Citation Num 6931	ber:	Date: July 26, 2018			6, 2018	
Facility Name Premier Estat	e: tes of Muscatine		Survey June 11	Dates: I-19, 20 ²	18	
Facility Addre	ess/City/State/Zip					
3440 Mulberry Muscatine, IA		JKM				
Rule or Code Section	Nature	e of Violation	Class Amount		Correction date	
58.19(2)j	residents. The resident facility shall provide, a required nursing servidirection of qualified recoverage as set forth in 58.19(2) Medication and j. Provision of accurate intervention for all restadverse symptoms who mental, emotional, or [ARC 1398C, IAB 4/2/1 2560C, IAB 6/8/16, effect of the second record review to properly monitor/assis swallowing difficulties and appropriate procedures (Resident #273). A licent dining room during the IN Nursing had instructed a identify and communical swallowing difficulties. To staff to cut the resident to before they offered him	and interview, the facility failed at a resident with a history of had failed to carry out to assist a choking resident sed nurse was not in the unch meal as the Director of and the care plan failed to direct a food into bite-sized pieces, swallow the food in his mouth		\$10,00 (held i suspe	n	Upon Receipt Page 1 of 1

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Facility Administrator

Date

Citation Num 6931	ber:	Date: July 26, 201			6, 2018	
Facility Name Premier Esta	e: tes of Muscatine		Survey June 11		18	
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3440 Mulberry Ave. Muscatine, IA 52761		JKM				
Rule or Code Section	Nature of Violation		Class	Fine Correcti Amount date		Correction date
	Maneuver in the dining instead, staff left the roo wheeled the resident do and had therapy staff per when the resident becard initiated but the facility for rapidly communicate the This failure necessitated spouse to ascertain the staff administered CPR. to the emergency room away at the hospital. The residents. The facility id residents. Findings Include: 1. A Certificate of Death indicated Resident #273 a.m. and listed the immore hypoxic (relating to low to or as a consequence respiratory arrest and list aspiration (a condition in breathed into the airway of anoxic encephalopath brain did not receive encephalopath according to the MDS (I	own the hall in his wheelchair, erform the Heimlich. In addition, me unresponsive, CPR was ailed to have a system to e resident's code status to staff. It a phone call to the resident's resident's wishes while other. The facility sent the resident via ambulance, and he passed the sample consisted of 25 entified a census of 63. In form, dated 5/11/18, as passed away 5/5/18 at 4:28 ediate cause of death as acute oxygen) respiratory failure due of cardiac arrest and acute sted the underlying cause as in which food or liquid is an which the ough oxygen).				

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Facility Administrator

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 (2013).

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Facility Name Premier Esta	e: tes of Muscatine		Survey Dune 11-		18	
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3440 Mulberr Muscatine, IA		JKM				
Rule or Code Section	Nature	e of Violation	Class		ne ount	Correction date
	brain injury, and dysphal MDS documented the reassist of 1 staff for eating staff for bed mobility, trained personal hygiene. Cognition as severely important of the personal hygiene. Cognition of the AD A Speech Therapy Plant documented the resider at times when hurrying the times when hurrying to commented the resident to check for clearance by the personal hygiene and another nurse yelle. The resident was attempting to get the air in.	on 6/13/18 at 9:00 a.m., it was ank in the 500 Hall to the ADR and 48 steps from the front PR. of Treatment, dated 1/23/18, at's referral to Speech Therapy grassessment required for a reported the resident coughed to swallow food.				Page 3 of 1

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Facility Administrator

Date

Citation Num 6931	ber:				Date: July 2	6, 2018
Facility Name Premier Esta	e: tes of Muscatine		Survey I June 11-		18	
Facility Addre	ess/City/State/Zip					
3440 Mulberr Muscatine, IA		JKM				
Rule or Code Section	Nature	e of Violation	Class	Fii Amo	-	Correction date
	of the wheelchair, and for resident's mouth and his lifted the resident onto the and pulled food from his dialed 911 and a PA (Progresent took over the confect of Medical Technicians) are hospital via ambulance. A hospital report document the emergency departed due to respiratory and confect of diagnosis as asphyxiation revealed the resident at choking. Staff performed in the removal of the homogeneous Medical Services arrived (Cardiopulmonary Resuminutes and then subsequented the resident to the emergental A Progress Note entry, documented the resident and was on a ventilator. A Progress Note, dated the resident passed away According to the facility.	pented the resident admitted to sent on 5/3/18 at 12:53 p.m. ardiac arrest and listed the conducto food. The report is a hot dog and started dog. EMS (Emergency ed and provided CPR iscitation) for a total of 25 equently transferred the cry room. In the was in ICU (Intensive Care) 5/6/18 at 1:23 a.m., revealed any on 5/5/18 at 4:30 a.m. Is week 1 lunch menu for echoking incident), the entree				Page 4 of 1

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Date

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Facility Addre	ess/City/State/Zip					
3440 Mulberr Muscatine, IA		JKM				
Rule or Code Section	Nature	e of Violation	Class		ne ount	Correction date
	resident required assist to feed himself. An entresident required total sassisted dining room. Tinformation regarding the special direction to encoslowly. The care pland regarding the resident's special instructions for smeals. During an interview on CNA (Certified Nursing feeding another resident #273. She stated the resausage" and the resident choking. She stated the room at the time, so and the nurse. Staff E LPN (entered and pushed the to the 500 Hall near the (Physician's Assistant) or resident on the floor. Stated the resident ate quickly supposed to be a nurse. During an interview on 6 stated she was feeding choked. She stated the	directed them to place the aff Q then provided chest ff D called 911. Staff D stated and reported there was in the dining room at all times. 6/12/18 at 3:01 p.m., Staff A the resident on the day he				Page 5 of 1 !

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Rule or Code Section	Nature	e of Violation	Class	Fine Amount	Correction date
	went to summon the nuthe dining room at the manufer came in and wheeled the the fish tank. Staff A did Heimlich maneuver in the resident was not able to the food and fed him. During an interview on a stated she cut up the regave him a bite on the control of the food and fed him. During an interview on a stated she cut up the regave him a bite on the control of the food and fed him. During an interview on a called for her. When she the resident had air excout of his mouth. She produced him in his wheelch a staff D accompanying the fish tank near the 500 heat fish tank near the 500 heat fish tank near the 500 heat fish tank of the food heat fish and staff Q Pathe resident to the floor staff E reported the cramachine on it or an ambite the fish tank on it or an ambite the fish to the floor staff E reported the cramachine on it or an ambite the fish tank of the fish	ent was choking. Another CNA rse (Staff E) who was outside nedication cart and Staff E are resident to the 500 Hall near d not see anyone initiate the ne dining room. She stated the offeed himself, so staff cut up 6/13/18 at 10:31 a.m., Staff A sident's Polish sausage and day of the choking. 6/12/18 at 3:13 p.m., Staff E the charting room with the door to e out of the dining room, hange but food was hanging bulled some food out of his ident away and started running air and yelling for help with hem. When they arrived at the dall, they ran into Staff R LPN. The ded help and this was the resident out of the dining room all looking for another nurse. A rrived and began doing the A (Physician's Assistant) moved and continued the Heimlich. Sh cart did not have a suction ou bag (a bag used to ventilate at the computer listed the			Page 6 of 1

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Rule or Code Section	Nature	e of Violation	Class		ne ount	Correction date
	not locate the signed do contact the resident's sp situation to ascertain the reported there was no not the resident choked, alth R) was supposed to be During an interview on the LPN stated when she would half, she looked up and CNA wheeling the resident forward and PA arrived and instructed on the floor; Staff Q too arrived. Staff R heard to tell the ambulance crew spouse and the resident witnessed a large piece resident's mouth during the time the resident chost of the looked piece in the looked pi	Not Resuscitate) but they could ocument, so someone tried to couse in the midst of the eresident's code status. Staff Eurse in the dining room when hough the 500 Hall nurse (Staff in the dining room. 6/12/18 at 5:57 p.m., Staff R as near the fish tank of the 500 saw Staff E, LPN and Staff D, ent toward her. They leaned do some food came out. Staff Q, ed them to place the resident of the pool (Director of Nursing) she got a hold of the resident's toward hold hold of the resident's toward hold hold of the resident's toward hold hold hold hold hold hold hold hol				Page 7 of 1

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Date

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Facility Name Premier Esta	e: tes of Muscatine		Survey I June 11-		18	
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Rule or Code Section	Nature	e of Violation	Class	Fii Amo	ne ount	Correction date
	had attempted the Heim the resident to the floor requested a crash cart, the ambu bag because reported she suctioned large piece of Polish sar piece of meat was large estimated it was 1-1.5 ir in the course of trying to could not locate the resistated staff should have maneuver immediately it transferring a resident of the throat even more. During an interview on estated when she got bac resident was unresponsibeing assisted by other the incident, there was roart and during the incident of the resident's code stindicated the resident was the signed document. Sit (the signed document stated staff called the remergency to inquire as and the spouse informe stated the facility was trywhere staff would know	(Physical Therapy Assistants) alich maneuver and they moved when she arrived. Staff Q but there was a delay in getting it was not on the cart. She the resident and retrieved a usage. Staff Q commented the rethan an average bite and inches in length. She reported assist the resident, the facility ident's code status. Staff Q initiated the Heimlich in the dining room because ould lodge the piece of food in School 13/18 at 6:50 a.m., the DON ck from lunch on 5/3/18, the live on the floor by the 500 Hall staff. She stated at the time of not an ambu bag on the crash dent they were not 100% sure atus. The electronic record as DNR, but they could not find the reported they never did find ed) after the incident. She sident's spouse during the sto the resident's code status of them he was DNR. She lying to figure out a system the resident's code status the chart. She stated when				Page 8 of 1

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Rule or Code Section	Nature	e of Violation	Class	Fine Amount	Correction date
	appropriate sized bites nurse in the dining room choked, staff should attempted where the resident was During an interview on stated she would search	6/13/18 at 1:00 p.m., the DON n for a policy related to what to but did not believe they had			Page 9 of 1
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Facil	ity Administrator	 Da	 ate		

Citation Num 6931	ber:		Date: July 26, 2018			5, 2018
Facility Name Premier Estat	e: tes of Muscatine		Survey June 11		18	
Facility Addre	ess/City/State/Zip					
3440 Mulberry Muscatine, IA		JKM				
Rule or Code Section	Nature	e of Violation			Correction date	
58.28(3)e	facility shall be respormaintenance of a safe and personnel. (III) 58.28(3) Resident safe e. Each resident shall supervision to protect	B1—58.28(135C) Safety. The licensee of a nursing acility shall be responsible for the provision and an acintenance of a safe environment for residents and personnel. (III) B.28(3) Resident safety Each resident shall receive adequate appervision to protect against hazards from self,				Upon Receipt
	others, or elements in DESCRIPTION:	the environment. (I, II, III)				
	Based on observation, rand facility procedures, adequate supervision at to protect against hazar elements in the environic	ment. As a result, Resident #47 which culminated in a hip				
	Findings include:					
	assessment tool dated (# 47 demonstrated both deficits with severely im abilities. The MDS docu limited assist of one statoilet use. The MDS also	ge Minimum Data Set (MDS) 05/04/2018 indicated Resident long and short term memory paired decision-making mented Resident # 47 required ff for ambulation (walking) and o documented the resident bladder and had diagnoses				

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3440 Mulberr Muscatine, IA		JKM			
Rule or Code Section	Nature	e of Violation	Class	Fine Amount	Correction date
	Alzheimer's dementia, a The plan of care with a documented Resident # documented the need for (12/19/16 and revised or body pillows (05/30/18), light (12/19/16). The carplace a fall mat at bedsic correct fitting shoes (04, provide any assistance). The May 2018 Medicatic recorded an order for C a day. The medication effects of dizziness, lack increased sleepiness. From the beginning of F fracture on May 26, 201 a. 02/05/18 (10:00 PM) couch yelling for help. b. The resident fell 8 tim 2018; each time staff for the end of her bed. The left hip fracture. c. 03/30/18 (5:24 PM) for d. 04/24/18 (2:28 P.M.)	revision date of 12/19/2016 47 as at risk for falls The plan or 2 staff to assist with transfers on 06/11/18), provide a low bed, and clear pathways and call re plan also directed staff to ide (05/30/18), and provide /24/18). The plan failed to with ambulation. on Administration Record lonazepam 0.5 milligrams twice is for anxiety and has side			

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Rule or Code Section	Nature of Violation		Class	Fine Amount	Correction date
	at 12:53 A.M. The facility failed to con interventions with each falls from occurring. During an interview on (LPN (Licensed Practica night of 05/26/2018 whe fractured her left hip. R AM without any injuries Nursing Assistant) and back in bed. Staff O staresident to be up at night 2 months Resident # 47 in stability when ambula allow you to help her an combative. Around 12: roommate came out interesident had fallen. Stafound Resident # 47 on legs out in front of her, heatted at the nurse to go complain of any pain, so resident back to bed. A came out again and said floor. Staff O examined pain until moved, then see	all by bed and fall with fracture sistently identify appropriate fall in order to prevent more 26/18/18 at 11:32 AM, Staff O, I Nurse) reported working the en Resident # 47 fell and esident # 47 fell around 12:15 found. Staff P, CNA (Certified Staff O placed the resident ted it was not unusual for this at. Staff O noticed for the last if seemed to be slowly declining ating. Sometimes she would ad other times she could be			

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Rule or Code Section	Nature	Nature of Violation				Correction date
	the ambulance.					
	On 06/12/18 at 11:54 AM, the Director of Nursing stated had Resident # 47 incurred several falls prior to the hip fracture on 05/26/18. The DON stated this resident ambulated around the facility prior to the last fall. The DON stated this resident's dementia is advanced. She verbalized that interventions were put into place after each fall. A review of the plan of care revealed it failed to contain consistent, individualized interventions for every fall situation. On 06/13/18 at 02:29 PM, Staff P (Certified Nursing Assistant) verbalized being on duty the night Resident # 47 fell and fractured the left hip. She stated she worked 100/200 and part of 300 hall that night and when she made rounds, Resident # 47 was asleep in her bed. Staff P reported sometime after midnight, Resident # 40's roommate came out in the hall and said the resident was on the floor. Staff P called the nurse, went into resident's room and found her on the floor by the bed. Staff O checked the resident, found no injuries, and assisted her back in bed. Staff P stated the resident did not want to be bothered and yelled, "get away, get away," but a short time later, the roommate came out told us Resident # 47 was on the floor again. This time Staff O checked and found the resident in pain when moved, she called the ambulance. When asked, Staff P verbalized the night shift helped Resident # 47 to the bathroom when she needed to go					Page 13 of 1

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Rule or Code Section	Nature	e of Violation	Class	Fine Amount	Correction date
	12/2015 directed nursin falls and injuries, impler interventions to minimiz	duction & Management dated g staff to identify risk factors for ment <i>individualized</i> e the fall risk, address the evaluate the effectiveness of place.			Page 14 of 1

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Premier Estat	tes of Muscatine		June 11-19, 2018			
Facility Address/City/State/Zip						
3440 Mulberry Ave.		JKM				
Muscatine, IA	. 52761	•····				
Rule or				Fine	е	Correction
Code	Nature	e of Violation	Class	Amou	ınt	date
Section						

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