STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165017	A. BUILDING _____ B. WING _____	C 10/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES	1940 FIRST AVENUE NE CEDAR RAPIDS, IA 52402

(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 The following deficiency relates to the investigation of Complaint #86152 which was substantiated. (See code of Federal Regulations (42 CFR) Part 483, Subpart B-C). Complaint #85980 was not substantiated. The deficiency cited under F760 will be considered past non-compliance as the facility corrected the deficiency on September 23, 2019, prior to surveyor entrance.	F 000		
F 760 SS=G	Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2) The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by: Based on clinical record review, staff interviews, and facility policy the facility failed to ensure one of four residents reviewed received medication according to the physician's orders to prevent a significant medication error. (Resident #2) The facility reported a census of 78 residents. Findings include: 1. According to the Minimum Data Set (MDS) Assessment dated 9/17/2019 for Resident #2 documented the resident admitted to the facility on 9/10/19. The resident identified with no cognitive impairment and required extensive assistance of two staff to transfer. Diagnoses included heart failure, Crohn's Disease, reflux, osteoporosis, right tibia fracture (lower leg), IBS	F 760	Past noncompliance: no plan of correction required.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165017	A. BUILDING _____ B. WING _____	C 10/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES	1940 FIRST AVENUE NE CEDAR RAPIDS, IA 52402

(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 760	Continued From page 1	F 760		

(Irritable Bowel Syndrome), Motor Vehicle Accident injury and pain. The MDS documented the resident received a diuretic (fluid pill) for seven days during the last seven days.

The resident's Discharge Instructions from the hospital dated 9/10/2019 included a Physician Order for Metolazone 5 mg (milligrams), commonly known as Zaroxolyn (a diuretic). Take one tablet by mouth once weekly for shortness of breath (SOB).

The facility Order Summary Report for September, 2019 included an order for Metolazone 5 mg by mouth once daily for SOB, active 9/10/2019, and start date 9/11/2019.

Resident #2's September, 2019 Medication Administration Record (MAR) revealed the resident received Metolazone 5 mg. daily from 9/11 through 9/19/2019.

Progress Notes dated 9/11/2019 revealed Resident #2 complained of intermittent nausea.
Progress Notes dated 9/12/2019 revealed staff administered Zofran for nausea and vomiting with effective results..
Progress Notes dated 9/12/2019 revealed Staff A, Nurse Practitioner (NP), ordered labs for the resident and an IV (intravenous) for 1000 ml (milliliters) of fluid. Staff A ordered Resident #2's vitamins and supplements be put on hold, and Lasix (diuretic) be held for three days.

Progress Notes dated 9/19/2019 revealed the resident complained of feeling weak, having nausea and chills. Staff B, Registered Nurse (RN) assessed the resident and notified Staff A, NP who ordered labs and an IV. Staff had difficulty

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165017	A. BUILDING _____ B. WING _____	C 10/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES	1940 FIRST AVENUE NE CEDAR RAPIDS, IA 52402

(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 760	Continued From page 2	F 760		

starting the IV fluids and discharged the resident to the Emergency Room for further evaluation.

Lab results dated 9/19/2019 revealed Resident #2 with abnormal results including low potassium and sodium and a urinalysis determined the resident had a UTI (Urinary Tract Infection).

The Emergency Department (ED) Notes dated 9/19/2019 revealed Resident #2 transferred from the facility due to low blood pressure and low oxygen saturation while there. The ED noted the resident had hypokalemia (low potassium) and required a work up. The ED Notes reported the resident felt generalized weakness with a decreased appetite, not eating or drinking well and battling a urinary tract infection for the last few weeks. Will check labs and UA (urinalysis).

The History and Physical dated 9/19/2019 documented Resident #2 with a positive UTI and received an IV antibiotic. It also revealed the resident had hypokalemia, acute and unstable in spite of taking potassium daily, possibly related to excessive diuresis (fluid loss) with daily use of Zaroxolyn (Metolazone) rather than the prescribed dose of once weekly as indicated by the cardiologist notes. The resident documented with Acute Kidney Injury (AKI), likely secondary to excessive dosing of Zaroxolyn compared to what was intended by the cardiologist. New orders included hold both Lasix and Zaroxolyn and resume both medications when resolved, with resuming the Zaroxolyn once weekly dosing rather than the once daily dosing.

During an interview on 10/2/2019 at 11:00 a.m., Staff C, Director of Nursing (DON), reported Resident #2's family member told the facility they

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165017	A. BUILDING _____ B. WING _____	C 10/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES	1940 FIRST AVENUE NE CEDAR RAPIDS, IA 52402

(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 760	Continued From page 3	F 760		

had a medication error involving the resident. The facility took it seriously and notified the physician, corporate office and gave education to all staff and began monitoring all residents admitted on a diuretic. Staff B, RN entered the medication orders into the pharmacy system and the facility failed to have another nurse and the Unit Manager verify the orders transcribed correctly when entered.

During an interview on 10/2/2019 at 2:30 p.m., Staff B, RN revealed he/she received Resident #2's admission paper work and entered the medications in the pharmacy "tab". It was a human error that he/she documented Metolazone 5 mg. to be given daily versus weekly. The night shift nurse and the Unit Manager were to double check the orders. Staff B received education about making sure to double check orders and to also have another nurse verify them.
On 9/19/2019, Staff B worked the evening shift and asked the resident how he/she felt at approximately 2:00 p.m.. The resident asked if he/she could get another IV because it helped and he/she had been feeling nauseous and weak. Staff B notified the physician, assessed the resident and determined the resident had low blood pressure. Staff B administered Zofran for nausea. The physician ordered labs and an IV, however the resident had difficult veins and Staff B sent the resident to the Emergency Department.

During an interview on 10/2/2019 at 12:15 p.m., Staff D, RN, Unit Manager, revealed upon admission the nurse on duty enters the orders to the pharmacy and Staff B entered Zaroxolyn daily versus weekly and staff did not catch the mistake. All staff were educated about triple checking the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165017	A. BUILDING _____ B. WING _____	C 10/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES	1940 FIRST AVENUE NE CEDAR RAPIDS, IA 52402

(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 760	Continued From page 4	F 760		

orders and Staff D personally received education. The next shift nurse and the Unit Manager are to double check the orders. The physician or Nurse Practitioner check the orders when the facility receives physician orders upon admission. Staff E, ARNP (Nurse Practitioner) checked Resident #2's orders that day and approved them. The resident admitted to the facility directly from the hospital.

During an interview on 10/2/2019 at 1:00 p.m., Staff A, Nurse Practitioner, PhD, revealed he/she saw Resident #2 and reviewed the medications. The resident took a lot of vitamins and supplements which may have caused the nausea. Staff A ordered labs and ordered staff to hold off on administering some of the medications with a wait and see approach to see if the symptoms improved. The goal was to help with the nausea and help the resident's appetite. The resident had a medication error with the Zaroxolyn but co-morbidities also worked together to make "bad stuff" happen. The 9/19/2019 labs revealed the resident had a UTI which can also cause nausea, vomiting, pain and dehydration.

During an interview on 10/2/2019 at 2:00 p.m., Staff E, Nurse Practitioner revealed he/she checked and approved the medication list when Resident #2 admitted to the facility from the hospital. The resident had a lot of digestive issues as well and a UTI.

Review of the facility Admission Policy dated 12/2009 included:
a. Notify physician of admission and obtain and verify orders
b. Fax admission orders to the pharmacy or notify

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165017	A. BUILDING _____ B. WING _____	C 10/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES	1940 FIRST AVENUE NE CEDAR RAPIDS, IA 52402

(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 760	Continued From page 5 of admission per center policy. Review of the facility Medication Administration: Medication Pass policy included: Purpose: To safely and accurately prepare and administer medication according to the physician order and patient needs. The facility corrected the deficient practice on September 23, 2019 by conducting inservice training to the facility nurses regarding transcribing physician orders correctly when received. Because the facility corrected the deficient practice prior to the complaint and complaint investigation, the situation was identified as past non-compliance.	F 760		