

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

<b>Citation Number:</b> <div style="text-align: center; font-weight: bold;">#6999</div>					<b>Date:</b> <div style="text-align: center;">7/2/19</div>
<b>Facility Name:</b> <div style="text-align: center;">ManorCare Health Services</div>		<b>Survey Dates:</b> <div style="text-align: center;">June 3, 2019 to June 18, 2019</div>			
<b>Facility Address/City/State/Zip</b> <div style="text-align: center;">5010 Grand Ridge Drive West Des Moines, IA50265</div>		<b>JS, JM</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 clinical record review and interviews, the facility failed to provide 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 for 2 of 2 residents (Resident #1 and #2) reviewed with <i>Clostridium difficile</i> (C. diff). Resident #1 had loose stools for two weeks. The facility failed to communicate with the resident's symptoms to the Nurse Practitioner in a timely manner, failed to consistently assess the resident regarding her loose, odorous stools, and failed to submit a stool specimen until 10 days after nursing assistants initially reported Resident #1's symptoms. When the facility did obtain stool specimens and sent them to the laboratory (lab) for evaluation, lab personnel were unable to process the specimens. The lab sent a report to the facility</p>	<b>I</b>	<b>\$10, 000</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**

Citation Number: <b>#6999</b>		Date: <b>7/2/19</b>		
Facility Name: <b>ManorCare Health Services</b>		Survey Dates: <b>June 3, 2019 to June 18, 2019</b>		
Facility Address/City/State/Zip <b>5010 Grand Ridge Drive West Des Moines, IA50265</b>		<b>JS, JM</b>		
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class</b>	<b>Fine Amount</b>	<b>Correction date</b>

	<p>informing them they were unable to process the specimens and instructed the facility to call the lab. The facility failed to properly assess Resident #1, provide meaningful interventions, and failed to return a call to the lab. On 5/28/19, Resident #1 presented with an elevated temperature and confusion above baseline and transferred to the hospital where the resident passed away due to septic shock. The facility reported a census of 73 residents.</p> <p>Findings include:</p> <p>1. According to the Minimum Data Set (MDS) assessment tool dated 5/8/19 documented Resident #1 had diagnoses of stroke, seizure disorder and depression and displayed indicators of cognitive impairments. The MDS dated 5/8/19 documented Resident #1 required extensive assist of two staff for all activities of daily living and experienced bowel and bladder incontinence.</p> <p>The Care Plan initiated on 6/15/19 revealed Resident #1 dependent on staff for toilet use, dressing, bathing and transfers.</p> <p>The Care Plan directed the staff to report gastrointestinal distress such as nausea, constipation and diarrhea.</p> <p>The Progress Note dated 5/18/19 at 5:13 p.m. documented a Nurse Aide informed the nurse Resident #1 had a bowel movement that smelled of C. diff. The Nurse received an order to obtain a stool</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>#6999</b>		Date: <b>7/2/19</b>		
Facility Name: <b>ManorCare Health Services</b>		Survey Dates: <b>June 3, 2019 to June 18, 2019</b>		
Facility Address/City/State/Zip <b>5010 Grand Ridge Drive West Des Moines, IA50265</b>		<b>JS, JM</b>		
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class</b>	<b>Fine Amount</b>	<b>Correction date</b>

	<p>specimen to check for C. diff.</p> <p>The 5/1/19 to 5/31/19 Electronic Treatment Administration Record (TAR) revealed the staff obtained stool specimens on 5/19/19 at 5:54 a.m. and 5/25/19 at 3:10 p.m.</p> <p>The Progress Note dated 5/20/19 at 9:52 a.m. revealed the Nurse Practitioner assessed the redness in Resident #1's abdominal folds and groin area. The Nurse Practitioner documented Resident #1 had no other concerns.</p> <p>The Bacteriology Routine Testing collected 5/20/19 at 7:00 a.m. revealed "test canceled" reason not available and please call lab.</p> <p>The Details for Order #59910010725 revealed the test cancelled on 5/20/19 at 2:56 p.m. due to "Prep Inadequate".</p> <p>An untitled document submitted by the facility dated 5/20/19 at 2:56 p.m. revealed the lab cancelled the test for "Prep Inadequate" (59910010725). The document revealed no documentation from facility or lab communicated the lab cancelled.</p> <p>The Progress Note dated 5/22/19 at 3:38 p.m. revealed the Unit Manager assessed Resident #1 for pain. Resident #1 reported constant pain at a level "8" and declined pain medications.</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>#6999</b>		Date: <b>7/2/19</b>		
Facility Name: <b>ManorCare Health Services</b>		Survey Dates: <b>June 3, 2019 to June 18, 2019</b>		
Facility Address/City/State/Zip <b>5010 Grand Ridge Drive West Des Moines, IA50265</b>		<b>JS, JM</b>		
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class</b>	<b>Fine Amount</b>	<b>Correction date</b>

	<p>Lab Order #59910010744RG noted that the facility collected the ordered stool specimen on 5/23/19 at 10:10 a.m.</p> <p>Details for Order #59910010744 noted that the lab cancelled the test on 5/23/19 at 8:18 p.m. due to "Prep Inadequate".</p> <p>The Progress Note dated 5/23/19 at 8:16 p.m. revealed the lab called the Unit Manager and reported a new stool specimen needed as the lab unable to run the collected specimen. The lab directed to place the new specimen in an orange top stool with orange/red liquid.</p> <p>The Orders between 5/5/19 and 6/4/19 revealed an order dated 5/23/19 to cancel test due to specimen not in proper preservative.</p> <p>The Lab Order #59910010753RG revealed Resident #1 had a stool specimen collected on 5/24/19 at 8:25 a.m.</p> <p>The Details for Order #59910010753 noted that the lab cancelled the test on 5/28/19 at 7:28 a.m. due to "No Specimen Received".</p> <p>The Orders between 5/5/19 and 6/4/19 revealed no specimen received and called facility on 5/28/19 at 7:19 a.m. to notify of cancel.</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>#6999</b>		Date: <b>7/2/19</b>		
Facility Name: <b>ManorCare Health Services</b>		Survey Dates: <b>June 3, 2019 to June 18, 2019</b>		
Facility Address/City/State/Zip <b>5010 Grand Ridge Drive West Des Moines, IA50265</b>		<b>JS, JM</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 Progress Notes dated 5/24/19 at 9:39 a.m. revealed the Nurse Practitioner assessment for Resident #1's acute visit for evaluation of diarrhea. Resident #1 reported going up to 5 times a day and occurred with almost every meal. The Nursing staff attempted a stool sampled yesterday, but unsuccessful and a repeat needed today.</p> <p>The Progress Note dated 5/24/19 at 1:26 p.m. revealed the staff awaiting the proper cup for the stool sample.</p> <p>The Progress Note dated 5/25/19 at 3:49 a.m. revealed the staff obtained the stool specimen as ordered.</p> <p>The Progress Notes dated 5/26/19 at 10:54 a.m. revealed Resident #1 received Loperamide (anti-diarrheal medication) 2 milligrams by mouth and medication effective.</p> <p>The Progress Notes dated 5/27/19 at 8:37 a.m. revealed Resident #1 received Loperamide 2 milligrams by mouth for diarrhea.</p> <p>The Progress Notes dated 5/28/19 at 3:57 a.m. revealed Resident #1 presented with diarrhea and generalized pain. Resident #1 had a blood pressure of 99/76, temperature of 100.8 degrees Fahrenheit, a pulse of 173 beats per minute and respirations of 24 per minute. Resident #1 less alert compared to baseline. The staff called the physician who ordered</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>#6999</b>		Date: <b>7/2/19</b>		
Facility Name: <b>ManorCare Health Services</b>		Survey Dates: <b>June 3, 2019 to June 18, 2019</b>		
Facility Address/City/State/Zip <b>5010 Grand Ridge Drive West Des Moines, IA50265</b>		<b>JS, JM</b>		
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class</b>	<b>Fine Amount</b>	<b>Correction date</b>

	<p>to send Resident #1 to the emergency department for evaluation.</p> <p>The Internal Medicine Discharge Summary dated 5/28/19 at 8:29 a.m. documented Resident #1 had diarrhea for more than 10 days and stool specimen sent to the lab by nursing home but no results. Resident #1 received a couple doses of Imodium without improvement. This morning Resident #1 had a temperature of 100.8 degrees Fahrenheit, a blood pressure of 99/76, and respirations of 24 per minute, heart rate of 73 beats per minute and oxygen saturation of 94% on room air. Resident #1 had confusion and transported to the hospital for evaluation. Resident #1 admitted to the Intensive Care Unit for septic shock, C. diff result positive and nasal swab positive for rhino/enterovirus. Resident #1 received oral vancomycin and flagyl with intravenous fluids. Resident #1 had multiple comorbidities and the power of attorney made a decision for comfort cares. Resident #1 passed away on 5/28/19 at 4:39 p.m.</p> <p>During an interview on 6/5/19 at 9:05 a.m., Staff D (Nurse Aide) recalled on Resident #1 had loose stools on 5/12/19. Resident #1 told Staff D she had loose stools for a while. Staff D reported the odor went all the way down the hall. Staff D reported the concern to Staff C (Registered Nurse) on 5/12/19 at 10:00 a.m. or 11:00 a.m. Staff C commented it smelled like C. diff and she would call the doctor for an order for a stool sample. Staff D also told Staff L (Licensed Practical Nurse). Staff L reported he planned to call the doctor when he had time.</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>#6999</b>		Date: <b>7/2/19</b>		
Facility Name: <b>ManorCare Health Services</b>		Survey Dates: <b>June 3, 2019 to June 18, 2019</b>		
Facility Address/City/State/Zip <b>5010 Grand Ridge Drive West Des Moines, IA50265</b>		<b>JS, JM</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 6/5/19 at 1:05 p.m., Staff B (Nurse Aide) recalled Resident #1 had foul smelling loose stools on 5/12/19. Staff B reported the nurse told him on 5/15/19 they were trying to obtain an order to collect a stool sample. Staff B described the smell as horrible and anyone that walked by the room could smell it.</p> <p>During an interview on 6/5/19 at 10:40 a.m., with Staff K (Nurse Aide) revealed that she and other Aids told Staff L (Licensed Practical Nurse) on 5/15/19 about Resident #1 having loose stools. On 5/18/19, she asked Staff H to call the Dr. about Resident #1 having C. diff smelling diarrhea. As she stood at the Nurse's station, Staff K overheard Staff H inform the physician that Resident #1 had diarrhea for close to a week. The Aid said she obtained the sample Staff H asked her to get.</p> <p>During an interview on 6/5/19 at 12:35 p.m., Staff O (Nurse Aide) reported Resident #1 had foul smelling loose stools for 3 weeks before she went to ER. Staff O reported the smell was hard not to notice. Staff O reported Resident #1 had watery and dark green stools. Staff O reported she could tell Resident #1 had C. diff. Staff O and Staff N reported this to the nurses. Staff O reported a week later the nurses asked her to obtain a stool specimen. The nurses kept saying they did not have the right cup.</p> <p>During an interview on 6/5/19 at 3:40 p.m., Staff M (Nurse Aide) reported Resident #1 had foul smelling</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;">#6999</div>		<b>Date:</b> <div style="text-align: center; font-weight: bold;">7/2/19</div>		
<b>Facility Name:</b> <div style="text-align: center; font-weight: bold;">ManorCare Health Services</div>		<b>Survey Dates:</b> <div style="text-align: center; font-weight: bold;">June 3, 2019 to June 18, 2019</div>		
<b>Facility Address/City/State/Zip</b> <div style="font-weight: bold;">5010 Grand Ridge Drive West Des Moines, IA50265</div>		<div style="font-weight: bold;">JS, JM</div>		
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class</b>	<b>Fine Amount</b>	<b>Correction date</b>

	<p>loose stools for 3 times a day for 2 or 3 weeks before she went to the hospital. The smell lingered in the halls and at the nurse's station. Staff M reported Resident #1 had a roommate and never placed on precautions.</p> <p>During an interview on 6/5/19 at 1:20 p.m., Staff I (Licensed Practical Nurse) reported someone had obtained an order by the time she heard about Resident #1 having foul smelling loose stools.</p> <p>During an interview on 6/3/19 at 1:48 p.m., Staff C (Registered Nurse) reported the facility obtained stool specimens for Resident #1 twice and sent them to the lab. However, the lab rejected the samples as they received then in the wrong cups. Staff C reported the day shift nurses obtain the lab specimens and pass it on to the next shift if they cannot obtain them. Staff C reported the staff should notify the physician if they cannot obtain a specimen.</p> <p>During an interview on 6/3/19 at 2:00 p.m., Staff A (Licensed Practical Nurse) reported the lab rejected two stool specimens and she wondered why the staff didn't clarify which cup to use before sending the second specimen. Staff A had communication with the lab on 5/24/19. Staff A inquired about the results. The lab informed Staff A the facility sent the sample in the wrong cup. Staff A spent a significant amount of time on the phone with the lab inquiring about the required cups. The lab requested the facility pick the proper cup up from the lab. Staff A passed this on in report to Staff C. Staff A returned to work the following Monday</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> <b>#6999</b>					<b>Date:</b> <b>7/2/19</b>
<b>Facility Name:</b> <b>ManorCare Health Services</b>		<b>Survey Dates:</b>  <b>June 3, 2019 to June 18, 2019</b>			
<b>Facility Address/City/State/Zip</b>  <b>5010 Grand Ridge Drive West Des Moines, IA50265</b>					
		<b>JS, JM</b>			
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class</b>	<b>Fine Amount</b>	<b>Correction date</b>	

	<p>and understood another sample had been collected. On 5/28/19, Staff A realized the facility did not obtain the proper cups. Staff A reported she had to write an order to obtain the correct cups.</p> <p>During an interview on 6/3/19 at 3:00 p.m., Staff C (Registered Nurse) reported she did not know who ordered lab supplies for the facility. Staff C recalled a series of unsuccessful attempts to obtain the correct cups. Staff C informed the Unit Manager who said she would take care of it.</p> <p>During an interview on 6/6/19 at 6:25 p.m., Staff J (Licensed Practical Nurse) reported the Nurse Aids called her at home on 5/18/19 and reported Resident #1 had frequent episodes of foul smelling loose stools. Staff J told the Nurse Aides to report it to the nurse. The Nurse Aides told Staff J, they were not doing anything about it.</p> <p>During an interview on 6/3/19 at 3:54 p.m., the Unit Manager reported she assessed Resident #1 on 5/22/19 for chronic pain. The Unit Manager could not recall if Resident #1 had bowel symptoms and an order for a stool specimen. The Manager had communication with the lab on 5/23/19. The lab reported they received the stool specimen in the wrong cup and they would need to submit another sample. The Unit Manager passed the information along to the charge nurse. The Unit Manager did not check to see if the cups were available. The Unit Manager reported the lab later told them they could send the specimen in the same cups that they rejected.</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>#6999</b>		Date: <b>7/2/19</b>		
Facility Name: <b>ManorCare Health Services</b>		Survey Dates: <b>June 3, 2019 to June 18, 2019</b>		
Facility Address/City/State/Zip <b>5010 Grand Ridge Drive West Des Moines, IA50265</b>		<b>JS, JM</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 6/4/19 at 8:00 a.m. and 6/5/19 at 7:30 a.m., the Director of Nurses (DON) reported she started working at the facility on 5/15/19 and implemented 24 hour book to enhance communication. The DON reported the facility also used "alert charting" for Residents with acute issues. The DON reported Resident #1 had not been included on the alert charting. The DON reported she was informed Resident #1 had loose stools on 5/18/19 in morning meeting. The DON reported the sampled had been collected, but then heard the next day the lab refused it because of the wrong cup. The DON reported she assessed Resident #1 but did not document her assessments. The DON did not talk to the lab about cancelling the lab tests.</p> <p>During an interview on 6/4/19 at 9:30 a.m. and 10:28 a.m., the Administrator reported she found out about the lab declining the samples provided on 5/28/19 or 5/29/19. The Administrator reported the staff sent the sampled in a sterile specimen and the lab never informed the facility of a change in their protocol. The Administrator did not know why all of a sudden the lab refused to process things in the same cups they previously used. The Administrator reported she called the lab last week and they said the containers were enroute. Knowing that, the Administrator left the building; but called back and confirmed that they arrived with the Unit Manager. The Surveyor informed the Administrator the appropriate cups never arrived. The Administrator said, "They should have notified me if they never got them, they knew to do that." The</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;">#6999</div>		<b>Date:</b> <div style="text-align: center; font-weight: bold;">7/2/19</div>		
<b>Facility Name:</b> <div style="text-align: center; font-weight: bold;">ManorCare Health Services</div>		<b>Survey Dates:</b> <div style="text-align: center; font-weight: bold;">June 3, 2019 to June 18, 2019</div>		
<b>Facility Address/City/State/Zip</b> <div style="text-align: center; font-weight: bold;">5010 Grand Ridge Drive West Des Moines, IA50265</div>		<div style="text-align: center; font-weight: bold;">JS, JM</div>		
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class</b>	<b>Fine Amount</b>	<b>Correction date</b>

	<p>Administrator reported an expectation of staff to notify management if they run into an issue with the lab tests, so they can intervene. The Administrator reported she would have personally gone to the lab and picked them up in order to avoid the delays. The Administrator reported the lab told them yesterday they could send the samples in anything sterile.</p> <p>During an interview on 6/11/19 at 11:15 a.m., the Nurse Practitioner reported she assessed Resident #1 on 5/20/19. The Nurse Practitioner did not note any odor. The Nurse Practitioner had no knowledge Resident #1 had odorous loose stools on 5/18/19. The Nurse Practitioner learned of an issue on 5/24/19 when the lab rejected the stool specimen. This prompted the Nurse Practitioner to assess Resident #1. The Nurse Practitioner reported an expectation of the staff to notify her of their assessment findings and their difficulty with processing lab specimens. The Nurse Practitioner reported untreated C. diff could be fatal. The Nurse Practitioner reported she learned Resident #2 also had diarrhea when she assessed Resident #1. Resident #1 and Resident #2 informed her they had diarrhea for a week.</p> <p>During an interview on 6/6/19 at 12:05 p.m., the Medical Director recalled the staff calling after hours to report a resident had loose stools. The Medical Director did not recall the staff mentioning foul smelling loose stools or suspicions of C. diff. The Medical Director reported he always orders a stool specimen to rule out C. diff with loose stools. The Medical Director had no knowledge the lab refused to process the stool</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>#6999</b>		Date: <b>7/2/19</b>		
Facility Name: <b>ManorCare Health Services</b>		Survey Dates: <b>June 3, 2019 to June 18, 2019</b>		
Facility Address/City/State/Zip <b>5010 Grand Ridge Drive West Des Moines, IA50265</b>		<b>JS, JM</b>		
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class</b>	<b>Fine Amount</b>	<b>Correction date</b>

	<p>samples. The Medical Director indicated it would have been helpful to be notified of the lab refusing to process the sample; someone could have intervened sooner. The Medical Director reported she could have wen to the emergency department to get lab results promptly. When asked, the Medical Director reported each person's immune response is different; so he supposed C. diff could be fatal sometimes.</p> <p>The One-On-One In-service Record dated 6/4/19 noted that the Unit Manager provided education on processing lab orders. The education documented if the staff cannot obtain a lab, they need to notify the physician and document in Nurse's Notes and a place a new order for the lab if applicable.</p> <p>The facility failed to assess Resident #1 from onset of symptoms on 5/18/19 to 5/24/19 when the Nurse Practitioner assessed Resident #1.</p> <p>2. The MDS assessment dated 3/8/19 documented Resident #2 had diagnoses of anxiety, depression and schizophrenia. Resident #2 had no cognitive impairments.</p> <p>The MDS dated 3/8/19 revealed Resident #2 required extensive assistance of two staff for most ADLs and had frequent bowel incontinence.</p> <p>The Care Plan revised 6/5/19 revised revealed Resident #2 had C. diff and required contact isolation. The Care Plan directed the staff to use gowns and masks when changing contaminated linens, instruct</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>#6999</b>		Date: <b>7/2/19</b>		
Facility Name: <b>ManorCare Health Services</b>		Survey Dates: <b>June 3, 2019 to June 18, 2019</b>		
Facility Address/City/State/Zip <b>5010 Grand Ridge Drive West Des Moines, IA50265</b>		<b>JS, JM</b>		
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class</b>	<b>Fine Amount</b>	<b>Correction date</b>

	<p>family and staff on preventive measures to contain the infection, administer medication and intravenous therapy as ordered and monitor for symptoms of weakness, dehydration, fever, nausea, vomiting and blood in her stools. The Care Plan focused on gastrointestinal distress related to diarrhea; with pending lab results and directed the staff to report and record episodes of loose stools and increase in abdominal pain.</p> <p>The Progress Notes dated 5/24/19 at 9:51 a.m. revealed the nursing department requested the Nurse Practitioner to assess Resident #2 for diarrhea that started a week ago. The Nurse Practitioner documented Resident #2 reported episodes of loose stools 2 to 3 times a day. The Nurse Practitioner ordered a stool sample for culture and C. diff, encourage fluids, hold laxatives/stool softeners until diarrhea resolves, Loperamide 2 mg every 6 hours for diarrhea and monitor and notify if the Nurse Practitioner if symptoms do not improve or worsen.</p> <p>The Progress Notes dated 5/24/19 at 1:35 p.m. revealed Nurse Practitioner informed awaiting for a proper sample cup.</p> <p>The Progress Notes dated 5/25/19 at 4:22 a.m., revealed Resident #2 had no bowel movement during the shift.</p> <p>The Progress Notes dated 5/29/19 at 6:17 p.m. revealed Resident #2 had no reports of bowel movement today.</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;">#6999</div>		<b>Date:</b> <div style="text-align: center; font-weight: bold;">7/2/19</div>		
<b>Facility Name:</b> <div style="text-align: center; font-weight: bold;">ManorCare Health Services</div>		<b>Survey Dates:</b> <div style="text-align: center; font-weight: bold;">June 3, 2019 to June 18, 2019</div>		
<b>Facility Address/City/State/Zip</b> <div style="font-weight: bold;">5010 Grand Ridge Drive West Des Moines, IA50265</div>		<div style="font-weight: bold;">JS, JM</div>		
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class</b>	<b>Fine Amount</b>	<b>Correction date</b>

	<p>The Progress Notes dated 5/30/19 at 12:42 p.m. revealed the Nurse Practitioner visited Resident #2. Resident #2 reported she felt okay and she did not have diarrhea over the last 2 days. Resident #2 reported intermittent nausea, but ate her full breakfast. The Nurse Practitioner referred Resident #2 to a nephrologist for further evaluation.</p> <p>The Progress Notes dated 5/30/19 at 2:21 p.m. revealed Resident #2 had had one loose stool during the shift.</p> <p>The Progress Notes dated 6/4/19 at 7:37 a.m. revealed Resident #2 reported she had loose stools. The nurse asked the nurse aide to report any bowel movements.</p> <p>The Progress Notes dated 6/4/19 at 3:14 p.m., revealed Resident #2 had a loose stool today and the Nurse Practitioner reported Resident #2 had an order for C. diff sample.</p> <p>The Progress Notes dated 6/5/19 at 8:00 a.m., revealed the staff collected the stool specimen.</p> <p>The Bacteriology Routine Testing dated 6/5/19 at 7:30 a.m., revealed Resident #2 tested positive for C. diff and directed to maintain contact precautions.</p> <p>During an interview on 6/11/19 at 11:15 a.m., the Nurse Practitioner reported she assessed Resident #1 on 5/20/19. The Nurse Practitioner did not note any</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>#6999</b>		Date: <b>7/2/19</b>		
Facility Name: <b>ManorCare Health Services</b>		Survey Dates: <b>June 3, 2019 to June 18, 2019</b>		
Facility Address/City/State/Zip <b>5010 Grand Ridge Drive West Des Moines, IA50265</b>		<b>JS, JM</b>		
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class</b>	<b>Fine Amount</b>	<b>Correction date</b>

	<p>odor. The Nurse Practitioner had no knowledge Resident #1 had odorous loose stools on 5/18/19. The Nurse Practitioner learned of an issue on 5/24/19 when the lab rejected the stool specimen. This prompted the Nurse Practitioner to assess Resident #1. The Nurse Practitioner reported an expectation of the staff to notify her of their assessment findings and their difficulty with processing lab specimens. The Nurse Practitioner reported untreated C. diff could be fatal. The Nurse Practitioner reported she learned Resident #2 also had diarrhea when she assessed Resident #1. Resident #1 and Resident #2 informed her they had diarrhea for a week.</p> <p>The Progress Notes dated 6/5/19 at 11:06 a.m. revealed the Nurse Practitioner visited Resident #2 and completed a note. Resident #2 had intermittent episodes of loose stools over the last 2 weeks. Resident #2 had two watery stools this morning. A stool sample for C. diff in process. Resident #2 reported some mild abdominal discomfort and nausea.</p> <p>During an interview on 6/3/19 at 12:35 p.m., Resident #2 reported she stayed in her room most of the time. The Resident #1 reported her roommate (Resident #1) had foul smelling stools since she moved in with her 6 months ago. Resident #2 reported her roommate passed away in May reportedly from C. diff.</p> <p>During a subsequent interview on 6/11/19 at 8:08 a.m., Resident #2 reported the staff placed her on isolation for C. diff about 6 days ago. Resident #2 reported C. diff is contagious and she told the facility she got it</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>#6999</b>		Date: <b>7/2/19</b>		
Facility Name: <b>ManorCare Health Services</b>		Survey Dates: <b>June 3, 2019 to June 18, 2019</b>		
Facility Address/City/State/Zip <b>5010 Grand Ridge Drive West Des Moines, IA50265</b>		<b>JS, JM</b>		
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class</b>	<b>Fine Amount</b>	<b>Correction date</b>

	<p>from her roommate, Resident #1.</p> <p>During an interview on 6/11/19 at 7:57 a.m., Staff N (Nurse Aide) reported Resident #2 had loose stools for as long as Resident #1 had them. Staff N reported Resident #2 placed on isolation last week. Staff N said they asked a Nurse to obtain an order for a stool sample for Resident #2 at the same time they asked about Resident #1. Staff N reported the nurse informed stated the Resident needed to have 3 loose stools in a row in order to request an order for a specimen. Staff N reported Resident #2 had loose stools every day that she worked.</p> <p><b>FACILITY RESPONSE:</b></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>#6999</b>		Date: <b>7/2/19</b>		
Facility Name: <b>ManorCare Health Services</b>		Survey Dates: <b>June 3, 2019 to June 18, 2019</b>		
Facility Address/City/State/Zip <b>5010 Grand Ridge Drive West Des Moines, IA50265</b>		JS, JM		
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).

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

Citation Number: <b>#6999</b>		Date: <b>7/2/19</b>		
Facility Name: <b>ManorCare Health Services</b>		Survey Dates: <b>June 3, 2019 to June 18, 2019</b>		
Facility Address/City/State/Zip <b>5010 Grand Ridge Drive West Des Moines, IA50265</b>		JS, JM		
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).