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Citation Numb 7034	er:				Date: August	29, 2019
Facility Name: Countryside H	ealth Care Center			Survey Dates: August 13-15, 2019, August 19-20		
6120 Mornings			2013			
Sioux City, IA	51106	SB				
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
56.6(1) 58.19(2)j	 56.6(1) Treble fines fines for the director of the specified in rule 481 second or subseque violation occurring with the director of the director of	-56.3(135C) for any ent class I or class II within any 12-month was issued for the same plation occurring within	1	\$11,28 (Trebl \$3,750 (Held suspe	led 0 x 3)	UPON RECEIPT
58.20(2)	intervention for all res adverse symptoms w mental, emotional, or 481—58.20(135C) Du	te assessment and timely idents who have an onset of hich represent a change in physical condition. (I, II, III) uties of health service ursing facility shall have a				

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Citation Number: 7034				Date: Augus	t 29, 2019
Facility Name: Countryside Health Care Center Facility Address/City/State/Zip 6120 Morningside Avenue Sioux City, IA 51106			Survey August 2019	Dates: 13-15, 2019, Aug	just 19-20,
		SB			
Rule or Code Section	Natur	Nature of Violation		Fine Amount	Correction date
	services, treatments, services in order that	direct the nursing care, procedures, and other each resident's needs and icable, are met; (II, III)			

choices, where practicable, are met, (ii, iii)	
DESCRIPTION:	
Based on clinical record review, staff interview, pharmacy record review, pharmacy interview, physician office interview, and family interview, the facility failed to initiate an order for Parkinson's medication upon admit, failed to cover the cost of the medication when the resident on skilled care, failed to notify the resident or resident representative the medication discontinued, failed to assess for adverse reactions to the discontinuation of the medication, failed to intervene when physical therapy first identified a regression of progress and emergence of Parkinson's symptoms, and failed to initiate a restorative maintenance program, for 1 of 5 residents reviewed for assessment and intervention (Resident #5). Resident #5 exhibited a regression in her third week of therapy ambulating half the distance as the week prior and stated she felt her Parkinson's symptoms had worsened. The facility reported a census of 38 residents.	

Facility Administrator

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Facility Address/City/State/Zip 6120 Morningside Avenue Sioux City, IA 51106			2013			
Sloux olly, in Strice		SB				
Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date	

 The admission Minimum Data Set (MDS) assessment dated 4/9/19 identified a Brief Interview for Mental Status (BIMS) score of without signs/symptoms of delirium. A score 14 indicated intact cognition. The MDS reverse the resident required the extensive physical assistance of 2 persons for bed mobility, transfers, dressing, toileting, personal hygie and the resident did not walk in room or corr during the assessment reference period. The MDS recorded the resident and direct care is believed the resident capable of increased independence in at least some ADLs (Activit Daily Living). The MDS documented diagnot that included Parkinson's disease, difficulty walking, unsteadiness on feet, and weakness The MDS recorded the resident started OT (Occupational Therapy) on 4/2/19 and PT (Physical Therapy) on 4/3/19. The Discharge Return Not Anticipated (DRN MDS assessment dated 5/6/19 revealed the resident required extensive physical assistation with bed mobility, transfers, dressing, toiletir personal hygiene, and the resident did not waroom or corridor during the assessment reference of Corridor during the assessment reference period. The MDS recorded the resident did not waroom or corridor during the assessment reference of COR (DC and PT on 4/19/19. 	vere, ridor he staff ities of oses ss. NA) e ance ng, walk in erence
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	51100	SB				
Rule or Code Section	Natur	e of Violation Class Fine Amount			Correction date	
	a diagnosis of Parking the resident at risk for declines in ability to c progression of the dis process. The care pl medications as order observe/document sid The hospital Clinical S documented the resid 3/21/19 to 4/2/19. Th	area initiated 4/2/19 identified son's disease which placed r medical complications and complete ADL's with the sease an directed staff to give ed by the physician and de effects and effectiveness. Summary dated 4/2/19 dent with a hospital stay from he discharge orders recorded he rotigotine medication, (a				

documented the resident with a hospital stay from 3/21/19 to 4/2/19. The discharge orders recorded no change made to the rotigotine medication, (a medication used to treat Parkinson's disease, also known as Neupro), 8 mg (milligrams) per 24 hour transdermal film, extended release patch; order to continue 1 patch topically once a day. The summary included documentation the resident last received a dose of rotigotine on 4/1/10. The Transfer Orders/Instructions included		
4/1/19. The Transfer Orders/Instructions included SNF (skilled) services necessary for continued skilled care needs.		
The Progress Notes dated 4/3/19 at 5:03 p.m. documented telephone orders received for admit to skilled care for PT/OT/ST (Speech) therapies to evaluate and treat.		
The Progress Notes dated 4/4/19 at 10:16 a.m., written by Staff A, Registered Nurse (RN)/MDS		

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Sioux City, IA	gside Avenue A 51106	SB				
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	 physician's nurse to substitute or discontine waiting for a return phone call recercing discontinue the patch. The Order Summary signed by the physician documentation of an patch. The Progress Notes of documented a call material about the Neupro paterial stated it was discontine facility informed the prequested to start the suggested a call to the restarting. The Pharmacy Facilities at 3:55 p.m. recorded the Neupro 8 mg/24 her documented Private I 	hue the patch (Neupro); hone call. h. the notes recorded a eived with okay to h. Report dated 4/10/19 and an 4/16/19 lacked active order for the rotigotine dated 4/22/19 at 11:00 a.m. ade to the physician's office icch and the physician's nurse nued due to costs. The hysician's nurse the family a patch and the nurse he insurance company before by Delivery Log dated 4/22/19 I the facility received 30 of hour patches and				
		otes entry related to the 25/19 at 5:06 p.m. Staff A				

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		SB				
Rule or Code Section	Nat	ure of Violation	Class	Fine Amount	Correction date	

wrote she called pharmacy and the patch went through pharmacy with co-pay and family agreed to pay; pharmacy notified to send patch out that day. At 5:13 p.m., Staff A documented the patch delivered Monday (4/22/19) by pharmacy so medication reordered. At 6:20 p.m., Staff A documented care planning occurred for the resident and the patch reordered for her Parkinson's disease.		
The Order Summary Report dated 4/30/19 and signed by the physician 5/1/19 included documentation of an active order for rotigotine 8 mg/24 hour patch one time a day for Parkinson's disease that originated on 4/25/19 with a start date of 426/19.		
The April and May 2019 Mediation Administration Records (MARs) recorded the resident received rotigotine 8 mg/24 hour patch daily on the following days only: 4/26, 4/27, 4/28, 4/30, 5/1, 5/2, 5/3, 5/4, 5/5, 5/6. On 4/3, 4/4, and 4/29 the MAR entries documented OT; which according to the legend indicated other, see nurses notes. The nurses notes for 4/29/19 contained no information related to administration of the patch.		

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Facility Administrator

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	lealth Care Center		Survey I August / 2019		019, Aug	ust 19-20,
6120 Morning						
Sioux City, IA	51106	SB				
Dula ar	1					O a rese atila re
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	recorded the resident acute assisted living f On 5/6/19 at 11:23 a. resident transferred of assisted living facility Therapy Documentat The Physical Therapy 4/3/19 documented th strengthening, conditi therapy patient at risk dependence on carego The Tinetti Assessme administered test that and balance. The test ability to perform spect ordinal scale of 0, 1 at and balance is scored lower the score on the risk of falling. The Rehab Services week form documented balance and gait tests follows: 4/3/19 = 7/28 5/28. The results of the thir	m. the notes recorded the but of the facility to the acute transported by family. ion / Plan of Care (POC) dated herapy necessary for ioning, and balance; without for loss of function/increase givers. ent Tool is a simple, easily t measures a resident's gait t is scored on the resident's cific tasks. It uses a 3-point and 2. Gait is scored over 12 d over 16 totaling 28. The e Tinetti test, the higher the Tinetti Assessment Tool- 4 ed results of combined s. The scores were as 3; 4/10/19 = 9/28; 4/17/19 =				

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Facility Administrator

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	lealth Care Center		Survey Dates: August 13-15, 201 2019		I 019, Aug	ust 19-20,
Facility Addre 6120 Morning Sioux City, IA		SB	_			
	-	зв				
Rule or Code Section	Natur	e of Violation	Class	Fine /	Amount	Correction date
	high fall risk. The PT Daily Treatmerecorded the following Co-treat/supervisory of Therapist Assistant); Care discussed. Tine markedly decreased. 3/16 and -1 to 2/12 or (8/28 modified) for hig walker. Patient regree maximum assist with walked 5 feet (30 feet wheeled walker with of wheeled walker with of with patient due to un commented that she really worsened. PTA Occupational Therapin noted decline since M continue as per POC gait, neuro re-educating progressing as able. The PT Therapist Prof Summary dated 4/19/ Analysis of Functional Impression - Discharged secondar	visit with PTA (Physical notes reviewed and Plan of etti reassessed with score Balance assessment -3 to n Gait assessment for 5/28 gh fall risk with front wheeled essed from minimum to sit to stands. The resident t last week) with front contact guard assist (contact isteadiness). Patient even felt her Parkinson's had A and COTA (Certified ist Assistant) stated they Monday (4/15/19). PTA to with therapeutic exercise, ion, and the activity				

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 9/28 (13/28 Modified) for high fall risk. However inconsistent with transfers varying minimum to maximum assist with sit to stands. Ambulation tolerance also varied 20 to 60 feet with front wheeled walker with contact guard assist. Discharge Plans & Instructions - LTC (Long Term Care); recommend RNP (Restorative Nursing Program) by facility once able to integrate and staff. The resident would be a candidate for walk to dines, walking less than or equal to 80 feet with front wheeled walker, standing frame, seated therapeutic exercises, and NuStep (recumbent stepper). The clinical record lacked documentation the Restorative Nursing Program initiated by the facility as recommended by the therapy department. 			
Interviews On 8/14/19 at 4:00 p.m. a pharmacy representative reported the documentation on their end showed issues with insurance covering the Neupro patch to begin with (4/3/19) as the medication was not in their formulary. The pharmacy representative stated they sent the physician a PA (Preauthorization) form and thought it would be in the doctor hands after that as far as documentation and commented they send the requests via electronic software. The		Page 9 c	

Facility Administrator

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	pharmacy sent the facility of through them, they we 4/25/19. The pharmal medication would have later than 4/23/19. On 8/14/19 at 4:12 p. stated she showed not facility's pharmacy reg 4/3/19. The physician's physician's nurse reported the physician's physician's nurse reported the son want a fax sent to the facility Neupro patch. On 8/14/19 at 4:41 p. member reported the nurse who had cared The family member stat	ould not have sent more on acy representative said the ve arrived at the facility no m., the physician's nurse o communication from the garding a PA form around n's nurse reported Staff A office on 4/4/19. The orted Staff A said the ch at home but not at the inted to know if there was a high cost or if they should cation if no other substitutes. e stated the physician iscontinue the patch. The red on 4/22/19 the facility ted the medication back and				

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the family said the Neupro medication too expensive, however, the family member denied that stating they never complained about the high cost. The family member expressed concerns the medication was discontinued without notifying them as they were willing to pay out of pocket for the medication if needed. The family member reported they were concerned about their mother declining in physical therapy at that time so they checked with the facility to ensure the resident receiving the Neupro medication. The family member stated on 4/20/19 they found out the resident not getting the medication and requested the medication be restarted. The family member commented they knew the medication delivered to the facility on 4/22/19 but the facility delayed starting the medication until 5 days later. The family member expressed concern their mother declined in progress of therapy after the discontinuation of the Parkinson's medication. On 8/15/19 at 10:15 a.m., Staff A recalled Resident #5 admitted to the facility under skilled care and the Neupro (rotigotine) patch expensive as was some \$700 to \$800. Staff A reported she was told to try to get a substitute for the medication; Staff A responded she thought the former DON asked her to call the doctor to ask as the facility was responsible to cover the cost.	
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ordered as the resident started having a decline in her Parkinson's disease. Staff A commented she recalled calling pharmacy as she could not find the patch according to her documentation on 4/25/19 (Thursday). Staff A stated the pharmacy said they sent the patch out on Monday (4/22/19), so they resent them as she couldn't find them. Staff A clarified the high cost as the reason for the patch discontination when the resident initially entered the facility. Staff A responded she didn't remember asking the resident or the family to pay for it. Staff A stated she talked to the resident but did not recall asking her to pay for it. Staff A responded normally she would notify the family or resident about medication changes and typically documented the notification in the progress notes. Staff A did not recall any fax documentation pertaining to the authorization of the patch; she thought communication was just with phone calls made back and forth with pharmacy and the physician's office. Staff A confirmed the facility would have been responsible for the cost of the rotigotine patch while the resident on skilled care, even with a Medicare replacement plan as the payor source. Staff A responded restorative documentation in the computer, therapy writes recommendations	
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On 8/15/19 at 10:40 a.m., the Director of Nursing (DON) responded if a resident received Medicare or a Medicare replacement plan, the facility is responsible for the cost of resident medications. The DON commented the facility completes a screen for potential new admissions and reviews their medications for potential high costs. The DON confirmed the facility would have been responsible for the cost of Resident #5's medication at the time of admit, including the rotigotine patch.		
On 8/15/19 at 11:00 a.m., the DON reported she was unable to find restorative program notes for Resident #5.		
On 8/15/19 11:40 a.m., the DON said couldn't find the order signed by the physician 4/22/19 for the patch. The DON stated sometimes the doctor sends the pharmacy the order and then facility did not know about the order. The DON stated the facility couldn't give the medication if they didn't have the written order. The DON provided a copy of the pharmacy delivery slip to show the patch for Resident #5 delivered 4/22/19. The DON acknowledged she would have expected staff to clarify 4/22/19 why they received the patch if no order. The DON stated Staff A entered the order into the computer as a written order (therefore the would be looking for an actual written script).		

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On 8/19/19 at 12:45 p.m. a follow-up phone call placed to the physician's office. The physician's triage nurse reported the resident transferred her care from them on 6/21/19. The physician's triage nurse stated they had documentation to show the daughter was upset the medication had been stopped. The physician's triage nurse identified the resident her own POA (Power of Attorney) and reported loss of function of her right leg at that time. The physician's triage nurse stated the facility called 4/4/19 to report the medication cost too high and asked for a substitute. The physician's triage nurse stated the physician said there were no other substitutes so if the medication too high a cost they would just discontinue it. The physician's triage nurse stated their record showed the resident's abilities declined and had they not got a call from the facility about the high cost then the resident would have remained on the medication. FACILITY RESPONSE:			
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Facility Administrator

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Facility Administrator

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