Citation Numb 6515 Facility Name: Lenox Care Ce Facility Addres 111 East Van E Lenox, IA 508	enter ss/City/State/Zip Buren	Fine amount reduced by 35% to \$325.00 on May 16, 2017 pursuant to lowa Code Section 135C.43A	Date: May 2, 2017 Survey Dates: April 14-18, 2017			2017
Rule or Code Section	Natur	e of Violation	Class	Fine Am	ount	Correction date
58. 19(2)j	intervention for all res adverse symptoms where mental, emotional, or particular to the control of the control	e assessment and timely idents who have an onset of nich represent a change in physical condition. (I, II, III) 4, effective 5/7/14; ARC	II	\$500.00		Upon Receipt
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Facil	ity Administrator	Da	ite		_	

Facility Name: Lenox Care Ce Facility Addres 111 East Van E Lenox, IA 508	enter ss/City/State/Zip Buren	Fine amount reduced by 35% to \$325.00 on May 16, 2017 pursuant to Iowa Code Section 135C.43A	Survey	1	Date: May 2, 2	2017
Rule or Code Section	Natur	e of Violation	Class	Fine An	nount	Correction date
	identified he/she had dia replacement, osteoarthin history of falls, spinal stidementia. The staff assi revealed the resident has impairments with short a problems. The resident staff for transfers, bed in A care plan with focus a risk for pain related to the stenosis and degenerat. The interventions include and symptoms of pain a medical doctor (MD) if related to the safety awareness, weak history of self-transfer. To keep the bed a low permat on floor when bed in A progress notes dated totally dependent on staff (ADLs). Resident #1 unused a wheelchair for medical staff as the safety awareness and the safety awareness.	ritis, trigeminal neuralgia, enosis and non-Alzheimer's essment for mental status ad severe cognitive and long term memory needed the assistance of 2 nobility, and 1 staff for mobility. Area dated 3/12/14 identified rigeminal neuralgia, spinal ive arthritis. Ided monitor for increased signs and report to charge nurse and needed. A focus area dated or falls related to dementia, kness, spinal stenosis and a The interventions directed staff osition, bolsters to bed and fall				
F. 1	ity Administrator		 ite			Page 2 of 1 0

Citation Number: 6515 Facility Name: Lenox Care Center		Fine amount reduced by 35% to \$325.00 on May 16, 2017 pursuant to lowa Code Section 135C.43A	Survey I April 14-	M			
Facility Addres	ss/City/State/Zip	000.011 100011071					
111 East Van B	Ruren						
Lenox, IA 508		HL					
Rule or Code	Natur	e of Violation	Class	Fine Amo	ount	Correction date	
Section	Natui		Ciass			uate	
	3/1/17 to 3/31/17 documpain medications and difollows: 1. An order dated 9/23/(mg), every 6 hours as administered on 3/22/13/29/17. 2. An order dated 3/30/daily; administered on 3. An order dated 9/23/650 mg - every 4 hours 3/23/17, 3/26/17 and tw 4. An order dated 3/30/daily for pain; administered on 3/30/milliliters (ml) every 4 hours 5. An order dated 3/30/milliliters (ml) every 4 hours 1/23/17 milliliters (ml) every 4 hours 1/23/17 milli	stration Records (MARs) for nented physician orders for ates of administration as /16 for Motrin 400 Milligrams needed (prn); which was red to 3/24/17 and on 3/27/17 to /17 for Motrin 400 mg, twice s/31/17 and stopped on 4/2/17. /16 for Acetaminophen (APAP) prn; administered on 3/22/17, rice on 3/29/17. /17 for APAP 650 mg 4 times ered only twice on 3/31/17. /17 for Morphine Sulfate .25 purs prn; not administered. evealed staff assessed pain daily 3/1/17 to 3/19/17 recorded a scale of 1-10, with 10 being pleted on 3/20/17 to 3/31/17, as as ranging from a low of 2 and ses of prn pain medications - n on 3/22/17 to 3/30/17 had				Dags 2 of 4	
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Citation Number: 6515 Facility Name: Lenox Care Center		Fine amount reduced by 35% to \$325.00 on May 16, 2017 pursuant to lowa Code Section 135C.43A	Survey D		Date: May 2, 2017		
Facility Addres	ss/City/State/Zip						
111 East Van E	Ruren						
Lenox, IA 508		HL					
Rule or	N. (Fine A	mount	Correction	
Code Section	Natur	e of Violation	Class			date	
	been documented as ef	fective.					
	physician order's and da follows: 1. An order dated 4/2/17, 400 mg twice daily for p 4/2/17. 2. An order dated 4/2/1 twice daily for pain; adm 3. An order dated 4/4/1 for pain; administered o 4. An order dated 4/2/1 for pain give and give reorally; administered on discontinued 4/4/17. 5. An order dated 9/23/every four hours prn for 2017. 6. An order for Morphin every 4 hours prn. A repain medications - Morp 4/4/17 had been docum Staff assessed pain level 4/1/17-4/13/17 recorded pain (0) to 7 entries range.	7 APAP 650 mg 4 times daily ectally if the resident won't take 4/3/17 and 4/4/17. This order 16 for APAP liquid 650 mg pain; not administered for April 16 sulfate .25 milliliters (ml) 17 view of effectiveness of propoline Sulfate given 4/3/17 to ented as effective 17 else completed twice daily 18 pain levels ranging from no 19 ging from 1-4, using a pain 17 essments were not completed		Page 4 of 1			
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Citation Number: 6515 Facility Name: Lenox Care Center Facility Address/City/State/Zip 111 East Van Buren Lenox, IA 50851		Fine amount reduced by 35% to \$325.00 on May 16, 2017 pursuant to Iowa Code Section 135C.43A	Survey I April 14-	Dates: -18, 2017	Date: May 2, 2	2017
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	resident crying in pain in Notes dated 3/23/17 at observed left knee eder redness at knee or leg. movement at hip or ank extension. Progress notes dated 3 documented the resider during cares. Observed touch but no redness at discomfort with movement the knee with flexion and unable to fully extend earther resident received prontinue to monitor. Progress notes dated 3 documented the resider edematous with no increase and the resider edematous with no increase and a signs or dated 3/24/17 at 11:13 aremained swollen, no resider edematous wollen, edematous edematous wollen, edematous edematou	mg given for pain as the h/her legs when repositioned. 11:29 a.m. revealed staff matous, hot to touch but no No signs of discomfort with le, only at knee with flexion and /23/17 at 11:29 a.m. ht had left knee discomfort dileft knee edematous, hot to knee or leg. No signs of ent at the hip or ankle, only at diextension. The resident is either knee due to contractures. In APAP and Motrin and will /24/17 at 3:10 a.m. ht's left knee remained eased redness or increased symptoms of pain. Notes a.m. revealed the left knee edness or warmth. The resident movement and prn pain		Page 5 of 16		
Easil	ity Administrator					Page 5 of 16

Citation Number: 6515 Facility Name: Lenox Care Center Facility Address/City/State/Zip 111 East Van Buren Lenox, IA 50851		Fine amount reduced by 35% to \$325.00 on May 16, 2017 pursuant to lowa Code Section 135C.43A	Survey I April 14		Date: May 2, 2	2017
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	touch indicated pain wit redness or warmth note administer Ibuprofen 40 response from physician and keep the resident a Progress notes dated 3, documented the resider and tender to touch, no given for pain. Notes of the same date resident's left knee eder redness to area and appendial side. Staff admir Progress notes dated 3, documented the resider no redness or warmth no wince and complain open pain medications as monitor. Progress notes dated 3, documented above the edematous and warmer	emains swollen and tender to h movement with no increased d. Staff will continue to 0 mg prn and waiting for n. Staff will continue to monitor s comfortable as possible. 27/17 at 1:03 a.m. nt's left knee remained swollen redness noted and prn APAP at 10:44 a.m. documented the matous, warm to touch, no peared to have fluid on the nistered Ibuprofen prn. 28/17 at 3:40 p.m. nt's left knee remained swollen, oted. The resident continues of pain with movement. Utilized s order and will continue to				
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Citation Number: 6515		Fine amount reduced by 35% to \$325.00 on May 16, 2017			Date: May 2, 2017		
Facility Name: Lenox Care Ce		pursuant to lowa Code Section 135C.43A	Survey I April 14				
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111 East Van E		HL					
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Rule or Code	Natur	e of Violation	Class	Fine An	nount	Correction date	
Section							
	Progress notes dated 3 documented a physicial tablets every 6 hours. A documented an exam oblique fracture of the coverriding fracture fragrextend to the anterior matatus post total knee a are intact with vascular swelling. The fracture is Progress notes dated 3 documented a nurse aca appointment and the phresident's knee or perfox-ray report. The resider an order to wear an improved an ord	s on leave and ordered a //29/17 at 11:37 p.m. n's order for APAP 325 mg - 2 on X-Ray report dated 3/29/17 of the left knee demonstrated listal femoral diaphysis with ments. The fracture appeared to hargin of the femoral prosthesis rthroplasty. The tibia and fibula calcifications and soft tissue as presumably acute. //30/17 at 7:50 p.m. companied the resident to the hysician's PA did not look at the hor many ROM; but looked at the ont returned to the facility with mobilizer to the left knee at all in checks for evidence of skin int's primary physician was					
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Facil	ity Administrator	Da	 ate		_		

Citation Number: 6515 Facility Name: Lenox Care Center Facility Address/City/State/Zip 111 East Van Buren Lenox, IA 50851		Fine amount reduced by 35% to \$325.00 on May 16, 2017 pursuant to lowa Code Section 135C.43A	Survey I April 14-				
Rule or Code Section	Nature	e of Violation	Class	Fine A	mount	Correction date	
n sch (i tii b h re citr T th h h ir Ad lin a a fr a y d d	otes dated 4/4/17 at 3:: een 3/30/17. The resic ommunicate, so all con/her caretaker from the dentified as the assistate of this visit) reporte egan grabbling h/her lead pain about his/her kevealed the resident graretaker's questions above resident or transferriche PA stated it is reasone resident had significate owever, the physician of e could rule out this beingury either. A written statement by the ated 4/3/17 at 1:48 p.m. ated 4/3/17 at 1:48 p.m. are tresident in an X-ray racture of the distal fembove a total knee prosters ago. A concern the ropped from the Hoyer enies any incidents of the distal fembove and resulted in an X-ray racture of the distal fembove a total knee prosters ago. A concern the ropped from the Hoyer enies any incidents of the distal fembove and resulted in an X-ray racture of the distal fembove a total knee prosters ago. A concern the ropped from the Hoyer enies any incidents of the distal fembour and resulted in an X-ray racture of the distal fembove a total knee prosters ago.	mmunications are done through a facility. The caretaker and director of nursing at the ad 2 weeks earlier the patient left knee and acting like h/she knee. A physical examination imaces with palpation. The pout the possibility of moving ing could cause the fracture.					
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Citation Number: 6515 Facility Name: Lenox Care Center Facility Address/City/State/Zip 111 East Van Buren Lenox, IA 50851		Fine amount reduced by 35% to \$325.00 on May 16, 2017 pursuant to lowa Code Section 135C.43A	Survey I April 14	N	Date: May 2, 2	2017
Rule or Code Section	Natur	e of Violation	Class	Fine Am	nount	Correction date
	using a Hoyer lift would normal bones but can continued the resident's disease. There have been no obliacerations or shearing knee. A fall would result rauma, but a stress fraction a result of the resident's disease. Twenty-four hour (24hr) documented the resident and pulses present and Nursing Report dated 3 resident's left knee eder hour Nursing Reports documented daily the resident's left knee or his fax or notification from the facility requested and resident's left knee and the A written statement with registered nurse (RN) resident with registered nurse (R	matous - doctor faxed. The 24 ated 3/25/17-3/29/17 esident's left knee swollen. The 24 ated 3/25/17-3/29/17 esident's left knee swollen. The 24 ated 3/25/17 at 9:34 reported she never received a he facility regarding the ip. It wasn't until 3/29/17 when a order for an X-ray of the ne knew of the resident's				
	ity Administrator					Page 9 of 1

Citation Number: 6515 Facility Name: Lenox Care Center Facility Address/City/State/Zip 111 East Van Buren Lenox, IA 50851		Fine amount reduced by 35% to \$325.00 on May 16, 2017 pursuant to lowa Code Section 135C.43A	Survey I April 14	Dates: -18, 2017	Date: May 2, 2017		
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Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date	
	incontinent undergarmeresident. She noted the swollen compared to the written statement dated night of 3/21/17 she repalways looked swollen pain. She gave the resibehind the knee. During an interview date reported she had taken five years and the resident had higher didn't bother h/her. She nurse to monitor the resident of 3/22/17 the resident nurse gave the resident she had never noticed at thigh or any other part of A written statement date reported on 3/23/17 the pain. She felt the resident she had never noticed at the pain. She felt the resident she had never noticed at the pain. She felt the resident she had never noticed at the pain. She felt the resident she felt the resident she had never noticed at the pain. She felt the resident she felt she felt the resident she felt she	changed the resident's ents and repositioned the eresident's left knee appeared eright knee. An additional 3/29/17, Staff A reported the corted the resident's knees out the resident complained of ident Motrin and noted bruising ed 4/17/17 at 4:12 p.m. Staff A care of the resident for the last ent's knees would be slightly had commented in the past, cognition would tell her it really ereported to the on-coming sident's knee for any changes. ed 4/3/17 at 2:00 p.m., Staff B, stant (CNA) reported the night had a swollen left knee. A apain medication. She reported any bruising on the resident's of his//her leg.					
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Citation Number: 6515 Facility Name: Lenox Care Center Facility Address/City/State/Zip 111 East Van Buren Lenox, IA 50851		Fine amount reduced by 35% to \$325.00 on May 16, 2017 pursuant to lowa Code Section 135C.43A	Survey I April 14	Dates: -18, 2017	Date: May 2, 2	2017
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
complation and a complation on a data on a dat	ain of leg pain as aily basis. an interview date red she confirmed ent of 3/29/17. So ain of pain unless ning staff wanted ioned the resider the and said high en statement date and said high en statement date and already been in easked to Staff to assess the result of the enterported the resider when she had any the morning of 4/18/17 at 8:02 a	s not normal for the resident to she provided personal cares ed 4/17/17 at 11:10 a.m., Staff ed the accuracy of her written the reported the resident didn't h/she did not want to do h/her to do. On 3/23/17 she at and the resident pointed to er left leg hurt. ed 4/3/17 at 12:15 p.m., Staff 3/17 at 2:00 p.m. she received and told the resident's knee the resident complained of pain orted she had been told nursing notified. On 3/25/17 at 7:00 E, a licensed practical nurse ident's thigh as it appeared sed the resident's thigh and told act the resident's physician. ed 330/17 at 2:45 p.m., Staff F, ent complained of pain to h/her ssisted the resident with 3/3/30/17. During an interview am. she stated the swelling of ormal and the resident's crying				
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Citation Number: 6515 Facility Name: Lenox Care Center		Fine amount reduced by 35% to \$325.00 on May 16, 2017 pursuant to lowa Code Section 135C.43A	Survey I	Date: May 2, 2017 Survey Dates: April 14-18, 2017				
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Code Section	Natur	e of Violation	Class			date		
	resident injuring h/her k During an interview date G, LPN reported she had note dated 3/23/17 at 1 physician assistant (PA had been on maternity I heard back from the physic she didn't return to work 3/28/17, 3/29/17 and agchecked to see if the PA the fax she had sent couthe clinic had reported to the facility or notification status until 3/29/17 when an X-ray of the resident During an interview date Acting Director of Nursing explain why the facility of that had been sent on 3 She reported the 24 hot facility staff were aware	ed 4/13/17 at 1:17 p.m., Staff ad sent a copy of the progress 1:29 a.m., by fax to the), as the resident's physician eave. She reported she hadn't ysician that day. She reported a until 3/27/17 and worked pain on 3/31/117 but hadn't A had responded. She reported uld not be located. The PA and hey never received a fax from an of the resident's change in another nurse had requested						
	responded to their fax o	act the PA when the PA hadn't of 3/23/17. She reported she up with the resident's provider						
		ntacted them. She provided a						
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Citation Number: 6515 Facility Name: Lenox Care Center Facility Address/City/State/Zip 111 East Van Buren Lenox, IA 50851		Fine amount reduced by 35% to \$325.00 on May 16, 2017 pursuant to Iowa Code Section 135C.43A HL					
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date	
	copy of a facsimile report showing a fax had been sent on 3/23/17 at 11:41 to the PA, but she couldn't verify if that fax date had been the fax sent to the PA regarding the resident's status. The Acting Director of Nursing reported she reviewed (during this investigation) the resident's chart and 24 hour. Nursing Reports and couldn't find any documentation of the resident's PA notified regarding the written statement by Staff D regarding the observation she made of the resident's left thigh being swollen on 3/25/17. Staff D reported she requested the nurse (Staff E) on duty to assess the resident left thigh. Staff E did assess the resident and told her she would fax the resident's physician. The acting director of nursing reported the statement made in hospital orthopedics and sports medicine progress notes dated 4/4/17 at 3:23 p.m. were inaccurate. She reported she accompanied the resident to appointment and reported staff had noticed the resident had some discomfort during repositioning and the resident's knee had some swelling on 3/22/17 or 3/23/17. When the resident's knee appeared to look out of place the facility requested an X-ray be taken. At no time did she report the resident had been grabbing h/her knees in pain two weeks prior. The resident had never done that prior to or since it happened. During a phone interview dated 4/18/17 at 10:45 a.m., the previous Director of Nursing reported it was her					Page 13 of 1	
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responsibility to check the 24 hour Nursing Reports daily, which she did on the days she worked. On the days she didn't work the Assistant Director of Nursing has this responsibility. She stated she hadn't called the PA who had been contacted on 3/23/17 regarding the resident's change in health status. She stated she didn't recall seeing the fax that had been sent on 3/23/17. During an interview dated 4/18/17 at 11:55 a.m., the Acting Director of Nursing reported she was the assistant Director of Nursing until 4/10/17 when the Director of Nursing (DON) resigned. As the assistant director of nursing she is responsible to review the 24 hour Nursing Reports when the DON is not in the building but she did not review the reports and therefore didn't follow-up with the PA who the facility had contacted on 3/23/17 regarding the resident's change of health status. A review of Resident #1's clinical record revealed no documentation of staff notifying the PA. Staff E could not be interviewed as she was out of the country and unavailable. During a phone interview dated 4/18/17 at 1:20 p.m., the Orthopedic PA who had seen the resident on 3/30/17 reported a delay in receiving treatment would not have a negative outcome of his/her health status			HL				
daily, which she did on the days she worked. On the days she didn't work the Assistant Director of Nursing has this responsibility. She stated she hadn't called the PA who had been contacted on 3/23/17 regarding the resident's change in health status. She stated she didn't recall seeing the fax that had been sent on 3/23/17. During an interview dated 4/18/17 at 11:55 a.m., the Acting Director of Nursing reported she was the assistant Director of Nursing until 4/10/17 when the Director of Nursing (DON) resigned. As the assistant director of nursing she is responsible to review the 24 hour Nursing Reports when the DON is not in the building but she did not review the reports and therefore didn't follow-up with the PA who the facility had contacted on 3/23/17 regarding the resident's change of health status. A review of Resident #1's clinical record revealed no documentation of staff notifying the PA. Staff E could not be interviewed as she was out of the country and unavailable. During a phone interview dated 4/18/17 at 1:20 p.m., the Orthopedic PA who had seen the resident on 3/30/17 reported a delay in receiving treatment would not have a negative outcome of his/her health status	Code	Natur	e of Violation	Class	Fine A	mount	
		daily, which she did on days she didn't work the has this responsibility. the PA who had been of the resident's change in didn't recall seeing the 13/23/17. During an interview date Acting Director of Nursinassistant Director of Nursinassistant Director of Nursinassistant Director of Nursing Reports whour Nursing Reports whoulding but she did not therefore didn't follow-uhad contacted on 3/23/change of health status A review of Resident #1 documentation of staff in Staff E could not be intercountry and unavailable. During a phone interviet the Orthopedic PA who 3/30/17 reported a dela	the days she worked. On the e Assistant Director of Nursing She stated she hadn't called ontacted on 3/23/17 regarding health status. She stated she fax that had been sent on ed 4/18/17 at 11:55 a.m., the ng reported she was the rsing until 4/10/17 when the N) resigned. As the assistant is responsible to review the 24 then the DON is not in the review the reports and p with the PA who the facility 17 regarding the resident's erviewed as she was out of the extra control of the extra contr				Page 14 of 16
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111 East Van E		HL						
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Code Section	Natur	e of Violation	Class			date		
	3/30/17. During a phone intervie the radiologist who interesident's left leg dated resident's age and diag	3/29/17 stated despite the nosis of osteopenia, some kind ury, a force such as a fall or eg fracture.						
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Citation Number: 6515		Fine amount reduced by 35% to \$325.00 on May 16, 2017		2017		
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