

**Iowa Department of Inspections and Appeals
Health Facilities Division
Citation**

FC#5250	Amended on 11/26/13. Fine amount reduced by 35% to \$1300 on November 26,2013, pursuant to Iowa Code section 135C.43A(2013).	Date: October 21, 2013		
Emeritus at Silver Pines		Survey dates: August 29-September 4, 2013		
135 36th Ave. SW	Surveyor: Stephanie Radabaugh			
Cedar Rapids, Iowa 52404	ds/dd/jf			
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	\$2,000	Upon Receipt
+				
57.12(2)d	481-57.12(135C) Personnel. 57.12(2)d <i>Supervision and staffing.</i> Physician's orders shall be implemented by qualified personnel. (II,III)			
57.22(1)b	481-57.22(135C) Service Plan. 57.22(2)a. The program shall be planned and implemented to address the resident's priorities and assessed needs, such as living, rehabilitation, activity, behavioral, emotional, mental health and social, and shall take into consideration the resident's personal goals and preferences, including the resident's preferred living situation. (III). DESCRIPTION: Based on clinical record review and staff interview , the facility failed to implement the service plan for eating and follow the physician's orders for 1 of 5 residents reviewed (Resident #3). The facility reported a census of 50 residents. Resident #3 required a dysphagia (mechanical soft) diet as ordered by the physician and the service plan directed staff to service a mechanical soft-ground diet. The resident did not receive the appropriate diet and choked. The resident required removal of the food bolus manually under anesthesia and			

Facility Administrator

Date

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	hospitalization. Findings include: 1. A review of Resident #3's record revealed an admission date of 8/26/11. The Physician's Orders dated 7/17/2013 identified diagnosis of Alzheimer's disease, depressive disorder, small cell lung cancer and chronic hypoxemia (low level of oxygen level in the blood). A review of incident reports revealed an incident on 2/16/13 where Resident #3 choked on ham during a meal in the dining room. Staff administered the Heimlich Maneuver and effectively removed the piece of ham. On 3/15/13, the physician ordered a Dysphasia III diet (soft/tender food or mechanical soft/ground food) was implemented for Resident #3. The Individualized Service Plan dated 4/5/2013 identified the resident had a problem with nutrition/eating and needed a mechanical soft-ground diet. The Service Notes dated 7/28/2013 at 11:45 a.m. reflected Resident #1 sat in the dining room eating dinner. The resident began vomiting the meal. The resident's oxygen saturation was 94 percent (normal range 95-100 percent), respirations 22 (normal rate is 16-20) and temperature 98.4 Fahrenheit (normal 98.6). The staff took the resident to her/his room. According to an incident report dated 7/28/13, Resident #3 choked on a piece of roast beef (from a general diet plate) that was given to him/her by Staff B. The resident was able to breathe after choking but began to spit up large amounts of thick mucus. The Service Notes dated 7/28/2013 at 1:30 p.m. revealed the resident requested assistance. The resident's blood pressure measured 155/96, respirations 26, pulse 69 and temperature 99.4 Fahrenheit. The resident's oxygen			

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	saturation level registered at 92 percent and started dropping to 89 percent. The nurse had the resident transferred to the hospital via ambulance at 2:15 p.m. The hospital records reflected the resident was taken to the operating room from the ER (Emergency Room) and given anesthesia in order to remove the beef with an endoscopy procedure. The resident remained hospitalized for observation to manage the hypoxia. The physician documented the resident had chronic respiratory failure that had been exacerbated by the foreign body (beef) and the required anesthesia [required to remove the roast beef]. The resident required observation and supplemental oxygen therapy and discharge on 7/30/2013. The Service Notes dated 7/30/2013 at 1:10 p.m. reflected the resident returned to the facility on 7/30/2013 at 11:00 a.m. On 9/4/13 at 12:40 PM, the DON stated Staff B originally had the appropriate meal (ground chicken) in her hand to give Resident #3, but the resident said he/she did not order chicken and wanted the roast beef. Staff B stated to the administrator afterwards that he/she automatically grabbed a roast beef plate and gave it to the resident, instead of slowing down to think about the diet order for "mechanical soft." Staff B told the DON that he/she knew what Resident #3's diet was, but had been busy and made a mistake. On 8/29/13 at 2 PM, the Administrator stated the facility followed up the incident with dietary training for all staff members and new procedures for checking special diets at each meal. FACILITY RESPONSE:			

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