Citation Numb 6750	er:			Date: Februa	ry 1, 2018	
Healthcare Cer Facility Addres	ehabilitation And nter ss/City/State/Zip			Survey Dates: January 9, 10, 11, 16, 2018		
2002 Cedar Str Muscatine, IA						
Wuscallie, in 52701		HL				
Rule or Code Section	Natu	re of Violation	Class	Fine Amount	Correction date	

58.12 (135C)	481—56.12(135C) Class I violation as a result of multiple lesser violations. The director of the department of inspections and appeals may issue a citation for a class I violation when a physical condition or one or more practices exist in a facility which are a result of multiple lesser violations of the statutes or rules, but which taken as a whole constitute an imminent danger or a substantial probability of resultant death or physical harm to the residents of the facility.	I	\$3500.00 Held In Suspension	Upon Receipt
58.14(3)	481—58.14(135C) Medical services. 58.14(3) Arrangements shall be made to have a physician available to furnish medical care in case of emergency. (II, III)			
	AND			
58.14(5)	58.14(5) The person in charge shall immediately notify the physician of any accident, injury, or adverse change in the resident's condition. (I, II, III)			
	DESCRIPTION: Based on record review and interviews, the facility failed to provide or arrange physician services 24 hours a day. In addition, the facility did not have an agreement with a physician to provide services in the absence of the attending physician/medical director. The prior medical director informed the facility he would be terminating services and the facility's corporate office failed to alert the facility they were			

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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 Iowa Code section 135C.43A (2017).

Citation Numb 6750	er:			Date: Februa	ry 1, 2018	
Facility Name: Pearl Valley Rehabilitation And Healthcare Center Facility Address/City/State/Zip 2002 Cedar Street Muscatine, IA 52761				Gurvey Dates: anuary 9, 10, 11, 16, 2018		
		HL				
Rule or Code Section	Natu	re of Violation	Class	Fine Amount	Correction date	

without a medical director. The facility reported all of the 55 residents used the medical director as their primary physician. Specifically, Resident #1 with a known history of respiratory infection developed respiratory distress, the facility did not have a physician to contact for consultation and new orders for interventions, resulting in the resident being sent to the emergency room. Resident #5's clinical record showed the on-call physician responded he was not on call anymore and the facility needed to fax another physician. Interview with the Director of Nursing (DON) revealed she did not inform the charge nurses		
call anymore and the facility needed to fax another physician. Interview with the Director of Nursing		
of physician/patient relationship at the facility. The VP asked the CED if he/she wanted the VP to inform the facility. On 12/5/17, the VP again asked the CED if he/she wanted the VP to contact the facility. On 12/5/17 at 4:01 p.m., the CED responded that he/she would let the facility know. On 1/5/18 at 10:50 a.m., the VP contacted the CED and informed him/her that they were still receiving phone calls and faxes from the facility.		

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Citation Numb 6750	er:			Date: Februa	ry 1, 2018
Facility Name: Pearl Valley Rehabilitation And Healthcare Center Facility Address/City/State/Zip 2002 Cedar Street Muscatine, IA 52761		HL	Survey Dates: January 9, 10, 11, 16, 2018		18
Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date

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Facility Administrator

Citation Numb	er.	1			Date:	
6750						ry 1, 2018
Facility Name: Pearl Valley Rehabilitation And Healthcare Center Facility Address/City/State/Zip 2002 Cedar Street Muscatine, IA 52761			Survey I January		1, 16, 201	18
		HL				
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	the facility starting the e call on 1/8/18 at 5:00 p.					
	An interview on 1/9/18 at 4:45 p.m. Staff A (Charge Nurse) reported the DON told Staff A that something was wrong with the Medical Director and the on-call physician was no longer covering. Staff A reported all					
	of the residents had the Medical Director as their primary physician. Staff A reported he/she was not informed who to call if a resident required physician services. Staff A reported he/she planned to call the DON if there was an emergency.					
	An interview on 1/9/18 a he/she found out this m that the facility had no p reported the staff sent o respiratory issues earlie					
	reported he was working	at 4:40 p.m., the Administrator g on the contract with for the nd did not have a signed				
	Resident #1 had diagno	nission Record dated 1/9/18 uses of cerebral infarct, acute on, spastic diplegic cerebral				
	The Minimum Data Set	(MDS) assessment dated				

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Facility Administrator

Citation Numb 6750	er:				Date: Februa	ry 1, 2018
Facility Name: Pearl Valley Rehabilitation And Healthcare Center			Survey I January		1, 16, 20 ⁻	18
Facility Address/City/State/Zip 2002 Cedar Street						
Muscatine, IA 52761		HL				
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	the nurses station direct call physician. Staff B re call physician. The facility fax Activity F 1:12 p.m. a fax was atter to send as it was sent to phone number. The rep sent to the on-call physic An interview on 1/11/18 Records) reported he/sl reported he/she faxed to syrup. Staff C reported faxes for 1/9/18. There any faxes on 1/9/18. An interview on 1/10/18 the Administrator and R morning of 1/9/18 that to coverage. The DON re charge nurses there wa DON reported at the sa ambulance sirens. The to pick up Resident #1. called 911 because Res distress. 2. According to the Adm Resident #5 had diagnon disease, chronic ischern history of pulmonary em					

Date

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Citation Numb 6750	er:			Date: Februa	ry 1, 2018
Facility Name: Pearl Valley Rehabilitation And Healthcare Center Facility Address/City/State/Zip 2002 Cedar Street Muscatine, IA 52761			Survey Dates: January 9, 10, 11, 16, 2018		
Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date

	1	
failure.		
The MDS assessment dated 12/6/17 revealed Resident #5 required supervision for all activities of daily living.		
The Prothrombin Time and International Normalized Ration (PT/INR) dated 1/1/8 revealed Resident #5 had an INR of 1.2 (a normal range considered 0.8 - 1.2). The on-call physician responded to the faxed results on 1/8/18 at 4:49 p.m. The physician noted he/she not on call anymore and need to fax to another physician.		
The staff faxed the results to the new Medical Director on 1/11/17 with the current Coumadin dosage of 2.5 milligrams (mg) every Monday and 2 mg every Tuesday, Wednesday, Thursday, Friday, Saturday and Sunday. The staff asked if any change in dosage and if any recheck of PT/INR.		
The Nursing Communication Form dated 1/13/18 revealed the new Medical Director saw Resident #5 and wrote an order to give Coumadin 2.5 mg every Monday Wednesday and Friday and 2 mg every Tuesday, Thursday, Saturday and Sunday.		
An interview on 1/11/18 at 11:38 a.m. Staff D reported he/she was working when the PT/INR results returned from the on-call physician with a note that he/she was no longer on-call and to send to another physician. Staff D reported Staff E took the fax to the DON. Staff E was concerned with no physician coverage. The fax		

Facility Administrator

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					-	
Citation Number:					Date:	
6750					Februa	ry 1, 2018
Facility Name:			Curry ou I	Dataa.		
Pearl Valley Rehabilitation And			Survey I		1, 16, 201	19
Healthcare Center			January	3, 10, 1	1, 10, 20	
Facility Address/City/State/Zip						
2002 Cedar Street						
Muscatine, IA 52761						
		HL				
Rule or				Fine A	Amount	Correction
Code	Natur	e of Violation	Class			date
Section						
			1			[
	report the PT/INR return	ff D. Staff D passed on in				
		f E and the DON were taking				
	care of it.					
	An interview on 1/11/18 at 12:00 p.m. Staff E reported					
		results off the fax machine and				
		sician noted "no longer on call				
		an". Staff E called the on-call				
		he/she was only on call over en called the Administrator to				
		doctor covering the residents.				
		told Staff E they could fax the				
		E reported she left the fax with				
	Staff D.					
	An interview on 1/11/18	know anything about the INR				
		when the Surveyor showed				
	him/her. The DON repo					
	anything to him/her abo					
	An interview on 1/16/18 at 1:18 p.m. the DON reported					
	an expectation of the staff to notify the physician with lab results, document the lab was faxed and awaiting					
		n. The DON reported it took				
		day for a response. The DON				
	-	t document it was faxed again				
	on 1/11/18.					
		at 5:45 p.m. the Administrator				
	reported the facility had	a signed contract for new				

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Facility Administrator

Citation Number: 6750				Date: February 1, 2018		
Facility Name: Pearl Valley Rehabilitation And Healthcare Center				Survey Dates: January 9, 10, 11, 16, 2018		
Facility Address/City/State/Zip 2002 Cedar Street Muscatine, IA 52761						
		HL				
Rule or Code Section	Nature of Violation		Class	Fine Amount	Correction date	

Medical Director effective immediately. FACILITY RESPONSE:		

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Facility Administrator