Citatian Numb		1 Amonded October 2 2047 to		[Dete: "	lev E 2017
Citation Number: 6521		Amended October 3, 2017, in accordance with lowa Code section 249A.19; the state fine will now be collected.			iay 5, 2017	
Iowa City Rehab & Health Care		Fine amount reduced by 35% to \$1,300 on October 11, 2017 pursuant to Iowa Code Section 135C.43A	Survey Dates: April 24, 2017 to April 27, 2017			, 2017
Facility Address/City/State/Zip 3661 Rochester Avenue Iowa City, IA 52245		HL				
•						
Rule or Code Nature Section		e of Violation	Class	Fine Amount		Correction date
58.19(2)a	residents. The resident facility shall provide, a required nursing servidirection of qualified recoverage as set forth 58.19(2) Medication at a. Administration of all the physician includin injectable (to be inject licensed practical nursual discensed practical nursual	in these rules: and treatment. Il medications as ordered by a goral, instillations, topical, and by a registered nurse or ase only); (I, II) If, facility policy, and staff alled to administer Coumadin and as ordered by the dents reviewed (Resident #9). It staff administered dium medication incorrectly to a days. Resident #9 required K for anticoagulation reversal to d INR (International Normalized arted a census of 67 residents.		\$2000.	.00	Upon Receipt
						D 4

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

Facility Administrator

Citation Number: 6521		Amended October 3, 2017, in with Iowa Code section 249A fine will now be collected.			Date: M	lay 5, 2017
Facility Name: lowa City Rehab & Health Care		Fine amount reduced by 35% to \$1,300 on October 11, 2017 pursuant to lowa Code Section 135C.43A	Survey Dates: April 24, 2017 to April 27, 2017			, 2017
Facility Address/City/State/Zip 3661 Rochester Avenue Iowa City, IA 52245		HL				
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	for Mental Status (BIMS he/she cognitively intact he/she cognitively intact. The resident's care planthe/she required the use would have no complicate therapy. Staff will admind the signed [physician's 4/11/17 documented and Warfarin Sodium Tablet the evening every Mondunspecified Atrial Fibrilla The order called for 7.5 administered in the every Wednesday, Friday and Record review of Reside Administration Record for mg of Coumadin and 7. administered (signed out Tuesday 4/18/17. (Resident #9's physician Coumadin on Monday 4 of Coumadin on Tuesday 1 of Coumadin on	a dated 2/13/17 revealed d of warfarin medication and ations from anticoagulant hister medications as ordered. Order Summary Report dated order for 10 milligrams (mg) of (Coumadin) administered in day and Thursday for ation. milligrams (mg) of Coumadin hing every Sunday, Tuesday, I Saturday. ent #9's Medication or April 2017 revealed both 10 5 mg of Coumadin had been at) for Monday 4/17/17 and n's order called for 10 mg of 6/17/17; and called for 7.5 mg ay (4/18/17.) Notes dated 4/19/17 identified madin had been administered				

Facility Administrator Date

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Citation Number: 6521 Facility Name: lowa City Rehab & Health Care Facility Address/City/State/Zip 3661 Rochester Avenue		Amended October 3, 2017, in with lowa Code section 249A fine will now be collected. Fine amount reduced by 35% to \$1,300 on October 11, 2017 pursuant to lowa Code Section 135C.43A HL	.19; the st	ate Dates:	Date: M	ay 5, 2017 , 2017
lowa City, IA 52245						
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	Saturday 4/22/17 and Sadministered both the 1 mg of Coumadin daily. (received 17.5 mg of Co 4/23/17.) The State surveyor noticerrors on the MARs on On 4/24/17 at 12:45 p.n. Registered Nurse (RN) Nursing (ADON) about currently being administ wrong dose of medicationurses. Staff F stated the data entry in the electron Record. She contacted order to check Resident Ration (INR). The Progress Notes wride 4:29 p.m., revealed the [Coumadin] order accided both Coumadin does day Monday and Thursdays other five days [Tuesda Saturday and Sunday].	n. an interviewed with Staff F, and Assistant Director of dose of Coumadin medication tered. Staff F (RN) verified the on had been administered with the medication error[s] related to whice Medication Administration the physician and received the #9's International Normalized witten by Staff F dated 4/24/17 at following: On 4/16/17, the ently changed in MAR to give ally, 10 mgs ordered for a and 7.5 mg Coumadin the				
						Page 3 o

Facility Administrator Date

6

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Citation Number: 6521		Amended October 3, 2017, in with Iowa Code section 249A fine will now be collected.			Date: M	ay 5, 2017
Facility Name: lowa City Rehab & Health Care		Fine amount reduced by 35% to \$1,300 on October 11, 2017 pursuant to Iowa Code Section 135C.43A	Survey Dates: April 24, 2017 to April 27, 2017			, 2017
Facility Address/City/State/Zip 3661 Rochester Avenue Iowa City, IA 52245		HL				
Rule or Code Nature Section		e of Violation	Class	Fine A	mount	Correction date
	A/4/17 revealed a therap [A therapeutic INR rang The same progress note ordered 5 mg of Vitamir and to hold the Coumac resident's INR. Progress Notes dated 4 INR's at 4.0 and the phy Interview with Staff G, ((admitted she gave 17.5 electronic medication at 4/22/17. When asked w large dose of medication stated she gave it anyw Interview with Staff H, (I verify that only gave the 4/19/17 which was the contify anyone that EMAI Interview with Director of 7:30 a.m., regarding Coadministered to Resider DON had entered the or system. The DON stated the numerical system is a system of the progression	e is normally under 4.] es identified the physician n K1 Solution subcutaneously din and daily check the 1/25/17 revealed Resident #9 ysician was notified. RN) 4/25/17 at 7:40 a.m., mg Coumadin that was on dministration record (EMAR) on hether if she questioned the n, Staff G responded, yes and ays. RN) 4/25/17 at 10:50 AM did e 7.5 mg dose of Coumadin on correct dose, stated did not R was incorrect. of Nursing (DON) 4/25/17 at numadin medication nt #9, she stated the Assistant order wrong into the computer				

Facility Administrator Date

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Citation Number: 6521 Facility Name: Iowa City Rehab & Health Care		Amended October 3, 2017, in with Iowa Code section 249A fine will now be collected.	.19; the state			ay 5, 2017
		Fine amount reduced by 35% to \$1,300 on October 11, 2017 pursuant to Iowa Code Section 135C.43A	Survey April 24	, 2017		
Facility Addre 3661 Rochest Iowa City, IA		HL				
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	nt Correction date
	verified. The facility provided gu administration dated 1/medication administration orders. Staff should ver drug and the manufactumatches the MAR. If the	idelines for medication 13. Procedure to verify on according to physician's ify the pharmacy label on the urer's identification system here is a discrepancy, check the er and notify the pharmacy; do until clarified.				
						Page 5 of
Faci	ility Administrator	Da	ate			

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Citation Number: 6521 Facility Name: Iowa City Rehab & Health Care Facility Address/City/State/Zip 3661 Rochester Avenue Iowa City, IA 52245		with lowa Code section 249A fine will now be collected. Fine amount reduced by 35% to \$1,300 on October 11, 2017 pursuant to lowa Code Section 135C.43A acility Address/City/State/Zip 661 Rochester Avenue						
Rule or Code Section	Natur	e of Violation	Class	Fine Am	nount	Correction date		
						Page 6 o		

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Date

Facility Administrator