Citation Number: 8052 Facility Name:			Survey	Date: June	26, 2020	
	Resource Center		January 6, 8, 9, 27, 2020. February 2 25, 26 2020. March 3, 4, 2020. April 2			
711 So. Vin			2020.			
Glenwood,	IA 51534	LK	87699-I			
Rule or Code Section	Natu	re of Violation	Class	Fine Amount	Correction date	
64.60	481-64.60(135C) Federal regulations adopted - conditions of participation. Regulations in 42 CFR Part 483, Subpart D, and Sections 410 to 480 effective October 3, 1988, are adopted by reference and incorporated as part of these rules. A copy of these regulations is available on request from the Health Facilities Division, Department of Inspections and Appeals, Lucas State Office Building, Des Moines, Iowa 50319. Classification of violations is I, II, and III, determined by the division using the provision in 481-Chapter 56, Fining and Citations," to enforce a fine to cite a facility. This rule is intended to implement Iowa Code Section 135C.2(3).		I	\$4,000 Suspended	Upon receipt	
W322	PHYSICIAN SERVICES CFR(s): 483.460(a)(3) The facility must provid general medical care. This STANDARD is not m					

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Facility Administrator	Date

Citation Number: 8052 Facility Name: Glenwood Resource Center Facility Address/City/State/Zip 711 So. Vine				Date: June 2	26, 2020
			Survey Dates: January 6, 8, 9, 27, 2020. Februa 25, 26 2020. March 3, 4, 2020. Ap 2020.		
Glenwood, IA	31334	LK	87699-I		
Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date
	Bilateral Blindness, Hear Osteoarthritis, Periphera Thrombocytopenia, Pane Hyperprolactinemia. Clie episodes of gagging, em on 10/06/19. The Primal ordered lab work on 10/reportedly within normal #1 continued to have on gagging, emesis and deciduring the rest of the more	appropriate health care ent who displayed ossible illness. This ntified during the I (Client #1). Finding 8/20 revealed Client #1 in with a diagnosis stual Disability, senia, Dysphagia, Anemia, sing Loss, Kyphosis, al Vascular Disease, cytopenia and ent #1 began having esis and meal refusals ry Care Provider (PCP) 707/19, which was al limits for Client #1. Client ingoing episodes of reased food intake onth, but she had a prior ging and emesis and meal d regular assessments,			

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Facility Administrator	Date

Citation Numb 8052	oer:				Date: June 26	6, 2020
Facility Name: Glenwood Resource Center Facility Address/City/State/Zip 711 So. Vine			January	Survey Dates: January 6, 8, 9, 27, 2020. February 25, 26 2020. March 3, 4, 2020. April 2020.		
Glenwood, IA	31334	LK	87699-I			
Rule or Code Section	Natur	e of Violation	Class	Fine Ar	nount	Correction date
	lethargic, needed increading and, was not communic Client #1 continued to massistance due to weaker the next several days. Clifacility nurses, physical to occupational therapy (Obut not by the Primary Ophysician. The PCP orde which was collected on 10/29/19. The PCP assessed Client According to the PCP, the work revealed a lower phigh white blood count (renal failure). The PCP shospital emergency dep Client #1 was subsequent hospital. The diagnosis our urinary tract infection (Uhospital administered IV). The hospital diagnosis our osepsis and possible pPCP spoke with the hospital/1/03/19 and learned full	tient #1 was assessed by therapy (PT), T) and speech therapy, Care Provider (PCP) or any red lab work on 10/27/19, 10/28/19 and received on #1 on 10/29/19. The results of the blood latelet count than usual, a land acute renal injury sent Client #1 to the lartment on 10/29/19 and ontly admitted to the lapon admission was a UTI) and sepsis. The real and acute renal injury sent Client #1 to the lapon admission was a UTI) and sepsis. The real and sepsis. The real and sepsis and the lapon admission was a UTI, and the lapon admission on the lapon admission was a UTI, and the lapon admission on the lapon admission on the lapon admission was a UTI, and the lapon admission on the lapon admission on the lapon admission was a UTI, and the lapon admission of the lapon admission was a UTI, and the lapon admission of the lapon admission was a UTI, and the lapon admission w				Page 3 of

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Facility Administrator	Date

Citation Numb 8052	oer:			Date: June 20	6, 2020
Facility Name: Glenwood Res Facility Addre 711 So. Vine				Dates: 6, 8, 9, 27, 2020. 020. March 3, 4,	
Glenwood, IA	51534	LK	87699-I		
Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date
	was then provided with the hospital on 11/05/19. 2. Additional record revinotes and staff notes revision of the later voices was given Tylenol for but vomited after that. If hyperthermia protocol, further emesis or fever acconcerns. Lab work was and CPMP. Interpretation normochromatic anemia AST. History of cholecystevels. Recommendation blood loss, ordered FOB CBC CMP in 1 month for elevated Alk Phos and A Blood Tests were done 1 and were negative.) No further concerns untwas shaking after supper per staff. The nurse check	lew of nursing/clinical vealed the following: sed supper, but drank a comited the supplement. For temperature of 100.3, Nurses started emesis and On10/07/19 there was no and no staff done on 10/07/19 for CBC cons: normocytic a, elevated alk phos and tectomy, normal bilirubin as: Monitor for signs of T x 3 specimens; repeat of follow anemia and ST. (The Fecal Occult 10/16/19 and 10/17/19 il 10/14/19: when Client #1 or and had a temp of 100.8, cked her and noted the lass and a blanket over her.			

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Facility Administrator	Date

Citation Numb 8052	oer:				Date: June 26	6, 2020
Facility Name: Glenwood Resource Center Facility Address/City/State/Zip 711 So. Vine				y 6, 8, 9, 2		February 24, 2020. April 23,
Glenwood, IA	31334	LK	87699-1			
Rule or Code Section	Natur	e of Violation	Class	Fine An	nount	Correction date
	been gagging. Client #1 in drank liquids. She then we there is protocol put into 10/17/19: Staff noted gagging. Staff noted Clie good mood. She didn't to Client #1 went out for a annual mammogram. Find 10/19/19: Emesis after Intherapist and physician/noted Client #1 didn't see Emesis protocol initiated normal limits). 10/20/19: Overnight stavery weak and lethargic toileting at 1:35 a.m. Ten	refused breakfast, but vomited the liquids. place. agging at meal times. It meal refusals and int #1 seemed to be in a ake AM medication. medical appointment-indings were negative. unch and supper. Speech ARNP notified. Staff item to be feeling well. d. Vitals WNL (within if noted Client #1 was when he got her up for mp was 100.7. Client #1 ingth in legs, arms, hands. taff assistance to stand Also less verbal. Staff assessment. Nurse				

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Facility Administrator	Date

Citation Number: 8052 Facility Name: Glenwood Resource Center Facility Address/City/State/Zip 711 So. Vine					Date: June 26	5, 2020
		Jai 25,		Survey Dates: anuary 6, 8, 9, 27, 2020. February 24 5, 26 2020. March 3, 4, 2020. April 23 020.		
Glenwood, IA	31334	LK	87699-I			
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	10/21/19: Registered Notan assessment on Client Client #1 only drank liquitafternoon. Refused to extalked with PCP about cogagging. 10/22/19: Overnight state continued to need two-parasitioning and standing floor when standing with bathroom, assisted to the gait belt. AM staff noted breakfast and lunch, with noted it took 2-3 staff to didn't want to stand. PT her home that afternoon decreased endurance we stated it took 2-3 staff to PT noted that illness had the household which milethargy and diminished PT recommended to per	nking liquids. AM staff for some of her transfers. urse (RN) A noted she did #1. Lung sounds clear. ids that morning and at. RN A documented she continuing emesis and ff noted Client #1 person assistance during ang. Client #1 dropped to a staff assistance in the a floor with staff holding I Client #1 ate most of her a some gagging. AM staff a transfer her and she assessed Client #1 at a, due to reports of ith ambulation. Staff a complete a transfer. The d been circulating through ght explain the increased functional mobility. The a form Client #1's hygiene g toilet and grab bar until				Page 6 of

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Facility Administrator	Date

Citation Number: 8052 Facility Name: Glenwood Resource Center Facility Address/City/State/Zip 711 So. Vine				Date: June 2	6, 2020
			Survey Dates: January 6, 8, 9, 27, 2020. February 2 25, 26 2020. March 3, 4, 2020. April 2020.		
Glenwood, IA	31334	LK	87699-I		
Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date
	staff for only a few secon recommended to continuous in bed and to cont	ed the house to assess to stand with assistance of 2 ands. PT ue to provide hygiene inue to offer stand-pivot or assessed Client #1 on a stand toileting. OT a best to transfer Client #1. This date. Seed Client #1 and made ding transfers and are dendurance. OT noted awell and was expected to at #1 gagged repeatedly and breakfast and lunch, and milk. Client #1 and milk. Client #1 and milk and juice and then sessed. Sment in AM, with vital symptoms of distress. The ain and tried a type of a which was not an emesis after ment was unremarkable. The air was unremarkable. The air was unremarkable. The air was unremarkable. The air was unremarkable.			

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Facility Administrator	Date

Citation Numb 8052	oer:				Date: June 26	6, 2020
Facility Name: Glenwood Resource Center Facility Address/City/State/Zip 711 So. Vine Glenwood, IA 51534			Survey Dates: January 6, 8, 9, 27, 2020. Fe 25, 26 2020. March 3, 4, 202 2020.			
Gleriwood, IA	31334	LK	87699-I			
Rule or Code Section	Natur	e of Violation	Class	Fine An	nount	Correction date
	personal cares and acted put her arms through he when dressing. Staff fed #1 had trouble lifting the hands. She ate a few bitcher liquids. RN A noted (RN A documented that s PCP about concerns of fibeing weak. (The PCP or which were done on 10/10/28/19: PT again assessable to stand with assist refused to attempt to an Endurance for standing #1 ate a few bites of sup 10/29/19: Client #1 was by her PCP for assessme poor appetite. The CPC in the past few days Client favorite items, did not care	ed supplements. Client ems standing without lient #1 did not assist with dike she had no strength to er sleeves her breakfast and Client e cup at times, using both es for lunch and drank Client #1 appeared tired. She sent an email to the requent emesis and edered blood draw/labs, (28/19.) ssed Client #1. She was ance from two staff, but mbulate with her walker. was 3-5 seconds. Client oper and vomited. seen at the facility clinic ent due to emesis and noted staff reported for #1 had no interest in her all for favorite staff and from the faucet. She also				Page 8 of

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Facility Administrator	Date

Citation Number: 8052 Facility Name: Glenwood Resource Center Facility Address/City/State/Zip 711 So. Vine					Date: June 26	6, 2020
			Survey Dates: January 6, 8, 9, 27, 2020. February 2 25, 26 2020. March 3, 4, 2020. April 2 2020.			
Glenwood, IA	31334	LK	87699-I			
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	to ER. The PCP noted Cligagging and emesis over signs taken during the eregular heart rate, clear active bowel sounds. Clialert, but not vocalizing Staff reported weakness assistance with transfers (Acute Kidney Injury) an UTI, based on the lab retended to the ER/hospital on 10/2 11/03/19: The facility PC talked with a hospital doctrocal community of the CT scan of Client 1's abd metastasis to the liver, I in cecum. The location of unknown. 11/05/19: The facility PC talked with a hospital nuclient #1 had a Do Not Formatting to the signal of the control of	results and assessing ed an immediate transfer ent #1 had episodes of r multiple years. Vital xam were WNL, with lung sounds and normal ent #1 was awake and or crying per her baseline. So, requiring 2-3 staff so. Doctor noted AKI d Leukocytosis/possible sults. Client #1 went to 19/19 and was admitted. CP documented she pottor who informed her allomen and chest showed ung and a probable lesion of the primary cancer was CP documented she curse who informed her desuscitate (DNR) order ares. The only medication of seizure medications				Page 9 of

rage 9 or 10

Facility Administrator	Date

Citation Number: 8052				Date: June 20	6, 2020
Facility Name: Glenwood Resource Center Facility Address/City/State/Zip 711 So. Vine				Dates: 7 6, 8, 9, 27, 2020. 020. March 3, 4,	
Glenwood, IA	31334	LK	87699-I		
Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date
	PCP acknowledged Client gagging, emesis, decrease increased weakness arou OT and PT had been assidecrease in mobility. The routine labs on 10/07/19 normal limits for Client #blood work again on 10/0 on 10/29/19. The blood function was decreased, #1, indicating possible dwhite blood cell count with possible infection. Client Thrombocytopenia, but lower than usual for her Client #1 on 10/29/19 at the emergency room du blood work. When asked Client #1 prior to 10/29/ the 10/27/19, the PCP st Client #1's status and ge from the facility nurses.	1/08/20 at 10:45 a.m. the at #1 had symptoms of sed food intake and und mid-October 2019. The essing Client #1's to e PCP had ordered 19, which were within 19. The PCP ordered 19. Which was new for Client 19. The PCP examined 19. The results of the 19. The results			Page 10 of 1

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Facility Administrator	Date

Citation Number: 8052 Facility Name: Glenwood Resource Center Facility Address/City/State/Zip 711 So. Vine				Date: June 2	6, 2020
			January	Survey Dates: January 6, 8, 9, 27, 2020. February 2 25, 26 2020. March 3, 4, 2020. April 2 2020.	
Glenwood, IA	31334	LK	87699-I		
Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date
	with her for approximate Client #1 had a history o of gagging and emesis, v month. These episodes h	and whining sounds. idea Client #1 was iewed the lab results. osis was a shock. 1/27/20 at 11:30 a.m. stated she was Client e facility and had worked ely five years. RN A said f going through episodes which lasted about one happened about every part of October, Client #1 hts of gagging and he past. The decreased 1 exhibited were not 1 she kept the PCP t #1. RN A stated she have seen Client #1 lethargic. RN A said she #1 should be seen. r around the middle of metimes when she Advanced Registered cian about a concern			

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Facility Administrator	Date

Citation Numb 8052	oer:			Dat Jun	e: e 26, 2020	
Facility Name: Glenwood Res Facility Addre 711 So. Vine Glenwood, IA	source Center		January	Survey Dates: January 6, 8, 9, 27, 2020. February 25, 26 2020. March 3, 4, 2020. April 2020.		
Gleriwood, IA	31334	LK	87699-I			
Rule or Code Section	Natur	e of Violation	Class	Fine Amou	nt Correction date	
	typical. RN A said she as Client #1 around the tim weak/lethargic. The PCP monitoring Client #1. RN difficult to get vital signs assessment on Client #1	became weak and assistance, which was not ked the PCP to see the she became told RN A to keep I A said it could be and do a thorough because she resisted. I sual for Client #1 to sleep a had a history of at, but in the past she ing the latter part of and drinking were add two staff to transfer and drinking were at two staff to transfer are to dress, which was the nursing notes from she talked with the PCP continued emesis and all if she told the PCP on that the PCP should see call what date she told mould be seen. RN A a email to the PCP on that #1's weakness and P ordered a blood			Page 12 of	

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Facility Administrator	Date

Citation Numb 8052	oer:				ate: ine 26	5, 2020
Facility Name: Glenwood Resource Center Facility Address/City/State/Zip 711 So. Vine Glenwood, IA 51534			Survey Dates: January 6, 8, 9, 27, 2020. Februar 25, 26 2020. March 3, 4, 2020. Ap 2020.			
Gleriwood, IA	31334	LK	87699-I			
Rule or Code Section	Natur	e of Violation	Class	Fine Amo	unt	Correction date
	week or so at the facility, Client #1 didn't present as being in pain, but was weak, not eating or drinking much, sleeping a lot and seemed to be ill. RN A said she had concerns regarding the PCP's lack of timely follow-up. RN A said she had concerns that the ARNPs and physicians at the facility sometimes didn't follow up in a timely manner or see clients as soon as they should. 5. When interviewed on 1/27/10 at 2:50 p.m. the facility Medical Director said the PCP had been in touch with the nursing staff regarding Client #1's status, which did not appear to be significantly out of the norm. Nurses also documented information on the physician notification line, which a facility nurse reviewed with the physicians/ARNPs three times per day. The Medical Director said there had been ongoing communication back and forth between RN A and the PCP regarding Client #1. He said typically if a nurse requested the PCP to see a client, then the client would be seen, or there would be an explanation regarding why the PCP didn't think it was necessary to see the client. The Medical Director said if Client #1 was exhibiting new (not historically typical) symptoms of lethargy, increase assistance with transfers and not					Page 13 of

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Citation Number: 8052 Facility Name: Glenwood Resource Center Facility Address/City/State/Zip 711 So. Vine				Date: June 26	6, 2020
				Dates: 6, 8, 9, 27, 2020. February 24, 020. March 3, 4, 2020. April 23,	
Glenwood, IA	51534	LK	87699-I		
Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date
	seen by her PCP. 6. When interviewed on 1/09/20 at 10:20 a.m. the Resident Treatment Supervisor (RTS) stated prior to roughly mid-October, Client #1 needed the assistance of one staff person and a gait belt for transfers. He said Client #1 had a history of sometimes refusing to eat. She also had a history of periods of gagging and emesis, but it was more pronounced during October. It was beyond what had been typical in the past. The RTS said Client #1 didn't appear to be seriously ill during the month of October, but she didn't seem to be her usual self. She didn't show signs of being in pain. The facility nurses were doing regular assessments. 7. When interviewed on 3/03/20 at 11:20 a.m. Resident Treatment Worker (RTW) A said she was a long term employee at the facility. She said when Client #1 initially refused to eat it was not overly concerning because she had refused to eat in the past. It became more concerning when Client #1 got weaker and needed 2 staff to transfer her. RN A was frequently checking on Client #1. The Speech Therapist was also there, assessing Client #1 regarding the episodes of gagging and emesis. RTW A said she thought				Page 14 of

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to lowa Code section 135C.43A (2013).

Date

Facility Administrator

Citation Number: 8052 Facility Name: Glenwood Resource Center Facility Address/City/State/Zip 711 So. Vine Glenwood, IA 51534				Date: June 2	6, 2020
				Dates: 6, 8, 9, 27, 2020 020. March 3, 4,	
Sichwood, IA	01004	LK	87699-I		
Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date
	when she got so weak and needed 2 staff to assist her. 8. When interviewed on 3/03/20 at 1:30 p.m. RTW B said she had worked at Client #1's house for about 10 years. She said Client #1 had gone through phases in the past when she had some gagging, vomiting and refusal to eat, but in October it was ongoing. RTW B was concerned because Client #1 wasn't herself. She was less social and engaged with others. Client #1 had previously been able to easily transfer with one staff person assisting her, but she became a 2-person transfer. RTW B said Client #1 didn't necessarily seem sick, but was not her usual self. Nursing staff, speech therapy, OT and PT all came to assess Client #1. There were no indications that Client #1 was in pain, but she kept getting worse. 9. When interviewed on 3/03/20 at 4:00 p.m. RTW C stated she had worked at Client #1's house since May, 2019. She said Client #1 had been able to transfer with one staff person assisting her, but by mid-October she required two staff to assist her. RTW C recalled that during October, Client #1 had episodes of gagging, emesis, refusing to eat and weakness. Client #1				Page 15 of

Facility Administrator	Date

Citation Number: 8052 Facility Name: Glenwood Resource Center Facility Address/City/State/Zip				Date: June 26	6, 2020
				6, 8, 9, 27, 2020.	es: 8, 9, 27, 2020. February 24, . March 3, 4, 2020. April 23,
711 So. Vine Glenwood, IA					
,		LK	87699-I		
Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date
	Speech Therapist (ST) sa house to assess Client #3 October) due to ongoing refusing to eat. The ST sa something was very wro requested an EGD (esophagogastroduoden Client #1's esophagus, b or the Medical Director so Client #1 had a full gastr several years earlier. The recall if she requested to by the PCP. The ST said so should have seen Client increased frequency of the	W C thought the PCP #1 sooner, due to her g. n 3/03/20 at 3:20 p.m. the id she went to the 1 several times (in gagging, emesis and aid she thought ang with Client #1. She hoscopy) be done to check ut either the PCP said it wasn't necessary. To intestinal work up to have Client #1 assessed she thinks the PCP #1 sooner. Client #1's the emesis, gagging and normal for her. The ST y of life might have been			Page 16 of

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Date

Facility Administrator

Citation Numl 8052	ber:					Date: June 26	5, 2020
Facility Name: Glenwood Resource Center		Janua		January 25, 26 20	y Dates: iry 6, 8, 9, 27, 2020. February 24, 2020. March 3, 4, 2020. April 23,		
Facility Address/City/State/Zip 711 So. Vine Glenwood, IA 51534				2020.			•
		LK		87699-I			
Rule or Code Section	Natur	e of Violation		Class	Fine A	mount	Correction date
	FACILITY RESPONSE:						
							Page 17 of 1

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to lowa Code section 135C.43A (2013).

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Rule or Code Section	Na	ture of Violation	Class	Fine Amount	Correction date

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