

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/02/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165209	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/07/2019
NAME OF PROVIDER OR SUPPLIER SOUTHRIDGE SPECIALTY CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 309 WEST MERLE HIBBS BOULEVARD MARSHALLTOWN, IA 50158		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000 ✓ 4/21/19	INITIAL COMMENTS Correction date <u>3/21/19</u> Complaint # 78502-C was not substantiated. Investigation of facility-reported incident # 79290-I and complaint # 80952-C resulted in the following deficiencies. See code of Federal Regulations (45 CFR) Part 483, Subpart B-C. Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights.	F 000			
F 550 SS=D		F 550			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

03/21/2019

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 550	Continued From page 1 The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on clinical record review, staff interviews and facility policy review, the facility failed to treat each resident with respect and dignity and care for each resident in a manner that promoted quality of life for one of five residents reviewed (Resident #3). The facility reported a census of 72 residents. Findings include: According to the MDS (Minimum Data Set) assessment dated 12/10/18, Resident #3 had severely impaired cognitive skills for daily decision making and short and long term memory impairment. She required the assistance of two staff to transfer, use the toilet and with dressing. The resident had diagnoses that included coronary artery disease, reflux, renal insufficiency, diabetes and Alzheimer's disease. The resident's Care Plan, initiated 11/27/18, directed staff to transfer Resident #3 using a	F 550			

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F 550	Continued From page 2 mechanical lift and two staff, use simple and direct communication, monitor her behavior and work with nursing staff to provide maximum comfort. The Incident Report dated 10/2/18 and revised 10/8/18 revealed a possible verbal abuse allegation that involved Resident #3. The resident could not give a statement due to severe cognitive impairment. During an interview on 2/12/19 at 12:40 p.m., the Director of Nursing (DON), stated that Staff B, CNA (Certified Nurse's Aide) came and reported that Staff A, CNA made a comment towards Resident #3 about being psycho and she also said something about killing the resident's babies (dolls). They immediately questioned Staff A who denied everything except saying something like psycho but denied everything else. During a phone interview on 2/12/19 at 12:20 p.m., Staff B reported working in Resident #3's room along with Staff A one evening. Staff A wondered what kind of drugs Resident #3 had been on in younger years to make her so crazy. Staff A also threw the resident's baby dolls on the bed and said she was going to murder the babies. Staff B told Staff A she did not like the way Staff A treated the resident. The resident had no reaction to the comments. During a phone interview on 2/12/19 at 11:45 a.m., Staff A reported working for an agency and had worked at the facility for approximately three months. On 10/2/18, Staff A worked with Staff B in Resident #3's room. The resident had been combative. Resident #3 told Staff A she was going to kill her. Staff B asked the resident how	F 550			

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F 550	Continued From page 3 she would like it if someone said that to her and asked if she'd like to go to prison. Staff A admitted saying the resident was being crazy but she never said psycho, and offered the resident's sister was crazy too. During an interview on 2/6/19 at 12:35 p.m., Staff H, LPN (Licensed Practical Nurse) and Nurse Manager reported that on 10/2/18, Staff B came and reported she did cares with Staff A for Resident #3 and Staff A said things to the resident that were not very nice; Staff A called the resident psycho and she was going to kill her babies. Resident #3 had baby dolls that she carried everywhere. Staff H did a head to toe assessment and found no injury or concern. The resident would not have been aware of the name calling due to her confused state. The facility's Dependent Adult Abuse Protocol, revised 5/17, documented that each resident has the right to be free from abuse, corporal punishment, and involuntary seclusion. Residents must not be subjected to abuse by anyone, including but not limited to facility staff, other residents, consultants or volunteers, staff of other agencies serving the resident, family members or resident representative, friends or other individuals.	F 550			
F 760 SS=J	Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2) The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by: Based on clinical record review, staff interviews	F 760			
			Past noncompliance: no plan of		

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F 760	Continued From page 4 and facility policy review, the facility failed to ensure one of five residents reviewed (#5) was free of significant medication errors when they failed to administer a resident's Coumadin for approximately one month. The facility reported a census of 72 residents. Findings include: According to the MDS (Minimum Data Set) assessment dated 10/18/18, Resident #5 had no cognitive impairment, transferred with the assistance of one staff, used a wheel chair for locomotion, urine and bowel continence, and had diagnoses that included heart failure and hypertension. The Care Plan initiated 1/27/17 directed staff to transfer Resident #5 with one assist and that she used a wheel chair for independent mobility. On 1/30/18 the Care Plan indicated the resident had a bleeding risk due to anticoagulant therapy and directed staff to administer medication as ordered by the physician and coordinate lab work as ordered. On 1/31/19 the Care Plan indicated the resident had a recent CVA (stroke) and now received a pureed, honey thickened liquids diet and had a terminal prognosis due to CVA. The care plan directed staff to adjust provision of ADL's (Activities of Daily Living) to compensate for her changing abilities, consult Hospice care, observe for signs of pain and work closely with Hospice to ensure spiritual, emotional, intellectual, physical and social needs are met. The Physician's Orders dated 11/20/18 instructed staff to administer Warfarin (an anticoagulant medication) 0.5 mg (milligrams) one time a day every Tuesday, Wednesday, Thursday, Saturday,	F 760	correction required.		

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F 760	Continued From page 5 Sunday related to a diagnosis of atrial fibrillation with an end date of 12/18/18. The Physician's Orders dated 1/14/19 instructed staff to administer Warfarin 0.5 mg one time a day every Tuesday, Wednesday, Thursday, Saturday, Sunday. The Physician's Orders dated 1/16/19 instructed staff to administer Warfarin 0.5 mg one time a day every Sunday, Monday, Tuesday, Wednesday, Thursday, Saturday. The Physician's Orders dated 1/18/19 instructed staff to administer Warfarin 5 mg one time a day for blood thinner. A Laboratory report dated 10/23/18 revealed Resident #5's INR (a test for blood clotting) at 2.5. Dosing instructions: 0 mg every Monday and Friday, 0.5 mg all other days. Re-check INR 11/20/18. A Laboratory report dated 11/20/18 revealed Resident #5's INR measured 2.5. Dosing instructions: 0 mg every Monday and Friday, 0.5 mg all other days. Re-check INR 12/18/18. A Laboratory report dated 12/18/18 revealed Resident #5's INR at 2.2. Dosing instructions: 0 mg every Monday and Friday, 0.5 mg all other days. Re-check INR 1/15/19 The Progress Note dated 1/14/19 at 5:18 p.m. documented Staff E, LPN (Licensed Practical Nurse) noted Resident #5 had not received Coumadin (or Warfarin) since 12/18/18. Staff F, LPN had noted the order for Coumadin on 11/21/18 and put a stop date instead of keeping it	F 760			

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F 760	Continued From page 6 indefinitely. On 12/18/18 when Staff G, RN (Registered Nurse) received the new orders to keep the amount the same, Staff G must not have realized there was a stop date written and the resident would not continue to get the medication. Staff E called the protime nurse and informed her of the incident. New orders were noted to start Coumadin tomorrow and draw PT/INR in two weeks. The Nurse Practitioner notified and family. Progress Notes dated 1/21/19 documented at 7:45 a.m. the resident sat at the side of the bed, unable to talk. Staff lay the resident down and noted her right hand and right leg were weak. Resident #5 transferred to the emergency room. The Nurse Practitioner Progress Note dated 1/18/19 reported Resident #5 did not receive Coumadin for a month and appeared stable with no signs of discomfort. The resident's INR is 1 and she ordered to increase Coumadin to 5 mg every day. The hospital History and Physical dated 1/21/19 revealed Resident #5 went to bed last night at baseline and woke up this morning with right sided weakness and aphasia. The patient had a history of atrial fibrillation, coronary artery disease, hypertension and hypothyroidism. The MRI revealed sizeable left middle cerebral artery distribution acute infarction. The Discharge Summary dated 1/24/19 recorded Resident #5 had an acute left middle-cerebral artery distribution infarction in setting of paroxysmal atrial fibrillation and subtherapeutic INR. The report directed to continue her prior admission dose of Warfarin. The patient and	F 760			

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F 760	Continued From page 7 family have opted for Hospice at long term care facility. The Incident Report dated 1/14/19 documented Staff E noted Resident #5 had not received Coumadin since 12/18/18. Staff F, LPN had noted the order for Coumadin on 11/21/18 and put a stop date instead of keeping it indefinitely. On 12/18/18 when Staff G received the new orders to keep the amount the same, Staff G must not have realized there was a stop date written and the resident would not continue to get the medication. Staff called the protime nurse and informed her of the incident. New orders were noted to start Coumadin tomorrow and draw PT/INR in two weeks. The Nurse Practitioner notified and family. The facility Medications, Administration policy documented: Purpose: 1. To assure that each resident receives the proper medications at the correct time as ordered by their physician. 2. To provide correct medications in correct dose to correct resident. 3. To establish a systematic approach of administering medications to the resident. During a phone interview on 2/13/19 at 8:35 a.m., Staff D, Nurse Practitioner, stated the facility failed to administer Resident #5's Coumadin for approximately one month. The lack of Coumadin did not 100% cause the stroke but it did contribute to it. The resident had been 100 years old and that needed to be considered as well and there was more than one factor that contributed to the resident's stroke.	F 760			

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F 760	Continued From page 8 During an interview on 12/12/19 at 12:50 p.m., Staff C, DON (Director of Nursing) stated Staff E identified the concern with Resident #5's Coumadin. The resident had not received it for a month beginning 12/19/18. On 1/14/19, Staff E completed the lab questionnaire and checked the dose when she realized it had not been given. Staff E notified the physician and Resident #5 had labs and Coumadin orders initiated. On Monday, 1/21/19, the resident woke in the morning and had aphasia and right sided weakness. Resident #5 transferred to the emergency room, she admitted and returned to the facility on 1/27/19. The resident received thickened liquids, required assistance of two staff to transfer and could only respond to questions with "yes". Prior to the stroke, the resident transferred independently at times. The facility implemented changes to avoid further Coumadin errors including staff education, checklists provided to Medication Aides, pharmacy will dispense Coumadin in blister packs versus stock bottles as had previously been done, bi-weekly audits and monitoring of Medication Administration Records and labs. The incident detailed above resulted in an Immediate Jeopardy (IJ) situation for facility residents. The facility abated the IJ situation on 1/21/19 through changes in the pharmacy delivery system of Coumadin, audits and monitoring of resident physician orders and medication records, meeting with laboratory staff and staff education to ensure residents have accurate physician orders and monitoring of essential laboratory tests.	F 760			

F 000

Please accept this plan of correction as our facilities credible allegation of compliance. Completion date of 3/21/2019.

F 550

The facility denies that the alleged facts as set forth constitute a deficiency under interpretations of Federal and/or State law. Preparation and/or execution of this plan of correction does not constitute an admission or agreement by this provider of the truth of the facts alleged or conclusions set forth in this statement of deficiencies. The plan of correction is prepared and /or executed solely because it is required by the provision of federal and/or state law.

This is my credible allegation of compliance to F 550. This allegation does not constitute guilt but that the facility is in compliance to F 550.

Resident #3 no longer resides in facility.

All residents are treated in a dignified manner and are free from any types of abuse/and or undignified treatment.

Staff A was a pool staff member working in the facility on 10/2/18. She was not allowed to return to the facility following her situation with resident #3. The facility's pool supervisor was notified of the situation and that staff A would not be allowed to return to the facility. Staff was educated on 10/11/18 on the facility guidelines related to dignity/abuse.

The facility's QA process will monitor that residents remain free of undignified treatment and or abusive situations. Problems will be corrected as they are observed. Continual abuse education will be provided to staff per rules and regulations and as needed.

58.19(2)a

The facility denies that the alleged facts as set forth constitute a deficiency under interpretations of Federal and/or State law. Preparation and/or execution of this plan of correction does not constitute an admission or agreement by this provider of the truth of the facts alleged or conclusions set forth in this statement of deficiencies. The plan of correction is prepared and /or executed solely because it is required by the provision of federal and/or state law.

This is my credible allegation of compliance to 58.19(2)a: 481—58.19(135C)and 58.19(2). Required nursing services for residents.. This allegation does not constitute guilt but that the facility is in compliance to 58.19(2)a: 481—58.19(135C)and 58.19(2)

Resident #5 is receiving all of their medications including their Warfarin per their Dr's orders.

All residents are receiving all of their medications including Warfarin per their Dr's. orders.

Staff was educated on January 22, 2019 on taking Coumadin orders. Facility began double noting Coumadin order on January 22, 2019 to promote order accuracy. Checklist provided to CMAs to daily initial anticoagulant meds that they administered on their shift in effort to assist with monitoring and follow up on January 21, 2019. Nurses were educated on Feb. 4th and 5th by informatics team on correct Coumadin order entry in the computer system. Meeting with McFarland clinic was held at the facility on 2/1/19 – action plan was reviewed with them – no further recommendations made at that time. All new Coumadin orders are reviewed by DON/designee. Audits are completed 2x per week as a triple check.

The facility's QA process will continue to monitor Coumadin orders/Coumadin order Quality Improvement Program to ensure resident continue to receive their Coumadin per their Dr. orders. Modifications/Corrective changes will be made as needed to continue to meet resident needs.