Citation Number FC # 6552	er:				Date: J	lune 2, 2017
Facility Name: Casa De Paz Health Care Center			Survey Dates: May 4, 12, 16, 18, 19, 23, 2017			3, 2017
Facility Address/City/State/Zip 2121 West 19 <sup>th</sup> Street Sioux City, IA. 51103		HL				
Rule or Code Section		Nature of Violation	Class	Fine A	mount	Correction date
58.19(2)a	a. Administration the physician indinjectable (to be licensed practical processed practical practical processed practical prac	ion and treatment. In of all medications as ordered by cluding oral, instillations, topical, injected by a registered nurse or all nurse only); (I, II)  Teview, staff, family and physician lity failed to provide intervention for 1 th complaints of pain (Resident #5). To treceive his/her pain medication as ysician. The facility identified a sent residents.  The clinical record, Resident #5 entered is/17 and had diagnoses which of right tibia and right fibula, Attila onia, septicemia, depression and the pulmonary disease.  Resident #5's Minimum Data Set is its less that scored 14 (of 15) on the Brief is all Status (BIMS) indicating intact	II	\$500.00 Held In Suspens		Jpon Receipt

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Facility Administrator Date

Citation Number FC # 6552	er:				Date: J	lune 2, 2017
Facility Name: Casa De Paz H Care Center	ealth			/ Dates:	18, 19, 2	3, 2017
Facility Addres 2121 West 19 <sup>th</sup> Sioux City, IA.		HL				
Rule or Code Section		Nature of Violation	Class	Fine A	mount	Correction date
	Resident #5 recei PRN (as needed) frequently had particles sleep. Resident #10 being worst particles The assessment to requiring staff (on daily living, includ dressing, toilet us a progress note of Resident #5 was a strengthening.  The Physician's ordated 4/11/17 revolutional as needed (narcolution) b. Stop Tramadol c. Stop Acetamino Review of the Prop.m. revealed the	for pain management identified yed a scheduled medication and pain medication. Resident #5 in, and the pain made it difficult to 5 rated his/her worst pain at 5 (out of in he/she can imagine). you also described Resident #5 as e) assistance with most activities of ing bed mobility, transferring, e and personal hygiene.  ated 3/30/17 at 5:48 a.m., revealed receiving skilled therapy for your activities of ing bed mobility. The second receiving skilled therapy for your activities of ing bed mobility, transferring, in and personal hygiene.  ated 3/30/17 at 5:48 a.m., revealed receiving skilled therapy for your activities by mouth every 4 hours to 2 tablets by mouth every 4 hours tic analgesic). you grablet (analgesic) you hen 325 mg tablet.  gress Notes dated 4/12/17 at 10:58 resident [re]-admitted this morning for post right ankle pinning. Resident				

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Facility Administrator Date

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Facility Addres 2121 West 19 <sup>th</sup> Sioux City, IA.		HL				
Rule or Code Section		Nature of Violation	Class	Fine A	mount	Correction date
	rehabilitation serve fracture. The right visible. No signs/s the right foot/toes takes Norco (hydrostakes No	skilled nursing level of care for ices for strengthening for the ankle ankle fully dressed and no drainage symptoms of neurological deficit to. Denies tingling or numbness and rocodone) for pain.  Ility plan of care dated 4/14/17 at #5 at risk for pain due to right ankle plan interventions alerted staff to port the resident's complaints of pain interatment and notify physician if unsuccessful or if current complaint is ge from the residents past in.  ated 4/15/17, revealed Resident #5 etween prn [medication] up to side (non-weight bearing to right cast). The Progress Notes dated 4/20/17, and 4/21/17 revealed peacefully between prn [medication]				

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Facility Administrator Date

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Rule or Code Section		Nature of Violation	Class	Fine A	mount	Correction date
	tablet every 4 houb. Hydrocodone-atablet every 4 houb. Administer Gabday.  Review of April 20 Resident #5's pair scale of 0-10 threa.m., 2 p.m., and a. From 4/12/17 to ranging from 3 to the resident had rb. On 4/17/17 at 6 Resident #5's pair c. On 4/17/17 at 1 Resident #5's pair d. On 4/17/17 at 1 Resident #5's pair d. On 4/17/17 at 1 Resident #5's pair	o 4/16/17 Resident #5 had pain 9 (out of ten), and 2 shifts out of 15 no pain. 8:00 a.m. Staff A documented in rated at 8 (out of 10) 8:00 p.m. Staff A documented in rated at 8 (out of 10) 0:00 p.m., Staff G documented in rated at 6 (out of 10).  I Resident #5 received Hydrocodones follows for pain: 12/17				

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Facility Administrator	Date

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Facility Addres 2121 West 19 <sup>th</sup> Sioux City, IA.		HL				
Rule or Code Section		Nature of Violation	Class	Fine A	mount	Correction date
	d. None administer on 4/17/17.  Review of the Cordated 4/17/17 at 8 administered to the medication was directly administeriew with a.m. revealed shed did not seem unconducted to the proving an interview administering transport of the province of the	ered (hydrocodone-acetaminophen)  Introlled Medication Utilization Record B:40 a.m. revealed tramadol 50 mg re resident by Staff A. [This record mentation Administration Record mentation the tramadol administered serior with Resident #5 and she omfortable.  We with Staff G, LPN on 5/18/17 at teed she did not remember madol to the resident on 4/17/17.  We with Staff B, CMA (certified part) on 5/18/17 at 10:15 AM she thad an order for hydrocodone and red by pharmacy. She further stated been in constant pain and asked if it in pill. Staff borrowed pain medication				

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Rule or Code Section		Nature of Violation	Class	Fine Ar	mount	Correction date
	aware if the doctoresident's pain. She resident ran out at a script from the shot document the During an intervieus 5/19/17 at 11:26 at the resident return order to have Hydrough at the facility and because he/she do had a lot of pain at to then go to the electron given a discount of the facility and she would expect to resident #5 report pain control. Resident #5 report pain control. Resident would expect	nts. She also stated she had not been in had been made aware of the ne called the pharmacy when the not they reported they were waiting of surgeon. She further stated she did call.  w with Resident #5's spouse on a.m., he/she reported after surgery ned to the facility. Resident #5 had an irrocodone but the medication was not the resident could not get Tramadol id not have an order. Resident #5 and had no pain medication. Staff had emergency box to get medication.  rug Record Ebox revealed no on 4/17/17 to Resident #5.]  w with the Advanced Registered ron 5/23/17 at 11:30 a.m. she stated ted a lot of pain and had very poor ident #5 had not been receiving ain medication. She further stated staff to give the pain medication as cility did not have the ability to give				

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Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
notify the ph would be av During an in a.m., she re getting Resi	erview with the ADON on 5/18/17 at 9:30 orted she did know there was an issue ent #5 his/her medications. The ADON resident did have pain.			Page <b>7</b> of

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Facility Administrator Date

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Rule or Code Section		Nature of Violation	Class		mount	Correction date
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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 (2015).

Date

Facility Administrator