

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

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|---|---------------------|--|-------------|--------------------|
| Citation Number: 7040 | | Date: September 4, 2019 | | |
| Facility Name: Accura Healthcare of Sioux City | | Survey Dates: August 19-22, 2019 | | |
| Facility Address/City/State/Zip 3800 Indian Hills Drive Sioux City IA 51104 | | | | |
| | | SB | | |
| Rule or Code Section | Nature of Violation | Class | Fine Amount | Correction date |

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| 58.19(1)h | 481—58.19(135C) Required nursing services for residents. The resident shall receive and the facility shall provide, as appropriate, the following required nursing services under the 24-hour direction of qualified nurses with ancillary coverage as set forth in these rules: 58.19(1) Activities of daily living. h. Daily routine range of motion; (II, III) | II | \$500 (Held In Suspension) | UPON RECEIPT |
| 58.20(5) | 481—58.20(135C) Duties of health service supervisor. Every nursing facility shall have a health service supervisor who shall: 58.20(5) Initiate preventative and restorative nursing procedures for each resident so as to achieve and maintain the highest possible degree of function, self-care, and independence based on resident choice, where practicable; (II, III) DESCRIPTION: Based on record review, resident and staff interviews, the facility failed to provide restorative exercises as planned for 4 of 13 residents sampled (Resident #15, Resident #20, Resident #31, and Resident #38). The facility reported a census of 35 residents. Findings included: | | | |

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| | <p>1. Resident #31's 7/8/19 Minimum Data Set documented to the resident with severely impaired cognitive function. The resident required extensive assistance of 2 staff for bed mobility and transfers. The resident did not ambulate. The resident's care plan included a problem which stated the resident had a deficit in activities of daily living due to a diagnosis of dementia and weakness requiring assistance of 2 for transfers and assistance with activities of daily living. The goal stated a plan for the resident to return to previous level.</p> <p>A 1/15/19 Therapy to Restorative Nursing Communication directed staff to place 1.5 pound weights and complete balloon tap, stand/walk (3 attempts with a front wheeled walker and assistance of 2 staff). No frequency identified.</p> <p>From 1/19-1/30/19 the record lacked documentation indicating staff assisted the resident with any exercises. Staff documented assistance provided with active range of motion to upper and lower extremities on 2/19/19. The record lacked documentation indicating staff assisted the resident with any exercises from 3/1/19 to 3/30/19. Staff documented assistance provided with active range of motion to the upper and lower extremities on 4/4/19, 5/1/19, 6/11/19, 6/17/19, and twice on 6/25/19. The record lacked</p> | | | |
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| | <p>documentation indicating staff assisted the resident with exercises in July 2019. Staff documented assistance provided with the range of motion exercises on 8/7/19. The record lacked any documentation indicating staff offered or the resident declined participation any other time from 1/15/19 to 8/21/19.</p> <p>During interview on 8/21/19 at 3:16 PM the DON stated the restorative plan dated 1/15/19 was not added to the electronic documentation system until February of 2019. She confirmed the restorative program not completed at all in January 2019, staff had assisted the resident with the program only once in February 2019, none in March 2019, staff had assisted with the program once in April and once in May 2019, four times in June 2019, not done at all in July 2019 and once in August of 2019.</p> <p>On 08/21/19 03:39 PM the current therapy contract physical therapist (PT) reviewed the Therapy to Restorative Nursing Communication for the resident dated 1/15/19 which did not specify frequency of the treatment. She stated daily treatment would be ideal, but 3 times weekly would be the minimum to have any effect. She stated she evaluated the resident and stated the resident's legs were very stiff.</p> | | | |
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| | <p>On 8/15/19 facility staff sent a facsimile to the resident's physician requesting a physical therapy and occupational therapy evaluation treatment due to a functional decline.</p> <p>During interview on 08/21/19 at 2:52 PM the Director of Nursing identified the resident with a decline in ability to stand and bear weight for transfers.</p> <p>An 8/19/19 PT Plan of Care identified the reason for referral as a decline in functional activities resulting in decreased strength, transfer, stand balance and ambulation.</p> <p>2. Resident #15's 6/5/19 MDS documented the resident with severely impaired cognitive function. A 6/18/18 Therapy to Restorative Nursing Communication form directed staff to assist the resident with exercises including Motomed (exercise bicycle) for 15 minutes or walk outside around the facility or standing and tap balloon back and forth as long as tolerated 3-5 times weekly. From 6/1/19 to 8/21/19 staff documented the resident declined participation once in June and once in July 2019. Staff assisted the resident with exercises twice in August 2019. The record lacked any documentation indicating staff offered</p> | | | |
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| | <p>to assist or the resident declined participation any other time during June, July or August 2019.</p> <p>3. Resident #20's 6/13/19 MDS documented the resident with severely impaired cognitive function and the resident required extensive assistance of 2 staff for transfers and did not ambulate.</p> <p>A 5/2/18 Therapy to Restorative Nursing Communication form directed staff to assist the resident with exercises including Motor Med (exercise bicycle) 15 minutes 3-5 times weekly. The document noted the resident may have bad days with increased pain, shortness of breath, high anxiety when the resident occasionally refused exercises. The document stated on those days don't do restorative.</p> <p>The resident's care plan directed staff to assist the resident with a Restorative program 3-5 times a week with a goal to return or maintain the resident's highest practicable physical, mental and psychological functional level and well being.</p> <p>From June 1, 2019 to August 21/2019 staff documented they assisted the resident with the program one time in June, two times in July and one time in August. The record lacked any documentation indicating staff offered the</p> | | | |
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| | <p>resident exercises or that the resident declined assistance with the exercises.</p> <p>4. Resident #38's 7/30/19 MDS documented the resident with intact cognitive function. The resident required extensive assistance of staff for transfers and ambulation. The resident's care plan included a plan for Restorative program 3-7 times weekly with a goal to return or maintain my highest practicable physical, mental and psychological functional level and well being.</p> <p>A 1/25/18 Therapy to Restorative Nursing Communication directed staff to assist the resident with bilateral lower extremity exercises with a 4 pound weight and blue theraband or Motomed for 15 minutes and a walking program for 15 minutes daily, bilateral upper exercises with a 4 pound weight. The communication form directed staff to offer assistance with the exercises 6 times weekly.</p> <p>On 8/21/19 facility staff provided documentation they assisted the resident with ambulation program for 15 minutes on 6/13/19 and for 10 minutes on 6/26/19. Staff assisted the resident with active range of motion exercises to the upper and lower extremities for 15 minutes on 6/26/19. The record lacked any documentation indicating</p> | | | |
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| | <p>staff offered or the resident declined participation any other time from 6/1/19 to 8/21/19.</p> <p>During interview on 8/22/19 at 7:29 AM when asked if staff assisted him with exercises, the resident stated, "not very often". When told documentation showed no exercises completed since June he confirmed that was probably correct.</p> <p>FACILITY RESPONSE:</p> | | | |
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