Citation Number: #9052 Facility Name: West Bend Health and Rehabilitation Facility Address/City/State/Zip 203 Fourth Street NW West Bend, Iowa 50597 Rule or		MW		[,] 11-20, 2		y 26, 2021 Correction
Code Section	Nature	e of Violation	Class			date
				0		
58.19(2)j	residents. The resident shall provide, as appronursing services under the nurses with ancillary concluses: 58.19(2) Medication and j. Provision of accurring intervention for all residents.	rate assessment and timely idents who have an onset of the represent a change in mental,	I			Upon Receipt
	reviews and policy revieure needed care or services physician of acute declination three residents reviewer in immediate jeopardy to Resident #1 had an emporand was visibly not diaphoretic, pale, moan resident had no bowel sucomplaining about pain was tender to the touch. Tylenol, a suppository, a comfort. The resident be	on staff interviews, chart by the facility failed to provide a by not notifying the resident's ne in health status for one of d, (Resident #1) which resulted to resident health and safety. The resident was ing, and breathing heavy. The sounds at that time and was in her lower abdomen which are Resident #1 was given and an injection of Ativan for recame lethargic but able to the resident was in her lower abdomen which and an injection of Ativan for recame lethargic but able to the resident was in her lower abdomen which and an injection of Ativan for recame lethargic but able to the resident was in her lower abdomen which and an injection of Ativan for recame lethargic but able to the resident was in the resident.				Page 1 of 5

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Facility Administrator

Date

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203 Fourth Str West Bend, lo		MW				
Rule or Code Section	Natur	e of Violation	Class	Fine An	nount	Correction date
	restless and moan. Vita oxygen levels were low oxygen at 5 liters with n passed away at 3:55 an notified through a fax se nurse's Progress Note. on 10/4/20. The facility residents. Findings include: The Minimum Data Set Reference Date (ARD) showed a Staff Assessr completed and showed impaired cognition with and memory recall. The required limited assistant and Resident #1 used at Review of the Nurses P 4:37 am by Staff A Reg Resident #1 had a large brown liquid at 7:30 pm blood pressure 95/68, proom air, and temperate assisted to bed. At 7:45 nurse's station and was resident was diaphoretic heavy. The nurse assesses	rogress Note dated 10/1/20 at istered Nurse (RN), showed e emesis event of food and . Vital signs at this time were, pulse 110-120, oxygen 95% on ure 97.8. The resident was 5 pm the resident came to the				Page 2 of 5

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Facility Administrator

Date

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Facility Name: West Bend He Rehabilitation	alth and		Survey I	Dates: v 11-20, 202	21	
-	ss/City/State/Zip					
203 Fourth Str West Bend, Io		MW				
Rule or Code Section	Natur	e of Violation	Class	Fine Am	nount	Correction date
	130, oxygen 95% on rotemperature 97.5. Resider pain in the lower abdomed and the nurse documented sounds auscultated at the Staff B Director of Nursi in condition at 8:58 pm. keep resident as comfostatus. The resident was of Magnesia. The resident about abdominal pain, a given Tylenol at 9:50 pm and agitated due to pair intermuscular (IM) of At pm to assist the resident breathing. Resident #1 blood pressure of 120/7 pulse at 130, temperature of 30. Resident #1 was questions per baseline. guardian of resident's clat which time he stated no further measures we rested in bed with her emoan at times and was Resident #1 continued the approximately 2:00 am to deteriorate. During misigns residents blood presture of 46, temperature	vital signs at 11:26 pm were '5, oxygen at 98% on room air, are of 97.6, and respiration rate lethargic but able to answer Staff A notified the residents hange in condition at 10:13 pm, to keep her comfortable and are to be taken. The resident yes closed, but continued to still somewhat restless.				Page 3 of s

Facility Administrator Date

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Facility Name: West Bend Health and Rehabilitation Facility Address/City/State/Zip			Survey I January	Dates:	021	
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Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	unable to do so. Oxyge resident through nasal or mouth breathing. The recontinued to remain bel DON at 3:09 am of resident celeartbeat was auscultar DON was notified of resident's guardian was During interview on 1/1 stated Resident #1 starr pm, before the incident normal self and walking stated the resident was very restless. Staff A RI the condition of the resident out that she was Staff A RN stated the Don informed resident out that she was Staff A RN stated the Don informed resident out at the Don did not arrive until away. During interview with Staff C pain and didn't seem very sweaty. Staff C	ted for at least one minute. The sident's passing, and the sonotified at 4:25 am. 1/21 at 3:50 pm Staff A RN ted not feeling good at 7:30 the resident was acting her around the facility. Staff A RN having a lot of pain and was N contacted the DON to report				Page 4 of 5

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Facility Administrator

Date

Citation Number: #9052			Date: Janua	ry 26, 2021
Facility Name: Vest Bend Health and Rehabilitation Facility Address/City/State/Zip Facility Addrest NW		Survey	Dates: v 11-20, 2021	
West Bend, Iowa 50597	MW			
Rule or Code Section	lature of Violation	Class	Fine Amount	Correction date
A called the DON at the resident only had tivan and there we medication in the ELPN stated the resersestless and uncorounsure if Staff A constated a DNR doesnot buring interview of Certified Nurses Affine throughout the 7:30 pm the residence two staff in Distated before the around the facility stated the resident was rolling side to Staff A did give the it did not work. Staff and the POA. Staff was overheard and resident was in pafacility to help her. pm but stayed until was less restless to During interview we pm she stated she condition at start of	s condition. Staff C LPN stated Stand the POA twice. Staff C stated ad an order for Tylenol and IM as a discussion about the only pair Emergency Kit was tramadol. Staff ident was in a lot of pain, very infortable. Staff C stated she was ontacted the physician. Staff C LPI is not mean not to call the physician of 1/12/21 at 12:00 pm Staff D ide (CNA) stated Resident #1 was eday and ate her supper. Around ant vomited, by 8:30 pm the resident would walk by herself with her walker. Staff D had said her stomach hurt and she side moaning in pain. Staff D stated resident Tylenol and her Ativan be ff D stated the phone conversation of Staff A informed the POA the in and that there was nothing at the Staff D stated her shift ended at 10 around 11:30 pm as Resident #1 when somebody would sit with her. When somebody would sit with her. It is staff E CNA on 1/12/21 at 3:50 was informed of Resident #1's fine shift at 10 pm by Staff D. Staff #1 was very pale, clammy and not	n CCN It feed dut Stock of the control of t		Page 5 of 5

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Date

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Rule or Code Na	ture of Violation	Class	Fine Amount	Correction date
Section				
Staff A went into the took her vitals. The r stomach hurt and the and then lay back do During interview with Staff A stated the ph DON stating to wait a physician when she residents condition whave been sent to the and POA informed histated she did inform medication at the factomfortable. The DO after the resident past fax the nurse's Progriphysician as notificated she was in contact with through phone conversely the text of the text	ne resident would roll side to side. resident's room several times and esident informed Staff E that her en she would sit up, hold her side wn. Staff A on 1/12/21 at 3:50 pm ysician was not called due to the and that the DON would call the came in. Staff A stated she felt the ras acute and that she should be emergency room but the DON er not to transfer her out. Staff A in the POA there was no illity to make the resident in did not arrive to the facility until sed away and informed Staff A to ess Note documentation to the ion of the event. Staff A stated ith the DON throughout the event ersations and text messaging. Ressages between Staff A and the informed the DON on 9/30/20 at was in a lot of pain and the resident to make sure the an obstruction. The DON on the resident was given Tylenol on because the resident was on the pain. Staff A texted she give her to keep her comfortable,			Page 6 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 Iowa Code section 135C.43A (2013).

Date

Facility Administrator

Citation Numb #9052 Facility Name: West Bend Header Rehabilitation Facility Address 203 Fourth Strawest Bend, low	alth and ss/City/State/Zip eet NW	MW	Survey I January			/ 26, 2021
Rule or Code Section	Nature	e of Violation	Class	Fine A	mount	Correction date
	pm she will be fine. Give DON at 11:26 pm the rebreathing heavier than rinformed the DON on 10 oxygen level was 67 per 200. The DON responder and has pneumonia, rel Staff A responded at 2:1 resident did aspirate berlike she has some rhond some oxygen, calm down anywhere, she is a DNF 10/1/20 at 2:17 am just now. We will need to calcome in. At 2:20 am Stato me, verbal or sternal back she doesn't respond texted at 2:23 am she sleeping, eyes open and stroke type breathing. Tok she is a DNR and you calm, I will be there in 3 texted at 2:25 am She have to be isolated if se bigger picture. The DON states comfort measure notified DON on 10/1/20 heartbeat.	d glazed. She has cheynes the DON responded at 2:24 amou put oxygen on her so remain 0 minutes or so. The DON has no quality of life and would not out, must think about the N texted at 2:50 am her IPOST s only, so don't worry Staff A 0 at 2:53 am she is gone, no				Page 7 of 5

. ago .

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Date

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Facility Name: West Bend Health and Rehabilitation Facility Address/City/State/2 203 Fourth Street NW		Survey I January	Dates: 11-20, 2021	
West Bend, Iowa 50597	MW			
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
route, position relive pain armanual treat comfort. Pati sustaining treat be met in cur. Review of Preshowed Resistuffing bread once, the physical reliable process of the physical process of the Review of Passeptember 2 documented. Review of the Resident #1 measures or hours as need IM every 24 light refusing ADL schizophrenic. During interviolation and resident with the resident process or hours as need IM every 24 light refusing ADL schizophrenic.	measures only, use medication by a pring, wound care, and other measured suffering. Use oxygen, suctioning ment of airway obstruction as neederent prefers no transfer to hospital for eatment. Transfer if comfort needs carrent location. Togress Note dated 9/27/20 at 5:33 prident #1 had a chocking episode after and ground meat into her mouth all ysician was notified of the episode violent and an amechanical soft, ground meat an Level summary for the month of 2020 showed the resident only had part once and scored at 2, (1-3 is minor prefer to DNR with comfortally, Tylenol 650 mg by mouth every 4 and an order for DNR with comfortally, Tylenol 650 mg by mouth every 4 and an order for pain, Ativan 2mg/ml, inject 1 thours as needed for yelling, aggress and an every entire with Resident #1's physician on 2:50 am he stated he was not notified until receiving faxed notification on 1	res to and d for relife cannot mer l at a fax. I at diet. ain pain).		Page 8 of 5

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	evaluate the situation, hexpected at least a pholevaluation and possible physician stated he beliand that the resident pophysician stated being a but always needs an evaluation determine the needs and the needs and the determine the determine the needs and the needs a	ne call to discuss the treatment of the resident. The eves this was an acute event essible had aspirated. The a DNR can be a judgement call aluation with at least a phone ext course of action. In ange in Condition policy d When to report to Medical ication of any symptom, sign or to it is acute or sudden in onset, as already prescribed, abrupt anal pain, abdominal				Page 9 of 5

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Date

Citation Numb #9052	per:			Date: Janua	ary 26, 2021
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	again. The DON stated the physician. During interview on 1/13 stated she never told St stated she did tell her to POA. The DON stated with Staff A offering help asking if the physician hasking with all nursing st notification. Staff F state along with all nursing st notifying the physician acomfort. Review of the Education status and documentati dated 11/9/20 states; R remain in facility and ke without being sent to hot this time. The resident is Room physician notified notified and aware of re you may attempt to request of the physician has a state of the physician	and thought it was like that the nurse should have called 3/21 at 1:35 pm The DON taff A not to call the physician, o call the physician and the she was texting back and forth p but never thought about had been called. In 1/13/21 at 2:40 pm showed if the incident and conducted During their investigation it was in with the lack of physician red the DON was educated aff on residents DNR status, and obtaining medication for the Nurses pertaining to DNR on in Point Click Care (PCC) residents family wishes them to the special or higher level of care at the DNR status and Emergency if and aware of situation, DON resident's condition. If necessary usest other medication for a staff member will pick up or eliver to facility when necessary by medication kit contents.			

Date

Facility Administrator

Citation Number: #9052					nte: nuary 26, 2021
Facility Name: West Bend Health and Rehabilitation Facility Address/City/State/Zip			Survey January	Dates:	I
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Rule or Code Section	Natur	e of Violation	Class	Fine Amo	unt Correction date
	and given the IJ templat facility abated the imme taking the following active Education to Nurses per documentation in PCC: a. Residents family wish facility and kept as combeing sent to the hospitatime. b. The Resident is a DN notified and aware of sitic. DON no	rtaining to DNR status and nes them to remain in the fortable as possible without al or higher level of care at this IR status and ER physician			Page 11 of 5

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Facilit	y Administrator		 Date		

Citation Number: #9052			Date: January	y 26, 2021
Facility Name: West Bend Health and Rehabilitation		Survey Da January 1	ntes: 1-20, 2021	
Facility Address/City/State/Zip 203 Fourth Street NW West Bend, Iowa 50597	MW			
Rule or Code Nature Section	e of Violation	Class	Fine Amount	Correction date
Facility Administrator		Date		Page 48 of 5 5

Citation Number: #9052			Date: Januar	y 26, 2021	
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Citation Numb #9052	er:			Date: Januar	y 26, 2021	
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203 Fourth Stre West Bend, lov		MW				
Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date	
	Page 50 of 55					
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	Page 54 of 55					
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Facility Administrator

Date