AMENDED on 10/3/17 with fine held in suspension and payment

Citation Number: of \$2,925 returned du		of \$2,925 returned due to CM	P issuan	ce Date: I	May 4, 2017
6516		Fine amount reduced by 35% to \$2,925.00 total on May 16,			
Facility Name Care Center	: Casa De Paz Health	2017 pursuant to lowa Code Section 135C.43A	Survey	Dates: April 17-2	20, 2017
Facility Addre 2121 W. 19 th S Sioux City, lov					
Oloux Olty, lot	Wa 01100	ds			
Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date
58.19(2)j	residents. The resident facility shall provide, a required nursing served direction of qualified recoverage as set forth 58.19(2) Medications j. Provision of accuration for all resident adverse symptoms with mental, emotional, or DESCRIPTION: Based on clinical reconstaff interviews, the facturate assessment intervention for a resit of condition (Resident consisted of 13 resident accurate assessment interventions (daily with the facility and the state thorough assessment interventions (daily with physician of weight gain cision assessments was sent to the emergunresponsive episode abnormal laboratory to	in these rules: and treatment te assessment and timely sidents who have an onset of hich represent a change in physical condition (I, II, III). ord review and family and acility failed to provide and assure timely dent with adverse changes t #10). The sample ents and the facility reported ents. Resident #10 arrived at aff did not complete a t and failed to implement eights, notification of ain, ted hose application, , vitals, etc.). The resident gency room for an	I	\$3,000 Held in Suspension	Upon Receipt

Facility Administrator Date

Citation Number: 6516 Facility Name: Casa De Paz Health Care Center Facility Address/City/State/Zip 2121 W. 19 th Street Sioux City, Iowa 51103 Rule or Code Natu		of \$2,925 returned due to CMP Fine amount reduced by 35% to \$2,925.00 total on May 16, 2017 pursuant to lowa Code Section 135C.43A) issuance		Date: May 4, 2017 April 17-20, 2017		
		ds e of Violation	Class	Fine A	mount	Correction date	
Section	antibiotics intravenou BiPAP. Findings include: 1. Resident #10 had (discharge instruction 4/12/17. The form ide diagnosis including at failure with hypoxia (doubte to the body tissues) and carbon dioxide levels morbid obesity with b 50.0-59.9, acute chroheart failure, hyperter pressure), diabetes minsulin, hypothyroidist functioning), chronic disease (lung disease obstructive sleep approside singular in which an age	nellitus with long term use of m (decrease in thyroid obstructive pulmonary e), acute kidney injury, ea (breathing issues while ophalopathy (a disease of the ont effects the brain) and					
	bone). The same sum resident weighed 308 Review of a consultat	ure of the left femur (thigh mary documented the pounds and 10.3 ounces. sion revealed an open the left hip (repair of n 4/3/17.				Page 2 o	

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Rule or Code Natu Section		e of Violation	Class	Fine Amount		Correction date	
	resident had surgery on 4/3/17. The Progress Note daindicated a family me (licensed practical nuroom due to the concithe resident. The staf nurse took vital signs called the physician at the emergency room. Review of the hospital note dated 4/17/17 at resident presented for at the nursing home status and documented the resident weighed 330. The Emergency departesident had bilateral plus edema of both losurgical wound to the in place with surround tests included a white 10 and indicative of in 3.06 (normal 4.2-6.2)	rse) LPN to the resident's ern they could not awaken f tried several times. The and blood sugar check, and then sent the resident to				Page 3 of	

Facility Administrator

Date

AMENDED on 10/3/17 with fine held in suspension and payment Citation Number: of \$2,925 returned due to CMP issuance Date: May 4, 2017 6516 Fine amount reduced by 35% to \$2,925.00 total on May 16, Facility Name: Casa De Paz Health Survey Dates: April 17-20, 2017 2017 pursuant to Iowa Code **Care Center** Section 135C.43A Facility Address/City/State/Zip 2121 W. 19th Street Sioux City, Iowa 51103 ds Rule or Fine Amount Correction Code Nature of Violation Class date Section differential showed an elevated neutrophil count of 80.9 (normal 42-74%). The lymphocytes low at 9.9 (normal 1.4-6.6). The urine specimen identified a large amount of blood with 100 milligrams of protein and a moderate amount of white blood cells and clumps present. A CT (computerized tomography) scan identified no intracranial hemorrhage, mass, lesions or acute infarct. The x-ray of the chest identified mild pulmonary vascular congestion. The physician ordered Vancomycin and Zosyn (antibiotics) intravenously for sepsis due to urinary source. The resident was placed on a Bi-PAP machine for breathing and used oxygen. The resident was transferred to the Intensive Care Unit in stable but guarded condition. Review of the After Visit Summary for Resident #10 dated 4/12/17, instructed the staff to change the dressing [on hip] with dry gauze daily and as needed for saturation. Review of the treatment administration record (TAR) dated 4/1/17-4/30/17 identified instructions for a dressing change to the right hip daily and as needed. (The resident's incision was on the left hip). The TAR documented a dressing change on 4/13/17 and 4/16/17 only. Review of the TAR (Treatment Administration Page 4 of 14

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 lowa Code section 135C.43A (2013).

Date

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Facility Name: Care Center	Casa De Paz Health	to \$2,925.00 total on May 16, 2017 pursuant to lowa Code Section 135C.43A	Survey Dates: April 17-20, 2017				
Facility Addrese 2121 W. 19 th S Sioux City, lov							
		ds					
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date	
	obtain a daily weight the resident gained 3 pounds in one week. weights recorded incl 4/12/17. The TAR als (compression hose) of and remove in the evidocumented the TED on 4/16/17 only. Review of a nursing a form dated 4/12/17 at resident wasn't admit per progress note) fair admission weight. Per Summary dated 4/12/17 at resident's weight increased and the hospital of dated 4/17/17 recorder resident's weight increased and interview with the was move very well. The conserved TED (comp	hose placed on the resident admission data collection to 5:30 AM (note that the ted until 4/12/17 at 1:31 p.m.	D nt			Page 5 of	

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Facility Addre	ess/City/State/Zip Street wa 51103					
		ds				
Rule or Code Section	Natur	Class	Fine A	mount	Correction date	
	identified an entry by aide (CMA) that the re (TED hose) so at this On 4/20/17 at 8:47 Al and stated the reside stockings. Staff F states swollen and stiff. She resident's legs on piller resident. The record assessment of the ed hospital Emergency E 4/17/17 at 7:46 PM w transported to the hospital condition. During an interview w Nursing) on 4/20/17 awasn't unusual to see edema. The DON states notified the physician Review of the progress through 4/17/17 revea observation of the hip AM and recorded the intact.	Jema present except in the Department note dated then the resident was spital in an unresponsive with the DON (Director of at 8:50 AM, she stated it at the resident with 3 plus ted the staff could have but confirmed they did not.				Page 6 of 1

Date

AMENDED on 10/3/17 with fine held in suspension and payment Citation Number: of \$2,925 returned due to CMP issuance Date: May 4, 2017 6516 Fine amount reduced by 35% to \$2,925.00 total on May 16, Facility Name: Casa De Paz Health Survey Dates: April 17-20, 2017 2017 pursuant to lowa Code Care Center Section 135C.43A Facility Address/City/State/Zip 2121 W. 19th Street Sioux City, Iowa 51103 ds Rule or Fine Amount Correction Code Nature of Violation Class date Section form dated 4/12/17 at 5:30 AM documented an incision to the left hip with no signs and symptoms of infection with the incision approximated well. The assessment documented different scattered bruises to the bilateral upper and lower extremities. The assessment failed to document any edema or any fracture related to a fall. During an interview with the DON on 4/20/17 at 9:10 AM she stated there were no other skin sheets except the initial assessment on 4/12/17. **FACILITY RESPONSE:** Page 7 of 14

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2121 W. 19 th St						
Sioux City, Iowa 51103		ds				
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
56.6(1) +	481-56.6 (135C) Treble and double fines. 56.6(1) Treble fines for repeated violations. The director of the department of inspections and appeals shall treble the penalties specified in rule 481-56.3(135C) for any second or subsequent class I or class II violation occurring within any 12-month period, if a citation was issued for the same class I or class II violation occurring within that period and a penalty was assessed therefor.		II	\$1500 (Trebl \$500) Held ir Suspe	ed, X 3). 1	Upon Receipt
resident shall be treat respect and full reconstruction individuality, including care for personal ne 58.45(1) Staff shall of when speaking with,		isplay respect for residents caring for, or talking about irmation of their individuality				
	DESCRIPTION:					
	staff interviews, the fa #10 with dignity and r resident. The sample and the facility report	n, record review, family and acility failed to treat Resident respect when caring for the e consisted of 13 residents ed a census of 63 residents.				Page 8 o

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6516		Fine amount reduced by 35%				
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Facility Address 2121 W. 19 th Sioux City, Io	ess/City/State/Zip Street wa 51103					
, , ,		ds				
Rule or Code Nate Section		re of Violation	Class	Fine Am	ount	Correction date
	call light was activate went to the staff for a members placed a m a standard commode surgery and had dres resident's hips and back of the commodiscomfort and yelled	ng or viewing) and Resident's and for 10 minutes. The family ssistance. The 2 staff orbidly obese resident onto a. The resident had hip using on the hip area. The ack stuck out on the sides mode. The resident voiced I out in pain.				
(discharge instruction 4/12/17. The form id diagnosis including a failure with hypoxia (to the body tissues) an carbon dioxide levels morbid obesity with b 50.0-59.9, acute chroheart failure, hyperte pressure), diabetes n insulin, hypothyroidis functioning), chronic disease (lung disease obstructive sleep aprosleeping), acute ence brain in which an age		an After Visit Summary as from the hospital), dated entified the resident had cute chronic respiratory diminished availability of oxygen d hypercapnia (elevated in the blood), smoking, ody mass index (BMI) of onic diastolic congestive asion (elevated blood anellitus with long term use of m (decrease in thyroid abstructive pulmonary be), acute kidney injury, area (breathing issues while ephalopathy (a disease of the ent effects the brain) and cure of the left femur (thigh				
						Page 9 of
Fac	ility Administrator	Da	ate			

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Facility Address 2121 W. 19 th S Sioux City, low						
		ds				
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	resident weighed 308 Review of a consultate reduction internal fixate fracture) performed of the consultate of the consultate reduction internal fixate fracture) performed of the consultate of	M, the resident's family wed and stated the resident r assistance to the t 10 minutes, the family went out in the hall and abers in recliners viewing or nones. The staff came to the attempted to place the d size commode. The family tepped out of the room, but ember remained in the room. tated she could hear the put into the hall area. The reported the resident e on 4/17/17 while the family with another family member M, she stated she was in the a 2 staff [identified as Staff E d to place the resident on a se commode. She stated the resident with a gait belt to				Page 10 o

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2121 W. 19 th S Sioux City, lov	treet							
		ds						
Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date			
	fit. The resident was sides and back of the member asked the stabariatric commode. Staff E left the room to commode. During this described the resident The staff left the resident was upset at the larger commode. The larger commode while Staff the larger commode the resident was upset at the larger commode. The family members of facility on 4/14/17. The felt as though staff the showed no compassing displayed unhelpful and inappropriate comme. During an interview was interv	Staff F stated "Like what?" or look for a bariatric stime the family member at as moaning and hollering. Hent on the standard size E left the room to search for The family member stated et. Staff E returned and pariatric commode. The two resident back to the bed and pan. Staff E returned and panietric commode with the ne report indicated the family at worked with the resident on towards her/him and tititudes and making			Page 11 of a			

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- C.		ds				
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	resident onto the commode was little single go look for a larger conversed to resident was repeating Staff F stated the resident on the commagreed to. Staff F stated on the commode off the resident on the commode off the resident on the commode off the resident on the stated at this time the upset and the resident stated Staff E couldn' Staff F stated usually downstairs in the utilities decided to let the resistated she worked the admitted. During an interview worked the admitted. During an interview worked the admitted and Staff F reported the upset over the commodities of	ist her transferring the amode. Staff F stated the mall. Staff F asked Staff E to ommode. At this time the g, "I'm hurting, I'm hurting". Ident's hips were sticking out ammode], but she left the node because the resident ted they had to pull the dent's hips. Staff F stated on-stick highly absorbent is left hip incision. Staff F is resident's daughter was not hyperventilated. Staff F it find a large commode. The clean commodes are try room. The staff then ident use a bedpan. Staff F is day the resident was so her that the family was not incident. She stated the se and concerned the staff is sion and observed the 2 nes instead of answering called the staff are not to use is working.				Page 12 of

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Facility Addre	ss/City/State/Zip Street wa 51103						
,,,,,,		ds					
Rule or Code Section	Natur	Nature of Violation			nount	Correction date	
	10:30 AM, she stated commodes and could DON stated the staff standard size commodes and commodes and commodes and commodes and commode and commode and commodes and could be commoded and could be commodes and could be commodes and could be commodes and could be commodes and could be commoded and could be commodes and could be commoded and could be could be commoded and could be commoded and could be commoded and could be commoded and	17 at 1:40 PM revealed commode in room 205 and egistered nurse) looked for a nd unable to find one. dures titled Cell Phones and the detailed the ersonal cell telephones in ot allowed. Ufacturer's product ed the commode (Invacare I amode) identified the weight dis with a seat width of 13.75 arce depth of 16.5 inches.	Class			Page 13 of 1	
						Page 13 of 1	
Faci	ility Administrator	Da	ate				

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2121 W. 19 ⁵⁵ S Sioux City, lov	treet					
Oloux City, lov	Va 01100					
		ds				
Rule or				Fine A	mount	Correction
Code Section	Natur	e of Violation	Class			date
	I			I		
						Danie 44 - 54
						Page 14 of 1
Faci	lity Administrator	Da	ate			