

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

PRINTED: 07/14/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165149	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 07/11/2019
NAME OF PROVIDER OR SUPPLIER  ROWLEY MEMORIAL MASONIC HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 3000 EAST WILLIS AVENUE PERRY, IA 50220		
(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	INITIAL COMMENTS  Correction Date <u>7/30/2019</u>  Investigation of Complaints #83497-C and #83503-C resulted in the following deficiencies.  Complaint #83497-C was substantiated. Complaint #83503-C was substantiated.  See Code of Federal Regulations (42CFR) Part 483 Subpart B-C.  F 600 Free from Abuse and Neglect SS-J CFR(s): 483.12(a)(1)  §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms.  §483.12(a) The facility must-  §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to ensure the resident had the right to be free from abuse, neglect, misappropriation of resident property, and exploitation. The facility failed to keep Resident #7 safe from Resident #6's sexual abuse. The facility was aware Resident #7 targeted Resident #6 and failed to	F 000			
		F 600			

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

TITLE

(X6) DATE

07/11/2019

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 600	<p>Continued From page 1</p> <p>provide adequate monitoring to prevent incidents. The facility reported a census of 39 residents.</p> <p>Findings include:</p> <p>Resident #6's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) dated 5/6/19 documented diagnoses of unspecified dementia without behavioral disturbance, sexual disorder, human immunodeficiency virus (HIV) disease, disease of anus and rectum and malignant neoplasm of the skin. A Brief Interview for Mental Status (BIMS) score of 3. A score of 3 indicated severe cognitive impairment. The MDS indicated the resident was independent with supervision with ambulation, transfer and limited assistance with toileting.</p> <p>The resident's care plan with a focus date 3/20/19 identified inappropriate sexual behaviors requiring medication to suppress urges. Interventions included Lupron Depot injection monthly, monitor interactions between other residents. A focus area dated 4/17/19 identified the resident as wandering aimlessly. Interventions directed staff to distract and offer diversions.</p> <p>A geriatric nursing home visit documented by the physician and dated 4/11/19 revealed the physician saw the resident for severe dementia which was severe and long standing and severe sexual disinhibition. An assessment &amp; plan listed sexual disinhibition involving stalking another male resident, going into his room and closing the door. The resident abused himself by placing various objects, i.e. a shower head up his anus. The physician reported the resident placed himself and other residents at risk.</p>	F 600			

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F 600	<p>Continued From page 2</p> <p>An incident report dated 5/10/19 documented the resident inappropriately touched Resident #7 by placing his hand down the back side of Resident #7's pants. Staff separated both residents and notified the resident's physician. Resident #6's physician directed staff to administer a onetime dose of medication.</p> <p>Progress notes dated 5/11/19 at 2:00 a.m. documented the resident rested in his room with staff seated outside the resident's room monitoring the resident's whereabouts.</p> <p>Progress notes dated 5/11/19 at 6:44 p.m. identified the resident without behaviors. The resident continued with normal activity without signs of aggression or fear towards or against staff or residents.</p> <p>Progress notes dated 5/13/19 at 5:05 a.m. identified the resident as restless, wandering throughout the unit and checking door locks. The resident would sit in his room for a few minutes, then would sit in the day hall for a few minutes without having any contact with other residents.</p> <p>An incident report dated 5/13/19 at 11:00 a.m. documented staff witnessed the resident touching Resident #7's genital area. The resident then began to place his hand inside Resident #7's pants. Staff separated both residents. Progress notes dated 5/13/19 at 12:40 p.m. documented staff called the resident's physician and reported the inappropriate sexual contact with Resident #7. The resident's physician directed staff to have the resident evaluated/treated at a local hospital emergency room related to the behavior exhibited.</p>	F 600			

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F 600	<p>Continued From page 3</p> <p>Resident #7 (victim)</p> <p>Resident #7's MDS with an ARD dated 2/21/19 documented diagnoses of Alzheimer's disease and restlessness and agitation. A Staff Assessment for Mental Status indicated severe cognitive impairment. The resident needed extensive assistance with bed mobility, transfer, dressing, toileting, personal hygiene and supervision of 1 staff for ambulation.</p> <p>The resident's care plan with a focus area date of 7/6/15 documented the resident wandered daily and was an elopement risk. Interventions directed staff to increase supervision during periods of increased wandering and agitation. A focus area dated 7/8/15 documented cognitive impaired thought processes and having difficulty communicating. Interventions directed staff to closely supervise activities and interactions with others. A focus area dated 10/3/18 identified the resident's inability to care for himself. Interventions directed staff to monitor the resident for episodes of anxiety, fear and distress.</p> <p>Staff Interviews:</p> <p>On 5/29/19 at 11:05 a.m. Staff H, certified nursing assistant (CNA) reported he assisted another resident to bed when another resident reported seeing Resident #6 entering Resident #7's room. Staff H entered Resident 7's room and found Resident #6 pinned Resident #7 against the door and placed his hand in Resident 7's pants. Staff H separated both residents and reported the incident the nurse. Staff H reported two CNA's were assigned to work in the dementia unit but the other CNA went home ill, leaving only one staff working in the dementia unit. Staff H stated</p>	F 600			

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F 600	<p>Continued From page 4</p> <p>he completed an incident report. The interim director of nursing and Administrator directed him to keep both residents separate from each other.</p> <p>On 5/29/19 at 11:50 a.m. Staff D, registered nurse (RN) reported she heard of the incident dated 5/10/19 between Resident #6 and Resident #7 from other staff. Staff had reported they saw Resident #6 looking at Resident #7.</p> <p>On 5/29/19 at 10:20 a.m. Staff B, licensed practical nurse (LPN) reported she knew about the incident dated 5/10/19 between Resident #6 and Resident #7. She reported there was a prior incident where staff had found Staff #6's hand in Resident #7's pants. Following that, a note posted in the nurse's station directed staff to transfer the resident to a hospital emergency room for evaluation/treatment if the resident exhibited inappropriate sexual behavior toward other residents. The note directed staff to request a 72 hour hold and not to allow the resident to return to the facility. She reported the note had been removed from the nurse's station and didn't know where it had went.</p> <p>On 6/3/19 at 1:25 p.m., the interim director was asked why Resident #6's care plan did not contain information and interventions to reflect the events of 5/10/19. She stated she didn't update care plans, that it was Staff D's responsibility to update care plans. She stated after the incident of 5/10/19, staff reported Resident #6 had a liking toward Resident #7 and she knew the resident to be previously "fixated" on and demonstrating a liking of Resident #7.</p> <p>On 6/3/19 at 2:06 p.m., the previous director of nursing reported the resident would "prey" on and</p>	F 600			

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F 600	<p>Continued From page 5</p> <p>stalk Resident #7 when no one watched. The physician treated the resident for sexual disinhibition (geriatric visit of 4/11/19) and was to see the resident again but the facility didn't renew the contract.</p> <p>On 6/3/19 at 2:15 p.m. the previous assistant director of nursing reported Resident #6 would try to go in Resident #7's room. She reported the physician saw Resident #6 (referencing the physician visit of 4/11/19) for bizarre behaviors. She stated progress notes were not written related to the resident's behaviors.</p> <p>On 6/5/19 at 8:35 a.m. Staff E, CNA reported Resident #6 would sit next to Resident #7. She had heard from other staff of an incident prior to the event of 5/10/19. She reported staff reported a previous incident where the resident had put his hand down Resident #7's pants.</p> <p>Abatement:</p> <p>The immediate jeopardy was abated 6/13/19 after the facility implemented the following:</p> <p>15 minute checks</p> <p>Journaling for a minimum of 72 hours to determine behaviors and patterns to develop a resident specific plan of care. After 72 hours, notes will be reviewed and monitoring will continue as needed based on that review</p> <p>Provide 1 to 1 if needed during periods of increased behaviors such as during weather changes and storms</p> <p>Targeted behaviors will be determined and</p>	F 600			

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F 600	<p>Continued From page 6 monitored.</p> <p>Provide privacy for self satisfaction if resident is in an appropriate location</p> <p>For sexual behaviors that impact others: intervene and assist the resident to his room and provide privacy. Then protect other residents. provide 1 to 1 until behavior that impacts others subsides.</p> <p>Social worker to do weekly 1 to 1 for 4 weeks to review behaviors and ensure interventions are successful.</p> <p>Report all behaviors to supervisor and nurse will document in the record to ensure there is an accurate record on file.</p> <p>The Director of Nursing (DON) and Social services director will contact behavioral health doctor weekly for 4 weeks to collaborate on behaviors and treatments.</p> <p>Keep Resident #6 and Resident #7 separated.</p> <p>Staff for monitoring of behaviors as follows: Day shift staffing for the unit will not be less than 2 nursing staff at all times PM shift staffing for the unit will not be less than 2 nursing staff at all times Supervision at night (10 p to 6 a) will be done by a staff member of the facility with the intent that this staff will immediately notify the nursing staff to assist him if he attempts to go in another resident room or attempts to make contact with another resident. There will not be less that 2 staff at all times. Breaks of staff on this unit will be covered by</p>	F 600			

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F 600	Continued From page 7 another staff to ensure there are always 2 staff members.  Staff were educated on the above interventions.  Any future resident who exhibit sexually inappropriate behaviors who plan to admit to the facility or develop behaviors will be reviewed to ensure their behavior care plan includes actions to take to protect others from unwanted sexual behavior.  Audits of Resident #6's behaviors completed every day in fact several times a day. Ongoing auditing will be determined by the resident's behaviors. Results of audits will be reviewed through the facility quality assurance (QAPI) process to determine next steps.	F 600			
F 622 SS=D	Transfer and Discharge Requirements CFR(s): 483.15(c)(1)(i)(ii)(2)(i)-(iii)  §483.15(c) Transfer and discharge- §483.15(c)(1) Facility requirements- (i) The facility must permit each resident to remain in the facility, and not transfer or discharge the resident from the facility unless- (A) The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility; (B) The transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility; (C) The safety of individuals in the facility is endangered due to the clinical or behavioral status of the resident; (D) The health of individuals in the facility would otherwise be endangered;	F 622			



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F 622	<p>Continued From page 8</p> <p>(E) The resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the facility. Nonpayment applies if the resident does not submit the necessary paperwork for third party payment or after the third party, including Medicare or Medicaid, denies the claim and the resident refuses to pay for his or her stay. For a resident who becomes eligible for Medicaid after admission to a facility, the facility may charge a resident only allowable charges under Medicaid; or</p> <p>(F) The facility ceases to operate.</p> <p>(ii) The facility may not transfer or discharge the resident while the appeal is pending, pursuant to § 431.230 of this chapter, when a resident exercises his or her right to appeal a transfer or discharge notice from the facility pursuant to § 431.220(a)(3) of this chapter, unless the failure to discharge or transfer would endanger the health or safety of the resident or other individuals in the facility. The facility must document the danger that failure to transfer or discharge would pose.</p> <p>§483.15(c)(2) Documentation. When the facility transfers or discharges a resident under any of the circumstances specified in paragraphs (c)(1)(i)(A) through (F) of this section, the facility must ensure that the transfer or discharge is documented in the resident's medical record and appropriate information is communicated to the receiving health care institution or provider.</p> <p>(i) Documentation in the resident's medical record must include:</p> <p>(A) The basis for the transfer per paragraph (c)(1)(i) of this section.</p> <p>(B) In the case of paragraph (c)(1)(i)(A) of this</p>	F 622			

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F 622	<p>Continued From page 9</p> <p>section, the specific resident need(s) that cannot be met, facility attempts to meet the resident needs, and the service available at the receiving facility to meet the need(s).</p> <p>(ii) The documentation required by paragraph (c) (2)(i) of this section must be made by-</p> <p>(A) The resident's physician when transfer or discharge is necessary under paragraph (c) (1) (A) or (B) of this section; and</p> <p>(B) A physician when transfer or discharge is necessary under paragraph (c)(1)(i)(C) or (D) of this section.</p> <p>(iii) Information provided to the receiving provider must include a minimum of the following:</p> <p>(A) Contact information of the practitioner responsible for the care of the resident.</p> <p>(B) Resident representative information including contact information</p> <p>(C) Advance Directive information</p> <p>(D) All special instructions or precautions for ongoing care, as appropriate.</p> <p>(E) Comprehensive care plan goals;</p> <p>(F) All other necessary information, including a copy of the resident's discharge summary, consistent with §483.21(c)(2) as applicable, and any other documentation, as applicable, to ensure a safe and effective transition of care.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interviews, the facility failed to permit each resident to remain in the facility, and not transfer or discharge the resident from the facility unless-(A) The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility;(B) The transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility;</p>	F 622			

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F 622	<p>Continued From page 10</p> <p>(C) The safety of individuals in the facility is endangered due to the clinical or behavioral status of the resident;</p> <p>(D) The health of individuals in the facility would otherwise be endangered for 1 of 2 residents. The facility failed to allow Resident #6 to return to the facility following evaluation in the ER (emergency room) following an incident of sexual contact with another resident. The facility reported a census of 39 residents.</p> <p>Findings include:</p> <p>Resident #6's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) dated 5/6/19 documented diagnoses of unspecified dementia without behavioral disturbance, sexual disorder, human immunodeficiency virus (HIV) disease, disease of anus and rectum and malignant neoplasm of the skin. A Brief Interview for Mental Status (BIMS) score of 3. A score of 3 indicated severe cognitive impairment. The MDS indicated the resident was independent with supervision with ambulation, transfer and limited assistance with toileting.</p> <p>The resident's care plan with a focus date 3/20/19 identified inappropriate sexual behaviors requiring medication to suppress urges. Interventions included Lupron Depot injection monthly, monitor interactions between other residents. A focus area dated 4/17/19 identified the resident as wandering aimlessly. Interventions directed staff to distract and offer diversions.</p> <p>A geriatric nursing home visit dated 4/11/19 documented the physician saw the resident for severe dementia which was severe and long standing and severe sexual disinhibition. An</p>	F 622			

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F 622	<p>Continued From page 11</p> <p>assessment &amp; plan listed sexual disinhibition involving stalking another male resident, going into his room and closing the door. The resident abused himself by placing various objects, i.e. a shower head up his anus. The physician reported the resident placed himself and other residents at risk.</p> <p>An incident report dated 5/10/19 documented the resident inappropriately touched Resident #7 by placing his hand down the back side of Resident #7's pants. Staff separated both residents, notified the resident's physician. Resident #6's physician ordered a onetime dose of medication to be given.</p> <p>Progress notes dated 5/11/19 at 2:00 a.m. documented the resident rested in his room with staff sitting outside the resident's room and monitoring the resident's whereabouts. Progress notes dated 5/11/19 at 6:44 p.m. noted the resident without behaviors and he continued with normal activity without signs of aggression or fear towards or against staff or residents.</p> <p>Progress notes dated 5/13/19 at 5:05 a.m. documented the resident as restless, wandering throughout the unit and checking door locks. The resident sat in his room for a few minutes, then sat in the day hall for a few minutes without having any contact with other residents.</p> <p>An incident report dated 5/13/19 at 11:00 a.m. documented staff witnessed the resident touching Resident #7's genital area and then began to place his hand inside Resident #7's pants. Staff separated both residents, Progress notes dated 5/13/19 at 12:40 p.m. documented staff called the resident's physician and reported the</p>	F 622			

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

PRINTED: 07/14/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>165149</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>07/11/2019</b>
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F 622	<p>Continued From page 12</p> <p>inappropriate sexual contact with Resident #7. The resident's physician directed staff to have the resident evaluated/treated at a local hospital emergency room related to the behavior exhibited.</p> <p>During an interview dated 5/29/19 at 11:05 a.m. Staff H, a certified nursing assistant (CNA) reported he assisted another resident to bed when another resident reported seeing Resident #6 entering Resident #7's room. Staff H entered Resident 7's room and found Resident #6 pinned Resident #7 against the door and placed his hand in Resident 7's pants. Staff H separated both residents and reported the incident the nurse. Staff H identified two CNA's assigned to work in the dementia unit but the other CNA went home ill, leaving only one staff working in the dementia unit. Staff H stated he completed an incident report. The interim director of nursing and Administrator directed him to keep both residents separate from each other.</p> <p>During an interview dated 5/29/19 at 10:20 a.m. Staff B, a licensed practical nurse (LPN) reported she knew about the incident dated 5/10/19 between Resident #6 and Resident #7. She reported a prior incident before 5/10/19 where staff found Staff #6's hand in Resident #7's pants. Staff posted a note in the nurse's station directing staff to transfer the resident to a hospital emergency room for evaluation/treatment if the resident had any inappropriate sexual behavior toward other residents. Staff were directed to request a 72 hour hold and not to allow the resident to return to the facility. She reported the note removed from the nurse's station and she didn't know where it went.</p>	F 622			

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

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F 622	<p>Continued From page 13</p> <p>During an interview dated 6/3/19 at 1:25 p.m., the interim director was asked why Resident #6's care plan did not contain interventions following the 5/10/19 incident. She stated she didn't update care plans, that it was Staff D's responsibility to update care plans. She stated after the incident of 5/10/19 staff had reported Resident #6 had a liking toward Resident #7 the resident had previously demonstrated a liking toward and "fixated" on Resident #7.</p> <p>During an interview dated 6/3/19 at 2:06 p.m., the previous director of nursing reported the resident would "prey" on and stalk Resident #7 when no one was watching. The physician treating the resident for his sexual disinhibition (geriatric visit of 4/11/19) was to see the resident again but the facility didn't renew the contract.</p> <p>During an interview dated 6/3/19 at 2:15 p.m. the previous assistant director of nursing reported Resident #6 would try and go into Resident #7's room. She reported Resident #6 had been seen by a physician (referencing the physician visit of 4/11/19) for his bizarre behaviors. She state progress notes were not written related to the resident's behaviors.</p> <p>During an interview dated 6/5/19 at 8:35 a.m. Staff E, CNA reported Resident #6 would sit next to Resident #7. She had heard from other staff there had been a prior to the event of 5/10/19. She reported staff had reported there had been a previous incident where the resident had put his hand down Resident #7's pants.</p> <p>A letter from the facility addressed to the resident dated 5/13/19 notified the resident of an emergency discharge notice effective that day.</p>	F 622			

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

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FORM APPROVED  
OMB NO. 0938-0391

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F 622	<p>Continued From page 14</p> <p>The letter stated the facility worked with the resident and his physician to ensure other residents are safe in his presence. Incidents dated 5/10/19 and 5/13/19 jeopardized the safety and emotional well-being of another resident. Because of this, the facility cannot allow the resident to reside at the facility, effective immediately.</p> <p>An interview dated 5/29/19 at 6:55 a.m., the Administrator reported she discharged the resident because of two incidents that occurred between the resident and Resident #7. She reported the resident had prior incidents of making inappropriate gestures toward staff, i.e. grabbing his groin and sticking his tongue out at them. He also made inappropriate comments "horizontal Hulu", and wanting to have sex with them (staff). The resident previously referred to Resident #7 as his husband.</p> <p>During an interview dated 5/29/19 at 11:13 a.m., Staff A, RN stated on 5/13/19 she notified the Administrator of an incident that occurred that morning. She met with the interim director of nursing and the Administrator and they discussed the safety of other residents and how to manage Resident #6's behavior. Staff had called the resident's physician, asked for and received an order to transfer the resident for inpatient treatment. Staff A reported a decision had been made to initiate an emergency discharge of the resident from the facility. They made the decision before the resident transferred to a hospital emergency room for evaluation/treatment.</p> <p>The facility sent a letter to the State Agency, the resident's physician, the Ombudsman and the resident's guardian. The same day the resident's</p>	F 622			

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

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F 622	<p>Continued From page 15</p> <p>family member returned a call made by the Administrator. Staff A explained the events of 5/10/19 &amp; 5/13/19 to the family member. She reported the Administrator spoke to the resident's family member about the two incidents and the emergency discharge as they could not manage the resident's sexual behaviors. Later a hospital emergency room nurse called and reported an assessment indicated the resident wasn't acutely ill and was discharging the resident back to the facility. The Administrator notified the hospital the facility would not re-admit the resident.</p> <p>A court document dated 5/23/19 revealed a hearing occurred regarding the resident's emergency involuntary discharge. The discharge notice did not state where the resident would discharge to, whether he was discharged by a physician and if he underwent evaluation. The resident's guardian stated she was not informed the facility could not manage the resident prior to the resident's transfer to the hospital. Since 5/13/19 the resident resided at the hospital. The resident would be homeless if the hospital stopped caring for him. The court document concluded the facility failed to mention the resident's sexually aggressive behavior in the discharge document and when the resident arrived at the hospital, they did not believe they were taking custody of the resident. The physician order for the transfer merely stated the resident required evaluation. The court document revealed the emergency involuntary discharge was incorrect and identified the facility may need to hire more staff to individually supervise the resident or seek medication adjustments. The judge signed the order 6/4/19.</p> <p>A facility admission identified the resident</p>	F 622			



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

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F 622	Continued From page 16 returned to the facility 6/11/19 from the hospital. The resident's status upon arrival was documented as "sedated".	F 622			
F 644 SS=D	Coordination of PASARR and Assessments CFR(s): 483.20(e)(1)(2)  §483.20(e) Coordination. A facility must coordinate assessments with the pre-admission screening and resident review (PASARR) program under Medicaid in subpart C of this part to the maximum extent practicable to avoid duplicative testing and effort. Coordination includes:  §483.20(e)(1) Incorporating the recommendations from the PASARR level II determination and the PASARR evaluation report into a resident's assessment, care planning, and transitions of care.  §483.20(e)(2) Referring all level II residents and all residents with newly evident or possible serious mental disorder, intellectual disability, or a related condition for level II resident review upon a significant change in status assessment. This REQUIREMENT is not met as evidenced by: Based on record review, therapist, resident and staff interviews, the facility failed to incorporate the recommendations from the PASARR level II determination and the PASARR evaluation report into a resident's care plan for one of 7 residents reviewed. The facility failed to implement recommended PASSAR interventions for Resident #1. Facility census was thirty-nine residents.  Findings include:	F 644			

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

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F 644	<p>Continued From page 17</p> <p>1. Resident #1's Minimum Data Set (MDS) with an assessment reference date (ARD) dated 2/27/19 documented diagnoses of sepsis due to methicillin resistant staphylococcus aureus (MRSA), alcohol dependence uncomplicated, dissociative and conversion disorder unspecified, non-rheumatic mitral valve insufficiency, altered mental status and non-pressure chronic ulcer left foot and diabetes mellitus. A Brief Interview for Mental Status (BIMS) documented a score of 15. A score of 15 indicated normal cognition. The resident needed supervision of one staff with bed mobility, ambulation and personal hygiene.</p> <p>A PASSAR (preadmission screening and resident review) completed 4/10/19 identified Resident 31 met the criteria for having a diagnosis of mental illness as defined by PASSAR. The resident's Axis 1 primary diagnosis was Alcoholism (sober for 8 months) and Axis 1 secondary diagnosis was personality change.</p> <p>The PASSAR and care plan identified the resident needed the following services while a resident at the facility:</p> <p>A care plan with initiation date of 3/15/19 revealed a focus area of "resident wishes to return to the community". The interventions section identified and include the following PASARR interventions dated 3/15/19 to assist the resident with mental health concerns:</p> <p>A support group for recovery from substance abuse (AA, NA, etc) which has significantly impacted his life and mental health; he has maintained sobriety for 8 months and would benefit from a support group for recovery from</p>	F 644			

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

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F 644	<p>Continued From page 18 substance abuse use</p> <p>Group therapy by a licensed health professional due to multiple life stressors including physical decline and recent homelessness. he may benefit from group therapy to develop, explore and examine interpersonal relationships with others who have experienced similar circumstances.</p> <p>Individual therapy by a licensed behavioral health professional (may include mobile therapy) He is currently participating in monthly individualized therapy however, he feels more frequent sessions possibly weekly would help him process his feelings and better manage his symptoms</p> <p>He would benefit from case management services to identify and arrange for services and supports necessary to live successfully in the community; barriers to living successfully in the community include a history of excessive alcohol use in an unsupported environment.</p> <p>Partial hospital treatment-he would benefit from participation in partial hospitalization or a day treatment program for opportunities to engage with peers.</p> <p>Psychiatric services by a psychiatrist to evaluate response to psychotropic medications, modify medication orders and to evaluate ongoing need for additional behavioral health services. He currently receives services through Eyerly Ball health. He currently receives mental health through Eyerly Ball.</p> <p>Referral to outpatient substance use treatment-he has abstained from alcohol for 8 months and would benefit from a referral to community based</p>	F 644			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 644	<p>Continued From page 19</p> <p>recovery center to maintain sobriety.</p> <p>There was no evidence the facility followed through with interventions to assist the resident with his mental health/substance abuse concerns. The resident saw Eyerly Ball once on 3/11/19. He was evaluated by a new therapist on 4/30/19 and identified he would like weekly visits. He was seen once after the initial visit on 5/14/19. A psychiatrist note dated 5/17/19 identified the first psychiatrist visit. There was no evidence the resident went to AA/NA, group therapy, outpatient or received case management services.</p> <p>During an interview dated 7/1/19 at 9:00 a.m., Staff M, a social services designee, recently hired by the facility, reported the facility had social services notes dated 2/1/19-2/19/19. There were no other social service notes found until after the last hospitalization starting on 6/4/19. She reported she reviewed the resident's electronic chart and found no other information of the resident's activity related to the interventions listed the care plan specific to the focus area specific to PASRR 1 Positive; described previously.</p> <p>During an interview dated 7/1/19 at 10:30 a.m. the resident reported when he resided at another nursing facility, he attended individual counseling at a local mental health agency. He reported he didn't remember how many times he received counseling. When he transferred to this facility he contacted a local mental health agency on 4/30/19 for an initial assessment and began seeing a therapist weekly and a psychiatrist every two months. He also reported he started going to alcoholic anonymous daily sometime the beginning of 6/1/19.</p>	F 644			

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

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F 644	Continued From page 20  On 7/3/19 at 10:15 a.m. the mental health therapist with Eyerly Ball stated the resident was evaluated through telehealth while he resided at another facility. He reported he saw the resident once on 3/11/19 after he moved to Rowley. The report from the visit revealed the resident had good judgement and melancholic mood. He identified the resident should have another telehealth appointment in 2 months. There was no evidence the resident returned in 2 months. The therapist revealed the resident did not mention suicidal thoughts, anxiety or hallucinations during the 5/14/19 visit.  During an interview dated 7/1/19 at 11:00 a.m. the mental-health therapist who currently counsels the resident reported an initial assessment completed on 4/30/19. The resident reported he felt depressed, had an alcohol abuse problem and wanted weekly counseling. The resident requested medication management and assistance with placement into a group home. The resident currently sees a psychiatrist every two months. The resident attended individual counseling beginning 5/14/19-6/24/19.	F 644			
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)  §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive	F 656			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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F 656	<p>Continued From page 21</p> <p>assessment. The comprehensive care plan must describe the following -</p> <p>(i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and</p> <p>(ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6).</p> <p>(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, resident and staff interviews, the facility failed to develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights, that includes measurable objectives and timeframes to meet a resident's</p>	F 656			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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F 656	<p>Continued From page 22</p> <p>medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment for 2 of 4 residents. The facility failed to develop care plans that contained health symptoms with established interventions to keep 2 of 4 residents (Resident #1 &amp; Resident #6) safe from harming themselves or other residents. The facility reported a census of 39 residents.</p> <p>Findings include:</p> <p>1. Resident #1's Minimum Data Set (MDS) with an assessment reference date (ARD) dated 2/27/19 documented diagnoses of sepsis due to methicillin resistant staphylococcus aureus (MRSA), alcohol dependence uncomplicated, dissociative and conversion disorder unspecified, non-rheumatic mitral valve insufficiency, altered mental status and non-pressure chronic ulcer left foot and diabetes mellitus. A Brief Interview for Mental Status (BIMS) documented a score of 15. A score of 15 indicated normal cognition. The resident needed supervision of one staff with bed mobility, ambulation and personal hygiene.</p> <p>A care plan dated 3/15/19 contained a focus area that identified the resident wished to return to the facility and contained interventions of individual therapy through an outside agency. The care plan directed the resident to receive case management services to identify and arrange for services and supports necessary to live successfully in the community related to barriers to living successfully in the community including a history of alcohol use in an unsupervised environment, referral to community based recovery center as the resident had a long history of substance abuse, which impacted his life and mental health, self-health care management to</p>	F 656			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165149	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 07/11/2019
NAME OF PROVIDER OR SUPPLIER  ROWLEY MEMORIAL MASONIC HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 3000 EAST WILLIS AVENUE PERRY, IA 50220		
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F 656	<p>Continued From page 23</p> <p>gain insight into his health conditions and to assist him in identifying his support needs and the importance of following up with care providers. A focus area specific to PASRR 1 Positive - Notice of Nursing facility approval dated 3/15/19 identified interventions including ongoing psychiatrist to evaluate response and effectiveness to psychotropic medications, referral for substance abuse treatment for outpatient substance abuse treatment to maintain sobriety. A focus area specific to the use of anti-anxiety medication included interventions to monitor/document any adverse reactions to anti-anxiety therapy: drowsiness, lack of energy, slurred speech, confusion and disorientation, depression, impaired thinking and judgement. Unexpected side effects of mania, hostility, rage, aggression or impulse behavior and hallucinations.</p> <p>Progress notes dated 4/8/19 at 11:06 a.m. documented the facility's behavioral team met to review the resident's medication: Effexor (nerve pain and antidepressant), Buspirone (anxiolytic), and Eszopiclone (nonbenzodiazepine). The resident continued to hear voices in his head. The resident expressed the voices did not stateing to hurt anyone and he did not have a plan to hurt anyone or himself.</p> <p>Progress notes dated 4/16/19 at 4:00 a.m. documented the resident reported increased depression and anxiety. He reported vivid dreams that concerned him. He reported the dreams occurred for approximately one week. He wondered if this could be due to the gabapentin (nerve pain/anticonvulsant) increase on 4/4/19. The resident spent time in the commons area with staff during the night and</p>	F 656			



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F 656	<p>Continued From page 24</p> <p>reported he felt more comfortable doing this and it helped him feel a little better. Progress note dated 4/16/19 at 12:47 p.m. noted an order to decrease Gabapentin to the previous dose.</p> <p>Progress notes dated 4/19/19 at 10:34 p.m. noted the resident approached staff and reported hearing voices and suicidal thoughts. Staff had him call his mother to explain what was going on. He reported his mother said to send him to the hospital. Progress notes dated 4/19/19 at 10:47 p.m. noted the resident's mother called and reported she's on her way to take the resident to the hospital. Progress notes dated 4/20/19 at 12:51 p.m. noted the resident admitted to the hospital for observation due to talk of self-harm. Progress notes dated 4/23/19 at 12:31 p.m. noted the resident returned to the facility following hospitalization for psychiatric illness that included suicidal ideas and hearing voices.</p> <p>Progress notes dated 5/19/19 at 5:09 p.m. noted the resident's mother called worried about the resident's speech pattern. Staff spoke at length with the resident. The resident spoke of the need for increased therapy and suicidal thoughts, but was quick to promise he would be safe tonight. The resident promised he would go to therapy as often as needed to decrease his depression and decrease his suicidal thoughts and increase his overall happiness. There was no evidence the facility assessed the resident or provided increased monitoring following this exchange.</p> <p>Progress notes dated 5/19/19 at 6:42 p.m. noted the resident continued to slur speech and nearly falls in his room. Staff kept him from falling. The resident told staff a friend visited today and gave him 5 Klonopin (a sedative), which he took. Staff</p>	F 656			

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F 656	<p>Continued From page 25</p> <p>called emergency medical services (EMS). He told EMS personnel what he ingested but he did not know what time he had took them. He stated he took them (Klonopin) so he could sleep. Staff decided to have the resident evaluated/treated at a local hospital emergency room.</p> <p>Progress notes dated 5/19/19 at 11:34 p.m. revealed a family member called the facility and reported the resident left the emergency room before family arrived. The resident called family reporting he went to a local convenience store. EMS personnel saw him sitting on a curb and took him back to the hospital ER for evaluation. Progress notes dated 5/20/19 at 2:50 a.m. revealed a hospital physician notified facility staff of the resident's admission for observation and he would return to the facility the following morning.</p> <p>Progress note dated 5/22/19 at 2:45 p.m. documented the resident arrived at the facility by ambulance in good spirits. He ambulated in the hall independently and greeted other residents. The resident denied any pain or discomfort at that time.</p> <p>During an interview dated 6/3/19 at 3:05 p.m. the Administrator stated she knew the resident reported taking 5 Klonopin (a sedative). When the resident went to the hospital on 5/19/19 and prior to discharge, he left the hospital and stopped at a convenience store and drank alcohol. She reported she didn't know if the facility completed an incident report. She reported it didn't occur to her to report the event to the Department. She didn't know the resident's history of suicide and she was not certain if a friend visited the resident at the facility or if the resident left the facility and met his friend away</p>	F 656			

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F 656	<p>Continued From page 26 from the facility.</p> <p>During an interview dated 6/3/19 at 3:15 p.m. Resident #1 stated the afternoon of 5/19/19 a friend stopped in and visited with him in his room. He reported he had suicidal thoughts at the time, felt depressed and wanted to something to sleep and not wake up. He reported his visitor gave him 5 Klonopin and 3 Ambien tablets (treats insomnia). He also drank a pint of Vodka his friend had brought. He reported he had a history of self-harm and is compulsive and can't control his actions. He reported he was safe at this time.</p> <p>During an interview dated 6/5/19 at 7:55 a.m. Staff D, a registered nurse (RN) reported Resident #1 admitted to the facility for skilled care, physical therapy and intravenous antibiotic therapy. The resident had a psychiatric history but she did not know if he had a history of self-harm. The facility's behavioral team met on 4/8/19 to review the resident's medication and behaviors. She reported she did not have knowledge of the incident of 4/19/19 until it came up in this interview. She reported the resident's care plan should have been updated to include his history of auditory hallucinations and suicidal thoughts. She reported that a focus area and interventions needed to be added to his care plan. She reported she made the progress note entry of 5/19/19 at 6:42 p.m. She reported she did not assess him at that time as he was sent out to be evaluated/treated at a local hospital emergency room. She reported no one updates the resident's care plans. She reported she wasn't the MDS coordinator and is not required to complete care plans.</p> <p>During an interview dated 6/5/19 at 9:30 a.m.</p>	F 656			

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F 656	<p>Continued From page 27</p> <p>Staff C, RN reported she worked at another facility where Resident #1 resided prior to coming to this facility. The resident had a history of alcoholism and had been suicidal. The resident talked about self-harm and went to a hospital emergency room for evaluation/treatment. She stated when she arrived to work and received end of shift report she did not hear of any concerns regarding Resident #1. She stated she was surprised the resident's care plan didn't identify his suicidal history. She reported Staff D knew of the resident's history, since she also worked at the resident's previous facility.</p> <p>2. Resident #6's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) dated 5/6/19 documented diagnoses of unspecified dementia without behavioral disturbance, sexual disorder, human immunodeficiency virus (HIV) disease, disease of anus and rectum and malignant neoplasm of the skin. A Brief Interview for Mental Status (BIMS) score of 3. A score of 3 indicated severe cognitive impairment. The MDS indicated the resident was independent with supervision with ambulation, transfer and limited assistance with toileting.</p> <p>The resident's care plan with a focus date 3/20/19 identified inappropriate sexual behaviors requiring medication to suppress urges. Interventions included Lupron Depot injection monthly, monitor interactions between other residents. A focus area dated 4/17/19 identified the resident as wandering aimlessly. Interventions directed staff to distract and offer diversions.</p> <p>A geriatric nursing home visit documented by the physician and dated 4/11/19 revealed the physician saw the resident for severe dementia</p>	F 656			

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F 656	<p>Continued From page 28</p> <p>which was severe and long standing and severe sexual disinhibition. An assessment &amp; plan listed sexual disinhibition involving stalking another male resident, going into his room and closing the door. The resident abused himself by placing various objects, i.e. a shower head up his anus. The physician reported the resident placed himself and other residents at risk.</p> <p>Progress notes dated 5/10/19 at 10:55 p.m. documented Staff H, a certified nursing assistant (CNA) reported he witnessed the resident held up against his door in the doorway to his room with another resident (resident not identified) behind him. The other resident placed his hand down the backside of the resident's pants. Residents were immediately separated. Staff notified the resident's physician along with the director of nursing and the Administrator.</p> <p>An incident report dated 5/10/19 documented the resident inappropriately touched Resident #7 by placing his hand down the back side of Resident #7's pants. Staff separated both residents and notified the resident's physician. Resident #6's physician directed staff to administer a onetime dose of medication.</p> <p>Progress notes dated 5/11/19 at 2:00 a.m. documented the resident rested in his room with staff seated outside the resident's room monitoring the resident's whereabouts.</p> <p>Progress notes dated 5/11/19 at 6:44 p.m. identified the resident without behaviors. The resident continued with normal activity without signs of aggression or fear towards or against staff or residents.</p>	F 656			

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F 656	Continued From page 29  Progress notes dated 5/13/19 at 5:05 a.m. identified the resident as restless, wandering throughout the unit and checking door locks. The resident would sit in his room for a few minutes, then would sit in the day hall for a few minutes without having any contact with other residents.  An incident report dated 5/13/19 at 11:00 a.m. documented staff witnessed the resident touching Resident #7's genital area. The resident then began to place his hand inside Resident #7's pants. Staff separated both residents.  Progress notes dated 5/13/19 at 12:40 p.m. documented staff called the resident's physician and reported the inappropriate sexual contact with Resident #7. The resident's physician directed staff to have the resident evaluated/treated at a local hospital emergency room related to the behavior exhibited.  The care plan failed to identify that Resident #6 targeted Resident #7 and staff should monitor closely.	F 656			
F 658 SS=E	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i)  §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on record review, staff and resident interviews, the facility failed to provide services that met professional standards of quality when administering medications and treatments for 4 of	F 658			

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F 658	<p>Continued From page 30</p> <p>8 residents (Resident's #1, #2, #3 and #4) reviewed. The facility reported a census of 39 residents.</p> <p>Findings include:</p> <p>1. Resident #1's Minimum Data Set (MDS) with an assessment reference date (ARD) dated 2/27/19 documented diagnoses of sepsis due to methicillin resistant staphylococcus aureus, alcohol dependence uncomplicated, dissociative and conversion disorder unspecified, nonrheumatic mitral valve insufficiency, altered mental status and non-pressure chronic ulcer left foot. A Brief Interview for Mental Status (BIMS) documented a score of 15. A score of 15 indicated normal cognition. The resident needed supervision of one staff with bed mobility, ambulation and personal hygiene.</p> <p>Medication Administration Audit (MAA) report, with a print date of 6/13/19 for the period of 5/1/19-5/31/19 revealed the following medications, dosages and times they for administration: Carvedilol (for high blood pressure (HTN)) 25 milligrams (mg) - 1 tablet twice daily at 6:00 a.m. and 2:00 p.m., Folic Acid (for treating anemia) at 6:00 a.m., Levothyroxine sodium (treating hypothyroidism) 50 micrograms (mcg) - 1 tablet daily at 6:00 a.m., Amlodipine Besylate (HTN) 10 mg 1 tablet daily at 6:00 a.m., Aripiprazole (major depressive disorder, recurrent, severe with psychotic symptoms) 10 mg 1 tablet daily at 6:00 a.m., Benazepril (HTN) 3 tablets daily at 6:00 a.m., Naltrexone (treatment for alcohol dependence) 1 tablet daily at 6:00 a.m., Veniafaxine (treatment of major depressive disorder) 2 tablets daily at 6:00 a.m. Blood sugars prior to meals (accu-checks) 3 times daily 6:00</p>	F 658			

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F 658	<p>Continued From page 31</p> <p>a.m., 10:00 a.m. at 2:00 p.m., Metformin (treatment of hyperglycemia) 500 mg 1 tablet 6:00 a.m., Diclofenac Sodium (anti-inflammatory) 75 mg 1 tablet twice daily at 6:00 a.m. &amp; 2:00 p.m., Tylenol tablet ( anti-inflammatory) 325mg 2 tablets twice daily every Monday, Wednesday, Thursday, Friday, Saturday and Sunday at 6:00 a.m. &amp; 2:00 p.m., Clonidine (treatment for HTN) 0.1 mg 1 tablet three times daily at 6:00 a.m., 2:00 p.m. &amp; 6:00 p.m., Vitamin B1 (Alcohol dependence) 100 mg 1 tablet daily at 6:00 a.m., Buspirone (major depressive disorder) 1 tablet twice daily at 6:00 a.m. &amp; 6:00 p.m., Z-Bec multi-vitamin 1 tablet daily at 6:00 a.m., Gabapentin (for nerve pain and as an anticonvulsant) and Junvia 100 mg 1 tablet daily at 6:00 a.m. and Abilify (treatment for dissociative and conversion disorder) at 6:00 p.m., Atorvastatin (cholesterol) 10 mg 1 tablet at bedtime, Trazodone 50 mg (anticonvulsant) 1 tablet at bedtime.</p> <p>The MAA for the period of 5/1/19-5/31/19 revealed oral medications listed below were administered late, exceeding the applied standard of administering medication 1 hour prior to or 1 hour after the scheduled time. Sliding scale Insulin; dependent upon blood-sugar levels (accu-check) were administered late, after determination of the resident's blood sugar.</p> <p>On 5/1/19 Gabapentin, Buspirone, Clonidine scheduled at 6:00 p.m. were administered 8:31 p.m. On 5/2/19 Gabapentin, Buspirone, Clonidine scheduled at 6:00 p.m. were administered at 7:40 p.m.</p> <p>On 5/3/19 Carvedilol, Folic Acid, Levothyroxine, Amlodipine, Aripiprazole, Benazepril, Clonidine,</p>	F 658			



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F 658	<p>Continued From page 32</p> <p>Vitamin B1, Diclofenac, Buspirone, Tylenol, Gabapentin scheduled at 6:00 p.m. were administered 8:21 a.m. On 5/3/19 Gabapentin, Tylenol, Diclofenac, Carvedilol scheduled at 2:00 p.m. were administered between 3:54 p.m. - 3:55 p.m. On 5/3/19 Gabapentin, Atorvastatin, Buspirone and Clonidine scheduled at 6:00 p.m. were administered at 8:22 p.m. On 5/6/19 Gabapentin and Trazodone scheduled at 6:00 p.m. was administered at 9:44 p.m.</p> <p>On 5/7/19 Gabapentin, Buspirone, Clonidine scheduled at 6:00 p.m. were administered at 10:04 p.m. - 10:05 p.m. On 5/11/19 Atorvastatin, Trazodone, Buspirone and Clonidine scheduled at 6:00 p.m. were administered at 8:58 p.m. On 5/17/19 Atorvastatin, Trazodone, Buspirone and Clonidine scheduled at 6:00 p.m. were administered at 9:35 p.m. On 5/18/19 Atorvastatin, Trazodone, Buspirone and Clonidine and Abilify scheduled at 6:00 p.m. were administered at 10:37 p.m. - 10:38 p.m. On 5/21/19 Atorvastatin, Trazodone, Buspirone and Clonidine and Abilify scheduled at 6:00 p.m. were administered at 10:54 p.m.</p> <p>Medication Administration Audit (MAA) report, with a print date of 6/13/19 for the period of 5/1/19-5/31/19 revealed the following medications, dosages and times they are to be given: Novolog 100 units/milliliter (ml) inject 15 units three times daily at 6:00 a.m., 10:00 a.m. &amp; 2:00 p.m., Novolog 100 units/ml sliding scale three times daily at 6:00 a.m., 10:00 a.m. &amp; 2:00 p.m. Levimir solution 100 units/ml at 6:00 p.m.</p> <p>Medication Administration Audit report, with a print date of 6/13/19 for the period of 5/1/19-5/31/19 revealed accu-checks (blood</p>	F 658			

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F 658	Continued From page 33 sugars) and corresponding sliding scale insulin had been administered: Medication                      Date Scheduled time                      Administered time Accu-check                      5/1/19                      6:00 a.m.                      7:42 a.m. Novolog 100 units/ml sliding scale                      5/1/19 6:00 a.m.                      10:21 a.m. Novolog 100 units/ml 15 units                      5/1/19 6:00 a.m.                      10:21 a.m. Accu-check                      5/1/19 10:00 a.m.                      11:56 a.m. Novolog 100 units/ml sliding scale                      5/1/19 10:00 a.m.                      12:02 p.m. Novolog 100 units/ml 15 units                      5/1/19 10:00 a.m.                      12:02 p.m. Accu-check                      5/2/19                      6:00 a.m.                      6:32 a.m. Novolog 100 units/ml sliding scale                      5/2/19 6:00 a.m.                      8:12 a.m. Novolog 100 units/ml 15 units                      5/2/19 6:00 a.m.                      4:13 p.m. Accu-check                      5/2/19                      10:00 a.m.                      12:10 p.m. Novolog 100 units/ml sliding scale                      5/2/19 10:00 a.m.                      12:14 p.m. Novolog 100 units/ml 15 units                      5/2/19 10:00 a.m.                      4:15 p.m. Accu-check                      5/3/19                      6:00 a.m.                      8:20 a.m. Novolog 100 units/ml sliding scale                      5/3/19 6:00 a.m.                      8:20 a.m. Novolog 100 units/ml 15 units                      5/3/19 6:00 a.m.                      8:20 a.m. Accu-check                      5/3/19                      10:00 a.m.                      11:47 a.m. Novolog 100 units/ml sliding scale                      5/3/19 10:00 a.m.                      12:09 p.m. Novolog 100 units/ml 15 units                      5/3/19	F 658			

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

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OMB NO. 0938-0391

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NAME OF PROVIDER OR SUPPLIER  ROWLEY MEMORIAL MASONIC HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 3000 EAST WILLIS AVENUE PERRY, IA 50220		
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F 658	Continued From page 34 10:00 a.m. 12:09 p.m. Accu-check 5/7/19 6:00 a.m. 6:52 a.m. Novolog 100 units/ml sliding scale 5/7/19 6:00 a.m. 8:58 a.m. Novolog 100 units/ml 15 units 5/7/19 6:00 a.m. 8:59 a.m. Accu-check 5/11/19 10:00 a.m. 11:34 a.m. Novolog 100 units/ml sliding scale 5/11/19 10:00 a.m. 1:11 p.m. Accu-check 5/14/19 6:00 a.m. 7:00 a.m. Novolog 100 units/ml sliding scale 5/14/19 6:00 a.m. 11:29 a.m. Novolog 100 units/ml 15 units 5/14/19 6:00 a.m. 11:28 a.m. Accu-check 5/19/19 10:00 a.m. 11:58 p.m. Novolog 100 units/ml sliding scale 5/19/19 10:00 a.m. 12:51 p.m. Novolog 100 units/ml 15 units 5/19/19 10:00 a.m. 12:52 p.m. Accu-check 5/23/19 6:00 a.m. 6:46 a.m. Novolog 100 units/ml sliding scale 5/23/19 6:00 a.m. 12:50 p.m. Novolog 100 units/ml 15 units 5/23/19 6:00 a.m. 10:49 a.m. Accu-check 5/23/19 10:00 a.m. 12:50 p.m. Novolog 100 units/ml sliding scale 5/23/19 10:00 a.m. 12:50 p.m. Novolog 100 units/ml 15 units 5/23/19 10:00 a.m. 12:50 p.m. Accu-check 5/25/19 6:00 a.m. 8:13 a.m. Novolog 100 units/ml sliding scale 5/25/19 6:00 a.m. 8:49 a.m.	F 658			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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NAME OF PROVIDER OR SUPPLIER  <b>ROWLEY MEMORIAL MASONIC HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3000 EAST WILLIS AVENUE</b> <b>PERRY, IA 50220</b>		
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F 658	<p>Continued From page 35</p> <p>Novolog 100 units/ml 15 units 5/25/19 6:00 a.m. 11:49 a.m.</p> <p>Accu-check 5/25/19 10:00 a.m. 11:38 a.m.</p> <p>Novolog 100 units/ml sliding scale 5/25/19 10:00 a.m. 12:17 p.m.</p> <p>Novolog 100 units/ml 15 units 5/25/19 10:00 a.m. 12:17 p.m.</p> <p>Accu-check 5/27/19 10:00 a.m. 11:30 a.m.</p> <p>Novolog 100 units/ml sliding scale 5/27/19 10:00 a.m. 4:06 p.m.</p> <p>Novolog 100 units/ml 15 units 5/27/19 10:00 a.m. 4:06 p.m.</p> <p>2. Resident #2's MDS with an ARD of 3/27/19 indicated diagnoses of anemia, morbid obesity and peripheral vascular disease. A BIMS documented a score of 15. A score of 15 indicated normal cognitive impairment. A care plan with a focus area dated 6/5/13 indicated the resident needed assistance with transfer, ambulation, toileting, dressing and assistance with repositioning in bed.</p> <p>Medication Administration Audit (MAA) report, with a print date of 6/13/19 for the period of 5/1/19-5/31/19 revealed the following medications, dosages and times they are to be administered: Tylenol (for pain) 325 milligram (mg) 2 tablets 3 times daily 6:00 a.m., 2:00 p.m. and 6:00 p.m., UTI-Stat Liquid (prophylaxis) 30 milliliters (ml) twice daily at 6:00 a.m. and 2:00 p.m., Lisinopril (treatment for hypertension (HTN)), Diltiazem ER (HTN) 240 mg 1 tablet daily at 6:00 a.m., Escitalopram Oxalate (for depression) 5 mg 1 tablet in the morning at 6:00 a.m., Amitiza capsule (for constipation) 8 micrograms (mcg) every other day and</p>	F 658			

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F 658	<p>Continued From page 36</p> <p>Diclofenac Sodium transdermal 1% (treatment of arthritis) 1 patch applied 3 times daily at 6:00 a.m., 10:00 a.m. and 6:00 p.m.</p> <p>The MAA for 5/1/19-5/31/19 revealed oral medications listed below were administered late, exceeding the applied standard of administering medication 1 hour prior to or 1 hour after the scheduled time a medication is administered.</p> <p>On 5/1/19 Tylenol, UTI-Stat liquid, Lisinopril, Diltiazem, Escitalopram Oxalate, and Amitiza scheduled 6:00 a.m. dose was administered at between 8:45 a.m.-8:48 a.m., Diclofenac 10:00 a.m. dose was administered at 3:29 p.m. On 5/2/19 Tylenol, Uti-Stat liquid, Lisinopril, Diltiazem, Escitalopram Oxalate and Amitiza, scheduled at 6:00 a.m. were administered at 9:01 a.m. - 9:02 a.m. Diclofenac 6:00 a.m. was administered at 8:55 a.m. On 5/3/19 Tylenol, Uti-Stat liquid, Lisinopril, Diltiazem, Escitalopram Oxalate, Amitiza scheduled at 6:00 a.m. was administered at 8:02 a.m. Diclofenac scheduled at 6:00 a.m. was administered at 8:55 a.m. and at 2:41 p.m.,</p> <p>On 5/4/19 Tylenol, Uti-Stat liquid, Lisinopril, Diltiazem, Escitalopram Oxalate and Amitiza scheduled at 6:00 a.m. was administered at 8:48 a.m. Diclofenac scheduled 5/4/19 at 6:00 a.m. and 10:00 a.m. dose was administered 5/4/19 at 12:03 p.m. On 5/5/19 Tylenol, Uti-Stat liquid, Lisinopril, Diltiazem, Escitalopram Oxalate, Amitiza scheduled at 6:00 a.m. was administered between 11:11 a.m. - 11:12 a.m. Diclofenac scheduled at 6:00 a.m. dose was administered at 10:06 a.m. The 10:00 a.m. scheduled dose of Diclofenac had not been documented as administered.</p>	F 658			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 658	<p>Continued From page 37</p> <p>Medication Administration Audit report (MAA), with a print date of 6/13/19 for the period of 5/1/19-5/31/19 revealed the following treatments: Calmoseptine ointment 0.44 % - 20.6 % (Menthol-Zinc Oxide), apply to buttocks 3 times daily for skin breakdown 6:00 a.m., 10:00 a.m. and 6:00 p.m. Nystatin powder - apply to abdominal fold topically 2 times daily at 6:00 a.m. and 6:00 p.m. Apply wraps to lower legs in the a.m. at 6:00 a.m. and remove wraps in the evening at 6:00 p.m. Cleanse left lateral wound; pat dry, apply antimicrobial hydrogel to wound, cover with semi-occlusive dressing 3 times weekly every Tuesday, Thursday and Sunday at 10:00 a.m.</p> <p>On 5/1/19 Calmoseptine ointment treatment scheduled at 6:00 a.m. was completed at 11:47 a.m. Calmoseptine ointment treatment scheduled at 10:00 am. was completed 12:43 p.m. Nystatin powder scheduled at 6:00 a.m. was completed at 3:29 p.m. Application of wraps to lower legs scheduled at 6:00 a.m. was completed at 3:29 p.m.</p> <p>On 5/2/19 Calmoseptine ointment treatment scheduled at 6:00 a.m. was completed at 4:01 p.m. Calmoseptine ointment treatment scheduled at 10:00 am. was completed 4:01 p.m. Nystatin powder scheduled at 6:00 a.m. was completed at 4:01 p.m. Application of wraps to lower legs scheduled at 6:00 a.m. was not completed as ordered. Cleanse left lateral wound; pat dry, apply antimicrobial hydrogel to wound, cover with semi-occlusive dressing scheduled at 10:00 a.m. was completed at 4:01 p.m.</p> <p>On 5/3/19 Calmoseptine ointment treatment scheduled at 6:00 a.m. was completed at 8:56</p>	F 658			

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F 658	<p>Continued From page 38</p> <p>a.m. Calmoseptine ointment treatment scheduled at 10:00 am. was completed at 2:41 p. m. Nystatin powder scheduled at 6:00 a.m. was completed at 8:55 a.m. Application of wraps to lower legs scheduled for at 6:00 a.m. was completed at 8:55 a.m.</p> <p>On 5/4/19 Calmoseptine ointment treatment scheduled at 6:00 a.m. was completed at 12:03 p.m. Calmoseptine ointment treatment scheduled at 10:00 am. was completed at 12:03 p.m. Nystatin powder scheduled at 6:00 a.m. was completed at 12:03 p.m. Application of wraps to lower legs scheduled at 6:00 a.m. was completed at 12:03 p.m.</p> <p>On 5/5/19 Calmoseptine ointment treatment scheduled at 6:00 a.m. and 10:00 a.m. was completed at 11:54 a.m. Nystatin powder scheduled at 6:00 a.m. was completed at 11:54 a.m. Application of wraps to lower legs scheduled at 6:00 a.m. was completed at 11:53 a.m. Cleanse left lateral wound; pat dry, apply antimicrobial hydrogel to wound, cover with semi-occlusive dressing scheduled at 10:00 a.m. was completed at 11:54 a.m.</p> <p>On 5/6/19-5/8/19 Calmoseptine ointment treatment scheduled at 6:00 a.m. and 10:00 a.m. was not documented as completed as ordered. On 5/6/1805/8/19 Nystatin powder scheduled at 6:00 a.m. was not documented as completed as ordered. On 5/6/18-5/8/19 application of wraps to lower legs scheduled at 6:00 a.m. was not documented as completed as ordered.</p> <p>During an interview dated 5/29/19 at 10:20 a.m. Staff B, a licensed practical nurse (LPN) reported the resident's leg wrappings are to be placed in</p>	F 658			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 658	<p>Continued From page 39</p> <p>the morning and removed at night. There has been multiple 5-6) times when the leg wrappings weren't placed on the resident in the morning. If the leg wrappings are not placed on the resident when she first gets out of bed in the morning, the legs will begin to weep and will leak through the wrappings.</p> <p>During an interview dated 5/29/19 at 2:42 p.m. Resident #2 reported her leg wrappings leak through and wets her pants and socks. Staff don't always put the leg wrappings on in the morning. She reported times when she went 3 days without her leg wrappings. There are times when the leg wrappings are applied in the late afternoon. She reported staff who administer medications do the best they can. Staffing levels impacts staff's ability to provide cares/treatments and administration of medications varies throughout the day. She reports there isn't enough staff to administer medications as ordered.</p> <p>During an interview dated 5/30/19 at 3:45 p.m. Resident #2's physician stated he expected staff to administer prescribed medications at appropriate intervals at the same time or as close to the same time each day. This includes one or multiple doses of the same medication given daily. Administration of medications consistently at the same time each day is required to maintain therapeutic levels. He also stated he expected staff to complete treatments as ordered, especially regarding the application and removal of leg wraps. Leg wraps are to be changed throughout the day if the wrappings become wet and leak fluid. He reported he would send a new order clarifying the application of leg wrappings and when leaking occurs.</p>	F 658			



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F 658	<p>Continued From page 40</p> <p>3. Resident #3's MDS with an ARD dated 5/15/19 documented diagnoses of post-traumatic stress disorder, hypertension and Fournier gangrene. A BIMS documented a score of 13. A score of 13 indicated normal cognition. The resident needed extensive assist with bed mobility, transfer, mobility, dressing, toileting and personal hygiene.</p> <p>Medication Administration Audit (MAA) report, with a print date of 6/13/19 for the period of 5/1/19-5/31/19 revealed the following medications, dosages and times they are to be administered: Pantoprazole Sodium (for Gastro Esophageal Reflux Disease (GERD) 40 milligram (mg) 1 tablet twice daily at 6:00 a.m. &amp; 2:00 p.m., Gabapentin (treatment of Fournier Gangrene) 100 mg 1 capsule 3 times daily at 6:00 a.m. and 6:00 p.m., Metoprolol (treat mint of hypertension (HTN) 50 mg 1 tablet twice daily at 6:00 a.m. and 6:00 p.m., Thera M tablet (multi-vitamin) 50 mg 1 tablet at 6:00 a.m., Calcium Carbonate Antacid tablet ( treatment of GERD) at 6:00 a.m. and 10:00 a.m., Enoxaparin Sodium Solution (anti-coagulant) inject 40 mg subcutaneously (sq) at 10:00 a.m.</p> <p>The MAA for the period of 5/1/19-5/31/19 revealed oral medications listed below were administered late, exceeding the applied standard of administering medication 1 hour prior to or 1 hour after the scheduled time a medication is administered.</p> <p>On 5/9/19 Pantoprazole Sodium, Gabapentin 100 mg, Metoprolol 50 mg, Thera-M tablet, scheduled at 6:00 a.m. was administered at 8:17 a.m. Calcium Carbonate scheduled at 6:00 a.m. and 10:00 a.m. was administered at 9:50 a.m. and</p>	F 658			

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F 658	<p>Continued From page 41 10:50 a.m.</p> <p>On 5/10/19 Pantoprazole Sodium, Gabapentin 100 mg, Metoprolol 50 mg, Thera-M tablet, scheduled at 6:00 a.m. was administered at 8:13 a.m. Calcium Carbonate scheduled at 6:00 a.m. was administered at 8:13 a.m. Calcium carbonate scheduled at 10:00 a.m. was administered at 11:38 a.m. Enoxaparin Sodium solution scheduled for 10:00 a.m. was administered at 11:24 a.m.</p> <p>On 5/11/19 Pantoprazole Sodium, Gabapentin 100 mg, Metoprolol 50 mg, Thera-M tablet and Calcium Carbonate scheduled 5/11/19 at 6:00 a.m. was administered at between 8:53 a.m. - 8:55 a.m. 8:17 a.m. Calcium Carbonate scheduled at 10:00 a.m. was administered 11:24 a.m.</p> <p>On 5/12/19 Pantoprazole Sodium, Gabapentin 100 mg, Metoprolol 50 mg, Thera-M tablet, scheduled at 6:00 a.m. was administered at 11:10 a.m. Calcium Carbonate scheduled at 6:00 a.m. and 10:00 a.m. was administered at 11:10 a.m.</p> <p>On 5/17/19 Pantoprazole Sodium, Gabapentin 100 mg, Metoprolol 50 mg, Thera-M tablet, scheduled at 6:00 a.m. was administered at 9:04 a.m.</p> <p>On 5/19/19 Gabapentin 100 mg scheduled for 2:00 p.m. and 6:00 p.m. was administered at 2:54 p.m. On 5/20/19 Gabapentin 100 mg scheduled for 2:00 p.m. and 6:00 p.m. was administered at 3:43 p.m. On 5/21/19 Gabapentin 100 mg scheduled for 2:00 p.m. and 6:00 p.m. was administered at 3:15 p.m. On 5/23/19 Gabapentin 100 mg scheduled for 2:00 p.m. and 6:00 p.m. was administered at 4:14 p.m.</p>	F 658			

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F 658	<p>Continued From page 42</p> <p>On 5/29/19 Pantoprazole Sodium, Gabapentin 100 mg, Metoprolol 50 mg, Thera-M tablet, Calcium Carbonate scheduled at 6:00 a.m. was administered at 9:42 a.m. Calcium Carbonate scheduled at 10:00 a.m. was administered at 4:21 p.m. Enoxaparin Sodium scheduled at 10:00 a.m. was administered at 4:21 p.m. On 5/15/19 Gabapentin 100 mg, Metoprolol 50 mg, at 6:00 p.m. was administered at 9:15 p.m.</p> <p>Resident #4's MDS with an ARD date of 5/22/19 documented diagnoses of muscular dystrophy, osteoarthritis, generalized muscle weakness and urge incontinence. A BIMS indicate a score of 14. A score of 14 indicated normal cognition. The resident needed extensive assist of two staff with transfer, ambulation and toileting.</p> <p>Medication Administration Audit (MAA) report, with a print date of 6/13/19 for the period of 5/1/19-5/31/19 revealed the following medications, dosages and times they are to be administered: Escitalopram Oxalate 10 milligram (mg) 1 tablet daily at 6:00 a.m., Bupropion ER 150 mg 1 tablet daily at 6:00 a.m., Calcium tablet (supplement) 500 mg 1 tablet daily at 6:00 a.m., Fish oil capsule (supplement) 2 capsule daily at 6:00 a.m., Centrum tablet (multi-vitamin) 1 tablet daily at 6:00 a.m., Basa Antifungal cream 2% (apply to testicle and groin) topically twice daily at 6:00 a.m. and 6:00 p.m., Vitamin D (supplement) 1 capsule daily at 6:00 a.m., Centrum tablet (multi-vitamin) 1 tablet daily at 6:00 a.m. and Clotrimazole cream (treatment of skin conditions), 1% twice daily,</p> <p>The MAA for the period of 5/1/19-5/31/19 revealed oral medications listed below were</p>	F 658			

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

PRINTED: 07/14/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165149	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 07/11/2019
NAME OF PROVIDER OR SUPPLIER  ROWLEY MEMORIAL MASONIC HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 3000 EAST WILLIS AVENUE PERRY, IA 50220		
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F 658	<p>Continued From page 43</p> <p>administered late, exceeding the applied standard of administering medication 1 hour prior to or 1 hour after the scheduled time a medication is administered.</p> <p>On 5/10/19 Escitalopram Oxalate 10 mg, Bupropion ER 150 mg, Calcium tablet 500 mg, Fish oil capsule 2 capsule, Centrum tablet, Vitamin D 1 capsule daily Centrum tablet and Clotrimazole cream scheduled at 6:00 a.m. schedule at 11:30 a.m. Basa Antifungal cream 2% topically schedule at 6:00 a.m. was administered at 12:25 p.m.</p> <p>On 5/10/19 Escitalopram Oxalate 10 mg, Bupropion ER 150 mg, Calcium tablet 500 mg, Fish oil capsule 2 capsule, Centrum tablet, Vitamin D 1 capsule daily Centrum tablet and Clotrimazole cream scheduled at 6:00 a.m. was administered at 1:00 p.m.</p> <p>On 5/11/19 Escitalopram Oxalate 10 mg, Bupropion ER 150 mg, Calcium tablet 500 mg, Fish oil capsule 2 capsule, Centrum tablet, Vitamin D 1 capsule daily, Centrum tablet and Clotrimazole cream scheduled at 6:00 a.m. was administered at 11:05 a.m.</p> <p>On 5/12/19 Clotrimazole cream scheduled at 6:00 a.m. was administered at 9:04 a. m. Basa Antifungal cream 2% topically schedule at 6:00 a.m. was administered at 9:04 a.m.</p> <p>On 5/13/19 Escitalopram Oxalate 10 mg, Bupropion ER 150 mg, Calcium tablet 500 mg, Fish oil capsule, Vitamin D scheduled at 6:00 a.m. was administered at 12:53 p.m. Centrum, Fish oil and Calcium tablet scheduled at 6:00 a.m. was administered at 11:05 a.m.</p>	F 658			

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

PRINTED: 07/14/2019  
FORM APPROVED  
OMB NO. 0938-0391

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NAME OF PROVIDER OR SUPPLIER  <b>ROWLEY MEMORIAL MASONIC HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3000 EAST WILLIS AVENUE</b> <b>PERRY, IA 50220</b>		
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F 658	<p>Continued From page 44</p> <p>On 5/13/19 Clotrimazole cream scheduled at 6:00 a.m. was administered at 9:04 a. m. Basa Antifungal cream 2% topically schedule at 6:00 a.m. was administered at 12:53 p.m.</p> <p>On 5/14/19 Bupropion ER 150 mg scheduled at 6:00 a.m. was administered at 9:02 a.m. Escitalopram Oxalate 10 mg, Vitamin D, Centrum, Fish oil scheduled at 6:00 a.m. was administered at 11:01 a. m.</p> <p>On 5/14/19 Clotrimazole cream and Basa Antifungal cream 2% scheduled at 6:00 a.m. was administered at 11:01 a.m. Basa Antifungal cream 2% topically schedule at 6:00 a.m. was administered at 9:01 a.m.</p> <p>On 5/20/19 Escitalopram Oxalate 10 mg, Bupropion ER 150 mg, Calcium tablet 500 mg, Fish oil capsule, Centrum tablet, Vitamin D scheduled at 6:00 a.m. was administered at 12:52 p.m.</p> <p>On 5/22/19 Escitalopram Oxalate 10 mg, Bupropion ER 150 mg, Calcium tablet 500 mg, Fish oil capsule, Centrum tablet, Vitamin D and Clotrimazole cream and Basa Antifungal cream 2% scheduled at 6:00 a.m. was administered at 12:52 p.m.</p> <p>Physician Interview Regarding Resident #1, Resident #3 and Resident #4:</p> <p>During an interview dated 5/30/19 at 3:00 p.m. Resident's #1, #3 &amp; #4's physician's nurse stated the physician expects facility staff to administer oral and injectable medications approximately at the same time each day. This includes daily and</p>	F 658			

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

PRINTED: 07/14/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165149	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 07/11/2019
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F 658	Continued From page 45  multiple dosage throughout the day. A follow-up interview dated 6/11/19 at 10:12 a.m. with the Resident's physician revealed Accu-check (blood glucose) testing need to be consistently done at the same time daily as ordered and sliding scale insulin needs to be administered immediately after an accu-check is completed.  During an interview dated 5/29/19 at 3:35 p.m. the interim director of nursing stated her expectation is for staff to administer medications as ordered by the physician and to administer medications 1 hour prior to or 1 hour after the scheduled time the medication(s) are to be administered. She stated staff have the ability to administer medications on time.	F 658			
F 688 SS=E	Increase/Prevent Decrease in ROM/Mobility CFR(s): 483.25(c)(1)-(3)  §483.25(c) Mobility. §483.25(c)(1) The facility must ensure that a resident who enters the facility without limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable; and  §483.25(c)(2) A resident with limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion.  §483.25(c)(3) A resident with limited mobility receives appropriate services, equipment, and assistance to maintain or improve mobility with the maximum practicable independence unless a reduction in mobility is demonstrably unavoidable. This REQUIREMENT is not met as evidenced	F 688			

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

PRINTED: 07/14/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>165149</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>07/11/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>ROWLEY MEMORIAL MASONIC HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3000 EAST WILLIS AVENUE</b> <b>PERRY, IA 50220</b>		
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F 688	<p>Continued From page 46</p> <p>by:</p> <p>Based on record review, staff and resident interviews, the facility failed to ensure that a resident with limited range of motion received appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion for 5 of 9 residents. The facility failed to provide restorative therapy (ambulation, active and passive range of motion and Nu-Step cross-training) for Resident's #1, #2, #4, #7 &amp; #8. The facility reported a census of 39 residents.</p> <p>1. Resident #1's Minimum Data Set (MDS) with an assessment reference date (ARD) of 2/27/19 documented diagnoses of Sepsis due to methicillin resistant staphylococcus aureus (MRSA), alcohol dependence, other injury unspecified body region initial encounter and non-rheumatic mitral valve insufficiency. A Brief Interview for Mental Status (BIMS) indicated a score of 15. A score of 15 indicated normal cognitive impairment. The resident needed supervision with 1 staff support for bed mobility, ambulation and personal hygiene. Restorative therapy; Nu-Step 6 days weekly attendance report dated 5/27/19-5/31/19 &amp; 6/4/19-6/8/19 indicated the resident did not receive Nu-Step therapy during these periods.</p> <p>During an interview dated 6/13/19 at 9:01 a.m. Resident #1 reported did not receive therapy for the past couple of weeks. He did not know why Staff T did not provide therapy recently but he saw Staff T working on the floor providing cares to residents. He reported he goes to the activity room and independently uses the Nu-Step device.</p>	F 688			

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

PRINTED: 07/14/2019  
FORM APPROVED  
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NAME OF PROVIDER OR SUPPLIER  ROWLEY MEMORIAL MASONIC HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 3000 EAST WILLIS AVENUE PERRY, IA 50220		
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F 688	<p>Continued From page 47</p> <p>2. Resident #2's MDS with an ARD of 3/27/19 indicated diagnoses of anemia, morbid obesity and peripheral vascular disease. A BIMS documented a score of 15. A score of 15 indicated normal cognitive impairment. A care plan with a focus area dated 6/5/13 indicated the resident needed assistance with transfer, ambulation, toileting, dressing and assistance with repositioning in bed. The resident needed limited assist of 1 staff with bed mobility, transfer and toileting and extensive assist of 1 staff for ambulation. Restorative therapy 6 day weekly active and passive range of therapy attendance report dated 5/27/19-5/31/19 &amp; 6/4/19-6/8/19 indicated the resident did not receive therapy during this period.</p> <p>During an interview dated 6/13/19 at 8:15 a.m. Resident #2 reported she hadn't received restorative therapy for the past two weeks as Staff T, CNA worked as an aide on the floor assisting resident with cares.</p> <p>3. Resident #4's MDS with an ARD date of 5/22/19 documented diagnoses of muscular dystrophy, osteoarthritis, urge incontinence and generalized muscle weakness. A BIMS documented a score of 15. A score of 15 indicated normal cognitive impairment. The MDS documented the resident needed extensive assist with bed mobility, transfer, dressing, toileting and personal hygiene. The resident needed extensive assist of two staff with transfer, ambulation and toileting. Restorative therapy 6 day weekly active and passive range of motion and Nu-Step therapy weekly attendance report dated 5/27/19-5/31/19 &amp; 6/4/19-6/8/19 indicated the resident did not receive therapy during this period.</p>	F 688			



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

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FORM APPROVED  
OMB NO. 0938-0391

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F 688	<p>Continued From page 48</p> <p>During an interview dated 6/13/19 at 8:38 a.m. Resident #4 reported he did not receive restorative therapy for the past two weeks except for the first week when he recalled he received therapy on Thursday during the week of 5/27/19, as Staff T did not offer restorative therapy during that time. He reported he misses therapy and believed therapy helped him maintain his strength.</p> <p>4. Resident #7's MDS with an ARD date of 2/21/19 documented diagnoses of Alzheimer's disease, restlessness and agitation and localized edema. A Staff Assessment for Mental Status documented severe cognitive impairment. The MDS identified impairment of an upper extremity and need for extensive assistance of 2 staff with bed mobility transfer, ambulation dressing, eating, toilet use and personal hygiene. Restorative therapy 6 day weekly active and passive range of motion report dated 5/27/19-5/31/19 &amp; 6/4/19-6/8/19 indicated the resident did not receive 6 day weekly active and passive range of motion therapy during this period.</p> <p>5. Resident #8's MDS with an ARD date of 5/17/19 documented diagnosis of non-Alzheimer's dementia. The resident needed limited staff assistance of 1 with bed mobility, transfer, toileting and personal hygiene. Restorative therapy; 6 day weekly active and passive range of motion and Nu-Step 6 days weekly attendance report dated 5/27/19-5/31/19 &amp; 6/4/19-6/8/19 indicated the resident did not receive therapy during this period.</p> <p>Interview with Staff T restorative aide:</p> <p>During an interview dated 5/29/19 at 12:55 p.m.</p>	F 688			

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

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FORM APPROVED  
OMB NO. 0938-0391

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NAME OF PROVIDER OR SUPPLIER  <b>ROWLEY MEMORIAL MASONIC HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3000 EAST WILLIS AVENUE</b> <b>PERRY, IA 50220</b>		
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F 688	Continued From page 49  Staff T, CNA (certified nurse aide) and restorative aide, reported the facility scheduled her to work on the floor as an aide from 7:00 a.m. - 3:30 p.m. She reported insufficient staff as residents have complained of wait times.  During an interview dated 6/5/19 at 3:50 p.m. Staff T reported as a restorative aide she provided therapy daily. She provided active and passive range of motion and ambulation for residents five days weekly. She offered Nu-Step therapy 5 days weekly. She reported could not complete restorative therapy for the past two weeks 5/27/19-6/8/19 due to working as a CNA on the floor.	F 688			
F 695 SS=D	Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i)  § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff and resident interviews, the facility failed ensure that a resident who needs respiratory care, is provided such care that is consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, for 1 of 7 residents. Observation showed Resident #9 with an empty oxygen tank in place. When	F 695			

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

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F 695	<p>Continued From page 50</p> <p>questioned, staff did not know how to determine is an oxygen tank was empty. Facility census was thirty-nine residents.</p> <p>Findings include:</p> <p>1. Resident #9's Minimum Data Set (MDS) with an assessment reference date of 4/25/19 indicated diagnoses of hypo-osmolality and hyponatremia, chronic obstructive pulmonary disease, atrial fibrillation, muscle weakness, chronic kidney disease and benign prostatic hyperplasia with lower urinary tract symptoms. A Brief Interview for Mental Status indicated a score of 14. A score of 14 indicated normal cognition. The resident needed extensive assistance of 1 staff with transfer, ambulation with the use of a wheelchair, toilet use and personal hygiene.</p> <p>A medication review report for 5/1/19-5/31/19 indicated an order to check oxygen levels on every shift, oxygen at 2 liters via nasal cannula as needed to keep blood oxygen levels greater than 92%.</p> <p>An observation dated 5/29/19 at 8:50 a.m. Resident #9 seen walking out of his room; using a wheelchair to assist him in ambulation. The resident was wearing nasal cannula oxygen tubing attached to a refillable oxygen canister. A gauge on top of the canister read the canister was empty. The resident was assisted back to his room and sat down until staff could be called to assist the resident.</p> <p>2. During an interview dated 5/29/19 at 8:55 a.m. Staff D, a registered nurse (RN) began looking for the resident's order for oxygen therapy. During this time she reported the resident had recently</p>	F 695			

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

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FORM APPROVED  
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F 695	Continued From page 51  been evaluated at a local hospital emergency room on 5/15/19 at 6:18 p.m. related to altered mental status. Staff D reported she could not find the order for oxygen therapy.  3. During an interview dated 5/30/19 at 9:20 a.m. Staff B demonstrated how to fill a refillable O2 tank. She stated the O2 canister is full when you hear a change in the sound of the oxygen going into the canister and the cloud of cold oxygen coming from the bottom of the intake valve. Staff can check if the canister has oxygen by listening and feeling the air coming from the tubing. During this demonstration Staff S, a certified nursing assistant reported you can check the O2 canister by pulling on the strap in an upward motion which activates the gauge. Staff B reported ever since she worked at the facility she had been told the O2 canister gauge didn't work.  A review of training records dated 6/5/19 at 2:30 p.m. revealed only two staff received training on the use of O2 canisters, the operation of filling these canisters, care of resident with oxygen, location of oxygen tanks and oxygen therapy supplies. A review of training documentation of the procedure of filling portable oxygen canisters did not include information on how to check the quantity of oxygen remaining in the refillable tanks.	F 695			
F 725 SS=E	Sufficient Nursing Staff CFR(s): 483.35(a)(1)(2)  §483.35(a) Sufficient Staff. The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest	F 725			

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

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F 725	<p>Continued From page 52</p> <p>practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e).</p> <p>§483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans:</p> <p>(i) Except when waived under paragraph (e) of this section, licensed nurses; and</p> <p>(ii) Other nursing personnel, including but not limited to nurse aides.</p> <p>§483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, staff and resident interviews, the facility failed to have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment for 6 of 6 residents who did not have timely call light response and/or restorative therapy due to insufficient staff. (Resident #2, Resident #4, Resident #9, Resident #1, Resident</p>	F 725			

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

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F 725	<p>Continued From page 53</p> <p>#7 and Resident #8) The facility reported a census of 39 residents.</p> <p>Findings include:</p> <p>1. Resident #2's Minimum Data Set (MDS) with an assessment reference date (ARD) of 3/27/19 indicated diagnoses of anemia, morbid obesity and peripheral vascular disease. A Brief Interview for Mental Status (BIMS) documented a score of 15. A score of 15 indicated normal cognitive impairment. A care plan with a focus area dated 6/5/13 indicated the resident needed assistance with transfer, ambulation, toileting, dressing and assistance with repositioning in bed. The resident needed limited assist of 1 staff with bed mobility, transfer and toileting and extensive assist of 1 staff for ambulation. Restorative therapy 6 day weekly active and passive range of therapy attendance report dated 5/27/19-5/31/19 &amp; 6/4/19-6/8/19 indicated the resident did not receive therapy during this period.</p> <p>During an interview dated 6/13/19 at 8:15 a.m. Resident #2 reported she hadn't received restorative therapy for the past two weeks as Staff T, CNA worked as an aide on the floor assisting resident with cares. Resident #2 believed staff doesn't respond to her calls for assistance. She reported herself as unsure if her pendent worked. She waited over 30 - 40 minutes for staff to respond only for staff to come in and tell her they have to come back, as they are busy helping someone else or have to get someone to help assist. She reports she feels ignored, forgotten and at times helpless. She reports she doesn't understand why it takes so long for someone to help her.</p>	F 725			

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

PRINTED: 07/14/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165149	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 07/11/2019
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F 725	<p>Continued From page 54</p> <p>Call light records dated 5/22/19-5/28/19 documented the following calls for assistance by Resident #2 to include: 51 minutes 35 seconds on 5/23/19 at 10:30 a.m., 28 minutes 21 seconds on 5/23/19, 37 minutes 2 seconds on 5/24/19, 25 minutes 36 seconds on 5/25/19, 27 minutes 25 seconds on 5/27/19, 57 minutes 4 seconds on 5/27/19 at 9:57 p.m., 30 minutes 7 seconds on 5/27/19.</p> <p>2. Resident #4's MDS with an ARD date of 5/22/19 documented diagnoses of muscular dystrophy, osteoarthritis, urge incontinence and generalized muscle weakness. A BIMS documented a score of 15. A score of 15 indicated normal cognitive impairment. The MDS documented the resident needed extensive assist with bed mobility, transfer, dressing, toileting and personal hygiene. The resident needed extensive assist of two staff with transfer, ambulation and toileting. Restorative therapy 6 day weekly active and passive range of motion and Nu-Step therapy weekly attendance report dated 5/27/19-5/31/19 &amp; 6/4/19-6/8/19 indicated the resident did not receive therapy during this period.</p> <p>During an interview dated 6/13/19 at 8:38 a.m. Resident #4 reported he did not receive restorative therapy for the past two weeks except for the first week when he recalled he received therapy on Thursday during the week of 5/27/19, as Staff T did not offer restorative therapy during that time. He reported he misses therapy and believed therapy helped him maintain his strength.</p> <p>During an interview dated 5/29/19 at 11:35 a.m., Resident #4 reported in the last 2 weeks at least four times when he has called for assistance,</p>	F 725			

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

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F 725	<p>Continued From page 55</p> <p>Staff came in, reset his call pendent and told him they would return to assist him as soon as they can or they need to get another staff to assist with transfer. This morning he waited over an hour for staff to assist him off the toilet. He reported he experiences anxiety waiting because if he sits on the toilet too long his legs become numb. He has also missed breakfast because staff didn't get him up in time before his out of facility appointment. He hates feeling helpless and it angers him he feels ignored and dependent on others.</p> <p>Call light records darterd 5/22/19 - 5/28/19 documented the following calls for assistance by Resident #4 that included: 28 minutes 36 seconds on 5/22/19 at 8:55 a.m., 32 minutes 35 seconds on 5/23/19 at 6:49 a.m., 62 minutes 50 seconds on 5/24/19 at 8:46 p.m., 30 minutes 53 seconds on 5/24/19 at 5:44 p.m. and 31 minutes 9 seconds on 5/24/19 at 9:37 p.m., 30 minutes 58 seconds on 5/25/19 at 10:01 a.m., 22 minutes 33 seconds on 5/27/19 at 6:21 p.m., 52 minutes 8 seconds on 5/27/19 at 7:16 p.m. and 25 minutes 31 seconds on 5/28/19 at 6:02 a.m.</p> <p>3. Resident #9's MDS with an ARD date of 4/25/19 documented diagnoses of atrial fibrillation, generalized muscle weakness and chronic kidney disease. A BIMS documented a score of 14. A score of 14 indicated normal cognitive impairment. The MDS documented the resident needed extensive assist with bed mobility, transfer, toileting, bathing, limited assistance with ambulation and dressing.</p> <p>Call light records dated 5/22/19 - 5/28/19 documented the follow call for assistance by Resident #9 that included: 25 minutes 41</p>	F 725			



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

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F 725	<p>Continued From page 56</p> <p>seconds on 5/22/19 at 2:48 a.m., 25 minutes 29 seconds on 5/22/19 at 2:36 a.m., 25 minutes 52 seconds on 5/22/19, 42 minutes 29 seconds on 5/23/19, 63 minutes 35 seconds dated 5/24/19, 32 minutes 1 second on 5/25/19 at 7:53 p.m., 25 minutes 48 seconds on 5/26/19 at 8:27 p.m., 25 minutes 1 second on 5/27/19 at 7:18 a.m., 38 minutes 48 seconds on 5/27/19 at 7:23 p.m. and 36 minutes 45 seconds on 5/28/19 at 7:27 a.m.</p> <p>During an interview dated 5/29/19 at 5:15 p.m., Resident #9 reported his calls for assistance go unanswered. Staff don't always respond to the pendent. He voiced concern about his care needs and at times, becomes angry and feels he is becoming more dependent for assistance.</p> <p>Staff Interview regarding call lights:</p> <p>On 5/29/19 at 7:50 a.m. Staff P, a certified mediation aide (CMA) reported staff received direction to respond to call lights immediately. If staff are busy assisting another resident when a call light activates, staff should reset the pendent and tell the resident they will return as soon as possible.</p> <p>On 5/29/19 at 10:20 a.m. Staff B, a licensed practical nurse (LPN) stated the interim director of nursing directed staff to answer a resident's call for assistance, reset the pendent if they assisted another resident during the time another resident activated their call light and return when done assisting the first resident.</p> <p>On 5/29/19 at 11:05 a.m. Staff H, a certified nursing assistance (CNA) reported staff received direction to answer a resident's call light, reset the pendent and tell the resident they will return after</p>	F 725			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 725	<p>Continued From page 57</p> <p>completing cares with another resident.</p> <p>On 5/29/19 at 11:18 a.m., Staff N, CNA reported she received direction to answer a resident's call for assistance, reset the call light if you can't assist the resident and tell the resident she will return when finished.</p> <p>4. Resident #1's Minimum Data Set (MDS) with an assessment reference date (ARD) of 2/27/19 documented diagnoses of Sepsis due to methicillin resistant staphylococcus aureus (MRSA), alcohol dependence, other injury unspecified body region initial encounter and non-rheumatic mitral valve insufficiency. A Brief Interview for Mental Status (BIMS) indicated a score of 15. A score of 15 indicated normal cognitive impairment. The resident needed supervision with 1 staff support for bed mobility, ambulation and personal hygiene. Restorative therapy; Nu-Step 6 days weekly attendance report dated 5/27/19-5/31/19 &amp; 6/4/19-6/8/19 indicated the resident did not receive Nu-Step therapy during these periods.</p> <p>During an interview dated 6/13/19 at 9:01 a.m. Resident #1 reported did not receive therapy for the past couple of weeks. He did not know why Staff T did not provide therapy recently but he saw Staff T working on the floor providing cares to residents. He reported he goes to the activity room and independently uses the Nu-Step device.</p> <p>5. Resident #7's MDS with an ARD date of 2/21/19 documented diagnoses of Alzheimer's disease, restlessness and agitation and localized edema. A Staff Assessment for Mental Status documented severe cognitive impairment. The</p>	F 725			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 725	<p>Continued From page 58</p> <p>MDS identified impairment of an upper extremity and need for extensive assistance of 2 staff with bed mobility transfer, ambulation dressing, eating, toilet use and personal hygiene. Restorative therapy 6 day weekly active and passive range of motion report dated 5/27/19-5/31/19 &amp; 6/4/19-6/8/19 indicated the resident did not receive 6 day weekly active and passive range of motion therapy during this period.</p> <p>6. Resident #8's MDS with an ARD date of 5/17/19 documented diagnosis of non-Alzheimer's dementia. The resident needed limited staff assistance of 1 with bed mobility, transfer, toileting and personal hygiene. Restorative therapy; 6 day weekly active and passive range of motion and Nu-Step 6 days weekly attendance report dated 5/27/19-5/31/19 &amp; 6/4/19-6/8/19 indicated the resident did not receive therapy during this period.</p> <p>Interview with Staff T restorative aide:</p> <p>During an interview dated 5/29/19 at 12:55 p.m. Staff T, CNA and restorative aide, reported the facility scheduled her to work on the floor as an aide from 7:00 a.m. - 3:30 p.m. She reported insufficient staff as residents have complained of wait times.</p> <p>During an interview dated 6/5/19 at 3:50 p.m. Staff T reported as a restorative aide she provided therapy daily. She provided active and passive range of motion and ambulation for residents five days weekly. She offered Nu-Step therapy 5 days weekly. She reported could not complete restorative therapy for the past two weeks 5/27/19-6/8/19 due to working as a CNA on the floor.</p>	F 725			

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**POC for Rowley Complaint Survey 7/11/19**

Revised 7/29/19

Submission of this Response and Plan of correction is not a legal admission that a deficiency exists or that this Statement of Deficiency was correctly cited, and is also not to be construed as an admission of fault by the facility, the Executive Director or any employees, agents or other individuals who draft or may be discussed in this Response and Plan of Correction. In addition, preparation and submission of this Plan of Correction does not constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in the allegations. Accordingly, the Facility has prepared and submitted this Plan of Correction prior to the resolution of any appeal which may be filed solely because of the requirements under state and federal law that mandate submission of a Plan of Correction within ten (10) days of the survey as a condition to participate in Title 18 and Title 19 programs. This Plan of Correction is submitted as the facility's credible allegation of compliance.

**F 600**

Resident #6 is deceased.

Resident #6 received the following interventions immediately to abate the situation: 5 minute checks Journaling for a minimum of 72 hours to determine behaviors and patterns to develop a resident specific plan of care. After 72 hours, notes will be reviewed and monitoring will continue as needed based on that review.

Provide 1 to 1 if needed during periods of increased behaviors such as during weather changes and storms  
Targeted behaviors will be determined and monitored.

Provide privacy for self-satisfaction if resident is in an appropriate location

For sexual behaviors that impact others: intervene and assist the resident to his room and provide privacy. Then protect other residents. Provide 1 to 1 until behavior that impacts others subsides. SSD to do weekly 1 to 1 for 4 weeks to review behaviors and ensure interventions are successful.

Report all behaviors to supervisor and nurse will document in the record to ensure there is an accurate record on file.

The Director of Nursing (DON) and Social Services Director (SSD) will contact behavioral health doctor weekly for 4 weeks to collaborate on behaviors and treatments.

Keep Resident #6 and Resident #7 separated.

Staff for monitoring of behaviors as follows: Day shift staffing for the unit will not be less than 2 nursing staff at all times PM shift staffing for the unit will not be less than 2 nursing staff at all times Supervision at night (10 p to 6 a) will be done by a staff member of the facility with the intent that this staff will immediately notify the nursing staff to assist him if he attempts to go in another resident room or attempts to make contact with another resident. There will not be less than 2 staff at all times. Breaks of staff on this unit will be covered by other staff to ensure there are always 2 staff members.

Staff were educated on the above interventions.

In addition, any resident who exhibit sexually inappropriate behaviors who plan to admit to the facility or develop behaviors will be reviewed to ensure their behavior care plan includes actions to take to protect others from unwanted sexual behavior.

Audits of Resident #6's behaviors were completed daily.

Ongoing auditing will be determined by the resident's behaviors. Results of audits will be reviewed through the facility quality assurance (QAPI) process to determine next steps.

Date Certain: June 13, 2019

**F622**

Resident #6 is deceased.

Residents will be permitted to remain in the facility, and not transfer or discharge involuntarily.

Resident who require a discharge from the facility because of any of the following will receive an appropriate and appropriately documented discharge:

- (A) The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility;
- (B) The transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility;
- (C) The safety of individuals in the facility is endangered due to the clinical or behavioral status of the resident;
- (D) The health of individuals in the facility would otherwise be endangered;
- (E) The resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the facility. Nonpayment applies if the resident does not submit the necessary paper work for third party payment or after the third party, including Medicare or Medicaid, denies the claim and the resident refuses to pay for his or her stay. For a resident who becomes eligible for Medicaid after admission to a facility, the facility may charge a resident only allowable charges under Medicaid; or
- (F) The facility ceases to operate.

Residents will not be transferred or discharged while an appeal of that transfer or discharge is pending unless necessary for emergency care or stabilization.

Residents transferred or discharged under any of the above circumstance will have the the following documentation completed prior to that transfer or discharge:

- (A) The basis for the transfer.
- (B) The specific resident need(s) that cannot be met, facility attempts to meet the resident needs, and the service(s) available at the receiving facility that meet the need(s).

Documentation of the above information will be completed by the resident's physician when related to the resident's welfare and the resident's needs cannot be met in the facility or when the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility.

Documentation of the above will be completed by a physician when related to the safety of individuals in the facility being endangered due to the clinical or behavioral status of the resident; or the health of individuals in the facility otherwise being endangered.

Residents transferred or discharged under any of the above circumstance will have the the following documentation provided to the receiving provider:

- (A) Contact information of the practitioner responsible for the care of the resident.
- (B) Resident representative information including contact information.
- (C) Advance Directive information

- (D) All special instructions or precautions for ongoing care, as appropriate.
- (E) Comprehensive care plan goals;
- (F) All other necessary information, including a copy of the resident's discharge summary and any other documentation to ensure a safe and effective transition of care.

Leadership staff has been educated about appropriate process for non-resident initiated transfers and discharges.

Transfers and discharges that are not initiated by residents will be audited monthly by SSD or designee to ensure compliance. Results of audits will be reviewed through the facility QAPI process for recommendations.

Date certain: July 30, 2019

**F644**

PASRR recommendations for Resident #1 7/30/19 have been reviewed and all recommendations have been incorporated into resident's assessment, care planning and transitions of care.

All current residents with PASRR level II determination have PASRR level II recommendations incorporated into their assessment, care planning and transitions of care.

Newly admitted residents and all residents with newly evident or possible serious mental disorder, intellectual disability or related condition will be referred for level II review at admission or when a significant change in status is noted.

Social Service Director has been educated about PASRR level II process and necessary steps for compliance with PASRR level II recommendations.

Audits will be conducted by Social Service Director to evaluate compliance with level II recommendations on all current residents with PASRR level II recommendations weekly for one month, monthly for 3 months, then as determined by QAPI team to ensure continued compliance.

Results of audits will be reviewed through the facility quality assurance (QAPI) process for recommendations.

Date Certain: July 30, 2019

**F 656**

Resident #1's care plan has been updated to include his history of auditory hallucinations and suicidal thoughts.

Resident #6 is deceased.

Care plans for all current residents have been reviewed and updated as needed.

Care plans will be reviewed and updated quarterly and when changes in resident's medical, nursing, and mental and psychosocial needs are identified.

Interdisciplinary Team members have been educated about importance of reviewing and updating care plans quarterly and when changes in resident's medical, nursing, and mental and psychosocial needs are identified.

Audits will be conducted by MDS Coordinator to evaluate compliance with care plans weekly for 3 months, then as determined by QAPI team to ensure continued compliance.

Results of audits will be reviewed through the facility QAPI process for recommendations.

Date certain: July 30, 2019

**F 658**

Medication Administration Records (MAR) and Treatment Administration Records (TAR) for Residents #1, #2, #3, and #4 have been reviewed and updated to ensure medication administration times are consistent with physician orders.

Nurses and Certified Medication Assistants (CMA) have received education about medication and treatment pass times including guidelines for time frames it is acceptable to complete administration based on scheduled times.

MAR's and TAR's for current residents have been reviewed and updated to ensure medications administration times are consistent with physician orders.

Medications and treatment order audits will be completed weekly by DON or designee for 3 months, then as determined by QAPI team to ensure continued compliance.

Medication and treatment administration audits will be completed weekly by the DON or designee for 3 months, then as determined by QAPI team to ensure continued compliance.

Results of audits will be reviewed through the facility quality assurance (QAPI) process for recommendations.

Date certain: July 30, 2019

**F 688**

Resident's #1, #2, #4, #7 & #8 Restorative Plans have been reviewed and updated to ensure they meet the needs of the residents to increase and/or prevent decrease in Range of Motion (ROM) and/or mobility.

Restorative plans for current residents have been reviewed and updated to ensure they meet the needs of the residents to increase and/or prevent decrease in Range of Motion (ROM) and/or mobility.

DON and restorative staff have been educated about importance of restorative nursing plans as it relates to residents ability to increase and/or prevent decreases in ROM and/or mobility.

Audits of Restorative Nursing Plan compliance will be conducted by DON or designee weekly for 3 months, then as determined by QAPI team to ensure continued compliance.

Results of audits will be reviewed through the facility quality assurance (QAPI) process for recommendations.

Date Certain: July 30, 2019



**F 695**

Resident #9's oxygen was filled immediately. Resident #9 was assessed immediately for adverse effects and none were found.

No other residents were affected.

Nursing staff have been educated to fill portable oxygen tanks and how to check portable oxygen tanks to ensure they are not empty.

Audits of staff ability to fill portable oxygen tanks correctly and staff ability to check portable oxygen tanks to ensure they are not empty will be completed weekly by DON or designee for 3 months, then as determined by QAPI team to ensure continued compliance.

Results of audits will be reviewed through the facility quality assurance (QAPI) process for recommendations.

Date certain: July 30, 2019

**F 725:**

The facility will maintain sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.

Nurses, CMA's and CNA's have been educated not to turn call lights off until needs of resident have been met.

SSD visited with Resident #2, #4, #9 regarding call light concerns and addressed those concerns and Residents #2, #4, #1, #7 and #8 regarding restorative nursing concerns and addressed those concerns.

SSD will conduct follow up visits with Resident #2, #4, and #9 and Residents #2, #4, #1, #7 and #8 regarding restorative nursing concerns and addressed those concerns weekly for 1 month, then as needed to ensure concerns are resolved.

Call light reports will continue to be run daily for 2 weeks, then monthly for 3 months, then as determined by QAPI team to ensure continued compliance.

All call lights over 15 minutes will be followed up with a resident interview by Executive Director or designee and appropriate actions will be taken based on results of interview.

Results of audits will be reviewed through the facility QAPI process for recommendations.

Date Certain: July 30, 2019