

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

Citation Number: <b>6977</b>		Date: <b>May 23, 2019</b>		
Facility Name: <b>West Point Care Center Inc</b>		Survey Dates:  <b>April 29, 2019 to May 2, 2019</b>		
Facility Address/City/State/Zip  <b>607 6<sup>th</sup> Street West Point, IA 52656</b>		<b>JS, MW</b>		
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class</b>	<b>Fine Amount</b>	<b>Correction date</b>

<b>58.19(2)j</b>	<p><b>481—58.19(135C) Required nursing services for residents.</b> 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><b>58.19(2) Medication and treatment.</b></p> <p><i>j.</i> Provision of accurate assessment and timely intervention for all residents who have an onset of adverse symptoms which represent a change in mental, emotional, or physical condition. (I, II, III)</p> <p><b>DESCRIPTION:</b></p> <p>Based on record review, observations, and interview the facility failed to provide adequate assessment and intervene to treat pain for 2 of 3 sampled (Residents #15 and #23). The facility reported a census of 29.</p> <p>Findings include:</p> <p>1. The Minimum Data Set (MDS) assessment dated 3/15/19 revealed Resident #15 had diagnoses of muscle weakness, chronic kidney disease, and hypertension. Resident #15 had no cognitive impairments.</p> <p>The MDS dated 3/15/18 documented Resident #15</p>	<b>I</b>	<b>\$3,750 (Held in Suspension)</b>	<b>Upon Receipt</b>
------------------	--	----------	---	-------------------------

\_\_\_\_\_  
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**

<b>Citation Number:</b> <div style="text-align: center; font-weight: bold;">6977</div>		<div style="float: right; border: 1px solid black; padding: 2px;"> <b>Date:</b>  <div style="text-align: center; font-weight: bold;">May 23, 2019</div> </div>		
<b>Facility Name:</b> <div style="font-weight: bold;">West Point Care Center Inc</div>		<b>Survey Dates:</b> <div style="text-align: center; font-weight: bold;">April 29, 2019 to May 2, 2019</div>		
<b>Facility Address/City/State/Zip</b> <div style="font-weight: bold;">607 6<sup>th</sup> Street West Point, IA 52656</div>		<div style="font-weight: bold;">JS, MW</div>		
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class</b>	<b>Fine Amount</b>	<b>Correction date</b>

	<p>required extensive assistance of 1 staff for bed mobility, transfers, dressing, toilet use, and bathing. The MDS revealed Resident #15 had mild pain frequently.</p> <p>The Care Plan revealed Resident #15 had chronic pain related to arthritis, gout, and edema in legs. The Care Plan directed staff to administer pain medications as ordered, apply topical pain relieving agents as ordered, apply morning dose prior to getting out of bed in the morning, attempt alternative methods of pain relief other than medication such as massage and warm packs, consult multidisciplinary team members to address pain, monitor for side effects of Gabapentin, increase mobility with nursing to decrease reports of pain, and pain scale twice a day and as needed to monitor pain symptoms.</p> <p>The Fax dated 2/25/19 revealed the staff informed Resident #15's physician of his painful feet that hindered therapy.</p> <p>The Fax dated 2/27/19 revealed the staff informed the physician Resident #15 had continued with 3 plus pedal edema and staff applied lidocaine cream three times a day that provided some relief. The physician added Metolazone 5 milligrams by mouth for 7 days, recheck basic metabolic panel and then decide if Gapentin needs increased.</p> <p>The Physical Therapy discharge summary dated 3/22/19 revealed Resident #15 only ambulated short distances due to pain.</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: <b>6977</b>		Date: <b>May 23, 2019</b>		
Facility Name: <b>West Point Care Center Inc</b>		Survey Dates: <b>April 29, 2019 to May 2, 2019</b>		
Facility Address/City/State/Zip <b>607 6<sup>th</sup> Street West Point, IA 52656</b>		<b>JS, MW</b>		
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class</b>	<b>Fine Amount</b>	<b>Correction date</b>

	<p>The May 2019 Medication Administration Record (MAR) revealed Resident #15 had the following orders for pain management:</p> <ul style="list-style-type: none"> <li>a. Acetaminophen (Tylenol) 650 milligrams (mg) 1 tablet by mouth three times a day.</li> <li>b. Gabapentin (nerve pain medication) 100 mg by mouth three times a day.</li> <li>c. Lidocaine Cream 4% (topical pain medication) topically three times a day.</li> <li>d. Bio freeze Gel 4% (topical pain medication) topically every 8 hours as needed.</li> </ul> <p>During an observation on 5/1/19 at 8:51 a.m., Staff C (Nurse Aide) assisted Resident #15 to stand up from the wheelchair. Resident #15 grimaced and reported his feet hurt "so bad". Resident #15 continued to grimace and struggled to walk to the bed only a few steps away. Resident #15 reported his medications were not helping lately.</p> <p>During an observation and interview on 5/1/19 at 11:00 a.m., Resident #15 sat in his wheelchair and reported his feet still hurt.</p> <p>The May 2019 MAR revealed a pain assessment ordered twice a day. On 5/1/19, Resident #15 had a pain level of "0" on the day shift. At 12:50 p.m., Resident #15 received Bio freeze gel.</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: <b>6977</b>		Date: <b>May 23, 2019</b>		
Facility Name: <b>West Point Care Center Inc</b>		Survey Dates:  <b>April 29, 2019 to May 2, 2019</b>		
Facility Address/City/State/Zip  <b>607 6<sup>th</sup> Street West Point, IA 52656</b>		<b>JS, MW</b>		
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class</b>	<b>Fine Amount</b>	<b>Correction date</b>

	<p>During an interview on 5/1/19 at 8:00 a.m., the Therapy Program Director reported Resident #15 struggled with therapy due to uncontrolled pain. The Therapy Program Director reported the staff discussed a pain clinic referral. The Therapy Program Director reported Resident #15 received a narcotic pain medication that helped Resident #15's pain but the provider discontinued the medication.</p> <p>During an interview on 5/1/19 at 1:00 p.m., Staff D (Restorative Aide) stated Resident #15 had pain around 9:45 a.m. to 10:00 a.m. and refused to participate in restorative exercises due to the pain in his legs.</p> <p>The clinical record lacked documentation of a pain assessment and intervention for Resident #15's pain.</p> <p>2. The MDS assessment dated 4/8/19 revealed Resident #23 had diagnoses of dementia, depression, and insomnia. Resident #23 had severe cognitive impairments.</p> <p>The MDS dated 4/8/19 documented Resident #23 required extensive assistance of 1 staff for bed mobility, dressing, personal hygiene, and bathing. The MDS documented Resident #23 had no pain. The clinical record lacked documentation of a pain assessment and intervention for Resident #23's pain.</p> <p>The Care Plan revealed Resident #23 had a history of</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: <b>6977</b>		Date: <b>May 23, 2019</b>		
Facility Name: <b>West Point Care Center Inc</b>		Survey Dates:  <b>April 29, 2019 to May 2, 2019</b>		
Facility Address/City/State/Zip  <b>607 6<sup>th</sup> Street West Point, IA 52656</b>		<b>JS, MW</b>		
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class</b>	<b>Fine Amount</b>	<b>Correction date</b>

	<p>chronic pain. The Care Plan directed the staff to apply a warm blanket around the shoulders, monitor pain on a regular basis, consult with the physician for a change in pain level as evidenced by verbal and nonverbal actions, and provide oral and topical medication as ordered by the physician.</p> <p>A 3/11/19 provider's progress note revealed nursing staff reported no concerns.</p> <p>A 4/9/19 provider's progress note revealed nursing staff reported no concerns.</p> <p>The May and April 2019 Medication Administration Record (MAR) revealed Resident #23 had the following orders for pain management:</p> <ul style="list-style-type: none"> <li>a. Acetaminophen (Tylenol) 325 mg 2 tablets by mouth two times a day.</li> <li>b. Ibuprofen (non-narcotic pain medication) 200 mg 1 tablet by mouth as needed two times a day.</li> <li>c. Warm compress to right shoulder four times a day as needed.</li> <li>d. Bio freeze Gel 4% topically three times a day.</li> </ul> <p>During an observation on 4/30/19 at 7:12 a.m., revealed Staff B (Nurse Aide) assisted Resident #23 to walk to the bathroom. Resident #23 stated, my shoulder "hurts so bad" and moaned. Staff A (Licensed Practical NLPN walked into the room and</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**

<b>Citation Number:</b> <div style="text-align: center; font-weight: bold;">6977</div>					<b>Date:</b> <div style="text-align: center; font-weight: bold;">May 23, 2019</div>
<b>Facility Name:</b> <div style="font-weight: bold;">West Point Care Center Inc</div>		<b>Survey Dates:</b> <div style="text-align: center; font-weight: bold;">April 29, 2019 to May 2, 2019</div>			
<b>Facility Address/City/State/Zip</b> <div style="font-weight: bold;">607 6<sup>th</sup> Street West Point, IA 52656</div>		<div style="font-weight: bold;">JS, MW</div>			
<b>Rule or Code Section</b>	<b>Nature of Violation</b>		<b>Class</b>	<b>Fine Amount</b>	<b>Correction date</b>

	<p>Staff B stated to Staff A that the resident's shoulder hurt.</p> <p>Observation on 4/30/19 at 7:51 a.m., revealed Resident #23 sat at the dining room table and stated, "this arm hurts so bad".</p> <p>Observation and interview on 5/1/19 at 8:51 a.m., revealed Resident #23 reported her arm "hurts like the dickens".</p> <p>The April 2019 MAR revealed a pain assessment ordered twice a day. On 4/30/19, Resident #23 had a pain level of "0" on the day shift.</p> <p>The May 2019 MAR revealed a pain assessment ordered twice a day. ON 5/1/19, Resident #23 had a pain level of "0" on the day shift.</p> <p>During an interview on 5/1/19 at 12:26 p.m., Staff A (Licensed Practical Nurse) stated Resident #15's provider discontinued the narcotic pain medication and he needed something stronger. Staff A reported the facility and the family asked the doctor for something stronger. Staff A reported Resident #15 had the Gabapentin increased in the last year. Staff A reported the staff did not report to her that Resident #15 complained of pain on 5/1/19. Staff A reported Resident #23 complained of her shoulder hurting every morning but the doctor would not give her anything more for the pain. Staff A stated the facility sent the doctor faxes regarding this. Staff A stated Resident #23 continued to complain of pain.</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: <b>6977</b>		Date: <b>May 23, 2019</b>		
Facility Name: <b>West Point Care Center Inc</b>		Survey Dates:  <b>April 29, 2019 to May 2, 2019</b>		
Facility Address/City/State/Zip  <b>607 6<sup>th</sup> Street West Point, IA 52656</b>		<b>JS, MW</b>		
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class</b>	<b>Fine Amount</b>	<b>Correction date</b>

	<p>During an interview on 5/1/19 at 1:43 p.m., the Director of Nurses (DON) stated an expectation of staff to inform the charge nurse if a resident expressed pain. The DON reported an expectation of the charge nurse to complete an assessment and then check the MAR for any medications, hot packs, cold packs, lidocaine, or transcutaneous electrical nerve stimulation unit. The DON reported the staff needed to contact the physician if the attempted pain interventions not effective. The DON stated nursing should communicate any complaints of pain residents have made to the provider when they come to the facility to see the residents. Regarding Resident #15, she stated the resident did have an order for Bio freeze and she would place a note in the electronic chart for nurses to administer the resident's cream prior to him getting up. Regarding Resident #23, she stated a warm blanket often would make her feel better and stated staff should speak with the provider and have the resident evaluated again and she should not have to live out the rest of her life in pain.</p> <p>The clinical record lacked documentation of a pain assessment and intervention for Resident #23's pain.</p> <p>The clinical record lacked documentation of communication Resident #23's physician regarding pain from 2/2/19 to 5/2/19.</p> <p>The Resident Examination and Assessment policy revised 7/2018 stated the purpose was to assess for any special situation regarding the resident's care</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: <b>6977</b>		Date: <b>May 23, 2019</b>		
Facility Name: <b>West Point Care Center Inc</b>		Survey Dates:  <b>April 29, 2019 to May 2, 2019</b>		
Facility Address/City/State/Zip  <b>607 6<sup>th</sup> Street West Point, IA 52656</b>		<b>JS, MW</b>		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	including pain. The policy directed staff to report worsening pain to the physician.  <b>FACILITY RESPONSE:</b>			
--	---	--	--	--

\_\_\_\_\_  
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: <b>6977</b>		Date: <b>May 23, 2019</b>		
Facility Name: <b>West Point Care Center Inc</b>		Survey Dates:  <b>April 29, 2019 to May 2, 2019</b>		
Facility Address/City/State/Zip  <b>607 6<sup>th</sup> Street West Point, IA 52656</b>		<b>JS, MW</b>		
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class</b>	<b>Fine Amount</b>	<b>Correction date</b>

\_\_\_\_\_  
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).