Citation Numb #8046	er:			Date: June 4	, 2020	
Facility Name:		Survey Dates:				
Manorcare HS	Utica Ridge		No 4 20, 2020			
Facility Addres	ss/City/State/Zip	May 4-20, 2020				
3800 Commerc	se Blvd					
Davenport, IA		MW, TAG				
Rule or					Correction	
Code Section	Natur	e of Violation	Class	Fine Amount	date	

58.19(2)g	 F675 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(2) Medication and treatment. g. Administration of oxygen (to be performed only by a registered nurse or licensed practical nurse or by a qualified aide under the direction of a registered nurse or licensed practical nurse or licensed practical nurse or licensed practical nurse); (I, II) Description: 	Class I	\$8,500 (Held in Suspension)	UPON RECEIPT
	Based on observation, record review, and staff, physician, Police, First Responder and Medical Examiner interviews, the facility failed to provide care in accordance to Physician Orders for oxygen administration. The facility also failed to follow professional standards of practice that included administration and supervision of nebulized medication delivery with appropriate resident assessment, that resulted in a resident's cardiac arrest and death, for 1 of 11 records reviewed (Resident #10). The facility reported a census of 92 residents. Findings include:			
	The Minimum Data Set (MDS) Assessment tool dated 4/25/20 revealed Resident #10 admitted to the facility			

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n		7		I		
Citation Numb	er:				Date:	
#8046					June 4,	2020
Facility Name:			Survey D	ates:		
Manorcare HS	Utica Ridge					
			May 4-20	, 2020		
Facility Addres	ss/City/State/Zip					
	.					
3800 Commer		MW, TAG				
Davenport, IA	52807					
Rule or						Correction
Code Section	Natur	re of Violation	Class	Fine A	mount	date
U	и 					
	on 4/21/20 with diagnos	ses including diabetes				
	cerebrovascular accide					
		nic respiratory failure with				
		turation level) and pneumonitis				
		lammation of lung cells) due to aspiration (food or distribution distribution distribution of lungs). The resident scored 11 out				
		the Brief Interview for Mental				
		assessment that indicated				
		ithout symptoms of delirium,				
		assistance of at least 1 staff to				
		er to and from bed and chair,				
		pileting and personal hygiene.				
	ambalation, arccosing, to	sicting and personal rygione.				
	Physician Orders for Re	esident #10 directed staff on the				
	following:					
		dministered via nasal cannula				
	(NC) at 4 liters per minu					
		e (a beta agonist medication				
		20 micrograms in 2 milliliters				
	administered via nebuli					
		osteroid medication that				
		airways) 0.5 milligrams in 2				
		via nebulizer twice a day.				
	d. Ipratropium 0.5 millig					
		odilator medications and when				
		s Duo-Neb) in 3 milliliters				
		a nebulizer every 4 hours while				
	awake.					
		ms in 3 milliliters solution				
		zer every 6 hours as needed.				
		ntilator that accommodated Bi-				
		s, that provides volume and				
	pressure control throug	h a mask applied to the nose				

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Citation Numb #8046	er:				Date: June 4,	2020
Facility Name: Manorcare HS Utica Ridge Facility Address/City/State/Zip 3800 Commerce Blvd			Survey D May 4-20			
Davenport, IA 52807		MW, TAG				
Rule or Code Section	Natur	re of Violation	Class	Fine A	mount	Correction date
	applied at hour of sleep morning. A risk for respiratory im problems initiated on th identified a goal to main Resident #10 and direct following to achieve the a. Encourage deep brea b. Evaluate lung sounds c. Obtain pulse oximetry to the physician. d. Administer medicatio e. Elevate the head of th f. Administer oxygen per A Physician/Nurse Prace 4/24/20 revealed the resident breath sounds diminish productive of thick yello continued administration breathing treatments, T cough and deep breath Review of the resident's Record (MAR) revealed ordered every 4 hours v administration times at Further review showed Staff B, Registered Nur-	ted staff to implement the goal: athing exercises. s and vital signs as needed. y and report abnormal findings ns per physician orders. he bed. er physician orders. titioner Progress Note dated sident was oxygen dependent, ed to auscultation with cough w sputum, directed the				

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Citation Numb #8046	er:				Date: June 4,	2020	
Facility Name: Manorcare HS				Survey Dates: May 4-20, 2020			
Facility Addres	s/City/State/Zip		17	May 4-20, 2020			
Davenport, IA		MW, TAG					
Rule or Code Section	Natur	re of Violation		ClassFine AmountCorrection date			

Documentation of oxygen saturation levels revealed		
(normal value 95 to 100 percent on room air) the		
following levels:		
a. On 4/30/20 at 8:13 p.m., 99 percent with oxygen via		
NC.		
b. On 4/29/20 at 8:15 a.m., 96 percent with oxygen via		
NC.		
c. On 4/29/20 at 1:43 a.m., 88 percent with oxygen per		
Bi-Pap (Trilogy).		
d. On 4/28/20 at 8:00 a.m., 95 percent with oxygen via		
NC.		
e. On 4/27/20 at 12:45 p.m., 94 percent with oxygen		
via NC.		
f. On 4/26/20 at 4:09 p.m., 94 percent with oxygen via		
NC.		
g. On 4/26/20 at 1:34 a.m., 93 percent with oxygen via		
Bi-Pap.		
h. On 4/25/20 at 4:49 p.m., 97 percent with oxygen via		
NC.		
i. On 4/25/20 at 1:48 a.m., 89 percent with oxygen via		
Bi-Pap.		
j. On 4/24/20 at 4:41 p.m., 98 percent with oxygen via		
NC.		
k. On 4/23/20 at 6:51 p.m., 91 percent on room air.		
I. On 4/22/20 at 3:38 p.m., 98 percent with oxygen via		
NC.		
A Nurse's Note dated 5/1/20 at 7:22 a.m., transcribed		
by Staff A, Licensed Practical Nurse (LPN) stated two		
Certified Nursing Assistants (CNA's) found the resident		
unresponsive in the room. A Fireman in the room		
noticed the resident did not look good, came out of the		

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Citation Numb #8046	er:		Date: June 4, 2020				
Facility Name: Manorcare HS	Utica Ridge		Survey D May 4-20				
Facility Addres 3800 Commerc Davenport, IA		MW, TAG					
Rule or Code Section	Natur	re of Violation	Class	Fine A	Amount	Correction date	
	Fireman returned to the compressions with facili resident's time of death spouse notified of the re The Facility's Self-Repo approximately 7:00 a.m cared for the resident's nebulizer treatment was (mask) and replaced the approximately 7:20 a.m unresponsive and CPR expiring at 7:49 a.m. at facility in progress as de Examiner to complete a The facility's Medication Guidelines policy, updat complete the following: a. Medications were adu standards of practice ar guidelines. b. Medications were adu the rights of medication right patient, right medio right time and right clinic c. Medications that were Physician Orders to be physician and document	ity staff assisting. The recorded at 7:49 a.m., and the esident's death. orted Incident described at . on 5/1/20, the nurse that roommate realized the s completed, removed nebulizer e NC at 4 liters. At ., the resident observed initiated with the resident the facility. Investigation by eath was unexpected, Medical an autopsy and toxicology. and Treatment Administration ted 3/2018, directed staff to ministered in accordance with administration that included cation, right dose, right route, cal indication. e not administered according to reported to the attending ited in the clinical record, dose of the medication and					

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Citation Number:]			Date:	
#8046					June 4,	2020
Facility Name:			Survey D	ates:		
Manorcare HS			May 4-20), 2020		
Facility Addre	ss/City/State/Zip					
3800 Commer Davenport, IA		MW, TAG				
Davenport, IA	52007					
Rule or		и 	Clear			Correction
Code Section	Natur	re of Violation	Class	Fine A	Amount	date
1	The facility's Oxygen Ad	dministration policy last				
	reviewed 7/2017 directe					
	a. Verify Physician's Or					
	b. When concentrator used, plug the power cord into					
	the outlet, turn unit on and set flow meter to correct flow rate, and ensure that exhaust filters are clean and					
	unblocked.					
		y NC, direct prongs toward				
		annula tubing behind ears and				
		djuster upward under chin to				
	secure cannula in place).				
	The facility's Respirator	y Nebulizer Mist Therapy				
	policy, revised 9/2014,					
	a. Verify Physician's Or					
	-	nit is off and plug power cord				
	into electrical outlet.					
	c. Connect one end of t end to aerosol unit air o	ubing to nebulizer and other				
	d. Fill nebulizer with pre					
	e. Connect mask to tub					
		nt face. Verify nebulizer is held				
		aintain prescribed medication				
	in chamber.					
	U U	ol unit on and direct resident to inhale				
	mist slowly and deeply.	ibed medication has been	n has been			
	aerosolized from cham					
	i. Switch aerosol unit of	f when treatment completed.				
	j. Assess lung fields and	d heart rate and document any				
	changes.					
		nd medication from nebulizer				
	and mask.					

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Facility Administrator

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Citation Number: #8046]			Date: June 4, 2	2020
Facility Name: Manorcare HS Facility Addre		-	Survey D May 4-20			
3800 Commer Davenport, IA		MW, TAG				
Rule or Code Section	Natu	re of Violation	Class	Fine Ar	nount	Correction date
	plastic bag. The Nurse Supervisor C reviewed 6/2018, descr that included: a. Administers medicati	and mask in separate, labeled Job Description dated as last ibed nursing responsibilities ions and treatments timely and				
	 according to facility policy. b. Receives, transcribes and carries out physician orders. c. Documents medications and treatments per facility policy. d. Documents in Nurse's Notes any exceptions to resident condition. 					
	the Administrator and D 5/1/20 revealed Staff B scheduled medication a medications should be before or after the sche was asleep at 4:00 a.m documented "asleep". A at 5:30 a.m., the nurse	ce Record form completed by Director of Nursing (DON), dated administered a 4:00 a.m. at 5:37 a.m Staff B instructed administered within an hour eduled time and if the resident . the nurse should have Also if the medication requested should have documented the n administered at that time.				
	5/1/20 15 1:32 p.m., red DON stated: On his night shift that c 5/1/20, Resident #10 ha the night with his Trilog	rom Staff B, RN, via phone on corded by the Administrator and oncluded at 6:00 a.m. on ad no issues and slept through y on. The nebulizer treatment :30 a.m. and 5:45 a.m., at that				

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Citation Number: #8046					Date: June 4,	2020
					Julie 4,	2020
Facility Name: Manorcare HS			Survey D	ates:		
Facility Addres	ss/City/State/Zip		May 4-20	, 2020		
3800 Commer	ce Blvd					
Davenport, IA	52807	MW, TAG				
Rule or			Class	Fine		Correction
Code Section	Natu	re of Violation	Class	Fine A	mount	date
	applied, he could not re applied but that would h process. At that time th for water. He could not was removed prior to th Observations on 5/11/2 a. At 7:38 a.m., Staff C, an ordered Duo-Neb ne #1. The nurse remaine medication administration then the nurse washed it in a plastic bag stored b. At 1:27 p.m., Staff D, an ordered Duo-Neb ne #2. The nurse remaine medication administration then the nurse washed it in a plastic bag stored b. At 1:27 p.m., Staff D, an ordered Duo-Neb ne #2. The nurse remaine medication administration then the nurse washed it in a plastic bag stored Staff interviews reveale On 5/5/20 at 7:16 p.m., the day shift (6:00 a.m. between 6:45 a.m. and to Resident #10's room the nebulizer and saw th #10 with the treatment of oxygen not on the resid across the over the bed concentrator and not or	RN, started administration of ebulizer treatment to Resident d at the resident's bedside, the on completed at 7:43 a.m., and the nebulizer tubing and placed in the resident's room. LPN, started administration of ebulizer treatment to Resident d at the resident's bedside, the on completed at 1:35 p.m., and the nebulizer tubing and placed in the resident's room. d: Staff E, RN, stated she worked to 2:00 p.m.) on 5/1/20, 7:00 a.m. as she provided care mate (Resident #11), she heard he nebulizer mask on Resident completed. She noted the ent, the cannula tubing laid				

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Citation Numb #8046	er:	Date: June 4, 202			2020	
Facility Name: Manorcare HS			Survey D May 4-20		1	
3800 Commer		MW, TAG	11119 4 20	., 2020		
Davenport, IA	52807	MW, IAG				
Rule or Code Section	Natu	re of Violation	Class	Fine A	Amount	Correction date
	via NC. When the ambuse she could not recall if R cool, and the resident d the oxygen (per ambular resident's room at 6:53 she had cared for Reside dependent, she always treatments via mask ap and removed the mask after about 10 to 12 min On 5/5/20 at 1:14 p.m., assigned to the resident B, RN, stated he had just breathing treatment and unusual in his change of had not seen or assess between 7:00 a.m. and resident required CPR at the resident felt cool but On 5/5/20 at 2:50 p.m., resident assigned to he morning she noticed the between the resident's i entered the room but co Staff F reported she cou or not and had not seen the room to get him up to	Staff A, LPN, stated she was t on the 5/1/20 day shift. Staff st given the resident's d did not communicate anything of shift report to her and she ed the resident yet. Sometime 7:30 a.m., a Fireman said the and as she assisted with CPR,				

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Citation Numb #8046	er:	Date: June 4			Date: June 4,	2020
Facility Name: Manorcare HS Utica Ridge Facility Address/City/State/Zip			Survey D May 4-20		1	
3800 Commere Davenport, IA		MW, TAG				
Rule or Code Section	Natu	re of Violation	Class	Fine A	Amount	Correction date
	5/1/20 after the ambulat went with Staff F, CNA, fireman in the room said reported they tried and the fireman yelled for st (the ambulance left the 7:18 a.m. per ambulance On 5/7/20 at 9:56 a.m., Technician (EMT) and a department stated on 5/ loaded Resident #11 for room around 7:22 a.m. resident did not look go respond when staff tried pulse, couldn't find one with CPR. Staff H could oxygen on, and did not he started CPR. The re checked for lividity (disc settling and pooling of b legs looked discolored. resident had lividity on h On 5/7/20 at 10:14 a.m. stated he had not notice with the roommate (Res odd that the resident had commotion in the room. maybe his face looked g	Staff H, Emergency Medical a Fireman from the local fire /1/20 after the ambulance r transport, he returned to the He reported he thought the od, the resident did not d to wake him, he felt for a and called out to staff for help d not recall if the resident had think he removed oxygen when esident felt a little cool, he coloration of the skin due to the blood) but did not find it, and his At the end of CPR, the his thighs.				

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Citation Number: #8046			Date: June 4, 202			2020
Facility Name: Manorcare HS Utica Ridge				Survey Dates: May 4-20, 2020		
Facility Addre	ss/City/State/Zip		Wiay 4-20	, 2020		
3800 Commerce Blvd Davenport, IA 52807		MW, TAG				
Rule or Code Section Natur		re of Violation	Class	Fine A	mount	Correction date
	the local police departm facility on 5/1/20 at 8:15 Evidence was collected there was an ongoing in charges, subpoenas ha Medical Examiner's offic autopsy would be comp On 5/5/20 at 12:38 p.m. Examiner and physician was suspicious and an morning, the resident w knew there was a perior administered prior to his with the resident's spou required 5 to 6 liters of 6 admission to the facility On 5/11/20 at 3:04 p.m. Pulmonology Physician was oxygen dependent obstructive pulmonary of respirator at night due to Pap or C-Pap support. S nebulizer mask left over hour and 15 minutes, w oxygen level would hav caused his cardiac arre On 5/7/20 at 9:41 a.m., worked the night shift fr	A, Staff K, County Medical h, stated the resident's death autopsy was underway that as oxygen dependent and d of time that oxygen was not s death. She had conferred se who reported the resident oxygen per minute prior to his , and consented to the autopsy. ., Staff L, the resident's of record, stated the resident with advanced COPD (chronic disease), required the Trilogy o advanced disease beyond Bi- Staff L stated if the resident's r his mouth and nose for an ithout oxygen administered, his e dropped and could have				

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Facility Name: Manorcare HS Utica Ridge			Survey Dates: May 4-20, 2020			
Facility Address/City/State/Zip			1 111 1111111111111	, 2020		
3800 Commerce Blvd Davenport, IA 52807		MW, TAG				
Rule or Code Section Natur		re of Violation	Class	Fine Amount	Correction date	
	Staff M reported he did for any pain medication treatment at 4:00 a.m. k his room and not sure if incontinence care of the resident had his C-Pap checked on him at appr had the C-Pap mask or On 5/12/20 at 7:12 a.m. cared for the resident, t and administered his ne on under the nebulizer for resident wore the Trilog to it, to administer a nek had to remove the Trilog to it, to administer a nek had to remove the Trilog to it, to administer a nek had to remove the Trilog to it, to administer a nek had to remove the Trilog to it, to administer a nek had to remove the Trilog to it, to administer a nek had to remove the Trilog to it, to administer a nek had to remove the Trilog to it, to administer a nek had to remove the Trilog to it, to administer a nek had to remove the Trilog to it, to administer a nek had to remove the Trilog to it, to administer a nek had to remove the Trilog to it, to administer a nek had to remove the Trilog to it, to administer a nek had to remove the Trilog to it, to administer a nek had to remove the Trilog to it, to administer a nek had to remove the Trilog to it, to administer a nek had to remove the Trilog to it, to administer a nek had to remove the Trilog to 88 percent when the oxygen bled into the line higher when oxygen ad On 5/11/20 at 1:40 p.m.	, Staff N, RN, stated she had he resident needed the oxygen abulizer treatments with oxygen mask. On the night shift, the yy mask with oxygen connected oulizer at that time the nurse gy mask, disconnect the concentrator, attach the NC tor and apply NC to the enebulizer mask over the Staff O, LPN, stated the ependent. She administered his a mask with oxygen oder it, the resident said he did k, his oxygen saturation was 87 Trilogy mask was on with e as ordered, and saturations				

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Facility Name: Manorcare HS Utica Ridge			Survey Dates: May 4-20, 2020			
Facility Address/City/State/Zip 3800 Commerce Blvd		MW, TAG		,		
Davenport, IA 52807		MW, 1AU				Correction
Rule or Code Section Natur		re of Violation	Class Fine A		nount	date
	resident to self-administ had an order for continu- the oxygen on as she a treatment. On 5/6/20 at 1:31 p.m., could not answer if the the resident through nel stated their policy/proce DON thought there was Administration Policy, b required for nebulizer tr were alert and participa Administrator stated wh about the events on 5/1 administered until 5:35 running behind. The Ad went to the resident's ro and investigate the incid the police had already r On 5/14/20 at 1:25 p.m. nurses to administer all ordered by the physicia should then seek clarific physician. On 5/5/20 at 3:22 p.m., interview without legal r on 5/20/20 and after rep member's attorney had	ere was an order for the ter it. In addition, if a resident jous oxygen, she would leave dministered the nebulizer the DON and Administrator nurse was required to stay with bulizer administration and edure did not really say. The a Medication Self- ut had not considered it as eatments, as many residents tive with the treatment. The ten they questioned Staff B /20 and why the nebulizer not a.m., the staff reported he was dministrator stated when she born to look at the equipment dent on the morning of 5/1/20; emoved the items as evidence. ., the DON stated she expected medications and treatments as n unless contraindicated and cation from the prescriptive Staff B, RN, refused an epresentation. As of 4:30 p.m. beated requests, the staff not made arrangements for an Department of Inspections &				

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Facility Addres	ss/City/State/Zip		Wiay 4-20	0, 2020		
3800 Commerce Blvd Davenport, IA 52807		MW, TAG				
Rule or Code Section Natur		e of Violation	Class	Fine Amount	Correction date	
	Appeals (DIA) or the loc	al police department.				
		tate Agency informed the Jeopardy situation at the				
	Jeopardy. The facility p	cility abated the Immediate rovided education to the administration of Nebulizer ous oxygen.				
	FACILITY RESPONSE					

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Facility Administrator

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Rule or Code Section	Natu	e of Violation	Class	Fine Amount	Correction date	

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Facility Administrator

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