Citation Number 6752	er:	Date: February 7, 2018			ry 7, 2018	
Facility Name: ManorCare Hea Waterloo			Survey I January		January 2	29-30, 2018
Facility Address 201 West Ridge Waterloo, IA 5						
		HL				
Rule or Code Section	Nature	e of Violation	Class	Fine A	Amount	Correction date
56.12 (135)	multiple lesser violation department of inspect a citation for a class I condition or one or motifacility which are a restrictions of the statutes or rules, but we	which taken as a whole It danger or a substantial Ohysical harm to the	I	\$3,250 Held I Suspe		Upon Receipt
58.20(2) AND	481—58.20(135C) Dutic supervisor. Every nurs health service supervi 58.20(2) Plan for and d services, treatments, p services in order that of choices, where practic 481—58.20(135C) Dutic					
58.20(5)	supervisor. Every nurs health service supervi 58.20(5) Initiate prever nursing procedures for achieve and maintain of function, self-care, a resident choice, where DESCRIPTION:					

Facility Administrator	Date

	4				
r:				Date: Februa	ry 7, 2018
th Services-				January 2	29-30, 2018
s/City/State/Zip way Avenue 701					
	HL				
Nature of Violation		Class	Fine A	Amount	Correction date
interviews with staff and ensure recommendation followed to maintain or pathon of three residents reliving abilities (Resident a census of 74 residents). Findings include: 1. The Minimum Data Scresident #6 dated 12/30 heart failure and peripheral MDS documented the reassistance of two to wall MDS documented the reassistance (BIMS) so The MDS dated 6/29/17 required supervision and corridor. A Therapy Discharge Cores (19/8/17, included a direct assistance of one with for a day. The MDS dated 9/29/17 required supervision and corridor.	d resident, the facility failed to as provided by a therapist were prevent a decline in function for eviewed for activity of daily #6 & #5). The facility identified is. Set (MDS) assessment for 0/17, included diagnoses of eral vascular disease. The esident required extensive lik in room and corridor. The esident had a Brief Interview for core of 14 (cognitively intact). 7, documented the resident d set up to walk in room and ommunication form dated tive for walk to dine with our wheeled walker three times				
- It - SW7 - Eirefittiia F 1FhNaNN Tro Agaa Tr	Nature Based on observation, onterviews with staff and ensure recommendation ollowed to maintain or play of three residents reliving abilities (Resident a census of 74 residents findings include: The Minimum Data Scresident #6 dated 12/30 neart failure and peripher MDS documented the relassistance of two to wall MDS documented the relassistance of two to wall MDS documented the relassistance of two to wall MDS documented the relation of two to wall MDS documented the relation of two to wall MDS documented the relation of two to wall MDS dated 6/29/17 equired supervision and corridor. The MDS dated 6/29/17 equired extensive assistance of one with for a day. The MDS dated 9/29/17 equired extensive assistance assistance assistance of sales and the main and the	Nature of Violation Rased on observation, clinical record review, and interviews with staff and resident, the facility failed to ensure recommendations provided by a therapist were collowed to maintain or prevent a decline in function for two of three residents reviewed for activity of daily riving abilities (Resident #6 & #5). The facility identified a census of 74 residents. Findings include: I. The Minimum Data Set (MDS) assessment for Resident #6 dated 12/30/17, included diagnoses of the resident required extensive assistance of two to walk in room and corridor. The MDS documented the resident had a Brief Interview for Mental Status (BIMS) score of 14 (cognitively intact). The MDS dated 6/29/17, documented the resident equired supervision and set up to walk in room and corridor. A Therapy Discharge Communication form dated 3/8/17, included a directive for walk to dine with assistance of one with four wheeled walker three times a day. The MDS dated 9/29/17, documented the resident equired extensive assistance of one to walk in room	City/State/Zip vay Avenue 701 HL Nature of Violation Class Based on observation, clinical record review, and enterviews with staff and resident, the facility failed to ensure recommendations provided by a therapist were collowed to maintain or prevent a decline in function for two of three residents reviewed for activity of daily ving abilities (Resident #6 & #5). The facility identified a census of 74 residents. Findings include: I. The Minimum Data Set (MDS) assessment for Resident #6 dated 12/30/17, included diagnoses of leart failure and peripheral vascular disease. The MDS documented the resident required extensive assistance of two to walk in room and corridor. The MDS dated 6/29/17, documented the resident equired supervision and set up to walk in room and corridor. A Therapy Discharge Communication form dated 4/8/17, included a directive for walk to dine with assistance of one with four wheeled walker three times a day. The MDS dated 9/29/17, documented the resident equired extensive assistance of one to walk in room	Survey Dates: January 22-25, (City/State/Zip vay Avenue 701 HL	City/State/Zip vay Avenue The MDS dated 6/29/17, documented the resident equired supervision and set up to walk in room and sorridor. A Therapy Discharge Communication for walk in room and sessistance of one with four wheeled walker three times a day. The MDS dated 9/29/17, documented the resident equired extensive assistance of one with four wheeled walker three times a day. The MDS dated 9/29/17, documented the resident equired extensive is sistance of one with four wheeled walk in room The MDS dated 9/29/17, documented the resident equired extensive assistance of one with four wheeled walker three times a day. The MDS dated 9/29/17, documented the resident equired extensive assistance of one with four wheeled walker three times a day. The MDS dated 9/29/17, documented the resident equired extensive assistance of one with four wheeled walker three times a day.

Facility Administrator Date

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 (2017).

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Rule or Code Section	Nature of Violation		Class	Fine	Amount	Correction date
	activity of daily living seiphysical limitations, hist hemorrhage and right of fall. The problem include to dine program. Resident #6's clinical redocumentation of a walk the resident. On 1/25/18 at 12:45 p.m CNA and Staff J, Licens provided a list of resider program. The list did not During interview on 1/25 stated no one had proviambulation regularly for staff had provided ambubut not in the hall and the because of it. The resident staff they wanted to walk the room. Staff H, Physical Theragon 1/29/18 at 7:45 a.m., Therapy Discharge Control of the program of the pr	tory of subarachnoid orbital floor fracture status post ed no interventions for a walk ecord review revealed no k to dine program initiated for m., Staff I, Certified Nurse Aide, sed Practical Nurse, LPN ents on any kind of ambulation of include Resident #6. 5/18 at 1:57 p.m., Resident #6 ided routine assistance with two years. The resident stated ulation assistance in their room ey felt they had a decline lent stated they had told facility lik and had been told to walk in the directive on the residents munication sheet had been for ance of one with a four wheeled				

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Facility Name: ManorCare Health Services- Waterloo			Survey I January	Dates: 22-25, January 2	29-30, 2018
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,		HL			
Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date
	stated they had a conce while ago but it had been had reviewed it. On 1/30/17 at 7:40 a.m. themselves to the dining At 7:45 a.m., the facility counseled staff the previous residents who were to be 2. The MDS for Resider 12/29/17, documented of cerebrovascular accider weakness, lack of coord MDS further documente extensive assistance of and toilet use, and superformeals. The MDS documents and corridor did not occur A document dated 11/8/Communication included Resident to walk from be physical assist using for day. The document had	DON stated they had vious evening on walking e on the walk to dine program. In #5 with a reference date of diagnoses which included in (stroke), depression, muscle dination, and weakness. The ed the resident required one for bed mobility, transfer ervision with set up assistance cumented the Resident used a or mobility and walk in room			

Facility Administrator Date

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Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	documented the resider with staff "never sees at dated 11/6/17 document forward wheeled walker cues to increase left for ambulates with staff he to ask staff 2x/day to an The care plan dated as revised on 9/15/17, inclusiving), Self-Care deficit physical limitations, recoverablished that the resulting necessary to meet ADL 3/17/18. The care plan or refer to Kardex. A document labeled Visit dated as printed on 1/23/17/18 as printed on 1/23/17/	initiated 8/20/17 and last uded ADL (activities of daily as a focus area related to ent CVA with right sided and dysphagia. A goal was ident will receive assistance needs with a target date of directed staff to transfer with:				

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,		HL			
Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date
	she reported being resp patient throughout the sassist of 1 and gait belt and assist resident to the Denied she routinely profession of the cares she pout of bed in the morning wheelchair, check and obathroom if requested. Swalks or exercises. In an interview on 1/24/stated he had not walked in several head not witnessed Residual head not witnessed Residual head head head not head head not head head head not head head head head not head head head head head not head head head head head head head head	18 at 9:20 a.m., Staff K, RN eral areas of the building and dent #5 being walked with staff rrent room 12/1/17. 18 at 11:00 a.m., DON ave restorative program after The DON confirmed a CNA task Kardex. She stated for to walk resident and ble to ask CNA's to walk them. NA to alert the charge nurse if			

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Facility Address 201 West Ridg Waterloo, IA 5	ss/City/State/Zip eway Avenue 0701				
		HL			
Rule or Code Section	Nature	e of Violation	Class	Fine Amount	Correction date
	document and follow up participate. FACILITY RESPONSE:	with resident that does no	ot I		
	,				Page 7 of 8
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Citation Number 6752 Facility Name: ManorCare Healt Waterloo Facility Address, 201 West Ridgev Waterloo, IA 507	th Services- /City/State/Zip way Avenue	HL	Survey January	Dates: v 22-25, January	
Rule or Code	Nature	e of Violation	Class	Fine Amount	Correction date
Section					

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