

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

PRINTED: 07/05/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165402	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/24/2017
NAME OF PROVIDER OR SUPPLIER HAWKEYE CARE CENTER MILFORD			STREET ADDRESS, CITY, STATE, ZIP CODE 1600 13TH STREET MILFORD, IA 51351		
(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 Amended 6/9/17 following CMS review. Amended 4/13/17 following IDR & CMS review. The following deficiencies were identified during the facility's complaint survey 11/16/16 through 1/24/17. Facility reported incident #64233-C was substantiated. See Code of Federal Regulations (45 CFR) Part 483, Subpart B-C.	F 000			
F 225 SS=D	483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities. The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).	F 225			

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

TITLE

(X6) DATE

02/17/2017

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.

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F 225	<p>Continued From page 1</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, interviews, and facility policy, the facility failed to report an allegation of abuse timely to the Department of Inspections and Appeals for 1 of 5 residents (Resident #5). The facility identified a census of 44 current residents.</p> <p>Findings include:</p> <p>According to Minimum Data Set (MDS) dated 10/21/16 Resident #5 had diagnoses that included dementia, anxiety disorder and depression. The MDS identified the resident had a BIMs (brief interview for mental status) score of 0 which indicated severe cognitive impairment. According to the MDS the resident required extensive assistance with bed mobility, transfers, dressing, eating and toilet use.</p> <p>The care plan dated 3/19/15 directed staff to</p>	F 225			

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F 225	<p>Continued From page 2</p> <p>assist the resident with completing all daily cares and to provide with gentle distraction to let participate.</p> <p>During an interview with Hospice RN (Registered Nurse) on 12/9/16 at 2:10 PM she stated she received a call from the resident's family on Tuesday 12/6/16) evening after 6:00 PM. The family member reported an allegation of abuse that reported to her on 12/4/16. She stated she did not call the facility to report the allegation until the next morning at approximately 10:00 AM. She further stated she felt the resident had been safe and did not call due to the people to address it were not at the facility.</p> <p>Review of the Policy and Procedure titled Abuse Prevention, Identification, Investigation, and Reporting Policy dated 11/2016 directed staff to do the following: a. All allegations of resident abuse should be reported immediately to the charge nurse. The charge nurse is responsible for immediately reporting the allegations of abuse to the Director of Nursing, Administrator or designated representative. b. Should an incident or suspected incident of Resident abuse be reported or observed, the administrator or his/her designee will designate a member of management to investigate the alleged incident. c. Upon receiving a report of an allegation of resident abuse, the facility shall immediately implement measures to prevent further potential abuse of residents from occurring while the facility investigation is in process. d. The staff member or employee shall immediately notify the person in charge or the person's designated agent who shall then notify the Iowa Department of Inspections & Appeals immediately, and in no</p>	F 225			

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F 225	Continued From page 3 event later than 24 hours of any allegation even on a weekend or holiday.	F 225			
F 309 SS=D	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to provide timely and complete assessment for residents with change in condition for 1 of 5 residents reviewed. (Resident #4) The facility identified a census of 44 current residents. Findings include: 1. According to MDS (minimum data set) dated 10/2016 Resident #4 had diagnoses that included atrial fibrillation, ulcerative colitis, septicemia, metabolic encephalopathy and pancreatitis. The MDS identified the resident had a BIMs (brief interview for mental status) of 13 which indicated intact cognition. According to the MDS the resident required extensive assistance with bed mobility, transfers, dressing and toilet use. Review of the care plan dated 10/13/16 directed staff to monitor lung sounds, vital signs and report any abnormal findings to the Doctor. The care	F 309			

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F 309	<p>Continued From page 4</p> <p>plan also directed staff to the resident requested cardiopulmonary resuscitation and to keep the Doctor and family informed of changes in health and to respect the health care choices.</p> <p>Review of the Progress Notes dated 10/28/16 at 5:51 PM revealed the resident displayed increased weakness. When administered the evening medication, the resident had difficulty sucking water through a straw. With continued encouragement, resident eventually able to complete task. The resident also required increased assistance for transfers and cares during the shift. Mechanical lift utilized by the CNAs (certified nursing assistant) Resident noted to have difficulty supporting own weight while sitting in the recliner and falls to the right side. Pillows placed to support the resident. Resident refused to drink supplemental shake or eat anything despite multiple attempts with encouragement. Resident's speech quiet and indiscernible. Eyes shut the majority of the shift. Spoke with resident's daughter earlier in the shift regarding condition. Will continue to monitor and notify family and physician if condition changes. Vitals signs: T (temperature) 96.4, P (pulse) 81, R (respirations) 24, O2 (oxygen saturation) 96% and BP (blood pressure) 156/87. At 7:05 PM staff documented a call received from the Hospice nurse and will come to the facility tomorrow (10/28/16) between 8:00 and 10:00 AM.</p> <p>Review of the Progress Notes dated 10/29/16 at 3:35 AM revealed the resident had mild dyspnea on moderate exertion. No transfer or ambulation occurred during the shift. Incontinent of bladder and speech incoherent at times.</p> <p>Review of the Progress Notes dated 10/29/16 at</p>	F 309			

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F 309	<p>Continued From page 5</p> <p>10:19 AM revealed the resident awake at 8:00 AM with his/her eyes fixed and not blinking. He/she did not verbally respond but grunts. Arms flaccid bilaterally and pupils reactive and equal. Vital signs: T 98.6, P 65, R 22, O2 98% and BP 124/76. Bowel sounds times 4 quadrants and wheezes on expiration. At 8:45 AM hospice arrived and assessed the resident and vital signs stable. Family requested the resident go to the hospital for testing. At 9:40 AM paramedics leave the facility with the resident by ambulance.</p> <p>Review of the Weights and Vitals Summary revealed the facility failed to further document vital signs or assessment from 10/28/16 5:51 PM through 10/29/16 at 8:00 AM.</p> <p>When interview on 12/8/16, at 4:30 PM Staff F, RN (Registered Nurse) stated she was not real familiar with Resident #4 and she had received report the hospice nurse was coming to evaluate Resident #4 for admit. At approximately 7:00 AM the CNAs reported the resident acting different than normal. She stated she went to the resident right away and assessed the resident's vital signs; the resident's vital signs were normal but the resident did not respond. Staff F stated she called the family and told them the resident was not responding and the hospice nurse was coming and they may went to come. The hospice nurse assessed the resident and stated the resident not a candidate to admit and she called the Doctor. The resident transported to the hospital.</p> <p>During an interview with Staff K, RN on 12/9/16 at 9:14 AM she stated the resident had been off and had sunken cheeks and pale. The resident had difficulty suctioning a straw. She did vital signs</p>	F 309			

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F 309	Continued From page 6 and had been normal, lung sounds were full, which had not been a new finding. She talked to family, Director of Nursing and hospice. She stated the resident responded very soft and tracked with his/her eyes just fine. She further stated she did not feel the resident had an acute change and family was looking into hospice.	F 309			