

**Iowa Department of Inspections and Appeals
Health Facilities Division
Citation**

Citation Number: 6815		Date: June 18, 2018		
Facility Name: Elm Crest Retirement Community		Survey Dates: May 9 to May 30, 2018		
Facility Address/City/State/Zip 2104 12th Street Harlan, Iowa 51537		MW		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

58.19(2)a	<p>481—58.19(135C) Required nursing services for residents. The resident shall receive and the facility shall provide, as appropriate, the following required nursing services under the 24-hour direction of qualified nurses with ancillary coverage as set forth in these rules:</p> <p>58.19(2) Medication and treatment. a. Administration of all medications as ordered by the physician including oral, instillations, topical, injectable (to be injected by a registered nurse or licensed practical nurse only); (I, II)</p> <p>DESCRIPTION:</p> <p>Based on clinical record reviews, interviews and facility policy review, the facility failed to assure residents were free of significant medication errors for one of four residents reviewed (Resident # 1) . The facility identified a census of 60.</p> <p>Findings include:</p> <p>1. The Minimum Data Set (MDS) assessment dated 12/12/17 documented diagnoses that included anemia, atrial fibrillation (irregular heart rhythm), hypertension, arthritis, anxiety, depression, syncope (fainting) and collapse and generalized muscle weakness for Resident #1. The same MDS documented a Brief Interview of Mental Status score of 7 which indicated moderate cognitive impairment. Resident #1 required the assistance of one with bed mobility, transfer, ambulation, toileting, dressing, hygiene and bathing.</p>	I	\$9,100 (Held in Suspension)	UPON RECEIPT
------------------	--	----------	---	-------------------------

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 Iowa Code section 135C.43A (2013).

**Iowa Department of Inspections and Appeals
Health Facilities Division
Citation**

Citation Number: 6815		Date: June 18, 2018		
Facility Name: Elm Crest Retirement Community		Survey Dates: May 9 to May 30, 2018		
Facility Address/City/State/Zip 2104 12th Street Harlan, Iowa 51537				
		MW		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>She received scheduled and PRN (as needed) pain medications, had frequent pain that limited daytime activities, she rated the pain at 3 on a 1-10 scale and received no opioid (narcotic) pain medications during the assessment period.</p> <p>The care plan problem created 3/29/16 identified the resident reported frequent, moderate pain in the right shoulder that historically interfered with day to day activity. She recently reported back pain since a fall on 12/9/17 and took PRN (as needed) pain medication. The care plan directed staff to administer pain medication as ordered by the physician.</p> <p>The Progress Note dated 12/19/17 at 2:07 AM documented the resident had gross hematuria (visible blood in the urine). The resident complained of flank pain but she fell on 12/9/17 and complained of flank pain since that time. Staff notified the physician by fax (facsimile), received an order for a urinalysis (UA) at 1:16 PM and sent a urine sample to the lab at 3:33 PM. On 12/20/17 the lab notified the facility the sample required a urine culture (to identify bacterial infection).</p> <p>The Progress Note dated 12/20/17 at 11:00 PM documented staff found Resident #1 sitting on the floor next to the nightstand in her room. The resident stated she was trying to go to the driveway. She sustained a small scratch to the right elbow. Staff initiated neurological checks per facility protocol and completed 15 minute checks of the resident for the rest of the shift.</p>			
--	---	--	--	--

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 Iowa Code section 135C.43A (2013).

**Iowa Department of Inspections and Appeals
Health Facilities Division
Citation**

Citation Number: 6815		Date: June 18, 2018		
Facility Name: Elm Crest Retirement Community		Survey Dates: May 9 to May 30, 2018		
Facility Address/City/State/Zip 2104 12th Street Harlan, Iowa 51537				
		MW		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>The Progress Note of 12/21/17 at 12:36 PM recorded staff faxed the resident's urine culture report to the physician and received an order for Cipro (an antibiotic) 250 milligrams (mg) BID (2 time daily) for 10 days.</p> <p>The Progress Note dated 12/25/17 at 2:33 AM documented the resident voided scant amounts of urine with no hematuria noted.</p> <p>The Progress Note dated 12/26/17 at 10:27 AM documented the resident slept in the recliner and had some confusion. Staff updated the resident's responsible party regarding the resident's condition. The responsible party declined an offer of hospice services at this time and requested the resident be kept comfortable.</p> <p>The Progress Note dated 12/30/17 at 10:34 AM documented the resident experienced increased difficulty with transfers, could not follow commands or hang onto a walker. Staff administered acetaminophen and Tramadol for complaints of back pain.</p> <p>The Progress Note dated 12/31/17 at 3:50 AM documented staff observed the resident's call light come on and heard her walker fall. Staff found Resident #1 sitting on the floor her with back against the night stand. She complained of coccyx (tailbone) pain but also stated it had been hurting for days. The resident sustained 3 abrasions to the back. Staff notified the family and the physician.</p>			
--	---	--	--	--

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 Iowa Code section 135C.43A (2013).

**Iowa Department of Inspections and Appeals
Health Facilities Division
Citation**

Citation Number: 6815		Date: June 18, 2018		
Facility Name: Elm Crest Retirement Community		Survey Dates: May 9 to May 30, 2018		
Facility Address/City/State/Zip 2104 12th Street Harlan, Iowa 51537				
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>The Progress Note dated 12/31/17 at 12:03 PM documented staff visited with both of the resident's daughters about the resident's decline. The resident had a poor appetite, did not want to get dressed or get out of bed and just wanted to sleep. The resident's family gave permission to contact hospice; staff contacted the on-call physician and received an order for hospice evaluation. The entry at 8:34 PM documented hospice evaluated the resident and planned to follow-up on 1/2/18.</p> <p>The Progress Note dated 12/31/17 at 10:30 PM documented staff found the resident on her knees on the floor with her torso lying across the bed. The resident cried out in pain when attempting to stand and complained of right leg pain when touched. The resident transferred to the hospital for evaluation. On 1/1/8 at 3:20 AM, Resident #1 returned from the hospital with orders to discontinue blood thinning medications and to schedule an appointment as soon as possible to see the physician assistant-certified (PAC) and to call the clinic regarding palliative care.</p> <p>The hospice Medication Orders dated 1/5/18 directed to staff administer 5 mg of morphine sulfate (a narcotic pain medication) using a 20 mg/milliliter (ml) solution (0.25 ml) every 6 hours for pain. The orders also directed staff to administer 1 mg of lorazepam (a medication used to treat anxiety) 2 mg/ml (0.5 ml) solution at bedtime (HS). The orders instructed to discontinue multiple resident medications and treatments.</p>			
--	--	--	--	--

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 Iowa Code section 135C.43A (2013).

**Iowa Department of Inspections and Appeals
Health Facilities Division
Citation**

Citation Number: 6815		Date: June 18, 2018		
Facility Name: Elm Crest Retirement Community		Survey Dates: May 9 to May 30, 2018		
Facility Address/City/State/Zip 2104 12th Street Harlan, Iowa 51537				
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>Review of the January, 2018 Medication Administration Record (MAR) for Resident #1 revealed Staff A, licensed practical nurse (LPN) administered the resident's first dose of morphine sulfate solution 5 mg at 6:00 PM and first dose of lorazepam solution 1 mg at HS on 1/5/18.</p> <p>During interview on 5/11/18 at 2:10 PM Staff B, LPN, stated she came on duty for the night shift around 10:00 PM on 1/5/18 and completed narcotic count with Staff A. Staff B stated the narcotic count had been correct for all medications. Resident #1 had a scheduled dose of morphine solution at midnight so she checked the narcotic record prior to administration and discovered Staff A documented she administered 5 ml (100 mg) of morphine solution, rather than prescribed 0.25 ml (5 mg). The narcotic record for the morphine sulfate documented the facility received a 30 ml bottle of 20 mg/ml solution on 5/18/18 at 7:50 PM. The narcotic record contained the label to administer 0.25 ml (5 mg) by mouth or sublingual (under the tongue) every 6 hours and every hour PRN. Staff A documented she administered 5 ml (100 mg, 20 times the ordered dose) of morphine solution at 8:00 PM; Staff B called Staff A to verify the actual dose she administered as the narcotic count had been correct at shift change and 25 ml remained in the bottle. Staff A told Staff B she did administer 5 ml of morphine solution as she had to draw up 5 syringes as the syringe old measured 1 ml at a time. Staff B stated she did not administer the midnight scheduled dose as the resident did not respond to stimuli at this time; she</p>			
--	--	--	--	--

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 Iowa Code section 135C.43A (2013).

**Iowa Department of Inspections and Appeals
Health Facilities Division
Citation**

Citation Number: 6815		Date: June 18, 2018		
Facility Name: Elm Crest Retirement Community		Survey Dates: May 9 to May 30, 2018		
Facility Address/City/State/Zip 2104 12th Street Harlan, Iowa 51537				
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>immediately called the hospice nurse and physician. The hospice physician questioned her nursing skills and asked why it took 5 hours to report the error. Staff B stated she informed the physician she had not made the error and did not realize the error until she went to administer the dose scheduled at midnight. The hospice physician declined to order a Narcan injection (medication used to reverse effects of narcotic pain medications) as it would not be effective and there was not much more he could do. The physician ordered to hold the morphine until after 2:00 AM and then resume administration as previously ordered. Staff A stated she did not administer the scheduled 6:00 AM dose of morphine as the resident remained nonresponsive to stimuli at the end of her shift and she reported this to the oncoming nurse.</p> <p>Review of the Narcotic Record for the Lorazepam 2 mg/ml oral concentrate revealed Staff A received a 30 ml bottle on 1/5/18 at 7:50 PM. The Narcotic Record contained the label to administer 0.5 ml (1 mg) orally or sublingually at HS. Staff A documented she administered 1 ml (2 mg which is twice the ordered dose) Lorazepam at 8:00 PM along with the morphine sulfate.</p> <p>The Progress Notes dated 1/6/18 at 1:41 AM documented the resident's blood pressure (BP) measured 117/64, her respirations 15 per minute and the oxygen saturation of the resident's blood measured 92% (normal is = or > 90%). The resident opened eyes with physical stimuli and responds with 1-2 words when questioned.</p>			
--	--	--	--	--

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 Iowa Code section 135C.43A (2013).

**Iowa Department of Inspections and Appeals
Health Facilities Division
Citation**

Citation Number: 6815		Date: June 18, 2018		
Facility Name: Elm Crest Retirement Community		Survey Dates: May 9 to May 30, 2018		
Facility Address/City/State/Zip 2104 12th Street Harlan, Iowa 51537				
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>The Progress Note dated 1/6/18 at 7:30 AM documented the resident's BP measured 81/46, respirations at 10 per minute with noted apnea (a temporary stop in breathing). Staff measured her oxygen saturation at 70-75% and then applied oxygen at 2 liters per minute (LPM). The resident did not respond to a sternal rub (painful stimulus). Staff notified hospice staff who indicated staff would come to assess the resident. At 9:30 AM, hospice staff assessed the resident and physician ordered to discontinue the routine morphine and HS lorazepam, keeping the medications PRN only. Hospice staff advised the resident should have nothing by mouth except oral care until awake and alert and safe to swallow.</p> <p>The Progress Note dated 1/6/18 at 2:45 PM documented the resident showed mouth breathing, an oxygen saturation level 97% with oxygen at 2.5 LPM. Staff provided oral care at this time.</p> <p>The Progress Note dated 1/6/18 at 9:27 PM documented he resident repositioned every 1-2 hours, respirations slow and regular at 10 per minute, oxygen saturation level 90% with oxygen on at 2.5 LPM with no apnea (absence of breathing) noted. The resident moaned with eye drop application.</p> <p>The Progress Note dated 1/7/18 at 2:26 AM documented the resident's BP 112/60 and respirations 15 per minute with oxygen saturation at 92% with oxygen on at 2.5 LPM. Staff continued to reposition</p>			
--	---	--	--	--

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 Iowa Code section 135C.43A (2013).

**Iowa Department of Inspections and Appeals
Health Facilities Division
Citation**

Citation Number: 6815		Date: June 18, 2018		
Facility Name: Elm Crest Retirement Community		Survey Dates: May 9 to May 30, 2018		
Facility Address/City/State/Zip 2104 12th Street Harlan, Iowa 51537		MW		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>her every hour to 2 hours and provided oral care. The resident did not open her eyes to verbal or physical stimuli and exhibited facial twitching with oral care.</p> <p>The Progress Note dated 1/7/18 at 5:46 AM documented the resident acted like her feet were ticklish and sated 'no' when staff checked the pulses in her feet. Resident #1 opened her eyes after several requests to do so and indicated she wanted to get up but staff encouraged her to remain in bed to rest. The resident responded to simple yes and no questions appropriately. Staff completed oral care for the resident to which she replied 'good'.</p> <p>The Progress Note dated 1/8/18 at 10:36 AM documented hospice staff ordered a complete metabolic profile and complete blood count for Resident #1. The resident exhibited jerky movements with her legs/arms, did not talk but reacted to touch.</p> <p>The Progress Note dated 1/8/18 at 11:54 PM documented the resident's feet, calves and knees felt cool to touch, she had no response to verbal or physical stimuli and moist frothy respirations. The resident's oxygen saturation level measured 80% on oxygen at 3 LPM. The resident's lung sounds revealed crackles in the lower lobes with an audible moist wheeze with every expiration. Staff notified the resident's daughter and she requested to keep the resident comfortable.</p> <p>The Progress Note dated 1/9/18 at 10:47 AM documented comfort cares continued and family</p>			
--	---	--	--	--

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 Iowa Code section 135C.43A (2013).

**Iowa Department of Inspections and Appeals
Health Facilities Division
Citation**

Citation Number: 6815		Date: June 18, 2018		
Facility Name: Elm Crest Retirement Community		Survey Dates: May 9 to May 30, 2018		
Facility Address/City/State/Zip 2104 12th Street Harlan, Iowa 51537		MW		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>present at the resident's bedside. An entry at 12:53 PM documented the resident was declining, family were present and they requested hospice staff come to the facility.</p> <p>The Progress Note dated 1/9/18 at 6:04 PM documented the resident died at 4:40 PM with the resident's family and hospice nurse at the bedside.</p> <p>During interview on 5/11/18 at 11:05 AM, Staff A stated she is a new nurse. She worked the 2:00 PM-10:00 PM shift on 1/5/18 and was responsible for Resident #1. Staff A stated she was very busy and behind in medication pass and certified nursing assistants (CNA's) has been constantly reporting Resident #1 as restless, anxious, trying to get out of bed and in pain. Staff A stated she wanted to give the resident her morphine and lorazepam as soon as it arrived to help the resident to calm down. She stated she was hurried and she did not check the medication label or the Narcotic Sheet for the amount to be administered. Staff A knew the order instructed to administer 5 mg of morphine; she must have gotten 5 mg (dose) and 5 ml (amount) mixed up and administered 5 ml. She stated she did not know of the lorazepam error until the next day when the Director of Nursing brought it to her attention. Again, she stated she know the order was for 1 mg and must have gotten 1 mg (dose) and 1 ml (amount) mixed up. Staff A stated she failed to follow the 5 rights of medication administration but has since been educated on the importance of doing so.</p>			
--	---	--	--	--

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 Iowa Code section 135C.43A (2013).

**Iowa Department of Inspections and Appeals
Health Facilities Division
Citation**

Citation Number: 6815		Date: June 18, 2018		
Facility Name: Elm Crest Retirement Community		Survey Dates: May 9 to May 30, 2018		
Facility Address/City/State/Zip 2104 12th Street Harlan, Iowa 51537				
		MW		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>Review of the facility's education provided to Staff A revealed the following:</p> <p>a. "Rights" of Medication Administration:</p> <ol style="list-style-type: none"> 1. Right person 2. Right medication 3. Right dose 4. Right route 5. Right documentation <p>During interview on 5/14/18 at 12:07 PM, the PA-C stated she had cared for Resident #1 for many years and was very upset about the morphine and lorazepam errors. The errors violated the standard nursing practice to follow the 5 rights. The PA-C also stated staff did not inform her of the Lorazepam error and she learned about that error from the resident's family member. Resident #1 had been declining over a month or so. However, the PA-C stated the excessive morphine and lorazepam doses contributed, or hastened, the resident's death. The resident could not eat or drink which contributed to the failure of multiple bodily systems. If the resident had not received the morphine and lorazepam overdoses, she would have had more time to spend with her family.</p> <p>During interview on 5/11/18, the Administrator stated Staff A's employment would be terminated today. The facility suspended Staff A on 1/6/18, provided 40 hours of 1:1 education with the facility's staff development coordinator and then she returned to work as a CNA in April. Staff A failed to use a gait belt to transfer a resident while working as a CNA. Staff A worked as a CNA in the facility before becoming a nurse and knew</p>			
--	---	--	--	--

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 Iowa Code section 135C.43A (2013).

**Iowa Department of Inspections and Appeals
Health Facilities Division
Citation**

Citation Number: 6815		Date: June 18, 2018		
Facility Name: Elm Crest Retirement Community		Survey Dates: May 9 to May 30, 2018		
Facility Address/City/State/Zip 2104 12th Street Harlan, Iowa 51537				
		MW		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>of the facility's gait belt policy, so the facility chose to terminate her employment for her disregard of that policy.</p> <p>The facility abated the situation of immediate jeopardy to resident health and safety on 1/6/18 after educating staff on the 5 rights of medication administration return demonstrations on that training.</p> <p>FACILITY RESPONSE:</p>			
--	---	--	--	--

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 Iowa Code section 135C.43A (2013).

**Iowa Department of Inspections and Appeals
Health Facilities Division
Citation**

Citation Number: 6815		Date: June 18, 2018		
Facility Name: Elm Crest Retirement Community		Survey Dates: May 9 to May 30, 2018		
Facility Address/City/State/Zip 2104 12th Street Harlan, Iowa 51537		MW		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

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 Iowa Code section 135C.43A (2013).