Citation Numb	er: #1012			;	Date: Jur	ne 21, 2021
Facility Name:			Survey	Dates:	1	
Ridgewo	od Specialty Care		Ma	ay 13, 20	)21 Jun	e 7, 2021
Facility Addre	ss/City/State/Zip:					
197	7 Albia Road					
Ottur	nwa, IA 52501	JS, VW				
Rule or Code Section	Natur	e of Violation	Class Fine Amount		Mount	Correction date
58.19(2)j	residents. The resident shall provide, as appropnursing services under qualified nurses with an these rules:  58.19(2) Medication and j. Provision of accurate intervention for all reside adverse symptoms which mental, emotional, or property of the provision of accurate intervention for all reside adverse symptoms which mental, emotional, or property of the provision of accurate intervention for all residents adverse symptoms which mental, emotional, or property of the facility assessment and intervention (Residents #1, #2 and #1, #2 and #1, #2 and #5. On 10/1 lunch after the staff admiglucose level dropped to (mg/dl). The facility lact the resident additional from the resident #1 did not eat nurse administered more	d treatment.  assessment and timely ents who have an onset of ch represent a change in hysical condition. (I, II, III)  I review, policy review, and ty failed to provide accurate ention for 3 of 5 sampled entitle for the facility failed to ensure the failed to ensur		\$ 7, 75 (Held Suspe		Upon Receipt

Page 1 of 9

**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 lowa Code section 135C.43A (2013).

Citation Numb	eer: #1012				Date: Jur	ne 21, 2021
Facility Name:	<u> </u>		Survey I	Dates:	н	
Ridgewo	od Specialty Care		Ma	ıy 13, 20	)21 – Jun	e 7, 2021
Facility Addre	ss/City/State/Zip:					
	7 Albia Road					
Ottui	nwa, IA 52501	Js, VW				
Rule or Code Section	Natur	e of Violation	Class Fine Amount			Correction date
	lacked documentation of following the glucagon if glucose level dropped a required Emergency Methe facility lacked addition reported a census of 41.  Findings:  1. The Minimum Data S 3/24/21 listed diagnosed diabetes, and cerebroved MDS stated the resident of 2 staff for bed mobility use, and personal hygiet on 1 staff for bathing. Toognition as severely im The Care Plan dated 2 had diabetes and receives taff to administer diabetes and effectives The May 2021 Medication (MAR) listed an order for acting insulin), inject 10 greater than 300 mg/dl.  The May 2021 MAR enter the may 2021 MAR enter than 300 mg/dl.	njections. Resident #1's blood again in the evening and edical Services to intervene as onal glucagon. The facility residents.  Set (MDS) assessment dated as for Resident #1 of dementia, ascular accident (stroke). The trequired extensive assistance y, transfers, dressing, toilet ene, and depended completely the MDS listed the resident's apaired.  ///////////////////////////////////				

Page 2 of 9

**Facility Administrator** 

Date

Citation Numb	er: #1012				Date: Jur	ne 21, 2021
Facility Name:			Survey I	Dates:	y	
Ridgewo	od Specialty Care		Ma	y 13, 20	)21 – Jun	e 7, 2021
Facility Addre	ss/City/State/Zip:					
1	7 Albia Road nwa, IA 52501	Js, VW				
Rule or Code Section	Natur	e of Violation	Class Fine Amount			Correction date
	record lacked documen rechecked Resident #1 determine the effectiver.  The Weights and Vitals a.m., revealed Resident of 103 mg/dl.  The May 2021 Docume documented Resident # at breakfast and lunch.  The May 2021 MAR list acting insulin) 64 units to documented the resider a.m. and at midday.  The Progress Notes da following:  a. At 1:15 p.m., Resider to staff, and had a blood Staff administered glucatreat low blood glucose	Summary dated 5/11/21 6:21 t #1 had a blood glucose level ntation Survey Report V2 t1 consumed 0-25% of her food ed an order for Levemir (long three times a day and nt received the Levemir in the ted 5/11/21 revealed the t#1 in bed sleepy, not talking d glucose level of 30 mg/dl. agon (injectable medication				

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 lowa Code section 135C.43A (2013).

Page 3 of 9

Citation Numb	er: #1012				Date: Jur	ne 21, 2021
Facility Name:			Survey I	Dates:		
Ridgewo	od Specialty Care		Ma	ıy 13, 20	21 – Jun	e 7, 2021
Facility Addres	ss/City/State/Zip:					
	7 Albia Road					
Ottur	nwa, IA 52501	JS, VW				
Rule or Code Section	Natur	e of Violation	Class Fine Amount		Correction date	
Section	administered a second of blood glucose level not of the level of the level second of level	at #1 had a blood glucose level at #1 sleepy, blood glucose took a few sips of liquacel at #1 had a blood glucose level at glucose level. Resident #1 at of 164 mg/dl and transferred at documentation to reflect ascident #1 received at Resident #1 received at the sident #1 received at the sident #1 at the				

Page 4 of 9

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 lowa Code section 135C.43A (2013).

Citation Numb	er: #1012				Date: Jun	ne 21, 2021
Facility Name:			Survey	Dates:		
Ridgewo	od Specialty Care		Ma	ıy 13, 20	21 – Jun	e 7, 2021
Facility Addre	ss/City/State/Zip:					
	7 Albia Road nwa, IA 52501	10.184				
- Dulo or	<u></u>	JS, VW		8		Comedian
Rule or Code Section	Natur	e of Violation	Class Fine Amount			Correction date
	with a blood sugar of 20 give glucagon intramuse monitor the resident and 15 minutes, and follow a procedure directed staff blood sugar was 100 m.  During a phone interview Director of Nursing (DO 5/11/21, Staff G cared for the first that a blood glucose administered Resident and noon Levemir (64 uwas a concern because much and Staff G admir the morning and again a resident's blood glucose that was not really low, would have held her monurse received education parameters for giving in again.  During a phone interview	Chart for Treatment of ted guidelines for residents 0-50 mg/dl and directed staff to cularly, call the physician, d check the blood sugar after any new orders. The to provide a snack once the g/dl or higher.  W on 6/2/21 at 4:04 p.m., the N) stated on the morning of or Resident #1 and Resident level of 100 mg/dl. Staff G #1's morning Levemir (64 units) inits). The DON stated there Resident #1 did not eat very instered Resident #1's insulin in at noon. The DON stated if the e level was 100, even though if the resident did not eat, she orning insulin. She stated the				

Page 5 of 9

**Facility Administrator** 

Date

Citation Numl	per: #1012				Date: Jur	ne 21, 2021
Facility Name			Survey	Dates:	J	
Ridgewo	od Specialty Care		Ma	ay 13, 20	)21 – Jun	e 7, 2021
Facility Addre	ss/City/State/Zip:					
197	7 Albia Road					
Ottu	mwa, IA 52501	JS, VW				
Rule or Code Section	Natur	e of Violation	Class Fine Amount			Correction date
	morning Levemir and he after the noon dose of L subsequently 30 mg/dl stated the Nurse Aides she did not realize Resing During a phone intervier DON stated she did not physician notification in the administration of the stated the earliest note stated the staff should readministration of glucage 2 doses of glucagon and both but stated in the furth stock glucagon for all results not know if anyone notification to replenish the glucage 5/11/21 but stated she was According to the Medica dated 5/21/21 6:15 p.m. blood glucose reading of units of Novolin. The cludocumentation to reflect #1's blood glucose reading effective.	w on 6/3/21 at 8:29 a.m., the see documentation of Resident #1's chart regarding e glucagon on 5/11/21. She she saw was at 5:30 p.m. She notify the physician of the gon. She stated the facility had d the resident utilized them atture, the facility planned to esidents. She stated she did fied the pharmacy of the need on after staff administered it on would check.  atton Administration Record, revealed Resident #1 had of 471 mg/dl and received 10				

Page 6 of 9

**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 lowa Code section 135C.43A (2013).

Citation Numb	er: #1012		Date: June 21, 2021			ne 21, 2021
Facility Name:	od Specialty Care		Survey Dates: May 13, 2021 – June 7, 2021		e 7, 2021	
-	ss/City/State/Zip:					
	7 Albia Road nwa, IA 52501	JS, VW				
Rule or Code Section	Natur	e of Violation	Class Fine Amount		Correction date	
	the resident required ex bed mobility, transfer, d personal hygiene, and of for bathing. The MDS li Interview for Mental Sta indicating moderately in Care Plan dated 9/14/20 utilized insulin related to monitor for side effects  The Progress Note date Resident #2 refused the was bringing him 2 breather the Progress Note date revealed Resident #2 at The October 2020 MAR received Novolog Mix 7 midday on 10/17/21.  The Progress Noted date documented Resident # didn't like it. The facility offered the resident son lacked documentation of	depended completely on 1 staff isted the resident's Brief atus (BIMS) score of "11", impaired cognition.  O documented Resident #2 of diabetes and directed staff to and effectiveness.  and 10/17/20 9:08 a.m., revealed a facility breakfast and his wife akfast sandwiches.  and 10/17/21 10:04 a.m. and the plain biscuit.  It documented the resident 10/30 (a type of insulin) 30 units are ted 10/17/21 2:06 p.m., and the plain biscuit is refused lunch because he placked documentation staff mething different to eat and				
						Page 7 of

**Facility Administrator** 

Date

Citation Number: #1012			Date: J	une 21, 2021
Facility Name: Ridgewood Specialty Care		Survey Dates:  May 13, 2021 – June 7,		ıne 7, 2021
Facility Address/City/State/Zip:  1977 Albia Road Ottumwa, IA 52501				
Rule or	JS, VW	Class	Fine Amount	Correction date
document Resident #2 resident had slurred s glucose check. Resid of 38 mg/dl at 2:45 p.n resident orange juice a At 3:00 p.m., Resident 64 mg/dl.  The Progress Note da				
Facility Administrator				Page 8 of

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

	Oitaton			
2			Date: Jur	ne 21, 2021
		Survey	Dates:	
ecialty Care		Ma	ay 13, 2021 – Jun	e 7, 2021
/State/Zip:				
1977 Albia Road Ottumwa, IA 52501 JS, VW				
ile or		Class	Fine Amount	Correction date
,	cialty Care /State/Zip: Road 1 52501	cialty Care /State/Zip: Road A 52501 JS, VW	Survey Scialty Care  /State/Zip: Road A 52501  JS, VW	Survey Dates: Scialty Care May 13, 2021 – Jun  /State/Zip: Road A 52501  JS, VW

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** 

Page 9 of 9