

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

| Citation Number: #9050 | | Date: February 15, 2021 | | |
|---|----------------------------|---|--------------|--------------------|
| Facility Name: Altoona Nursing and Rehabilitation Center | | Survey Dates: November 23, 2020 – January 13, 2021 | | |
| Facility Address/City/State/Zip | | VW JS | | |
| Rule or Code Section | Nature of Violation | | Class | Fine Amount |

| | | | | |
|-------------|---|---|--|--------------|
| 58.19(2) bh | <p>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:</p> <p>58.19(2) Medication and treatment.</p> <p><i>b.</i> Provision of the appropriate care and treatment of wounds, including pressure sores, to promote healing, prevent infection, and prevent new sores from developing; (I, II)</p> <p><i>h.</i> Provision of all treatments; (I, II, III)</p> <p>DESCRIPTION:</p> <p>Based on record review, and staff and provider interview the facility failed to provide treatment and care in accordance with professional standards of care for 1 of 3 sampled (Resident #3) who had an external fixator (stabilizing frame to hold fractured bones in position). The facility failed to follow physician's orders, failed to transcribe orders properly, and failed to ensure Resident #12</p> | I | \$9,250 (Held in Suspension) | Upon Receipt |
|-------------|---|---|--|--------------|

Page 1 of 25

Facility Administrator

Date

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).

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

| | | | | |
|---|----------------------------|---|--------------------|------------------------|
| Citation Number: #9050 | | Date: February 15, 2021 | | |
| Facility Name: Altoona Nursing and Rehabilitation Center | | Survey Dates: November 23, 2020 – January 13, 2021 | | |
| Facility Address/City/State/Zip | | VW JS | | |
| Rule or Code Section | Nature of Violation | Class | Fine Amount | Correction date |

| | | | | |
|--|---|--|--|--|
| | <p>attended follow up appointments. The lack of treatment and care resulted in Resident #12 developing osteomyelitis (bone infection) which required hospitalization. The facility reported a census of 98.</p> <p>Findings include:</p> <p>According to the Minimum Data Set (MDS) assessment dated 12/18/20 Resident #12 admitted to the facility on 11/9/20. Resident #12 had memory problems and modified independence with decision making. Resident #12 required extensive assistance with bed mobility, transfer, locomotion on and off the unit, dressing, hygiene and toilet use. The MDS listed diagnoses of Diabetes Mellitus, metabolic encephalopathy (alteration of brain function due to failure of other organs), reduced mobility, COVID, morbid obesity and fracture of right and left lower leg.</p> <p>The Care Plan initiated 11/25/20 identified Resident #12 admitted with pressure ulcers that require treatments. The Care Plan updated on</p> | | | |
|--|---|--|--|--|

Page 2 of 25

Facility Administrator

Date

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).

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

| Citation Number: #9050 | | Date: February 15, 2021 | | |
|---|----------------------------|---|--------------------|------------------------|
| Facility Name: Altoona Nursing and Rehabilitation Center | | Survey Dates: November 23, 2020 – January 13, 2021 | | |
| Facility Address/City/State/Zip | | VW JS | | |
| Rule or Code Section | Nature of Violation | Class | Fine Amount | Correction date |

| | | | | |
|--|--|--|--|--|
| | <p>12/29/20 directed staff to apply treatment, creams and dressing per orders, report any new or worsening skin concerns to my nurse and/or doctor dated, and follow my treatment order as directs, weekly treatment documentation to include measurements, of each skin breakdown's width, length, depth, type of tissue and exudate and any other notable changes. The Care Plan failed to direct staff how to care for Resident #12's external fixator and weight bearing status.</p> <p>The Physician Discharge Summary dated 11/9/20 revealed Resident #12 admitted to the hospital on 10/9/20 and discharged to the nursing home on 11/9/20. Resident #12 had bilateral ankle fractures in August of 2020 with right ankle external fixation. Resident #12 had a Podiatrist follow her care while hospitalized. Hospital x-rays of the right ankle showed the external fixation hardware in adequate position, and best to keep it on and follow up with x-rays to assess for healing. The Discharge Procedure Orders included the following orders:</p> | | | |
|--|--|--|--|--|

Page 3 of 25

Facility Administrator

Date

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).

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

| Citation Number: #9050 | | Date: February 15, 2021 | | | |
|---|----------------------------|---|--------------|--------------------|------------------------|
| Facility Name: Altoona Nursing and Rehabilitation Center | | Survey Dates: November 23, 2020 – January 13, 2021 | | | |
| Facility Address/City/State/Zip | | VW JS | | | |
| Rule or Code Section | Nature of Violation | | Class | Fine Amount | Correction date |

| | | | | |
|--|---|--|--|--|
| | <p>a. Change the right lower extremity dressings 3 times per week on Monday, Wednesday, and Friday) for right lower extremity.</p> <p>b. Apply Xeroform (non-adhering protective dressing) to pin sites, 4x4 gauze to pin sites, kerlix (gauze bandage) and light Ace (elastic) bandage.</p> <p>c. Weight Bearing as Tolerated on the left lower extremity and Non Weight Bearing on the right lower extremity.</p> <p>d. Follow up after discharge with Specialist for assessment of healing of right ankle and re-evaluation of external fixation hardware. The orders specified the provider who placed the fixation hardware to follow up one week after discharge from the hospital.</p> <p>Review of a Progress Note dated 11/9/20 at 4:46 p.m., revealed Resident #12 admitted to the facility and had 5 pressure areas, and external fixator pin sites-two pin sites on the lateral side (further from the middle) of the right leg/foot, one</p> | | | |
|--|---|--|--|--|

Page 4 of 25

Facility Administrator

Date

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).

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

| Citation Number: #9050 | | Date: February 15, 2021 | | | |
|---|----------------------------|---|--------------|--------------------|------------------------|
| Facility Name: Altoona Nursing and Rehabilitation Center | | Survey Dates: November 23, 2020 – January 13, 2021 | | | |
| Facility Address/City/State/Zip | | VW JS | | | |
| Rule or Code Section | Nature of Violation | | Class | Fine Amount | Correction date |

| | | | | |
|--|---|--|--|--|
| | <p>pin site to the lateral side of the right fibula and one on the medial (closer to the middle of the body) side of the right tibia, one pin site on the lateral side of the right foot and one pin site on the medial side of the right foot. No treatment orders were received, pressure area treatment orders were clarified with hospital nurse.</p> <p>A Progress Note dated 11/27/20 at 3:20 p.m., Staff A (Licensed Practical Nurse) documented Resident #12 had serosanguinous (thin watery) drainage from right ankle near ankle metal fixator.</p> <p>A Progress Note dated 12/2/20 at 10:04 a.m., revealed Resident #12 had a follow up appointment for the right lower extremity fixator scheduled on 12/4/20.</p> <p>A Progress Note dated 12/3/20 at 11:49 a.m., documented Resident #12 tested positive for COVID.</p> <p>A Progress Note dated 12/4/20 at 2:30 p.m., Staff A (Licensed Practical Nurse) documented a call to</p> | | | |
|--|---|--|--|--|

Page 5 of 25

Facility Administrator

Date

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).

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

| Citation Number: #9050 | | Date: February 15, 2021 | | | |
|---|----------------------------|---|--------------|--------------------|------------------------|
| Facility Name: Altoona Nursing and Rehabilitation Center | | Survey Dates: November 23, 2020 – January 13, 2021 | | | |
| Facility Address/City/State/Zip | | VW JS | | | |
| Rule or Code Section | Nature of Violation | | Class | Fine Amount | Correction date |

| | | | | |
|--|--|--|--|--|
| | <p>discharging physician to report drainage, warmth, redness to lateral/medial right ankle. The Provider returned a call at 3:32 p.m. and no new orders received. At 3:41 p.m., Staff A notified the facility Physician Assistant (PA) and received order for Keflex 500mg one capsule three times a day for right ankle infection for 10 days.</p> <p>An Order Note dated 12/11/20 at 3:20, documented Staff A notified the Physician's Assistant and received new order to discontinue previous dressing and start change dressing to right lower extremity every MWF. Apply xeroform to pin sites, 4x4 gauze to pin sites, kerlix and light ace bandage every day shift. Cleanse areas with wound cleanser prior to applying xeroform.</p> <p>A Progress Note initiated on 12/14/20 at 5:18 p.m., Staff B (Licensed Practical Nurse) documented Resident #12 discontinued from skilled level of care and was moved to another room.</p> | | | |
|--|--|--|--|--|

Page 6 of 25

Facility Administrator

Date

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).

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

| Citation Number: #9050 | | Date: February 15, 2021 | | | |
|---|----------------------------|---|--------------|--------------------|------------------------|
| Facility Name: Altoona Nursing and Rehabilitation Center | | Survey Dates: November 23, 2020 – January 13, 2021 | | | |
| Facility Address/City/State/Zip | | VW JS | | | |
| Rule or Code Section | Nature of Violation | | Class | Fine Amount | Correction date |

| | | | | |
|--|---|--|--|--|
| | <p>A Progress Note dated 12/15/20 at 11:54 a.m. documented Resident #12 had an appointment with the Podiatrist on 12/18/20 at 11:15 a.m. for removal of internal rotator and external fixator. Staff scheduled to go with resident and transportation set up.</p> <p>A Progress Note dated 12/18/20 at 4:02 p.m., Staff C (Assistant Director of Nurses) documented Resident #12 returned from an appointment with the Podiatrist with a new order to admit to the hospital for intravenous antibiotics for osteomyelitis (infection of the bone). Hardware removed from right leg. X-rays taken, resident to be admitted to the hospital when bed available. Wound care directed to be betadine soaked gauze with kling wrapped gauze twice a day until admission for foot wounds.</p> <p>The Podiatry History and Physical dated 12/18/20 documented Resident #12 admitted to the hospital with right ankle fracture not completely healed and the external fixator left in place. Resident #12 had a 1 week follow up appointment after hospital</p> | | | |
|--|---|--|--|--|

Page 7 of 25

Facility Administrator

Date

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).

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

| Citation Number: #9050 | | Date: February 15, 2021 | | | |
|---|----------------------------|---|--------------|--------------------|------------------------|
| Facility Name: Altoona Nursing and Rehabilitation Center | | Survey Dates: November 23, 2020 – January 13, 2021 | | | |
| Facility Address/City/State/Zip | | VW JS | | | |
| Rule or Code Section | Nature of Violation | | Class | Fine Amount | Correction date |

| | | | | |
|--|--|--|--|--|
| | <p>discharge on 11/9/20. Resident #1 failed to follow up until today (12/18/20). Resident #12's partial fifth metatarsal (foot bone) amputation site was healing well at discharge from hospital. However, wound now dehisced (opened) and had signs and infection present. With the lack of follow up despite having an external fixator in place for an extended amount of time there was a concern for neglect behavior from the nursing home.</p> <p>The Treatment Administration Record (TAR) for December 2020 revealed an order dated 11/11/20 to the change dressing to Resident #12's right lower extremity. The order directed to apply xeroform to pin the sites, apply 4 x 4 gauze to pin sites, apply kerlix and a light ace bandage one time a day every Monday, Wednesday, Friday. The order discontinued on 12/11/20.</p> <p>The TAR for December 2020 revealed a new order dated 12/12/20 directed to change the dressing to the right lower extremity on every Monday, Wednesday, and Friday. Cleanse the wound with wound cleanser, apply Xeroform to</p> | | | |
|--|--|--|--|--|

Page 8 of 25

Facility Administrator

Date

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).

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

| Citation Number: #9050 | | Date: February 15, 2021 | | | |
|---|----------------------------|---|--------------|--------------------|------------------------|
| Facility Name: Altoona Nursing and Rehabilitation Center | | Survey Dates: November 23, 2020 – January 13, 2021 | | | |
| Facility Address/City/State/Zip | | VW JS | | | |
| Rule or Code Section | Nature of Violation | | Class | Fine Amount | Correction date |

| | | | | |
|--|---|--|--|--|
| | <p>pin sites, apply 4x4 gauze to pin sites, cover with kerlix and a light ace bandage every day shift. The TAR directed the staff to complete the treatment every Monday, Wednesday, and Friday and every day shift. The TAR directed the staff to sign the treatment out as completed every day.</p> <p>The December 2020 TAR lacked documentation to reflect the staff completed the treatment as ordered on 12/7/20, 12/14/20, and 12/18/20.</p> <p>During an interview on 12/29/20 at 11:40 a.m., Staff A (Licensed Practical Nurse) stated that she had routinely cared for Resident #12. Staff A contacted the Facility Provider on 11/27/20 to report serosanguinous drainage from right ankle near the metal fixator. Stated this was a change. On 12/2/20, she scheduled a follow up appointment for 12/4/20 with the foot and ankle surgeon at the direction of Staff B (Licensed Practical Nurse). Staff A further stated the appointment on 12/4/20 was cancelled by the facility because the resident tested positive for COVID on 12/3/20. On 12/4/20, she called the</p> | | | |
|--|---|--|--|--|

Page 9 of 25

Facility Administrator

Date

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).

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

| Citation Number: #9050 | | Date: February 15, 2021 | | |
|---|----------------------------|---|--|------------------------|
| Facility Name: Altoona Nursing and Rehabilitation Center | | Survey Dates: November 23, 2020 – January 13, 2021 | | |
| Facility Address/City/State/Zip | | VW JS | | |
| Rule or Code Section | Nature of Violation | | | Class |
| | | | | Fine Amount |
| | | | | Correction date |

| | | | | |
|--|--|--|--|--|
| | Hospital Provider to report had assessed increased drainage, warmth, and redness of the right lower extremity. She became aware after talking to the nurse that the Hospital Provider was no longer following the resident, confirmed she had thought she was contacting the foot and ankle surgeon. Stated she then notified the Facility Physician Assistant (PA) who ordered an antibiotic. Further stated the PA had not previously seen the resident. On 12/11/20, due to continued concerns with right lower leg, again contacted PA who ordered the treatment to the right lower leg to now be completed every day. Stated she is now aware that when she transcribed the order she failed to delete the MWF, so still read MWF, then directed every day. The TAR identified boxes for the treatment to now be signed for every day. Staff A stated the order as written was unclear. Staff A further stated she had completed the treatment and dressing on 12/11/20. Confirmed that she had dated and initialed dressings when completed. Stated if the dressing that was removed from Resident #12's right foot and ankle on 12/18/20 was dated 12/11/20 then it hadn't been completed | | | |
|--|--|--|--|--|

Page 10 of 25

Facility Administrator

Date

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).

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

| Citation Number: #9050 | | Date: February 15, 2021 | | | |
|---|----------------------------|---|--------------|--------------------|------------------------|
| Facility Name: Altoona Nursing and Rehabilitation Center | | Survey Dates: November 23, 2020 – January 13, 2021 | | | |
| Facility Address/City/State/Zip | | VW JS | | | |
| Rule or Code Section | Nature of Violation | | Class | Fine Amount | Correction date |

| | | | | |
|--|--|--|--|--|
| | <p>in that time. The resident had moved from the skilled area to the back on 12/14/20 and she had not cared for her since that date.</p> <p>During an interview on 12/29/20 at 4:16 p.m., Facility Physician's Assistant confirmed that she had been contacted on 12/4/20 related to increased drainage, warmth and redness in right ankle area. Stated she had not seen resident prior to this phone contact and was not made aware the resident had an external fixator device in place. Further stated if had been made aware would have expected staff to alert the foot and ankle surgeon for further instruction given the increased risk of osteomyelitis. Would additionally have expected routine follow up by the foot and ankle surgeon and was unaware this was not occurring. Further confirmed she had ordered an increase in the frequency of treatment and dressing change to 7 days a week from 3 days of week when contacted due to continued concerns.</p> <p>During an interview on 12/30/20 at 9:45 a.m., the Hospital Provider's Nurse stated she had been</p> | | | |
|--|--|--|--|--|

Page 11 of 25

Facility Administrator

Date

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).

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

| Citation Number: #9050 | | Date: February 15, 2021 | | |
|---|----------------------------|---|--------------------|------------------------|
| Facility Name: Altoona Nursing and Rehabilitation Center | | Survey Dates: November 23, 2020 – January 13, 2021 | | |
| Facility Address/City/State/Zip | | VW JS | | |
| Rule or Code Section | Nature of Violation | Class | Fine Amount | Correction date |

| | | | | |
|--|---|--|--|--|
| | <p>contacted on 12/4/20 related to increased drainage, warmth, and redness in the right ankle. She directed facility staff to call Podiatry or have the Facility Provider see the resident. Reviewed the discharge summary and reported directed one week follow up with the Podiatrist. Stated would not be able to verify that the hospital summary was sent to the facility, but would expect the facility to call and enquire if had questions regarding the external hardware device.</p> <p>During an interview on 1/4/20 at 2:27 p.m., the Podiatrist stated that he would have expected to see the resident as a follow up for external fixator one week after discharge from the hospital and weekly thereafter. Further confirmed resident had not attended any appointments after discharge on 11/9/20 until 12/18/20 when required hospitalization. Stated clinic would not have cancelled any appointments and are seeing COVID positive residents in the clinic. Further stated the facility nurse attending resident stated the facility is not letting residents leave because of COVID. Stated when the Resident #12 presented</p> | | | |
|--|---|--|--|--|

Page 12 of 25

Facility Administrator

Date

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).

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

| Citation Number: #9050 | | Date: February 15, 2021 | | |
|---|----------------------------|---|--------------------|------------------------|
| Facility Name: Altoona Nursing and Rehabilitation Center | | Survey Dates: November 23, 2020 – January 13, 2021 | | |
| Facility Address/City/State/Zip | VW JS | | | |
| Rule or Code Section | Nature of Violation | Class | Fine Amount | Correction date |

| | | | | |
|--|---|--|--|--|
| | <p>on 12/18/20 the dressing in place on the right foot/ankle was dated as last changed on 12/11/20 and the fixator was loose with increased drainage. Stated the dressing had been ordered by him to be changed three times a week. He was unaware the treatment had been changed to daily or that the resident had presented with signs and symptoms of infection on 12/4/20 and would have expected to have been notified. The Podiatrist stated it was his medical opinion that poor follow-up, not attending appointments, failure to complete treatment as ordered, and not notifying with changes such as: signs and symptoms of infection, and loose hardware are the cause of hospitalization.</p> <p>During an interview on 1/5/20 at 11:04 p.m., the Podiatrist Office Nurse stated she was present for the 12/18/20 appointment. She removed the dressing on the right foot/ankle which was dated as last changed on 12/11/20. Further stated she had removed the ace wrap bandage and noted the gauze was stuck to wounds, and had an obvious odor. Stated she said to the facility nurse</p> | | | |
|--|---|--|--|--|

Page 13 of 25

Facility Administrator

Date

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).

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

| Citation Number: #9050 | | Date: February 15, 2021 | | | |
|---|----------------------------|---|--------------|--------------------|------------------------|
| Facility Name: Altoona Nursing and Rehabilitation Center | | Survey Dates: November 23, 2020 – January 13, 2021 | | | |
| Facility Address/City/State/Zip | | VW JS | | | |
| Rule or Code Section | Nature of Violation | | Class | Fine Amount | Correction date |

| | | | | |
|--|---|--|--|--|
| | <p>attending that the dressing was dated 12/11/20 and is supposed to be changed three times a week. The Podiatrist Office Nurse further stated the resident had missed multiple appointments. Scheduled for regular intervals with external hardware. Further stated would be considered a no call/no show after 30 minutes and their office would not have cancelled any appointments. Clarified needs to be monitored closely when external hardware in place.</p> <p>During an interview on 12/29/20 at 11:15 a.m., Staff C (Assistant Director of Nurses) confirmed she had attended the 12/18/20 appointment with Resident #12. Stated the Podiatrist was concerned with the right foot and wanted Resident #12 to go directly to the hospital for hardware removal. Stated earlier appointment had been canceled due to COVID positive, but wasn't sure if the facility or the clinic had cancelled. Stated dates and initials dressing when completes dressing change. Further stated if dressing was dated 12/11/20 then that would be the date the dressing was last</p> | | | |
|--|---|--|--|--|

Page 14 of 25

Facility Administrator

Date

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).

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

| Citation Number: #9050 | | Date: February 15, 2021 | | | |
|---|----------------------------|---|--------------|--------------------|------------------------|
| Facility Name: Altoona Nursing and Rehabilitation Center | | Survey Dates: November 23, 2020 – January 13, 2021 | | | |
| Facility Address/City/State/Zip | | VW JS | | | |
| Rule or Code Section | Nature of Violation | | Class | Fine Amount | Correction date |

| | | | | |
|--|---|--|--|--|
| | <p>changed. She would expect the dressing and treatment to be completed daily if ordered daily.</p> <p>During an interview on 12/28/20 at 4:00 p.m., the Facility Wound Nurse stated Resident #12 admitted with pressure ulcers and wounds to the right foot for external fixator. Confirmed she completed weekly assessments but floor nurses would be responsible to complete treatments. Stated she dates and initials dressing when completes dressing change, and would expect to be completed as ordered. Further stated she would not be responsible to schedule follow up appointments for external fixator, would be the responsibility of the Director of Nursing and the Assistant Director of Nursing.</p> <p>During an interview on 12/28/20 at 4:17 p.m., Staff B (Assistant Director of Nurses) stated could not provide any documentation of appointments made with the Podiatrist prior to the 12/4/20 appointment that was cancelled. She stated the appointment was cancelled by the clinic due to the resident testing positive for COVID the day</p> | | | |
|--|---|--|--|--|

Page 15 of 25

Facility Administrator

Date

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).

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

| Citation Number: #9050 | | Date: February 15, 2021 | | |
|---|----------------------------|---|--------------------|------------------------|
| Facility Name: Altoona Nursing and Rehabilitation Center | | Survey Dates: November 23, 2020 – January 13, 2021 | | |
| Facility Address/City/State/Zip | | VW JS | | |
| Rule or Code Section | Nature of Violation | Class | Fine Amount | Correction date |

| | | | | |
|--|--|--|--|--|
| | <p>before. Stated she had not scheduled any appointments prior to 12/4/20 as there had been no direction to do so. Staff B stated an expectation of staff to change the dressing as ordered and to date and initial the dressing with change. Confirmed the date on a dressing would be the last time the dressing was changed. Further interview on 12/29/20 the ADON reviewed the treatment that had been changed on 12/11/20 to be completed daily. Stated the order as written was confusing. The MWF was not deleted and remained in bold print, and was followed in small print to complete every day. Confirmed treatment was not completed as ordered 12/11/20-12/18/20.</p> <p>During an interview on 1/4/20 at 10:50 a.m., the Administrator confirmed that treatment had not been completed daily as ordered on 12/11/20-12/18/20. Stated the order was confusing, and could find no documentation of triple check of new orders as expected.</p> | | | |
|--|--|--|--|--|

Page 16 of 25

Facility Administrator

Date

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).

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

| | | | | |
|---|----------------------------|---|--------------------|------------------------|
| Citation Number: #9050 | | Date: February 15, 2021 | | |
| Facility Name: Altoona Nursing and Rehabilitation Center | | Survey Dates: November 23, 2020 – January 13, 2021 | | |
| Facility Address/City/State/Zip | | VW JS | | |
| Rule or Code Section | Nature of Violation | Class | Fine Amount | Correction date |

| | | | | |
|--|--|--|--|--|
| | <p>FACILITY RESPONSE:</p> <p>481—58.21(135C) Drugs, storage, and handling.</p> <p>58.21(15) Drug administration.</p> <p>c. The health service supervisor shall be responsible for the supervision and direction of all personnel administering medications. (II)</p> <p>DESCRIPTION:</p> | | | |
|--|--|--|--|--|

Page 17 of 25

 Facility Administrator

 Date

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).

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

| Citation Number: #9050 | | Date: February 15, 2021 | | |
|---|----------------------------|---|--------------|--------------------|
| Facility Name: Altoona Nursing and Rehabilitation Center | | Survey Dates: November 23, 2020 – January 13, 2021 | | |
| Facility Address/City/State/Zip | | VW JS | | |
| Rule or Code Section | Nature of Violation | | Class | Fine Amount |

| | | | | |
|-------------------|--|----------|---|---------------------|
| 58.21(15)c | <p>Based on observation, record review, policy review and resident and staff interviews, the facility failed to ensure that residents are free of any significant medication errors for 1 of 3 sampled (Resident #3). The facility failed to properly transcribe an order for Novolog (fast acting insulin), which resulted in the Resident #3 receiving 10 units at 4:00 a.m. and 10 units at 5:30 a.m. Resident #3 became unresponsive and confused and had a critically low blood glucose level of 34 requiring transfer to the Emergency Department. The facility reported a census of 98.</p> <p>Findings Include:</p> <p>1. Minimum Data Set (MDS) assessment dated 12/4/20 revealed Resident #3 had diagnoses that included heart failure, renal failure, Diabetes Mellitus, anxiety, fractures, hypertension (high blood pressure), required extensive assistance by 2 or more staff members for bed mobility dressing and personal hygiene, and complete dependence for transfers to and from bed and chair, locomotion on and off the unit, and toileting. Resident #3 scored 15 on the Brief Interview for Mental Status (BIMS). A score of 15 identified intact cognition. The MDS further documented the resident received insulin injections.</p> <p>The Care Plan identified Resident #3 had Type 2 Diabetes Mellitus with neuropathy and retinopathy and directed the staff to complete accu-checks and administer insulin as ordered by the Physician, and monitor/document/report as</p> | I | \$8,500 (Held in Suspension) | Upon Receipt |
| | | | | |

Page 18 of 25

Facility Administrator

Date

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).

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

| Citation Number: #9050 | | Date: February 15, 2021 | | |
|---|----------------------------|---|--------------------|------------------------|
| Facility Name: Altoona Nursing and Rehabilitation Center | | Survey Dates: November 23, 2020 – January 13, 2021 | | |
| Facility Address/City/State/Zip | | VW JS | | |
| Rule or Code Section | Nature of Violation | Class | Fine Amount | Correction date |

| | | | | |
|--|---|--|--|--|
| | <p>needed signs and symptoms of hypoglycemia (sweating, tremor, increased heart rate (tachycardia), pallor, nervousness, confusion, slurred speech, lack of coordination, and staggering gait).</p> <p>Review of the December 2020 Medication Administration Record (MAR) revealed the following:</p> <ul style="list-style-type: none"> a. An order dated 12/7/20 at 4:30 p.m., to administer Novolog 100 unit/ml inject 10 units subcutaneously before meals every Monday, Wednesday, Friday and Sunday for Type 2 Diabetes Mellitus. b. An order dated 12/8/20 at 4:00 a.m., to administer Novolog 100 unit/ml Inject 10 units subcutaneously before meals every Tuesday, Thursday, Saturday, and Sunday for Type 2 Diabetes Mellitus. c. On 12/13/20 at 4:14 a.m., Staff D (Registered Nurse) administered 10 units of Novolog insulin subcutaneously to the right lower quadrant of Resident #3's abdomen. d. On 12/13/20 at 4:51 a.m., Staff D, administered another 10 units of Novolog insulin administered subcutaneously to the left lower quadrant of Resident #3's abdomen. <p>An Order Entry sheet dated 12/15/20 revealed on 12/7/20 at 3:50 p.m. Staff C (Assistant Director of Nursing) entered the Novolog order and entered a dose of 10 units before meals</p> | | | |
|--|---|--|--|--|

Page 19 of 25

Facility Administrator

Date

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).

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

| Citation Number: #9050 | | Date: February 15, 2021 | | | |
|---|----------------------------|---|--------------|--------------------|------------------------|
| Facility Name: Altoona Nursing and Rehabilitation Center | | Survey Dates: November 23, 2020 – January 13, 2021 | | | |
| Facility Address/City/State/Zip | | VW JS | | | |
| Rule or Code Section | Nature of Violation | | Class | Fine Amount | Correction date |

| | | | | | |
|--|--|--|--|--|--|
| | <p>at 4:00 a.m., 12:00 p.m. and 4:30 p.m. on Tuesday, Thursday, Saturday and Sunday and 10 units before meals at 5:30 a.m., 12:30 p.m. and 4:30 p.m. on every Monday, Wednesday, Friday and Sunday. The sheet revealed two 10 unit doses on Sunday.</p> <p>During an interview on 12/6/20 at 1:30 p.m., Staff C (Assistant Director of Nurses) reviewed the above order sheet and admitted she transcribed the order wrong when Resident #3 had the insulin order changed due COVID and a change in dialysis time on 11/30/20. Staff C entered the order to change the time to 4:00 a.m. on dialysis days (Tuesday, Thursday and Saturday) and 5:30 a.m. on non-dialysis days (Monday, Wednesday, Friday and Sunday). Staff C realized now that she had entered Sunday incorrectly which directed staff to administer 10 units of insulin at 4:00 a.m. and 5:30 a.m. on Sundays. Staff C further stated the time change order should have been double and triple checked for accuracy, however she could not provide documentation that this had occurred. Staff C explained the process after an order is received is a triple check form is attached and the next nurse should double check the order for accuracy and place in her box for the triple check. Since she had initiated the order, another nurse would need to complete the triple check, however it should have been returned to her box, but it had not.</p> <p>During an interview on 12/16/20 at 9:35 a.m., Staff D (Agency Registered Nurse) confirmed she worked the</p> | | | | |
|--|--|--|--|--|--|

Page 20 of 25

Facility Administrator

Date

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).

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

| Citation Number: #9050 | | Date: February 15, 2021 | | | |
|---|----------------------------|---|--------------|--------------------|------------------------|
| Facility Name: Altoona Nursing and Rehabilitation Center | | Survey Dates: November 23, 2020 – January 13, 2021 | | | |
| Facility Address/City/State/Zip | | VW JS | | | |
| Rule or Code Section | Nature of Violation | | Class | Fine Amount | Correction date |

| | | | | |
|--|--|--|--|--|
| | <p>overnight shift from 6:00 p.m. on 12/12/20 (Saturday) to 6:00 a.m. on 12/13/20 (Sunday) morning. Staff D never worked at the facility prior to this. Staff D confirmed she administered Resident #3's insulin at 4:00 a.m. and again at 5:30 a.m. Resident #3 informed Staff D that he normally hadn't receive insulin at that time, so she double checked the MAR prior to administering. She was aware that he was a dialysis patient, but not familiar with his care needs. Stated she gave the resident the 4:00 a.m. injection, then returned to room at 5:30 and gave the second ordered injection. Staff D reported Resident #3 alert and she recalled no other interaction with Resident #3.</p> <p>The Progress Notes dated 12/13/20 revealed the following:</p> <ul style="list-style-type: none"> a. At 8:30 a.m., Staff A (Licensed Practical Nurse) documented Resident #3 had a blood glucose level of 34, lethargic, diaphoretic, and unable to arouse. The staff rubbed sugar on Resident #3's gums. b. At 8:35 a.m., Staff A administered a Glucagon injection. c. At 9:00 a.m., Staff A Resident #3 still lethargic and not responding and had a blood glucose level of 57. d. At 9:45 a.m., Staff E (Registered Nurse) asked to assist, blood glucose level 69, lethargic and difficult to arouse. Aroused with vigorous tactile stimuli and loud verbalization of his name, and confused when normally oriented. Resident | | | |
|--|--|--|--|--|

Page 21 of 25

Facility Administrator

Date

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).

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

| Citation Number: #9050 | | Date: February 15, 2021 | | | |
|---|----------------------------|---|--------------|--------------------|------------------------|
| Facility Name: Altoona Nursing and Rehabilitation Center | | Survey Dates: November 23, 2020 – January 13, 2021 | | | |
| Facility Address/City/State/Zip | | VW JS | | | |
| Rule or Code Section | Nature of Violation | | Class | Fine Amount | Correction date |

| | | | | |
|--|---|--|--|--|
| | <p>#3 tachypneic (rapid respirations) at 28 breaths per minute. Oxygen saturation 73% on room air. Placed on 2 liters of oxygen per nasal cannula. Staff called 911, Medics arrived quickly and report given.</p> <p>e. At 3:00 p.m. Staff F (Registered Nurse) talked to the nurse and physician at the hospital and learned Resident #3 admitted for a collapsed left lung with mucus plug, determined an acute event.</p> <p>According to a Medication Error Report sheet dated 12/13/20 revealed Resident #3 received Novolin 10 units at 4:00 a.m. and 5:30 a.m. Resident #3 had an outcome of dropped blood glucose level. The staff provided an intervention of juice and glucagon to raise the blood glucose level. The sheet included a summary of the error and documented the type of error as duplicate order and the reason for the error as transcription error.</p> <p>Review of a History and Physical dated 12/13/20 revealed Resident #3 presented to the Emergency Department with altered mental status after receiving a double dose of insulin. Resident #3 had a blood glucose level of 34 and received glucagon. He had an oxygen saturation in the mid-70s on room air upon arrival. Assessment included hypoglycemic episode due to double insulin dosing.</p> <p>On 12/21/20 at 1:30 p.m. the Administrator provided a blank form titled Triple Check. The Administrator explained the</p> | | | |
|--|---|--|--|--|

Page 22 of 25

Facility Administrator

Date

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).

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

| Citation Number: #9050 | | Date: February 15, 2021 | | | |
|---|----------------------------|---|--------------|--------------------|------------------------|
| Facility Name: Altoona Nursing and Rehabilitation Center | | Survey Dates: November 23, 2020 – January 13, 2021 | | | |
| Facility Address/City/State/Zip | | VW JS | | | |
| Rule or Code Section | Nature of Violation | | Class | Fine Amount | Correction date |

| | | | | | |
|--|---|--|--|--|--|
| | <p>staff complete the form with all new orders. The form directs first check to be completed by the receiving nurse, the second and third check are to be completed by the charge or shift nurse. The Administrator confirmed the facility was unable to find a completed triple check form for the insulin order entered on 12/7/20. The Administrator stated an expectation of staff to complete the triple check from for all new orders.</p> <p>During an interview on 12/15/20 at 12:40 p.m., Staff A (Licensed Practical Nurse) stated she entered Resident #3's room to deliver room tray and take vital signs and was unable to wake Resident #3 up. Resident #3 had a blood glucose level of 34. Staff A placed sugar on a toothette and placed it inside Resident #3's cheek. Staff A sent another staff to obtain the Emergency Kit for glucagon. She had another emergency so asked Staff E (Registered Nurse) to assist. Staff A confirmed that she had knowledge of the triple check system to assure orders are correct.</p> <p>During an interview on 12/16/20 at 1:00 p.m., Staff E (Registered Nurse) stated at 9:30 a.m., Staff A (Licensed Practical Nurse) asked for assistance with Resident #3. Staff A informed Resident #3 had a low blood glucose level that wasn't raising. Staff E obtained a blood glucose level of 69. Resident #3 had an altered mental status, required vigorous tactile stimulation, confused and usually made own decisions, and had audible congestion. Staff E reported</p> | | | | |
|--|---|--|--|--|--|

Facility Administrator

Date

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).

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

| | | | | |
|---|----------------------------|---|--------------------|------------------------|
| Citation Number: #9050 | | Date: February 15, 2021 | | |
| Facility Name: Altoona Nursing and Rehabilitation Center | | Survey Dates: November 23, 2020 – January 13, 2021 | | |
| Facility Address/City/State/Zip | | VW JS | | |
| Rule or Code Section | Nature of Violation | Class | Fine Amount | Correction date |

| | | | | |
|--|---|--|--|--|
| | Resident #3 critically ill, a full code, and needed to be transferred out. Staff E called 911 and Medics arrived quickly. Staff E had knowledge of the triple check system for new orders. Staff E reported the facility did not require a double check prior to administering insulin. | | | |
| | FACILITY RESPONSE: | | | |

Page 24 of 25

 Facility Administrator

 Date

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).

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

| | | | | |
|---|----------------------------|---|--------------------|------------------------|
| Citation Number: #9050 | | Date: February 15, 2021 | | |
| Facility Name: Altoona Nursing and Rehabilitation Center | | Survey Dates: November 23, 2020 – January 13, 2021 | | |
| Facility Address/City/State/Zip | | VW JS | | |
| Rule or Code Section | Nature of Violation | Class | Fine Amount | Correction date |
| | | | | |

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

Facility Administrator

Date

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).