/13 at 2:00 PM, the staff held Tylenol as the resident received Hydrocodone for 	F 281			

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F 281	<p>Continued From page 3</p> <p>stomach cramping.</p> <p>h. On 8/11/13 at 5:00 AM, the staff administered Hydrocodone for stomach cramping with no response documented.</p> <p>i. On 8/16/13 at 10:50 AM, the staff administered Hydrocodone for stomach cramping. Relief documented at 11:30 AM.</p> <p>k. On 8/18/13 at 5:15 AM, the staff administered Tylenol 1000 mg for complaints of back pain. Some relief documented at 6:45 AM.</p> <p>The continuing care retirement community notes dated 8/9/13 at 11:20 AM documented the Hospice nurse visited and obtained a new physician order to ask the resident every 6 hours if she/he had stomach cramping. If the resident had cramping, give a Lortab (Hydrocodone/Acetaminophan) and document the outcome in the nurse's notes.</p> <p>Review of the clinical record failed to document the physician gave an order to hold Tramadol and Tylenol when the staff administered Hydrocodone to the resident. The MAR documentation revealed nursing staff inconsistently held the Tramadol and Tylenol when administering Hydrocodone.</p> <p>During an interview with Staff B, registered nurse (RN) on 8/21/13 at 10:30 AM, she stated she had called the Hospice nurse regarding the resident's complaints of stomach pain. She stated the Hospice nurse got an order for Hydrocodone for stomach cramping. Staff B stated she thought she should hold the scheduled doses of Tylenol and Tramadol due to administering the Hydrocodone with Tylenol. Staff B stated she believed the maximum dosage of Tylenol in 24 hours to be 4000 mg. She stated she did not call the physician to notify him/her she held the</p>	F 281		

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F 281	<p>Continued From page 4 Tramadol and Tylenol.</p> <p>During an interview on 8/21/13 at 1:05 PM with Staff B, she stated she called the physician and the physician stated it was ok to hold the Tylenol and Tramadol when giving the Hydrocodone. Staff B stated the physician also instructed not to give the resident over 3000 mg of Tylenol per 24 hours.</p> <p>Review of a telephone physician order dated 8/21/13 revealed the following: If giving as needed Lortab within 2 hours of scheduled Tylenol or Tramadol, hold Tylenol and Tramadol. The resident is never to have more than 3000 mg of Tylenol within 24 hours.</p> <p>Review of the facility's drug manual entitled Mosby's 2013 Nursing Drug Reference on page 62 recommended a maximum adult dosage of Tylenol at 4 Grams per day.</p> <p>2. According to an admission care plan dated 8/15/13, Resident #8 had an admission diagnosis of sepsis.</p> <p>Review of a medication sheet dated August 2013 revealed a discontinued physician order for Omega-3 fish oil 300 milligrams (mg) daily (an over the counter supplemental medication) on 8/16/13. Review of the same medication sheet revealed a physician order for Omega-3 fish oil 1000 mg daily on 8/16/13. Review of the sheets revealed the 1000 mg signed off as given on 8/18/13-8/21/13 (4 doses).</p> <p>Review of a facsimile to the physician dated 8/15/13 revealed a physician's order for Fish oil 500 mg not 1000 mg.</p>	F 281		

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F 329 SS=D	<p>483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS</p> <p>Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to ensure a resident's drug regimen remained free of unnecessary drugs through adequate assessment and failed to attempt alternate interventions prior to the administration of a pain medication for 1 of 9 active residents reviewed (Resident #2). The facility reported a census of 23 residents.</p>	F 329		

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F 329	Continued From page 6 Findings include: According to a Physicians Orders form dated 8/1/13, Resident #2's diagnosis included diabetes, hypertension, obesity and adema. A Minimum Data Set (MDS) assessment dated 6/3/13 documented a BiMS (brief interview for mental status) score of 8, indicating moderately impaired memory and cognition. The MDS documented Resident #2 displayed total dependence on staff for transfers and documented the resident as not able to walk in a room or a hallway during the previous 7 day assessment period. The same MDS revealed the resident experienced occasional pain during the previous 5 day assessment period. Review of the same Physicians Order form dated 8/1/13, revealed an medication order (with a start date of 3/1/13) for Hydrocodone (pain medication) 5/500 milligrams (mg) by mouth every 6 hours PRN (whenever necessary or up to 4 times in a 24 hour period/per day). Review of a facsimile sent to the resident's Physician on 3/19/13, revealed staff requested the resident's regularly scheduled Hydrocodone be changed to a PRN basis due to the resident complaining of nightmares. A Care Plan with a problem start date of 6/4/13 revealed the resident complained of chronic pain related to arthritis and immobility. The same Care Plan instructed the staff to: offer non-drug/alternative relief measures (e.g., back rub, relaxation exercises, etc.) to help alleviate his/her pain, when he/she experienced pain, help to determine what the cause may be and eliminate if possible and monitor the effectiveness of his/her pain medication. Review of a July 2013 PRN Notes/Medication Notes form, revealed Resident # 2 received PRN Hydrocodone as follows:	F 329			

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F 329	<p>Continued From page 7</p> <p>a. July 1 - 2 times; b. July 2 - 3 times; c. July 3 - 2 times; d. July 4 - 3 times; a. July 5 - 2 times; f. July 6 - 3 times; g. July 7 - 4 times; h. July 8 - 2 times; i. July 9 - 2 times; j. July 10 - 3 times; k. July 11 - 2 times; l. July 12 - 2 times; m. July 13 - 3 times; n. July 14 - 2 times; o. July 15 - 1 time; p. July 16 - 1 time; q. July 17 - 1 time; r. July 18 - 1 time; s. July 20 - 1 time; t. July 21 - 2 times; u. July 22 - 1 time; v. July 23 - 1 time; w. July 24 - 1 time; x. July 25 - 1 time; y. July 26 - 1 time; z. July 27 - 3 times; aa. July 28 - 2 times; bb. July 30 - 1 time; cc. July 31 - 2 times.</p> <p>Further review of Resident #2's July PRN medication notes and/or Nurses Notes revealed that at no time did staff document offering alternative pain relief measures for any of the administration times above. Staff also failed to document any easing of relief from his/her pain following the administration of PRN Hydrocodone on 13 separate administration times</p>	F 329		

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F 329	<p>Continued From page 8 during the month of July.</p> <p>Review of a August 2013 PRN Notes/Medication Notes form, revealed Resident # 2 received PRN Hydrocodone as follows:</p> <p>a. August 1 - 2 times; b. August 3 - 1 time; c. August 4 - 2 times; d. August 5 - 3 times; e. August 6 - 3 times; f. August 7 - 2 times; g. August 8 - 2 times; h. August 9 - 3 times; i. August 10 - 1 time; k. August 11 - 2 times; l. August 12 - 2 times; m. August 13 - 2 times; n. August 14 - 2 times; o. August 15 - 2 times; p. August 16 - 2 times; q. August 17 - 2 times; r. August 18 - 2 times; s. August 19 - 3 times; t. August 20 - 2 times.</p> <p>Further review of Resident #2's PRN August medication notes and/or Nurses Notes revealed that at no time did staff document offering alternative pain relief measures for any of the administration times above. Staff also failed to document any assessment of relief from his/her pain following the administration of PRN Hydrocodone on 15 separate administration times during the month of August.</p> <p>Review of a facility Mosby's 2013 Nursing Drug Reference guide, 26th Edition revealed the use of Hydrocodone for extended periods, may cause</p>	F 329			

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F 329	<p>Continued From page 9 physical dependency.</p> <p>During interview on 8/21/13 at 8:50 A.M., Staff A, (Licensed Practical Nurse) reported if a resident requested a PRN pain medication, she asked the resident to rate his/her pain, assess the location of pain and verified the last time the resident received a pain medication.</p> <p>During interview on 8/21/13 at 8:55 A.M., Staff B, (Registered Nurse) confirmed she had not always documented alternative relief measures to alleviate Resident #2's pain prior to the administration of PRN Hydrocodone.</p> <p>During interview on 8/21/13 at 10:45 A.M., Staff C, (Registered Nurse, Health Care Coordinator) confirmed nursing staff did not document any alternate relief measures prior to the administration of PRN Hydrocodone. During the same interview, Staff D (Registered Nurse, MDS Coordinator) stated sometimes the facility does contact a resident's physician regarding excess use of a PRN medication.</p>	F 329			

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F 371 SS=E	<p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</p> <p>The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, facility record review and staff interview, the facility failed to store at least 6 inches off of the floor in the main kitchen and walk-in freezer. The facility identified a census of 62 residents.</p> <p>Findings include:</p> <p>I. Observation on 8/19/13 at 9:00 AM, with Dietary Supervisor during the initial tour of the kitchen revealed 2 cases of potatoes stored on the floor outside of the supervisor's office in the main kitchen. Stored on the floor of the walk-in freezer in the basement were 1-50# bag popcorn (partially full) and 1 partially filled case of ice cream cones. The Dietary Supervisor acknowledged the items stored on the floor and then removed them from the floor at the time of the observation.</p> <p>During interview on 8/21/13 at 3:05 PM, the Dietary Supervisor stated the facility did not have a policy/procedure for the storage of food and implied that the kitchen follows the food code.</p>	F 371			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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Provider number 165540
Countryside Nursing and Rehabilitation Center, LLC
6120 Morningside Avenue
Sioux City, IA 51106

This is the Plan of Correction for the survey that was conducted on August 19 - August 22, 2013

The Plan of Correction as documented on the statement of deficiencies constitutes my credible allegation of compliance and all stated deficiencies would be corrected by the date specified.

Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by this provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The Plan of Correction is prepared and/or executed solely because provisions of the State law require it.

ALL ITEMS WILL BE IN COMPLIANCE BY 10/09/13

F 281

It is the policy of this facility to ensure professional services provided meet professional standards.

Orders were clarified for Resident #9 on 8/21/13. Resident #8 discharged to home on 9/5/13.

Nursing staff educated on 9/23 to notify physician when holding a medication.

Health Care Coordinator/designee will double check physician orders daily to ensure they have been carried out correctly by nursing staff.

F 329

It is the policy of this facility to ensure that each resident's drug regimen remains free from unnecessary drugs.

Resident #2 is still receiving her prn pain medications per her choice when she chooses to receive them and is happy with her current pain management regimen. Resident #2 also stated during an interview on 8/26/13 that non-pain medication alternatives (backrubs, relaxation exercises, etc) do not offer her pain relief and she prefers to use the pain medication as her only pain reliever.

Staff educated on 9/23/13 to document whether relief was noted after giving prn pain medications.

Random audits of prn pain medication documentation will be completed by DON/designee to monitor whether pain relief was noted by the resident. Audits will be reviewed in QA.

F371

It is the policy of this facility to store, prepare, distribute and serve food under sanitary conditions.

In regards to the 2 sacks of potatoes, the popcorn, and ice cream cones they were promptly removed from the floor and stored properly upon discovery on 08/19/13.

All food is stored at least six inches off the floor in all food storage areas.

Dietary staff have been re-educated on proper food storage procedures on 09/23/13.

Dietary Supervisor and / or designee will conduct random audits weekly for 4 weeks and randomly thereafter and report findings to the QA & A committee.

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IA1075	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: <u>(K5) 9/30/2013</u>	(X3) DATE SURVEY COMPLETED 08/22/2013
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NAME OF PROVIDER OR SUPPLIER
COUNTRYSIDE NURSING AND REHABILITATION CEN

STREET ADDRESS, CITY, STATE, ZIP CODE
**6120 MORNINGSIDE AVENUE
SIOUX CITY, IA 51106**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L 000	Initial Comments Correction date <u>7/24/13</u> The following deficiencies relate to the Nursing facility's relicensure survey of 8/19/13 to 8/22/13.	L 000	<i>See Attached</i>	
L 382	51.19(1)g Required nursing services for residents 481-58.19(135C) Required nursing services for residents. The program plan for nursing facilities shall have the following required nursing services under the 24-hour direction of qualified nurses with ancillary coverage as set forth in these rules: 58.19(1) Activities of daily living. g: Ambulation with equipment if applicable, or transferring, or positioning; (i, ii, iii) This Statute is not met as evidenced by: Based on clinical record review, facility procedure review, observation and interview, the facility failed to transfer a resident with use of a gait belt for 1 of 14 residents reviewed (Resident #3). The facility reported a census of 62 residents. Findings included: A Physician's Orders sheet, signed by the physician 8/5/13, documented Resident #3's diagnoses included Alzheimer's disease, fall history, and cellulitis and abscess of the foot. The resident's Care Plan with a current onset date of 8/13/13 documented the resident had an ADL (Activities of Daily Living) deficit related to Alzheimer's/Dementia, contracture of the left hand/arm and a decline in their ability to ambulate. The Care Plan directed staff to transfer the resident with the assistance of 2 and a gait	L 382		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

STATE FORM

8U2111

(X6) DATE

9/25/13

If continuation sheet 1 of 9

POC accepted 9/27/13 V. V. V. V. V.

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IA1076	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/22/2013
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NAME OF PROVIDER OR SUPPLIER COUNTRYSIDE NURSING AND REHABILITATION CEN	STREET ADDRESS, CITY, STATE, ZIP CODE 6120 MORNINGSIDE AVENUE SIDUX CITY, IA 51108
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L 382	<p>Continued From page 1</p> <p>belt for all transfers.</p> <p>During observation 8/20/13 at 7:15 a.m., Staff C (CNA or Certified Nursing Assistant) and Staff D (CNA) transferred the resident from their bed to a Broda chair with their arms under the resident's axillary (arm pit) area without the use of a gait belt.</p> <p>Review of a Gait Belts Equipment form directed the following:</p> <ul style="list-style-type: none"> a. All certified nursing assistance needed to wear a gait belt on their person et all times. b. Gait belts required when a resident needed assistance for transfers, ambulation, end repositioning. c. Staff needed to place the gait belt properly around the resident's waist and tighten the belt enough to keep the resident secure and prevent the belt from slipping. <p>Record review revealed Staff C signed the Gait Belts Equipment form on 3/18/13.</p> <p>Record review revealed Staff D signed the Gait Belts Equipment form on 7/29/13.</p> <p>A Gait Belts Procedure sheet dated 11/9/06 documented gait belts are needed for all residents that required staff assistance to transfer.</p> <p>During interview 8/21/13 at 3:50 p.m. the Director of Nursing stated the resident required the use of a gait belt during transfers and she expected staff to use the gait belt when transferred.</p>	L 382		

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IA1075	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/22/2013
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NAME OF PROVIDER OR SUPPLIER COUNTRYSIDE NURSING AND REHABILITATION CEN	STREET ADDRESS, CITY, STATE, ZIP CODE 6120 MORNINGSIDE AVENUE SIOUX CITY, IA 51106
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L 413	Continued From page 2	L 413		
L 413	<p>58.19(2) Required nursing services for residents</p> <p>481-58.19(135C) Required nursing services for residents. The program plan for nursing facilities shall have the following required nursing services under the 24-hour direction of qualified nurses with ancillary coverage as set forth in these rules:</p> <p>58.19(2) Medication and treatment.</p> <p>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)</p> <p>This Statute is not met as evidenced by: Based on clinical record review and staff interview, the facility failed to assess a resident with unexpected weight gain for possible fluid retention for 1 of 14 residents reviewed (Resident #2). The facility reported a census of 62 residents.</p> <p>Findings included:</p> <p>Resident #2's 1/15/13 History and Physical listed diagnoses including but not limited to essential hypertension, atrial flutter and renal failure.</p> <p>On 3/21/13 staff reported to the physician by facsimile the resident's weekly weight measured 170# (pounds) and represented a 4.8# weight loss. On 5/7/13 staff reported the resident had a generally poor appetite with a loss of 5.8 pounds in 1 week; 9.4 pounds in the past 30 days and 15 pounds in the past 4 months. The physician ordered a nutritional supplement and documented</p>	L 413		

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IA1075	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/22/2013
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NAME OF PROVIDER OR SUPPLIER COUNTRYSIDE NURSING AND REHABILITATION CEN	STREET ADDRESS, CITY, STATE, ZIP CODE 6120 MORNINGSIDE AVENUE SIOUX CITY, IA 51106
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L 413	<p>Continued From page 3</p> <p>the weight loss as expected due to the resident's physical and mental condition.</p> <p>On 8/14/13 staff reported to the physician by facsimile the resident had gained 6.6 # in 1 month. The resident's record lacked any documentation indicating staff had assessed the resident for possible fluid retention by listening to lung sounds or checking for edema.</p> <p>During interview on 8/19/13 at 4:04 p.m. the Director of Nursing stated if there was no assessment of the weight gain in the Nurse's Notes it probably wasn't done.</p>	L 413		
L 628	<p>58.24(6)f Dietary</p> <p>481-58.24(135C) Dietary.</p> <p>58.24(8) Dietary ordering, receiving, and storage. f. Dry or staple items shall be stored at least six inches (15 cm) above the floor in a ventilated room, not subject to sewage or wastewater backflow, and protected from condensation, leakage, rodents or vermin in accordance with the Food Code, 1999 edition. (III)</p> <p>This Statute is not met as evidenced by: Based on observation, facility record review and staff interview, the facility failed to store food at least 6 inches off of the floor in the main kitchen and walk-in freezer. The facility identified a census of 62 residents.</p> <p>Findings include:</p> <p>i. Observation on 8/19/13 at 9:00 AM, with Dietary Supervisor during the initial tour of the kitchen</p>	L 628		

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IA1076	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/22/2013
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NAME OF PROVIDER OR SUPPLIER COUNTRYSIDE NURSING AND REHABILITATION CEN	STREET ADDRESS, CITY, STATE, ZIP CODE 6120 MORNINGSIDE AVENUE SIOUX CITY, IA 51106
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L 628	<p>Continued From page 4</p> <p>revealed 2 cases of potatoes stored on the floor outside of the supervisor's office in the main kitchen. Stored on the floor of the walk-in freezer in the basement were one 50# (pound) bag popcorn (partially full) and one partially filled case of ice cream cones. The Dietary Supervisor ecknowledged the items stored on the floor and removed them from the floor at the time of the observation.</p> <p>During interview on 8/21/13 at 3:05 PM, the Dietary Supervisor varified a lack of a policy/procedure for the storags of food and stated the kitchen follows the food code.</p>	L 628		
L 775	<p>58.35(2)a Buildings, furnishings, and equipment</p> <p>481-58.35(135C) Buildings, furnishings, and equipment.</p> <p>58.35(2) Furnishings and equipment.</p> <p>a. All furnishings and equipment shall be durable, cleanable, and appropriate to its function and in accordance with the department's approved program of care. (iii)</p> <p>This Statute is not met as evidenced by:</p> <p>58.35(4) Bedrooms.</p> <p>d. There shsll be a comfortable chair, either a rocking cheir or armchair, per resident bed. The resident's personal wishes shall be considered. (iii)</p> <p>Based on observstion and interviews with staff and resident the facility failed to assure a durable, cleanable chair available to use in his/her room for 1 of 14 residents reviewed (Resident #1). The facility reported a census of 62 residents.</p>	L 775		

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IA1075	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/22/2013
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NAME OF PROVIDER OR SUPPLIER COUNTRYSIDE NURSING AND REHABILITATION CEN	STREET ADDRESS, CITY, STATE, ZIP CODE 8120 MORNINGSIDE AVENUE SIOUX CITY, IA 51108
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L 775	<p>Continued From page 5</p> <p>Findings included:</p> <p>On 8/19/13 at 10:57 a.m. during initial tour of the facility Staff D, Licensed Practical Nurse identified Resident #1 as able to give reliable information on interview.</p> <p>On 8/20/13 at 10:31 a.m. the resident approached the surveyor and requested observation of the chair in his/her room. In the resident's room sat a large brown reclining chair. The fabric had been badly stained and looked very dirty. The fabric on the footrest contained a shredded area measuring approximately 6 by 6 inches with foam rubber exposed and a few strings of fabric draping across. An area measuring 12 by 3 inches on the lower lateral surface of the right armrest had been torn open with white stuffing protruding. The right lower front corner of the chair had a 3 by 3 inch tear with white stuffing exposed. The left lower front corner had a 4 by 4 inch tear with white stuffing exposed. The lower front corner of the left armrest had a 3 by 3 inch tear with white stuffing protruding. The resident stated the chair belonged to the facility. Staff had provided it to the resident on admission (5/23/11). The resident stated he/sha had repeatedly asked for a replacement.</p> <p>During interview on 8/20/13 at 3:12 p.m. the resident sat in his/her room with a visiting family member. When asked what condition the chair had been in when first provided the resident stated it hadn't been new, but had been in fair condition and had no tears at that time. When asked how all the tears occurred the resident stated he/she thought it had been normal wear and tear. The resident's family member pointed at a mechanical lift used to transfer the resident</p>	L 775		

DEPARTMENT OF INSPECTIONS AND APPEALS

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NAME OF PROVIDER OR SUPPLIER COUNTRYSIDE NURSING AND REHABILITATION CEN	STREET ADDRESS, CITY, STATE, ZIP CODE 6120 MORNINGSIDE AVENUE SIOUX CITY, IA 51106
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L 775	<p>Continued From page 6</p> <p>from chair, to wheelchair end to bed and stated he/she thought the lift had been the cause of damage to the chair.</p> <p>A document dated 8/20/13 and provided by the Social Services Director documented that on 8/1/13 the Director of Nursing informed her Resident #1 had requested a different chair. The Social Services Director informed the resident it would be his/her responsibility to purchase a different chair if he/she wanted one. The resident stated he/she would keep the current chair.</p> <p>During interview on 8/21/13 at 10:33 a.m. the Administrator stated the resident had been offered other chairs, but had declined them stating they were too small or too hard. (Note: on admission assessment, the resident's height measured 5' 8" and weight measured 263 pounds. The resident's weight measured 267.3 pounds on 8/16/13).</p> <p>During interview on 8/21/13 4:21 p.m. the Administrator stated they had found another recliner in the facility which the resident had accepted.</p>	L 775		
L 979	<p>58.45(2) Dignity preserved</p> <p>481-58.45(135C) Dignity preserved. The resident shall be treated with consideration, respect, and full recognition of dignity and individuality, including privacy in treatment and in care for personal needs. (II)</p> <p>58.45(2) Schedules of daily activities shall allow maximum flexibility for residents to exercise choice about what they will do and when they will do it. Residents' individual preferences regarding such things as menus, clothing,</p>	L 979		

DEPARTMENT OF INSPECTIONS AND APPEALS

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NAME OF PROVIDER OR SUPPLIER COUNTRYSIDE NURSING AND REHABILITATION CEN	STREET ADDRESS, CITY, STATE, ZIP CODE 6120 MORNINGSIDE AVENUE SIOUX CITY, IA 51108
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L 979	<p>Continued From page 7</p> <p>religious activities, friendships, activity programs, entertainment, sleeping and eating, also times to retire at night and arise in the morning shall be elicited and considered by the facility. (II)</p> <p>This Statute is not met as evidenced by: Based on record review and staff and resident interviews the facility failed to consider and elicit the residents' time preferences for routine catheter changes (Resident #2, #5, #8). The facility reported 10 residents with indwelling catheters and a census of 67 residents</p> <p>Findings included:</p> <ol style="list-style-type: none"> 1. The 8/5/13 Physician's Orders for Resident #2, directed staff to change the resident's Foley catheter (drainage tube placed into the bladder to drain urine into a bag) monthly beginning on 8/21/12. The resident's Treatment Administration Record (TAR) directed staff to perform the catheter change monthly on the 10:00 p.m. to 6:00 a.m. shift. Staff documented in the Nurses Notes the staff changed the catheter on 7/16/13 at 2:00 a.m. 2. The 8/2/13 Physician's Orders for Resident #5 directed staff to change the resident's Foley catheter monthly beginning on 11/21/12. The resident's TAR directed staff to perform the catheter change on the 10:00 p.m. to 6:00 a.m. shift. Staff documented in the Nurse's Notes that the staff changed the catheter on 6/19/13 at 3:30 a.m. <p>On 8/20/13 at 9:03 a.m. the resident was interviewed and voiced he/she did not like this very much and would prefer not to be awakened for that [catheter change].</p> <ol style="list-style-type: none"> 3. The Physician's Orders for Resident #8 directed staff to change the resident's Foley catheter monthly beginning on 2/23/13. The TAR directed staff to change the catheter on the 10:00 	L 979		

Provider number 165540
Countryside Nursing and Rehabilitation Center, LLC
6120 Morningside Avenue
Sioux City, IA 51106

This is the Plan of Correction for the survey that was conducted on August 19 - August 22, 2013

The Plan of Correction as documented on the statement of deficiencies constitutes my credible allegation of compliance and all stated deficiencies would be corrected by the date specified.

Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by this provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The Plan of Correction is prepared and/or executed solely because provisions of the State law require it.

ALL ITEMS WILL BE IN COMPLIANCE BY 10/09/13

L 382

It is the policy of this facility to ensure that required nursing services are provided including ambulation with equipment, transferring and positioning.

Staff C and Staff D have been re-educated to use gait belts with transfers according to the resident plan of care.

Nursing staff have been educated on 9/23 to transfer residents according to their plan of care including proper use of gait belts.

Random audits will be completed by DON/designee to monitor transfers and ensure they are completed using gait belts. Audits will be reviewed in QA.

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IA1075	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/22/2013
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NAME OF PROVIDER OR SUPPLIER COUNTRYSIDE NURSING AND REHABILITATION CEN	STREET ADDRESS, CITY, STATE, ZIP CODE 6120 MORNINGSIDE AVENUE SIOUX CITY, IA 51106
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L 979	<p>Continued From page 8</p> <p>p.m. to 6:00 a.m. shift.</p> <p>On 8/20/13 at 2:24 p.m. the resident was interviewed and stated the facility often employed agency staff to work on the overnight shift. The resident stated she/he would prefer not to be awakened in the middle of the night for the catheter change and would prefer to have it performed by regular facility staff.</p> <p>On 8/20/13 at 10:41 a.m. the Director of Nursing (DON) confirmed staff working during the 10:00 p.m. to 6:00 a.m. shift had the responsibility to perform the monthly catheter changes. The DON stated she had not talked to residents to determine their preferences for times to have the catheter changed. The DON stated catheter changes had been performed since she began employment about 6 months ago. The DON identified 10 residents residing in the facility which had indwelling Foley catheters.</p>	L 97B		

L 413

It is the policy of this facility to provide accurate assessments and timely interventions for all residents who have an onset of adverse symptoms which represent a change in condition.

Resident #2 has since been assessed for fluid retention and was determined to be eating better at this time as well as receiving supplemental drinks. Resident #2 has been on hospice care since 8/2012 for decline in condition related to Parkinson's Disease.

Nursing staff have been educated on 9/23/13 to monitor for fluid retention with a significant weight change of 4-5 pounds/week.

Random audits will be completed by DON/designee to monitor for accurate assessment with significant weight gains. Audits will be reviewed in QA.

L628

It is the policy of this facility that dry or staple items shall be stored at least six inches above the floor in a ventilated room, not subject to sewage or wastewater backflow, and protected from condensation, leakage, rodents or vermin in accordance with the food code.

In regards to the 2 sacks of potatoes, the popcorn, and ice cream cones they were promptly removed from the floor upon discovery on 08/19/13.

All food is stored at least six inches off the floor in all food storage areas.

Dietary staff have been re-educated on proper food storage procedures on 09/23/13.

Dietary Supervisor and / or designee will conduct random audits weekly for 4 weeks and randomly thereafter and report findings to the QA & A committee.

L775

It is the policy of this facility to provide a comfortable chair, either a rocking chair or armchair, per resident bed. The resident's personal wishes are considered.

In regards to Residents #1, the recliner was disposed of and replaced with a durable, cleanable, and appropriate recliner the resident approved of on 8/20/13.

All staff have been re-educated on 9/23/13 regarding identifying furnishing and equipment that is not durable, cleanable, and appropriate to its function.

The Housekeeping Supervisor and / or designae will monitor weekly for 3 months and randomly thereafter. Concerns Identified will be addressed immediately and reported to Administrator. The QA & A committee will monitor for compliance.

L 979

It is the policy of this facility to ensure that the residents' dignity is preserved and schedules of daily activities maintain flexibility for residents to exercise choice about what they will do and when they will do it.

Scheduled catheter change times have been changed for resident #2, #5 and #8 to a time of their choice and documented on the care plan. Preference also care planned for resident #8 to have the catheter changed by regular facility staff.

Nursing staff have been educated on 9/23/13 regarding resident dignity and allowing the resident to choose when they prefer their catheter to be changed. These changes will be reflected on the treatment record and care plan.

All residents admitted or re-admitted with a foley catheter will be allowed to choose what time of day they prefer to have their catheter changed during their admission assessment and care plan will reflect this preference. All current residents will be asked quarterly during the residents care plan meeting if their current preference remains the same or if they prefer to change the time of their catheter change.