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	165585	A. BUILDING _____ B. WING _____	C 01/16/2018

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F 713 SS=L	Physician for Emergency Care Available 24 hrs CFR(s): 483.30(d) §483.30(d) Availability of physicians for emergency care The facility must provide or arrange for the provision of physician services 24 hours a day, in case of emergency. This REQUIREMENT is not met as evidenced by: The following information relates to investigation of #73329 and #73346. 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 without a medical director. The facility reported all of the 55 residents used the medical director as their primary physician. The failure to obtain an available physician for residents in case of an emergency or for care put the health and safety	F 713		

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of residents at an immediate jeopardy. 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 there was no physician coverage available. The facility reported a census of 55 residents.

Findings include:

1. The email chain dated 12/4/17 at 9:20 a.m. the Vice President of Physician Services (VP) at a local hospital contacted the facility Corporate Executive Director (CED). The email served as implementation of a 30 day written notice under section 10.2 of the Agreements. The email detailed 1/3/18 as the last day 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.

An interview on 1/10/18 at 4:58 p.m. the Corporate Regional Vice President (RVP) reported the Administrator called him/her on 1/5/18. The Administrator reported he she received information from the VP that the Medical

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Director's contract was terminated. The RVP called the CED and the CED reported the Medical Director was still active. The CED told the RVP to call the Medical Director. The RVP called the Medical Director who informed the RVP that the contract was terminated. The RVP called a physician to find physician coverage over the weekend. The RVP found an on-call physician who agreed to cover through 1/8/18. The RVP called the on-call physician on 1/8/18 to ask if he/she would continue to cover. The on-call physician declined. The RVP reported 1/17/18 is the CED's last day covering Iowa. The RVP called the new CED and the Owner to inform them the facility did not have physician coverage for the residents on 1/9/18. The new CED and Owner said they would take care of it. The RVP called the state to inform them of the situation. The RVP called the Owner to inform him/her that the state was contacted. The RVP told the Owner that there was no way he/she could ethically not inform the state.

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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

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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 at 4:53 a.m. the DON reported he/she found out this morning from the Administrator that the facility had no physician coverage. The DON reported the staff sent out Resident #1 with upper respiratory issues earlier today.

An interview on 1/9/18 at 4:40 p.m., the Administrator reported he was working on the contract with for the new Medical Director and did not have a signed contract yet.

2. According to the Admission Record dated 1/9/18 Resident #1 had diagnoses of cerebral infarct, acute upper respiratory infection, spastic diplegic cerebral palsy and dysphagia.

The Minimum Data Set (MDS) assessment dated 10/4/17 revealed Resident #1 required total staff assistance with dressing, eating, toilet use personal hygiene and bathing.

The Plan of Care directed the staff to provide assistance of one staff to turn and reposition in bed, transfer with a sit to stand lift, allow time to respond due to communication deficit from stroke, difficulty chewing and history of aspiration pneumonia.

The Progress Notes dated 1/9/17 at 12:41 p.m. revealed Resident #1 sent to local emergency room by ambulance due to oxygen level 78 -83% on room air. Resident #1 had a non-productive cough and wheezing in all lung fields. Resident

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#1 had a temperature of 97.8 degrees Fahrenheit, pulse of 88 and blood pressure of 133/84.

The Nursing Communication Form dated 1/9/18 revealed Staff B emailed the physician. The nurses comments revealed Resident #1 had cold symptoms the last 3 days, no temperature, vital signs within normal limits and bad cough. Staff B requested an order for cough syrup as needed.

An interview on 1/10/18 at 9:44 a.m. Staff B reported Resident #1 had chest congestion, difficulty breathing and low oxygen saturation at 83%. Staff B reported he/she did not get an order to send Resident #1 out [on 1/9/18]. Staff B was more worried about Resident #1's difficulty breathing. Staff B reported normally she would obtain an order and reported there was a note at the nurses station directing the staff to contact the on-call physician. Staff B reported he/she faxed the on-call physician.

The facility fax Activity Report revealed on 1/9/17 at 1:12 p.m. a fax was attempted. However, the fax failed to send as it was sent to the on-call physician's cell phone number. The report revealed no other faxes sent to the on-call physician on 1/9/18.

An interview on 1/11/18 at 9:02 a.m. Staff C (Medical Records) reported he/she spoke to Staff B who reported he/she faxed the doctor the request for cough syrup. Staff C reported he/she looked through all the faxes for 1/9/18. There was no physician response to any faxes on 1/9/18.

An interview on 1/10/18 at 3:20 p.m. the DON

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reported the Administrator and RVP informed him/her the morning of 1/9/18 that there was no physician coverage. The DON reported she did not inform the charge nurses there was no physician coverage. The DON reported at the same time she heard the ambulance sirens. The ambulance was at the facility to pick up Resident #1. Staff B told the DON he/she called 911 because Resident #1 was in respiratory distress.

2. According to the Admission Record dated 1/11/18 Resident #5 had diagnoses of atherosclerotic heart disease, chronic ischemic heart disease, stroke, history of pulmonary embolism and congestive heart 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

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F 713	Continued From page 6 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 was not returned to Staff D. Staff D passed on in report the PT/INR returned with a note to fax to another doctor and Staff E and the DON were taking care of it. An interview on 1/11/18 at 12:00 p.m. Staff E reported he/she took the PT/INR results off the fax machine and saw that the on-call physician noted "no longer on call contact another physician". Staff E called the on-call physician who reported he/she was only on call over the weekend. Staff E then called the Administrator to inform her there was no doctor covering the residents. Later the Administrator told Staff E they could fax the on-call physician. Staff E reported she left the fax with Staff D. An interview on 1/11/18 at 12:14 p.m. the DON reported he/she did not know anything about the INR results until yesterday when the Surveyor showed him/her. The DON reported Staff E did not say anything to him/her about it. 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 response from physician. The DON reported it took from Monday until Saturday for a response. The DON reported the staff did	F 713		

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F 713	Continued From page 7 not document it was faxed again on 1/11/18. An interview on 1/9/18 at 5:45 p.m. the Administrator reported the facility had a signed contract for new Medical Director effective immediately. The facility abated the IJ on 1/9/18 when a physician signed the Medical Director Service Agreement on 1/9/18 to serve as the medical director. The contract included medical director duties which included: being responsible to coordinate medical care to residents at the facility and to provide clinical oversight regarding resident care. The facility alerted nursing staff on 1/9/18 to contact the physician/medical director if needed. These findings lowered the IJ from an "L" to an E.	F 713		
F 947 SS=D	Required In-Service Training for Nurse Aides CFR(s): 483.95(g)(1)-(4) §483.95(g) Required in-service training for nurse aides. In-service training must- §483.95(g)(1) Be sufficient to ensure the continuing competence of nurse aides, but must be no less than 12 hours per year. §483.95(g)(2) Include dementia management training and resident abuse prevention training. §483.95(g)(3) Address areas of weakness as determined in nurse aides' performance reviews and facility assessment at § 483.70(e) and may address the special needs of residents as determined by the facility staff.	F 947		

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F 947	Continued From page 8 §483.95(g)(4) For nurse aides providing services to individuals with cognitive impairments, also address the care of the cognitively impaired. This REQUIREMENT is not met as evidenced by: Based on record review and interviews, the facility failed to ensure staff attended the required in-service training for 3 of 4 nurse aides reviewed. The facility reported a census of 55 residents. Findings include: 1. The facility hired Staff F on 9/20/17 for the position of Nurse Aide. Review of the in-service records from 9/20/17 to 12/31/17 revealed Staff F had zero in-service hours. 2. The facility hired Staff G on 8/28/17 for the position of Nurse Aide. Review of the in-service records from 8/28/17 to 12/31/17 revealed Staff G had zero in-service hours. 3. The facility hired Staff H on 5/3/17 for the position of Nurse Aide. Review of the in-service records from 5/3/17 to 12/31/17 revealed Staff H had 2 in-service hours. During an interview on 1/16/18 at 1:00 p.m., the Administrator reported the in-service attendance records could not be located for September and October 2017. The Administrator reported the in-service for November 2017 was canceled by the prior Administrator. The Administrator reported she started in her current position on 12/18/18 conducted an in-service. The Administrator added she had initiated a new sign in sheet and in-service tracking system.	F 947		

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F 713	Continued From page 3 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 at 4:53 a.m. the DON reported he/she found out this morning from the Administrator that the facility had no physician coverage. The DON reported the staff sent out Resident #1 with upper respiratory issues earlier today. An interview on 1/9/18 at 4:40 p.m., the Administrator reported he was working on the contract with for the new Medical Director and did not have a signed contract yet. 2. According to the Admission Record dated 1/9/18 Resident #1 had diagnoses of cerebral infarct, acute upper respiratory infection, spastic diplegic cerebral palsy and dysphagia. The Minimum Data Set (MDS) assessment dated 10/4/17 revealed Resident #1 required total staff assistance with dressing, eating, toilet use personal hygiene and bathing. The Plan of Care directed the staff to provide assistance of one staff to turn and reposition in bed, transfer with a sit to stand lift, allow time to respond due to communication deficit from stroke, difficulty chewing and history of aspiration pneumonia. The Progress Notes dated 1/9/17 at 12:41 p.m. revealed Resident #1 sent to local emergency room by ambulance due to oxygen level 78 -83% on room air. Resident #1 had a non-productive cough and wheezing in all lung fields. Resident	F 713		

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	165585	A. BUILDING _____ B. WING _____	C 01/16/2018

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F 713	Continued From page 4 #1 had a temperature of 97.8 degrees Fahrenheit, pulse of 88 and blood pressure of 133/84. The Nursing Communication Form dated 1/9/18 revealed Staff B emailed the physician. The nurses comments revealed Resident #1 had cold symptoms the last 3 days, no temperature, vital signs within normal limits and bad cough. Staff B requested an order for cough syrup as needed. An interview on 1/10/18 at 9:44 a.m. Staff B reported Resident #1 had chest congestion, difficulty breathing and low oxygen saturation at 83%. Staff B reported he/she did not get an order to send Resident #1 out [on 1/9/18]. Staff B was more worried about Resident #1's difficulty breathing. Staff B reported normally she would obtain an order and reported there was a note at the nurses station directing the staff to contact the on-call physician. Staff B reported he/she faxed the on-call physician. The facility fax Activity Report revealed on 1/9/17 at 1:12 p.m. a fax was attempted. However, the fax failed to send as it was sent to the on-call physician's cell phone number. The report revealed no other faxes sent to the on-call physician on 1/9/18. An interview on 1/11/18 at 9:02 a.m. Staff C (Medical Records) reported he/she spoke to Staff B who reported he/she faxed the doctor the request for cough syrup. Staff C reported he/she looked through all the faxes for 1/9/18. There was no physician response to any faxes on 1/9/18. An interview on 1/10/18 at 3:20 p.m. the DON	F 713		

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F 713	Continued From page 5	F 713		

reported the Administrator and RVP informed him/her the morning of 1/9/18 that there was no physician coverage. The DON reported she did not inform the charge nurses there was no physician coverage. The DON reported at the same time she heard the ambulance sirens. The ambulance was at the facility to pick up Resident #1. Staff B told the DON he/she called 911 because Resident #1 was in respiratory distress.

2. According to the Admission Record dated 1/11/18 Resident #5 had diagnoses of atherosclerotic heart disease, chronic ischemic heart disease, stroke, history of pulmonary embolism and congestive heart 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

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F 713	Continued From page 6	F 713		

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 was not returned to Staff D. Staff D passed on in report the PT/INR returned with a note to fax to another doctor and Staff E and the DON were taking care of it.

An interview on 1/11/18 at 12:00 p.m. Staff E reported he/she took the PT/INR results off the fax machine and saw that the on-call physician noted "no longer on call contact another physician". Staff E called the on-call physician who reported he/she was only on call over the weekend. Staff E then called the Administrator to inform her there was no doctor covering the residents. Later the Administrator told Staff E they could fax the on-call physician. Staff E reported she left the fax with Staff D.

An interview on 1/11/18 at 12:14 p.m. the DON reported he/she did not know anything about the INR results until yesterday when the Surveyor showed him/her. The DON reported Staff E did not say anything to him/her about it.

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 response from physician. The DON reported it took from Monday until Saturday for a response. The DON reported the staff did

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F 713	Continued From page 7 not document it was faxed again on 1/11/18. An interview on 1/9/18 at 5:45 p.m. the Administrator reported the facility had a signed contract for new Medical Director effective immediately. The facility abated the IJ on 1/9/18 when a physician signed the Medical Director Service Agreement on 1/9/18 to serve as the medical director. The contract included medical director duties which included: being responsible to coordinate medical care to residents at the facility and to provide clinical oversight regarding resident care. The facility alerted nursing staff on 1/9/18 to contact the physician/medical director if needed. These findings lowered the IJ from an "L" to an E.	F 713		
F 947 SS=D	Required In-Service Training for Nurse Aides CFR(s): 483.95(g)(1)-(4) §483.95(g) Required in-service training for nurse aides. In-service training must- §483.95(g)(1) Be sufficient to ensure the continuing competence of nurse aides, but must be no less than 12 hours per year. §483.95(g)(2) Include dementia management training and resident abuse prevention training. §483.95(g)(3) Address areas of weakness as determined in nurse aides' performance reviews and facility assessment at § 483.70(e) and may address the special needs of residents as determined by the facility staff.	F 947		

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F 947	Continued From page 8 §483.95(g)(4) For nurse aides providing services to individuals with cognitive impairments, also address the care of the cognitively impaired. This REQUIREMENT is not met as evidenced by: Based on record review and interviews, the facility failed to ensure staff attended the required in-service training for 3 of 4 nurse aides reviewed. The facility reported a census of 55 residents. Findings include: 1. The facility hired Staff F on 9/20/17 for the position of Nurse Aide. Review of the in-service records from 9/20/17 to 12/31/17 revealed Staff F had zero in-service hours. 2. The facility hired Staff G on 8/28/17 for the position of Nurse Aide. Review of the in-service records from 8/28/17 to 12/31/17 revealed Staff G had zero in-service hours. 3. The facility hired Staff H on 5/3/17 for the position of Nurse Aide. Review of the in-service records from 5/3/17 to 12/31/17 revealed Staff H had 2 in-service hours. During an interview on 1/16/18 at 1:00 p.m., the Administrator reported the in-service attendance records could not be located for September and October 2017. The Administrator reported the in-service for November 2017 was canceled by the prior Administrator. The Administrator reported she started in her current position on 12/18/18 conducted an in-service. The Administrator added she had initiated a new sign in sheet and in-service tracking system.	F 947		

Pearl Valley Rehab - Muscatine
2002 Cedar Street
Muscatine, IA 52761
Phone: 563-264-2023

Facility ID #165585

Provider's Plan of Correction
Date Survey Completed: January 16, 2018

F 000: Initial Comments:

The statements made in this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies. To remain in compliance with State and Federal regulations, the facility has taken or will take the following actions set forth in this plan of correction.

F713 Availability of physicians for emergency care:

The facility does and will continue to ensure all patients, including #1 and #5, remain in a facility that provides adequate availability of physicians for emergency care and medical treatment.

All residents are at an increased risk of an adverse outcome due to the absence of a medical director.

On 1-9-2018, a new medical director was contracted immediately, at 5:45 pm, with the facility. All residents in the facility had access to a physician/medical director as of 1-9-18. Residents, and families, were notified of the new medical director change.

The facility does and will continue to ensure all patients, including #1 and #5, have appropriate access to medical services.

The administrator or designee will complete monthly audits to ensure patients have appropriate access to medical director. All findings will be submitted to the Quality Assurance Committee for review.

F947 Required in-service training for nurse aides:

The facility does and will continue to ensure all CNA's have the proper 12 hours of continuing education per year according to §483.95(g)(1).

Under new administration, a program was established December 21, 2017 regarding monthly in-services/staff training. All staff are required to attend an all staff monthly meeting the 3rd Thursday of each month. Employees will sign in and a copy of said sign in sheet, along with any and all learning materials, will be put in their personnel files. The Administrator will also keep a

copy of the sign in sheet, and learning materials, in an In-Service binder in the Administrator's office.

As added education, the facility will be implementing the Relias Learning Program. Each employee will be required to complete the monthly scheduled trainings via computer. Once completed, a copy of their Certificate of Completion will be printed and kept in their personnel file. Expected launch of this program will be February 1, 2018.

The Administrator/Human Resources Director will complete monthly audits for the first 6 months, after the launch of the program, to ensure that employees are completing their monthly Relias training as scheduled.

All findings will be submitted to the facility Quality Assurance Committee.

Date of Compliance: January 17, 2018.