Citation Numb	er:		Date: April 23, 2019			
Facility Name: Countryside	Health Care Center		Survey Dates: March 26 to April 12, 2019)19
Facility Addres 6120 Morning Sioux City, IA		MW/SS				
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
58.19(2)j	residents. The resident shall provide, as appropriate food texture of eating so rapidly that food in her mouth. The provide a mechanical so prevent choking, to sit a more immediately involvineed for timely cueing a Resident #243 received 3/22/19, choked and we resulted in an immediate and safety. In addition, review, observation, and failed to complete physician and failed to a	cillary coverage as set forth in d treatment. assessment and timely ents who have an onset of ch represent a change in hysical condition. (I, II, III) I review and staff interviews, are Resident #243 received an a. Resident #243 had a history she placed whole servings of care plan directed staff to		\$ 8250 (Held in Susper	n	Upon Receipt
	not beverages for one o	t one residents reviewed for				Page 1 c

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Facility Administrator

Date

Citation Number: 6957			Date: April 2	3, 2019			
Facility Name: Countryside Health Care	Center		Survey Dates: March 26 to April 12, 2019				
Facility Address/City/State 6120 Morningside Avenue Sioux City, IA 51106							
Rule or Code Section	Nature of Violation	Class	Class Fine Amount Correct date				
of 17 total re of 37 reside Findings inc. 1. The Med documented dementia in oropharynge initiating a sensation of the Minimu 2/26/19 for I Interview of indicated interview of indicated interview of indicated interview days in the care plate Resident #2 places whole plan directed to prevent of table to have aware of he assistance as	lical Diagnosis list for Reside diagnoses that included bip other diseases and dysphageal phase (characterized by exallow and may be accompageal regurgitation, aspiration fresidual food remaining in the magnetic part of	nt #243 olar disorder, ia in the difficulty anied by , and a ne pharynx). ent dated a Brief of 14 which The resident g and ch required a documented apidly that she nes. The care nical soft diet an assisted olved and ing and d by staff to					

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Facility Administrator

Date

Citation Numb	er:		Date: April 23, 2019							
Facility Name: Countryside	Health Care Center	Survey Dates: March 26 to April 12, 20		Survey Dates: March 26 to April 12, 2019						
Facility Address 6120 Morning Sioux City, IA		MW/SS								
Rule or Code Section	Nature	Class Fine Amo Nature of Violation				Class Fine Amount Corre				
	documented the resider intake, which affected h The resident had severe moderate cues for safet Patient Discharge Instrudocumented the resider term care facility and sit supervision during the number of the Progress Notes ent Nursing (DON) on 3/22/while she assisted staff heard the charge nurse saw the charge nurse redining room by wheelch her the resident was cheshowed central cyanosis skin due to lack of oxyg DON performed the Hei unsuccessfully, removes ausage from the reside and suctioned out addition establish an open airwan norresponsive, staff assi performed abdominal control dislodge the obstruction palpate (feel) a carotid (Emergency responders)	at a table with constant neal. Try completed by the Director of 19 at 7:15 PM documented with evening meal service, she yelling for her to help her. She emove Resident #243 from the air and the charge nurse told oking. The resident's face is (a bluish discoloration of the en in the bloodstream). The								

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

Date

Facility Administrator

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Facility Name: Countryside Health Care Center		Survey Dates: March 26 to April 12, 2019			19
Facility Address/City/State/Zip: 6120 Morningside Avenue Sioux City, IA 51106	MW/SS	- -			
Rule or Code Nature Section	e of Violation	Class	Correction date		
stated she received a coabout slow evening mea 3/22/19. Before she left observe evening meal se service had not yet start after it should have start and told Staff C, Cook, se resident meals and instruction assistant (CNA) to go to She stated Staff C hands a whole smoked sausag Resident #243, who sat required cueing and sup a plate with a riblet patty for another resident at the stated she delivered the stated another staff men who require physical assist to the table where Resident at the state of the state of the state of the state of the interval another CNA at this table another cna at this table another resident instead kitchen to get more plate the dining room she saw nurse (LPN) pushing Reroom in her wheelchair, and stated the resident was serviced by the state of the resident of the state of the state of the resident of the state of the sta	ed and was about 15 minutes red, so she entered the kitchen she would assist with passing ucted Staff E, certified nursing an assisted resident table. ed her a plate which contained ge on a bun, identified it was for at a table of residents who revision, and then handed her on a bun and identified it was ne same table. The DON plates to the 2 residents. She instance to eat, which was next tent #243 sat. Staff E, CNA, a resident when she served the riew, she stated there was not e, but the family member of the DON returned to the resident #243 out of the dining staff B called for her to help was choking. Staff E was no in. She stated she looked at				
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Rule or Code Section	Nature	e of Violation	Class	Fine A	mount	Correction date	
	tracked her with her eye chunks of meat in her methem and performed the times while the resident wheelchair. The resident assisted her to the floor compressions in order to the also suctioned Resident few tiny chunks. When also tried compressions personnel placed a hear showed she had no pulse terminated. The DON of for a month at the time of familiar with resident did directives for nutrition. The kitchen which could diet prior to service. Sir behind Resident #243's plate she thought she we residents at this table. During interview on 3/28 family member who sits meals a day to assist he directly across from Resident table with his stated she looked over a shaking, had her head to the sident who also the country and the stated she looked over a shaking, had her head to the sident who also the country and the stated she looked over a shaking, had her head to the sident who sident with his tated she looked over a shaking, had her head to the sident who sident with his tated she looked over a shaking, had her head to the sident who sident with his tated she looked over a shaking, had her head to the sident who sident	and she started chest of dislodge the obstruction. It ident #243 but only got out a EMS personnel arrived they but were unsuccessful. EMS of the monitor on the resident which is so rescue attempts were stated she had been employed of the incident and was not et orders or individual care plan. There were no cards or slips in be used to check the resident's nee she saw Staff E standing chair when she delivered the					
Faci	lity Administrator		ate			Page 5 of 1	

Citation Number: 6957 Facility Name:		Date: April 23, 2019 Survey Dates:				
Countryside Health Care Center Facility Address/City/State/Zip: 6120 Morningside Avenue Sioux City, IA 51106	MW/SS	March 26 to April 12, 2019				
Rule or Code Nature Section	e of Violation	Class	Fine A	Amount	Correction date	
to check on the resident right away. The visitor she table and constantly down when eating. The staff say the resident has before. During interview on 3/28 stated she entered the cast a table. She said she very briefly right after the D stated Resident #243 and started to 'chow down the resident's diet order, employed about a month she thought it was a reducards for staff to make she correct diet because she She stated the MDS Conthere were other resider dining room. Staff D states table and there was no she service and told her she residents after she serve course entree choice was length sausages. Residents of the service and she resident an	She immediately told Staff E and he summoned the nurse stated normally a CNA sits at cues Resident #243 to slow visitor stated she had heard d packed her mouth full of food 8/19 at 2:51 PM Staff D, CNA dining room to seat a resident e stood behind Resident #243 at DON served her plate. Staff picked up the polish sausage who no it' but she did not know. She stated she had been and when she first started flag the facility did not use diet are residents are served the effect it was important to do so. ordinator came to her and said ats to get up so she left the sted Staff E sat at one assisted staff at Resident #243's table. 7/19 at 6:28 PM Staff C stated kitchen right before meal would pass the plates to the ed them. She stated the main as either a riblet patty or bun lent #243 had a mechanical ecalled she had ordered the the riblet patty almost fell					
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Facility Administrator

Date

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Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date	
	plate with a riblet patty f with a whole sausage o table who had a regular plates to the DON one a name at the same time. list of resident diets and when serving but no die for staff to check to mak diet. Staff C stated nor the resident plates and diets and restrictions. During interview on 4/4/Services Manager (DSN to prepare plates for reserve them because shof mistakes. The night of #243 the DON came int Staff C to begin serving the plates. Staff C had choice of entree and he with resident diet and resulting interview on 4/3/aide, stated she had just other area of the facility ready when the DON can out resident plates in the delivered the room trays the kitchen she starting	19 at 2:00 PM, Staff F, dietary at finished meal service in the and started getting room trays ame in and took over passing					
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Facility Name Countryside	: Health Care Center		Survey Dates: March 26 to April 12, 2019			19	
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Rule or Code	Nature	e of Violation	Class Fine Amount Correct				
Section							
	she had also been instricted the assisted tables coul seated at them and the at the side of the doorw. The Quality Assurance 1/16/19 contained a not of dietary cards. The D this idea in the QA meenon-dietary staff members would have a reference is for and could check the initiate them at that time. The facility abated the in 3/28/19 through the follow. Identification of all resimplemented the use of service. Implementation of an receive the proper diet. Educated all staff to the use of audit tool. Educated all staff of than 2 CNA's available and cue assist table. Educated dietary stain accordance with the stain accordance with the stain.	(QA) meeting minutes dated ation regarding starting the use SM stated she had discussed ting because if new staff or ers were passing trays they as to which resident the plate heir diet orders but she failed to e.					
L	∠. The MDS assessme	nt dated 3/6/19 for Resident					
						Page 8 of	

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for bed mobility, dressing from 1 person during earling diagnoses that included and chronic kidney dises. The care plan focus are resident as at risk for in CHF (congestive heart and mobility issues. The 3/12/19 a burn to the replan directed staff to consider a burner of the decimal directed staff to consider a burner of the use of lideresident refused lidded charge nurse and/or Din Nursing (DON). The Progress Notes dad documented that morning spilled a glass of hot concommend the area of the burned area. The pland ordered application the area daily. The entiplanned to have cups with meals. The Progress Notes days of the planned to have cups with meals.						
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10:00 a.m. documented acquired on 3/12/19 that by 0.2 cm (length x width documented serous (blo amount with the wound lissue) and skin replaced. The assessment recorded 3/12/19 at 9:00 a.m. and area, cover with foam for king/tape. The assessmexperienced pain with the the transperse of the progress Notes dated documented the dressin resident's thigh, the resident's thigh, the resident's right thigh, blist draining, and the resident dressing change with Prelief. At 3:10 p.m., the dressing changed to the open and red, blisters rusore/painful. The entry rusore/painful.	a second degree burn t measured 6.6 cm by 15.5 cm h x depth). The assessment body) exudate present in small bed 100% epithelial (type of d over opened blister as able. ed the physician notified on d treatment of silver STAT to or protection and secure with ment documented the resident he dressing change. ed 3/16/19 at 4:01 a.m. hig changed to the burn on the dent complained of pain post as needed) pain meds given, ed 3/17/19 at 3:53 a.m. hig changed to the burn on the sters to burn site open and hit complained of pain post RN pain meds given with some notes documented the e right upper thigh burn, area					
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	Health Care Center		Survey I March		oril 12, 20	19
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Bula as			Olasa	F: A		Compation
Rule or Code Section	Nature	e of Violation	Class	Fine A	Amount	Correction date
	them on the healing pro	cess.				
	The clinical record lacked doctor's office being call. The Progress Notes dat documented the dressin resident's thigh, no blists serosanguinous (bloody resident complained of pRN pain meds given where the progress Notes dat documented Resident # visit with new orders for burn. The physician orders and water, apply \$2.00.	ed documentation of the led on 3/17/19. ed 3/18/19 at 2:56 a.m. ng changed to the burn on the ers, open red area drained wound drainage) fluid, and the pain post dressing change; with relief. ed 3/19/19 at 12:48 p.m. 38 returned from the physician the treatment to the right groin dered the area washed with Silvadene (burn cream) to 4 by				
	and wrap with Kerlix (type telfa (type of bandage). The physician orders signight groin burn slowly intreatment written for chadressing BID (twice a dawater then apply Silvade burn and wrap with Kerlin The Progress Notes dated to the first telefactors of the progress o	ay), cleanse with soap and ene to 4 by 4s then apply to ex; no telfa.				
		edication given, and relief				

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6120 Morning Sioux City, IA	side Avenue	MW/SS					
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date	
	assessments of the burn 3/21/19 through 4/3/19. The Treatment Administ March and April 2019 retreatments not complete a. Cleanse right thigh an apply Silverstat antibact started 3/12/19 and disc 3/13 PM, 3/14 AM, 3/15 PM. b. Cleanse burn wound water. Apply Silvadene wound. Wrap with Kerlist times a day, started 3/13/23 AM, 3/24 PM, 3/25 PM, 4/2 PM Observation on 4/2/19 at # 38 in the dining room service. Resident # 38 2 handled, lidded coffee being hot. Staff J, Certi assisted the resident to coffee. During the obset the lidded coffee cup 3 is prevented a spill. Resid nodded back off to sleep	tration Records (TARs) for evealed the following dates the ed as ordered: and groin with soap and water rerial gel 2 times a day for burn; continued 3/19/19: AM, 3/16 AM, 3/18 AM and to right thigh with soap and to 4x4 then apply 4x4s to c. DO NOT APPLY TELFA. 2 9/19: AM, 3/26 PM, 3/27 PM, 3/30 at 8:27 a.m. revealed Resident awaiting breakfast meal asked for assistance to open a cup to add water due to it					

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Rule or Code Section	Natur	e of Violation	Class	Fine Amo	ount	Correction date	
	assist with morning care to reveal the resident w T-shirt and an incontine on and an Ace wrap on marked area covered the from outer to inner thigh halfway down to the kneelight of the treatment creams visible any removed dressings stated the original burn. On 4/4/19 at 11:00 a.m. (RN), confirmed if the T indicated the treatment Staff I reported there we completed due to only be and not enough staff or treatments. Staff I alway actually complete the tresign it off. Staff I stated then off for 12 days, and	ays told the nurses if they didn't eatment then they should not she had been a floor nurse, d when she returned the week d to be the Interim Director of					
					Ш	Page 13 of 1	
Faci	 lity Administrator	 Da					

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Rule or Code Section	Natur	e of Violation	Class Fine Amount		Correction date		
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 as amended by 2013 Iowa Acts, Senate File 347, 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: Based on personnel file reviews, facility policy review and staff interview, the facility failed to assure all employees have an Iowa criminal background check			\$ 500. (Held in Suspen	1	Upon Receipt	
				1		Page 14 of 1 0	
 Facil	ity Administrator		 ite				

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Rule or Code Section	Naturo	e of Violation	Class	Fine A	mount	Correction date
	in the facility one of 6 cu (Staff M). The facility id Findings include: 1. The personnel file for hire date of 3/8/19. The background and abuse hire. The facility's Abuse Predinvestigation, and Report 6/21/17 directed the following Employee Screening: 1. The facility will conducted and dependent and all prospective employengaged to provide serving the manner prescribe Administrative Code 58. During interview on 4/5/Administrator stated he files were not complete Administrator until mid-N	r Staff M, CNA, documented a efile failed to contain criminal registry checks done prior to vention, Identification, rting Policy Procedure effective owing: ucted and Iowa criminal record dult/child abuse registry check byees and other individuals vices to residents, prior to hire, d under 481 Iowa .11(3).				Page 15 of 1
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	FACILITY RESPONSE	:				
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