Citation Numb #9097	er:			Date: 4/21/21	
Facility Name: Countryside H	ealth Care Center		Survey Date: 3/22/21-4/6/21		
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Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date

58.19(2)j	481—58.19(135C) Required nursing services	1	\$10,000	Upon
<b>30.13(2)</b>	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) <i>Medication and treatment.</i>		(Held In Suspension)	Receipt
	j. Provision of accurate assessment and timely intervention for all residents who have an onset of adverse symptoms which represent a change in mental, emotional, or physical condition. (I, II, III)			
	DESCRIPTION:			
	Based on closed record review, staff interview, facility record review and policy review, the facility failed to initiate CPR (cardiopulmonary resuscitation) immediately after the absence of pulse and respirations for a resident identified with a Full Code status (Resident #184). Staff waited 20 to 30 minutes before initiaing CPR. On 3/25/21, 20 out of 34 residents requested CPR. (Resident #184). The facility reported a census of 33 residents upon entrance to the facility on 3/22/21.			

Facility Administrator

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Findings include:		
A Medicare 5 day Minimum Data Set (MDS) assessment dated 12/8/20, revealed Resident #184 unable to complete a Brief Interview for Mental Status. The resident had short and long term memory impairment, severely impaired cognitive skills for daily decision making, no speech, and rarely understood or made self understood. The MDS revealed the resident required extensive assistance of 2 or more staff for bed mobility, transfers, toilet use, and personal hygiene, and used a wheel chair for mobility. The MDS revealed the resident had an indwelling catheter, feeding tube, and weighed 142 pounds. The MDS documented the resident's diagnoses included debility, cardiopulmonary condition, anemia, hypertension, diabetes, hyperlipidemia (high blood cholesterol), cerebrovascular accident (CVA), transient ischemic attack (TIA), or stroke, hemiplegia or hemiparesis (paralysis or weakness on one side of the body), brain stem stroke syndrome, dysphagia (difficulty swallowing), and a tracheostomy (a hole in the throat to assist with breathing). A policy for Resuscitative Services/Cardiopulmonary Resuscitation (CPR) undated form defined CPR as mechanical		
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procedures used to restore life or consciousness to a person apparently dead or without respirations, pulse, and blood pressure. The policy documented on 9/12/16, a nurse explained the policy to the resident and the resident signed she wished staff to perform CPR in the event her heart and breathing stopped.		
A care plan focus area, dated 9/26/16, revealed the resident utilized a feeding tube for complete nutritional support.		
The care plan focus area dated 9/26/16 identified an ADL (Activities of Daily Living) self care performance deficit related to a stroke and left non-dominant side hemiparesis. The care plan instructed staff to provide assistance with dressing, oral care, bowel incontinence, toileting, pericare, and transfers.		
A care plan focus area dated 11/8/20 identified the resident diagnosed with Covid-19, at risk for respiratory distress and hypoxia, and identified the resident's Full Code Status.		
A care plan focus area, dated 12/9/20, identified the resident had a tracheostomy (trach) due to impaired breathing. The care plan directed staff to keep the trach ties secured (12/9/20) and the		

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Facility Name	:		Survey I	Date:		
	Health Care Center		-			
Facility Addre	ess/City/State/Zip		3/22/21-4	4/6/21		
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620 Mornings Sioux City, IA						
Sloux City, IA	51100	SB				
Rule or		<u> </u>		Fine A	mount	Correction
Code	Natur	e of Violation	Class			date
Section						
	resident received Ox	/gen (O2) therapy via the				
	trach per cannula/cov					
		,				
	0 0	sing Progress documented the following:				
	a. On 11/7/20 at 2:53					
	828L, the COVID-19 unit, after testing positive, without fever, O2 saturation 95% on room air,					
		ed and will continue to				
	monitor.					
		a.m. the resident currently				
		s, with a fever, and the				
	physician and family	p.m., the resident without a				
		asal congestion and cough				
		ian and family notified. A				
		on 11/7/20 at 4:08 p.m.				
		without breathing difficulty.				
		9 p.m. the resident had a				
	low grade fever of 99 temperature down to					
		9 a.m., the resident's O2				
		om air and an order for O2				
		al cannula obtained to keep				
		ove 95%. Staff applied O2				
		creased the O2 to 3 liters increased to 96%. The				
		g and rhonchi (abnormal				
		ngs. The nurse notified the				
		and the resident sent to the				

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Facility Administrator

Emergency Room (ER). The resident returned

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call if the resident's O2 saturations dropped below 90%. g. On 11/15/20 at 11:58 p.m. the resident had labored breathing, the resident had removed the oxygen, the O2 saturation read 68% and the O2 increased to 5 liters increasing the O2 saturation to 92%. The resident's lungs sounded abnormal with rales and rhonchi throughout and suction attempted with no results. The resident's family notified and the resident transferred to the	from the ER with new orders for Dexamethasone (a steroid used for inflammation) 6 mg. (milligrams) daily for 10 days and O2 orders and the physician had no concerns with the resident's laboratory and x-ray results. f. On 11/12/20 at 10:51 p.m., the nurse notified the doctor office the resident had elevated temperatures with staff administering Tylenol (antipyretic) every 4 hours and the resident vomited a greenish material. The office said to		
<ul> <li>hospital.</li> <li>h. On 11/20/20 at 6:57 p.m. a staff nurse called the hospital for a report. The resident on a ventilator to help her breathing and weaning trials unsuccessful.</li> <li>i. On 12/4/20 at 8:49 p.m. the resident had returned to the facility, the resident had a tracheostomy, received O2 at 3 liters via the trach, and the nurse suctioned the trach 4 times due to increased secretions.</li> </ul>	<ul> <li>(antipyretic) every 4 hours and the resident vomited a greenish material. The office said to call if the resident's O2 saturations dropped below 90%.</li> <li>g. On 11/15/20 at 11:58 p.m. the resident had labored breathing, the resident had removed the oxygen, the O2 saturation read 68% and the O2 increased to 5 liters increasing the O2 saturation to 92%. The resident's lungs sounded abnormal with rales and rhonchi throughout and suction attempted with no results. The resident's family notified and the resident transferred to the hospital.</li> <li>h. On 11/20/20 at 6:57 p.m. a staff nurse called the hospital for a report. The resident on a ventilator to help her breathing and weaning trials unsuccessful.</li> <li>i. On 12/4/20 at 8:49 p.m. the resident had a tracheostomy, received O2 at 3 liters via the trach, and the nurse suctioned the trach 4 times</li> </ul>		

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Nursing Progress Notes entries on 12/9/20 at         12:35 p.m., 12/10/20 at 12:44 p.m. and 2:49 p.m., and 12/11/20 at 4:48 p.m. and 6:30 a.m.         documented the resident without a fever and no intestinal, respiratory or muscular symptoms, noted.         A Social Services Note, dated 12/10/21 at 12:44         p.m. documented hospice services discussed with the resident's family and the family planned to discuss options.         On 12/12/20 at 6:16 p.m. the former DON (Director of Nursing) documented for 12/11/20, no time, she checked on the resident after 7:00 p.m. and the resident alert, responding, without respiratory distress, Oxygen saturation rate 97%, and the resident repositioned. The DON documented the resident's blood sugar checked at 7:40 p.m., the result 131, and the resident without signs of respiratory distress. The DON documented she entered the resident's room between 9:30 and 9:40 p.m., found the resident without a pulse, respiratory distress. The DON documented conditions, and the body cold. The DON attempted to notify the family, the doctor, and emergency services called. The DON documented CPR started and attempts to resuscitate unsuccessful.	r		n	1	
<ul> <li>p.m. documented hospice services discussed with the resident's family and the family planned to discuss options.</li> <li>On 12/12/20 at 6:16 p.m. the former DON (Director of Nursing) documented for 12/11/20, no time, she checked on the resident after 7:00 p.m. and the resident alert, responding, without respiratory distress, Oxygen saturation rate 97%, and the resident repositioned. The DON documented the resident's blood sugar checked at 7:40 p.m., the result 131, and the resident without signs of respiratory distress. The DON documented she entered the resident's room between 9:30 and 9:40 p.m., found the resident without a pulse, respirations, and the body cold. The DON attempted to notify the family, the doctor, and emergency services called. The DON documented CPR started and attempts to</li> </ul>		12:35 p.m., 12/10/20 at 12:44 p.m. and 2:49 p.m., and 12/11/20 at 4:48 p.m. and 6:30 a.m. documented the resident without a fever and no intestinal, respiratory or muscular symptoms,			
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Facility Administrator

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-			
The facility Cardiopulmonary Resuscitation and Basic Life Support Policy and Procedure with an effective date of 12/12/18 documented the following. a. The purpose of the policy directed staff guidelines for the initiation of CPR when residents had a sudden cardiac arrest. b. Key staff needed to maintain American Red Cross or American Heart Association if Basic Life Support. c. The staff nurse responsible to initiate and direct CPR for any resident indicating in writing a request for full code status. d. When staff found a resident unresponsive and not breathing normally a licensed staff certified in CPR/Basic Life Support need to initiate CPR unless a DNR order and advanced directive existed that specifically prohibited CPR and external defibrillation. Staff Having Knowledge of the Incident Interviews: On 3/25/21 at 10:46 a.m., Staff S CMA (certified medication aide) stated he worked the evening shift the night the resident passed away. Staff S			
medication aide) stated he worked the evening			Page <b>7</b> of 2
	<ul> <li>Basic Life Support Policy and Procedure with an effective date of 12/12/18 documented the following.</li> <li>a. The purpose of the policy directed staff guidelines for the initiation of CPR when residents had a sudden cardiac arrest.</li> <li>b. Key staff needed to maintain American Red Cross or American Heart Association if Basic Life Support.</li> <li>c. The staff nurse responsible to initiate and direct CPR for any resident indicating in writing a request for full code status.</li> <li>d. When staff found a resident unresponsive and not breathing normally a licensed staff certified in CPR/Basic Life Support need to initiate CPR unless a DNR order and advanced directive existed that specifically prohibited CPR and external defibrillation.</li> <li>Staff Having Knowledge of the Incident Interviews:</li> <li>On 3/25/21 at 10:46 a.m., Staff S CMA (certified medication aide) stated he worked the evening shift the night the resident around 7:40 p.m. when he checked the residents blood sugar and pulse oximeter reading. Staff S stated the</li> </ul>	<ul> <li>Basic Life Support Policy and Procedure with an effective date of 12/12/18 documented the following.</li> <li>a. The purpose of the policy directed staff guidelines for the initiation of CPR when residents had a sudden cardiac arrest.</li> <li>b. Key staff needed to maintain American Red Cross or American Heart Association if Basic Life Support.</li> <li>c. The staff nurse responsible to initiate and direct CPR for any resident indicating in writing a request for full code status.</li> <li>d. When staff found a resident unresponsive and not breathing normally a licensed staff certified in CPR/Basic Life Support need to initiate CPR unless a DNR order and advanced directive existed that specifically prohibited CPR and external defibrillation.</li> <li>Staff Having Knowledge of the Incident Interviews:</li> <li>On 3/25/21 at 10:46 a.m., Staff S CMA (certified medication aide) stated he worked the evening shift the night the resident passed away. Staff S stated he last saw the resident around 7:40 p.m. when he checked the residents blood sugar and pulse oximeter reading. Staff S stated the</li> </ul>	<ul> <li>Basic Life Support Policy and Procedure with an effective date of 12/12/18 documented the following.</li> <li>a. The purpose of the policy directed staff guidelines for the initiation of CPR when residents had a sudden cardiac arrest.</li> <li>b. Key staff needed to maintain American Red Cross or American Heart Association if Basic Life Support.</li> <li>c. The staff nurse responsible to initiate and direct CPR for any resident indicating in writing a request for full code status.</li> <li>d. When staff found a resident unresponsive and not breathing normally a licensed staff certified in CPR/Basic Life Support need to initiate CPR unless a DNR order and advanced directive existed that specifically prohibited CPR and external defibrillation.</li> <li>Staff Having Knowledge of the Incident Interviews:</li> <li>On 3/25/21 at 10:46 a.m., Staff S CMA (certified medication aide) stated he worked the evening shift the night the resident passed away. Staff S stated he last saw the resident solution 7:40 p.m. when he checked the residents blood sugar and pulse oximeter reading. Staff S stated the</li> </ul>

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Sioux City, IA		SB			
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	red to have no concerns. Staff S stated he		
	ne DON entering the resident's room around		
	.m. to administer the medications he had		
	ed and previously prepared. The DON		
	jed from the room and told Staff S the		
	nt passed away and asked him to get a		
	scope and finish her medication pass. Staff		
	ed he completed the medication pass in 10		
to 15	minutes, returned to the resident's room,		
and th	e DON asked him what she should do		
becau	se the resident's status full code. Staff S		
stated	the DON decided to wait until Staff R		
arrive	d and stated 30 minutes possibly passed		
before	e Staff R arrived and they initiated CPR.		
Staff S	S identified the resident's coloring as white		
when	he first saw the resident after she stopped		
breath	ning.		
	25/21 at 0:42 a m. Staff D stated she		
	25/21 at 9:42 a.m., Staff R stated she		
	d at the facility at approximately 9:55 p.m.		
	(11/20 to work the night shift. Staff R stated		
	rmer DON screened her for Covid-19, let		
	the facility, and asked when to start CPR		
	a resident already felt cold. The former		
-	informed Staff R of the resident she referred		
	I Staff R realized the resident had a full		
	status. At that time, Staff R instructed the		
	to begin CPR, and Staff R called emergency		
	es. Staff R then went to the resident's room,		
deflate	ed the air mattress on the bed, applied the		

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ambu bag to the resident's trach and began rescue breathing while the DON performed chest compressions. Staff R stated emergency services (EMS) arrived and took over CPR. Staff R stated when she got to the room, the resident looked yellow, knew the resident deceased for awhile, and the body without firmness, stiffness or rigor. Staff R stated Staff S, CMA (Certified Medication Aide) thought CPR possibly delayed 30 to 45 minutes after the DON found the resident deceased. Staff S told Staff R the DON decided to wait until Staff R arrived for work to find out if CPR needed started.		
In a follow up interview on 3/25/21 at 11:30 a.m., Staff R, RN, stated the resident received Oxygen (O2) therapy through the trach and required frequent suctioning. The resident wore a continuous pulse oximeter on her finger that alarmed when the resident's O2 saturation rate fell below 90%. Staff R stated the alarm sounded frequently at one time and toward the end the resident coughed up more secretions on her own rather than suctioning inside the trach. Staff R stated when she arrived in the resident's room on the night of 12/11/20, she observed the resident's O2 and the tubing in the trash that the DON already removed.		

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Facility Administrator

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On 3/25/21 at 8:14 a.m., Staff M, RN, confirmed	
the resident had a delay in CPR initiation when	
found deceased. Staff M stated she was on the	
telephone with Staff R while Staff R drove to work	
at the facility on 12/11/20 around 10:00 p.m. Staff	
M stated Staff R, RN, told her when she arrived	
at the facility, the former DON, let her in and	
asked when to start CPR if a resident lost their	
color. Staff M stated Staff R told the DON the	
resident's code status "full code" and she needed	
to initiate CPR while Staff R called emergency	
services. Staff M stated Staff R needed to deflate	
the air mattress on the resident's bed when she	
arrived in the room to assist with CPR.	
On 3/25/21 at 10:09 a.m., the former DON stated	
while passing medications the evening of	
12/11/20, she found the resident not breathing	
and waited a few minutes to initiate CPR. The	
DON stated she had a poor memory and the	
Administrator had her statement. The DON stated	
the pulse oximeter normally sounded when the	
resident's O2 saturation level dropped and she	
could not remember if the pulse oximeter alarm	
sounded or sounding when she found the	
resident not breathing and without a heart beat.	
The DON stated the resident's body felt cold, she	
hollered for Staff S, attempted to call the	
Administrator and the previous DON (Staff M)	
with no response, called the physician, and while	
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Date

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on hold realized the resident had a full code			
Ŭ			
resident not breathing and without a pulse. The			
DON stated Staff R called for emergency help			
and she went to initiate CPR until the emergency			
help arrived and took over. The DON stated she			
-			
•			
In a follow up interview on 3/25/21 at 12:41 p.m.			
the former DON verified the resident wore O2 via			
her trach and she had removed the O2 and pulse			
oximeter after using a stethoscope to confirm the			
she found the resident and initiated CPR.			
On 12/12/20, the former DON wrote and gave her			
, ,			
breathing. The DON hollered for Staff S to bring a			
stethoscope, listened for a heart beat for			
	<ul> <li>status. The DON stated the door bell rang at that time, she let Staff R in, could not recall if she screened her, informed Staff R she found the resident not breathing and without a pulse. The DON stated Staff R called for emergency help and she went to initiate CPR until the emergency help arrived and took over. The DON stated she completed documentation, left the facility, and did not recall if she returned at any time after that. The DON stated again her memory poor. The DON stated she wrote her statement the next morning and sent the statement to the Administrator via email.</li> <li>In a follow up interview on 3/25/21 at 12:41 p.m., the former DON verified the resident wore O2 via her trach and she had removed the O2 and pulse oximeter after using a stethoscope to confirm the resident had no pulse and stopped breathing. The DON stated 7 to 10 minutes possibly passed after she found the resident and initiated CPR.</li> <li>On 12/12/20, the former DON wrote and gave her statement on the delay in starting CPR on the resident the evening of 12/11/20. The DON wrote between 9:30 and 9:40 p.m., she found the resident properly aligned in bed and appeared not breathing. The DON hollered for Staff S to bring a</li> </ul>	<ul> <li>status. The DON stated the door bell rang at that time, she let Staff R in, could not recall if she screened her, informed Staff R she found the resident not breathing and without a pulse. The DON stated Staff R called for emergency help and she went to initiate CPR until the emergency help arrived and took over. The DON stated she completed documentation, left the facility, and did not recall if she returned at any time after that. The DON stated again her memory poor. The DON stated she wrote her statement the next morning and sent the statement to the Administrator via email.</li> <li>In a follow up interview on 3/25/21 at 12:41 p.m., the former DON verified the resident wore O2 via her trach and she had removed the O2 and pulse oximeter after using a stethoscope to confirm the resident had no pulse and stopped breathing. The DON stated 7 to 10 minutes possibly passed after she found the resident and initiated CPR.</li> <li>On 12/12/20, the former DON wrote and gave her statement on the delay in starting CPR on the resident the evening of 12/11/20. The DON wrote between 9:30 and 9:40 p.m., she found the resident not breathing. The DON hollered for Staff S to bring a</li> </ul>	<ul> <li>status. The DON stated the door bell rang at that time, she let Staff R in, could not recall if she screened her, informed Staff R she found the resident not breathing and without a pulse. The DON stated Staff R called for emergency help and she went to initiate CPR until the emergency help arrived and took over. The DON stated she completed documentation, left the facility, and did not recall if she returned at any time after that. The DON stated again her memory poor. The DON stated she wrote her statement the next morning and sent the statement to the Administrator via email.</li> <li>In a follow up interview on 3/25/21 at 12:41 p.m., the former DON verified the resident wore O2 via her trach and she had removed the O2 and pulse oximeter after using a stethoscope to confirm the resident had no pulse and stopped breathing. The DON stated 7 to 10 minutes possibly passed after she found the resident and initiated CPR.</li> <li>On 12/12/20, the former DON wrote and gave her statement on the delay in starting CPR on the resident the evening of 12/11/20. The DON wrote between 9:30 and 9:40 p.m., she found the resident not breathing. The DON hollered for Staff S to bring a</li> </ul>

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

approximately 1 minute and did not hear anything, felt for a pulse and did not feel anything, and the resident's skin felt cold with no rigor mortis. The DON stated she sent a text to the Administrator at 9:43 p.m. and Staff M at 9:45 p.m. with no response received. The DON stated Staff S completed a blood sugar check on the resident at 7:40 p.m. and no concerns identified with the resident at that time. The DON stated she went back to the resident's room to turn off		
machines, removed the O2 and pulse oximeter sensor, which read no sensor, or something similar. The DON stated she called and left messages for 2 family members. The DON stated after calling the family, she called the physician on call number and while on hold she remembered the resident's full code status. The DON stated she hung up the phone, left for the resident's room to start CPR and the door bell rang. She answered the door bell and let Staff R in the door at approximately 9:50 p.m. The DON stated she asked Staff R if she needed to start CPR if she found a resident's body cold. Staff R told her to start CPR, and Staff R called EMS. The DON wrote she lowered the head of the bed, straddled the resident and began chest		
compressions. Staff R came to the room deflated the air mattress on the bed, placed the ambu bag to the trach, and CPR continued until EMS arrived and took over. The DON stated she left before		Page <b>12</b> of <b>25</b>

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Facility Administrator

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Citation Number: #9097			Date: 4/21/21	
Facility Name: Countryside Health Care Center		Survey		
Facility Address/City/State/Zip		- J/22/21-	-10121	
620 Morningside Avenue Sioux City, IA 51106	SB			
Rule or Code Natu Section	ire of Violation	Class	Fine Amount	Correction date
completing document told her she neededThe investigation rep Basic Life Support of 8/29/19 and a recon 8/21.On 3/24/21 at 3:40 p the facility investigat initiation of CPR and The Administrator st resident had a full of hospice with a family resident's death, the hospice at the time, discussion needed.EMS took over CPR 12/11/20 and the res Administrator stated about 2 minutes afted deceased she was a The DON stated the showed signs of beilOn 3/25/21 at 2:35 p stated she completed	The Administrator verified upon arrival to the facility on sident did not survive. The the former DON realized finding the resident a full code and started CPR. resident's body felt cold and ng deceased for awhile.			
The Nurse Consulta	ter the resident passed away. nt stated the Administrator, President of this region, and			Page <b>13</b> of <b>2</b> 5

Facility Administrator

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Citation Numb #9097	er:			Date: 4/21/21	
Facility Name: Countryside H	ealth Care Center		Survey Date:		
Facility Addres	ss/City/State/Zip		3/22/21-4/6/2		
Sioux City, IA		SB			
Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date

the former DON met on 12/10/20 and discussed the resident's full code status and hospice in order to assist the family with making a well informed decision about code status. The Nurse Consultant stated the former business office manager knew the family and discussed hospice and a no code status and the family planned to discuss the issues. The Nurse Consultant stated the former DON aware the resident had a full	
Other staff: On 3/25/21 at 8:05 a.m., Staff F, LPN (Licensed Practical Nurse), stated there are several ways to	
she can check the hard chart, the electronic record, or the report sheet kept on top of the medication cart listing the resident's names and code status. Staff F stated a D after the resident's name meant DNR and an F after the name meant resuscitate. Staff F stated she could verify CPR status within 30 seconds when unsure of the status. Staff F stated she did not recall any time staff delayed initiating CPR at the facility.	
On 3/25/21 at 8:10 a.m., Staff G, RN (Registered Nurse) identified CPR status as easy to verify by checking the sheet on the medication cart with the resident names and code status and by	Page <b>14</b> of <b>2</b>
	the resident's full code status and hospice in order to assist the family with making a well informed decision about code status. The Nurse Consultant stated the former business office manager knew the family and discussed hospice and a no code status and the family planned to discuss the issues. The Nurse Consultant stated the former DON aware the resident had a full code status at the meeting on 12/10/20. Other staff: On 3/25/21 at 8:05 a.m., Staff F, LPN (Licensed Practical Nurse), stated there are several ways to find out if a resident's code status. Staff F stated she can check the hard chart, the electronic record, or the report sheet kept on top of the medication cart listing the resident's names and code status. Staff F stated a D after the resident's name meant DNR and an F after the name meant resuscitate. Staff F stated she could verify CPR status within 30 seconds when unsure of the status. Staff F stated she did not recall any time staff delayed initiating CPR at the facility. On 3/25/21 at 8:10 a.m., Staff G, RN (Registered Nurse) identified CPR status as easy to verify by checking the sheet on the medication cart with

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Citation Numb #9097	er:			Date: 4/21/21	
Facility Name: Countryside H	ealth Care Center	Survey Date: 3/22/21-4/6/21			
Facility Addres	ss/City/State/Zip		- 3/22/21-4	+/0/21	
Sioux City, IA		SB			
Rule or Code	Natur	e of Violation	Class	Fine Amount	Correction date
Section					

checking the chart or electronic record. Staff G		
verified all the staff knew of delays in Resident		
#184 recieiving CPR. Staff G stated the former		
DON allowed the resident's readmission on		
12/4/20 and the former DON verified the		
resident's code status because the resident had a		
trach. On 3/25/21 at 1:20 p.m., Staff G stated she		
would provide CPR any time she found a resident		
had passed away including if rigor present.		
On 2/2E/21 at 1:12 n m. Staff E stated she would		
On 3/25/21 at 1:13 p.m., Staff F stated she would begin CPR when a resident found unresponsive		
no matter how long the resident passed away and		
would continue CPR until emergency help		
arrived.		
unived.		
On 3/25/21 at 2:29 p.m., Staff T, RN, stated she		
would start CPR for residents with a full code		
status including if rigor (rigidity) or lividity (a		
bruising appearance on the skin after death)		
present.		
On 3/25/21 at 2:26 p.m., the Nurse Consultant		
verified the facility policy, Cardiopulmonary		
Resuscitation and Basic Life Support Policy and		
Procedure dated 12/12/18 had not been updated		
or revised after the delay in CPR on 12/11/20 and		
remains in effect. On 3/25/21 at 3:35 p.m., the		
Nurse Consultant stated the facility reviewed the		
policy with nursing staff after the delay in CPR		Page <b>15</b> of <b>2</b>

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Facility Administrator

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Citation Numb #9097	er:			Date: 4/21/21	
Facility Name: Countryside H	ealth Care Center		Survey [ 3/22/21-4		
Facility Addres	ss/City/State/Zip de Avenue		5/22/21-4	+/0/21	
Sioux City, IA		SB			
Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date

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Citation Num #9097	ber:			Date: 4/21/21	
Facility Name: Countryside Health Care Center		-	Survey I		
-	ess/City/State/Zip		3/22/21-4/6/21		
620 Mornings Sioux City, IA		SB			
Rule or Code Section	Nat	ure of Violation	Class	Fine Amount	Correction date
		readucated staff on CDI			

12/14/20 after they reeducated staff on CPR procedures, reviewed policy and procedure for CPR and conducted audits for CPR certification, audits that all residents have advanced directives and review of nursing schedule to ensure a CPR certified staff always on duty. This resulted in IJ past noncompliance. Surveyors onsite ensured all these things completed. The State Agency informed the facility of the past noncompliance IJ on 3/25/21 at 4 p.m.		
FACILITY RESPONSE:		
		Page <b>17</b> of <b>25</b>

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).

Citation Numb #9097	er:			Date: 4/21/21	
Facility Name: Countryside Health Care Center			Survey I		
Facility Addres	ss/City/State/Zip de Avenue		3/22/21-4/6/21		
Sioux City, IA		SB			
Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date

<ul> <li>58.19(2)c</li> <li>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:</li> <li>58.19(2) Medication and treatment.</li> <li>c. Blood glucose monitoring; (I, II)</li> <li>DESCRIPTION:</li> <li>Based on record review and staff interview, the facility failed to provide adequate monitoring of a resident taking antidiabetic medications, resulting in a rehospitalization with diabetic ketoacidosis</li> </ul>			
<ul> <li>c. Blood glucose monitoring; (I, II)</li> <li>DESCRIPTION:</li> <li>Based on record review and staff interview, the facility failed to provide adequate monitoring of a resident taking antidiabetic medications, resulting</li> </ul>	I	\$8,000 (Held In Suspension)	Upon Receipt
<b>DESCRIPTION:</b> Based on record review and staff interview, the facility failed to provide adequate monitoring of a resident taking antidiabetic medications, resulting			
Based on record review and staff interview, the facility failed to provide adequate monitoring of a resident taking antidiabetic medications, resulting			
facility failed to provide adequate monitoring of a resident taking antidiabetic medications, resulting			
for 1 resident reviewed (Resident #133). The facility reported a census of 33 residents, and 16 residents with a diagnosis of diabetes.			
Findings include:			Page <b>18</b> of <b>2</b>

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Citation Numb #9097	er:			Date: 4/21/21	
Facility Name: Countryside H	ealth Care Center		Survey I 3/22/21-4		
Facility Addres	ss/City/State/Zip		5/22/21-4	+/0/2 I	
Sioux City, IA		SB			
Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date

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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).

Citation Numb #9097	er:			Date: 4/21/21		
Facility Name: Countryside Health Care Center		-	-	Survey Date: 3/22/21-4/6/21		
Facility Addres	ss/City/State/Zip		5/22/21-4	+/0/21		
Sioux City, IA		SB				
Rule or Code Section	Natu	re of Violation	Class	Fine Amount	Correction date	

Progress Notes dated 1/10/21 at 12:51 p.m. documented the Certified Medication Aide (CMA) called the nurse to the resident's room. The resident presented unresponsive with skin warm and clammy. A blood sugar check read "high". The facility reported the resident's condition to the physician with orders received to transport the resident to the emergency room (ER). The facility called 911. The resident transported to the ER by
<ul> <li>ambulance, and the resident's family notified.</li> <li>Progress Notes dated 1/10/21 at 9:55 p.m. documented a call to the hospital who reported the resident in the intensive care unit (ICU) 2. The nurse explained the resident received an insulin drip. The resident arrived at the ER with a blood sugar of 700. Her blood sugars improved and last Accucheck at 144. The nurse described the resident as lethargic, on a bicarb drip to improve her electrolyte imbalance, and stable at the time.</li> <li>An After Visit Hospital Summary dated 1/15/21</li> </ul>
her electrolyte imbalance, and stable at the time.

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Facility Administrator

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Citation Numb #9097	er:				Date: 4/21/21	
Facility Name: Countryside H	ealth Care Center		Survey Date: 3/22/21-4/6/21			
Facility Addres	ss/City/State/Zip			5/22/21-4	F/O/Z I	
Sioux City, IA		SB				
Rule or Code Section	Natur	e of Violation		Class	Fine Amount	Correction date

act infection (UTI), and possible ia. The resident presented very at (abnormally drowsy). She had c acidosis (too much acid in body), bicarb glucose 729, lactic acidosis (lactic acid beta hydroxybutyrate (ketone present		
21 at 9:34 a.m. the current Director of DON) stated they caught the lack of gars on a mock survey and developed a prrection. She said she did not know blood sugars were not done (she had a at the facility a short time). She did not y would have documented blood sugars		
Registered Nurse (RN) said the Physician I yes to whether the diabetic osis could have been prevented if the gars had been checked, and yes to it		
previous DON stated she missed the the Accuchecks on the orders when the admitted on 1/5/21. She discovered it		Page <b>21</b> of <b>2</b> 5
	ne setting of diabetic ketoacidosis, act infection (UTI), and possible ia. The resident presented very nt (abnormally drowsy). She had c acidosis (too much acid in body), bicarb glucose 729, lactic acidosis (lactic acid beta hydroxybutyrate (ketone present abetic ketoacidosis) elevated to 10.32. 21 at 9:34 a.m. the current Director of DON) stated they caught the lack of gars on a mock survey and developed a prection. She said she did not know plood sugars were not done (she had n at the facility a short time). She did not y would have documented blood sugars e else. 21 at 1:20 p.m. the Physician's office Registered Nurse (RN) said the Physician d yes to whether the diabetic psis could have been prevented if the gars had been checked, and yes to it threatening. 21 at 2:35 p.m. Staff M Registered Nurse previous DON stated she missed the the Accuchecks on the orders when the admitted on 1/5/21. She discovered it <i>t</i> ing day (1/11/21) after the resident	act infection (UTI), and possible ia. The resident presented very ht (abnormally drowsy). She had c acidosis (too much acid in body), bicarb glucose 729, lactic acidosis (lactic acid beta hydroxybutyrate (ketone present abetic ketoacidosis) elevated to 10.32. 21 at 9:34 a.m. the current Director of DON) stated they caught the lack of gars on a mock survey and developed a prection. She said she did not know blood sugars were not done (she had n at the facility a short time). She did not y would have documented blood sugars e else. 21 at 1:20 p.m. the Physician's office Registered Nurse (RN) said the Physician d yes to whether the diabetic pais could have been prevented if the gars had been checked, and yes to it threatening. 21 at 2:35 p.m. Staff M Registered Nurse previous DON stated she missed the the Accuchecks on the orders when the admitted on 1/5/21. She discovered it

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).

Citation Numb #9097	er:			Date: 4/21/21		
Facility Name: Countryside Health Care Center			Survey I			
Facility Address/City/State/Zip 620 Morningside Avenue			3/22/21-4	3/22/21-4/6/21		
Sioux City, IA		SB				
Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date	

rehospitalized with ketoacidosis. She said she reviewed the medications and diet on the transfer form but the Accucheck order was further down and missed it. She said they educated all nurses, and checked orders for all residents with diabetes when she discovered the error.		
On 3/24/21 at 3 p.m. Staff F Licensed Practical Nurse (LPN) stated the day the resident transferred to the hospital (1/10/21) she was unresponsive. Staff F checked a blood sugar at the time, but had not checked it before the episode. She did not know the resident had an order for Accuchecks. She said after the event she received education on double checking orders to assure all are noted.		
Abatement: The failure to note the Accucheck order and complete the Accuchecks as ordered resulted in immediate jeopardy(IJ). The facility removed the IJ 1/12/21 after they reeducated staff on double checking orders and signs of hyper/hypoglycemia, reviewed policy and procedure, and conducted audits for blood sugar check orders on current residents that had a diagnosis of diabetes. This resulted in IJ past noncompliance. Surveyors onsite ensured all corrections completed. The State Agency		

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Facility Administrator

Date

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Facility Name: Countryside H	ealth Care Center		Survey Date: 3/22/21-4/6/21		
Facility Addres	ss/City/State/Zip		5/22/21-4	+/0/21	
Sioux City, IA		SB			
Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date

	informed the facility of the past noncompliance IJ on 3/25/21 at 9:30 a.m. FACILITY RESPONSE:			
58.11(3)	481—58.11(135C) Personnel. 58.11(3) Employee criminal record checks, child abuse checks and dependent adult abuse checks and employment of individuals who have committed a crime or have a founded abuse. The facility shall comply with the requirements found in Iowa Code section 135C.33 and rule 481—50.9(135C) related to completion of criminal record checks, child abuse checks, and dependent adult abuse checks and to employment of individuals who have committed a crime or have a founded abuse. (I, II, III) DESCRIPTION:	II	\$500 (Held In Suspension)	Upon receipt

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Citation Numb #9097	er:			Date: 4/21/21	
Facility Name: Countryside Health Care Center Facility Address/City/State/Zip 620 Morningside Avenue			Survey I 3/22/21-4		
			0,22,21		
Sioux City, IA		SB			
Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date

		n
Based on record review and staff interview, the facility failed to request a Department of Human Services (DHS) evaluation for 1 of 3 staff identified with a criminal background. Facility census was thirty-three (33) residents.		
Findings include:		
1. An undated, untitled list of employee hire dates revealed the facility hired Staff B Certified Nurse Aide (CNA)11/19/20. The Double Check USA criminal background report dated 11/16/20, for Staff B, identified 3 misdemeanor convictions which included theft and assault. The personnel record lacked documentation of a DHS evaluation of the convictions.		
On 3/29/21 at 2 pm., the Administrator revealed no DHS evaluation completed in response to the Double Check USA findings.		
Facility policy titled Abuse Prevention, Identification, Investigation, and Reporting Policy and Procedure, effective 6/21/2017, revealed the facility would conduct an Iowa criminal record check and dependent adult/child abuse registry check on all prospective employees and other individuals engaged to provide services to residents, prior to hire, in the manner prescribed under 481 Iowa Administrative Code 58.11(3).		Page <b>24</b> of <b>25</b>

Facility Administrator

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Sioux City, IA		SB			
Rule or Code Nature Section		e of Violation	Class	Fine Amount	Correction date

The facility would conduct a criminal record check and dependent adult/child abuse registry check on all current employees and other individuals engaged to provide services to residents who have a criminal conviction or founded abuse determination after hire,or when the facility received credible information that an employee had a criminal conviction or a founded abuse determination subsequent to hire. See Iowa Code 135.33(7).		
FACILITY RESPONSE:		

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Facility Administrator

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