Number 5769				Report June 15	
Facility name Countryside Hea	th Care Center		Survey dates May 11, 2022	- June 8, 202	2
Facility address 6120 Morningside Avenue					
City Sioux City, IA 511	.06	JB			
Rule or Code Section	N	lature of Violation	0.0.00	Fine Amount	Correction Date
58.19(2)j	residents. The residents. The residents. The residents and provide, as a nursing services used qualified nurses with these rules: (2) Medication ara j. Provision of accidintervention for a adverse symptom mental, emotional providence of the prov	Required nursing services for sident shall receive and the facility appropriate, the following required inder the 24-hour direction of with ancillary coverage as set forth and treatment. The direction of the system of the sys		\$8,500.00 Held in Suspension	Upon Receipt

		Page 1 of 16
Facility Administrator	Date	

Number 5769					rt date 15, 2022
Facility name Countryside Heal	th Care Center		Survey dates May 11, 2022)22
Facility address 6120 Morningsid	e Avenue				
City Sioux City, IA 51106		JB			
Rule or Code Section	N	ature of Violation	Class	Fine Amount	Correction Date
	failure posed an Ir #1's health and sa 2. Assess, docume symptoms (which determine the cau Resident #7 received an order for scabies. The faresidents with a rareceived an order for scabies. The faresidents. Findings include: 1. Resident #1's Massessment dated Interview for Menindicating severely required extensive bed mobility, tranincluded medical Parkinson's diseasinfection (UTI) in the Care Plan Pro Resident #1 with I included the followa. Administer antiordered, monitor	ent, provide relief of the included intense itching), and use of a skin rash on Resident #7. Wed an order for a medicated he treatment of scabies, on y reported identifying 16 ash. On May 11, 2022 the facility to treat all residents with a cream heility reported a census of 48. Alinimum Data Set (MDS) 4/8/22 indicated a Brief atal Status (BIMS) score of 4, y impaired cognition. Resident #1 assistance of two persons for sfers and toilet use. The MDS diagnoses of hypertension, see, dementia, and a urinary tract			

, within thirty (30) days of the receipt of the cirour request for formal hearing; and (3) pay the ercent (35%) pursuant to lowa Code section 1	e penalty, the assessed penalty will be reduc	• , , ,
		Page 2 of 16
Facility Administrator	Date	

Number 5769				-	ort date 15, 2022
Facility name Countryside Heal	th Care Center		Survey dates May 11, 2022		022
Facility address 6120 Morningside Avenue					
City Sioux City, IA 51106		JB			
Rule or Code Section	N	ature of Violation	Class	Fine Amount	Correction Date
	increased heart rab. Report any sign which included: he confusion, disorie vomiting, irritability breathing. Resident #1's History of the consumented Resident and CVA (Cerebroterm for a stroke). Resonance Imaging brain often used to the ER with left and difficulty with to the ER with left and drooling. The consulted neurological determined him a and difficult to un weakness. The neclinical opinion, the The provider adm On 5/16/22 at 12: reported that she 5/8/22, when she his usual self. Resident and some consultations.	a change in position) and ate. It is and symptoms of hypertension eadache, visual problems, intation, lethargy, nausea, ity, seizure activity, and difficulty ory and Physical dated 5/10/22 at ead the admitting provider dent #1 admitted to the hospital evascular Accident, a medical evascular Accident, a medical evascular imaging test of the ordingnose a stroke). Resident that two days before, on 5/7/22, and over in his wheelchair, and he evakness. Resident #1 presented estided weakness, slurred speech, ER called a stroke alert and easy. An assessment of Resident #1 is oriented only to self, confused, derstand with left-sided eurologist concluded, per his ele MRI showed an evident stroke eitted Resident #1 to the hospital. 50 p.m. Resident #1 to the hospital.			

ercent (35%) pursuant to Iowa Code section 135C.43A	(2013).	
		Page 3 of 16
Facility Administrator	Date	

Number 5769				-	t date .5, 2022
Facility name Countryside Heal	th Care Center		Survey dates May 11, 2022		22
Facility address 6120 Morningside Avenue					
City Sioux City, IA 51106		JB			
Rule or Code Section	N	ature of Violation	Class	Fine Amount	Correction Date
	changes, which she chair, weakness, or Resident #1's wife of his changes, and a stroke. She furth completed an association of the physician. On call from the facility planned to transfer ER. Resident #1's whim transferred at #1's wife said she staff that her hust bad stroke. She exterurned to the facomfort care. The electronic Profession of S/9/22 revealed a an assessment or condition as reported A non-emergent for p.m., signed as set Nurse (LPN), commerced Resident day. Staff A documents wheel chair, dispeech. Staff A documents wheel chair and the chair a	e described as: slumped over in brooling, and slurred speech. Treported that she informed staff of that she thought he was having her reported that no staff essment on him and the staff te that they were going to notify Tuesday, 5/10/22, she received a try informing her that hospital er Resident #1 to the local hospital wife confirmed that she wanted not treated for a stroke. Resident got informed by the local hospital and had a, as they described it, a eplained that her husband cility on 5/16/22 for end of life, Treated by his wife. The sident #1's tred by his wife. The sident #1's wife that her husband had a splained that her husband cility on 5/16/22 for end of life, The sident #1's tred by his wife. The sident #1's wife that her husband had a splained that her husband cility fax, dated 5/9/22 at 3:30 and having sing that her husband having sident #1's wife that her husband having slurred cumented the following vital signs (bp) 131/84, pulse (p) 58, and			

		Page 4 of 16
Facility Administrator	Date	-

Number 5769				-	ort date 15, 2022
Facility name Countryside Heal	th Care Center		Survey dates May 11, 202		022
Facility address 6120 Morningsid	e Avenue				
City Sioux City, IA 511	.06	JB			
Rule or Code Section	N	ature of Violation	Class	Fine Amount	Correction Date
	failed to identify a condition by the normal Review of a facility titled, Hot Chartin 5/10/22 failed to it additional monito any reported or of the Progress Note Nurse (RN), on 5/3 an assessment of she found Resider wheelchair. Staff E and PO2 90% on rextremity weakned commands to assess and drift. Staff B dassess his pupil reclipboard dated 5, Resident #1 slump and drooling. Staff received an order emergency room in Review of skilled to 4/7/22 revealed norder events and the skilled to the skille	y communication reporting tool g Sheets, dated 5/9/22 and identify that Resident #1 needed ring, and failed to communicate beserved changes in his condition. e written by Staff B, Registered 10/22 at 9:40 a.m., documented Resident #1. Staff B recorded that at #1 slumped over in his 3 listed his vital signs as BP 110/60 oom air. Staff B noted left upper 15s, Resident #1 failed to follow 15ess for lower extremity weakness 16cumented that she couldn't 15esponse. Staff B noted a fax on the 179/22 at 3:30 p.m. documented 16ed in wheelchair, facial drooping, 16 B called the provider and 16 to send Resident #1 to the local 16 for evaluation and treatment. Therapy screening form dated 16 o muscle weakness or reduced 16 or right upper or lower			

		Page 5 of 16
Facility Administrator	Date	

Number 5769					rt date 15, 2022
Facility name Countryside Heal	th Care Center		Survey dates May 11, 2022)22
Facility address 6120 Morningside Avenue					
City Sioux City, IA 51106		JB			
Rule or Code Section	N	ature of Violation	Class	Fine Amount	Correction Date
	C, Certified Nurse 5/9/22 that Reside had been like that reported that he had wheelchair. Staff wife at an activity. Resident #1 droolis slurred speech to #1 had slurred speech to #1 had slurred speech to meurological assess him for upper or leadded that she mis symptoms of a str. Staff A confirmed to the provider, be was having a strok provider due to it concern that requ. A further stated the she sent the fax, be documentation proverbally informed that she hadn't ad which would commonitoring. On 5/16/22 at 4:3 5/9/22 Resident # helpless. Staff C conserved.	Aide (CNA), notified her on ent #1 didn't act right all day and since the day before. Staff C nad been slumped over in his approached Resident #1 and his Staff A responded that she noted ing, and his wife reported the her. Staff A verified that Resident eech, which was a change. Staff A o complete a full assessment, a ssment, and she denied checking ower extremity weakness. Staff A ssed that Resident #1 showed oke, and she felt bad about it. that she sent a non-emergent fax ut added that if she thought he se she would have phoned the being an emergent health ired immediate intervention. Staff hat she thought she charted when but agreed the chart had no resent. Staff A also said she the following shift, but reported ided anything to the hot charting municate the need for additional			

		Page 6 of 16
Facility Administrator	Date	_

Number 5769					eport d ine 15,	
Facility name Countryside Health Care Center			Survey dates May 11, 2022		3, 2022	
Facility address 6120 Morningside Avenue						
City Sioux City, IA 51106		JB				
Rule or Code Section	N	ature of Violation	Class	Fine Amount		Correction Date
	Staff A. Staff C said slumped over in his medications. So change of condition that she heard contine next shift. On 5/12/22 at 11: staff summoned hafter they couldn's stated that after so looked for charting reviewed the there previous left sides the clipboard from didn't receive any Resident #1 in the she called the prostroke required in confirmed that she notified the provide #1's wife reported During an intervied local ER Admitting assessed Resident part of the assessing Resident #1 presed a stroke on 5/8/22	is wheelchair. Staff C informed d she observed Resident #1 so is wheelchair, drooling, talking alld hardly open his mouth to take taff C reported that as a definite a on for Resident #1. Staff C denied mmunication of the changes to 45 a.m., Staff B reported that the ter around 8:00 a.m. on 5/10/22 to transfer Resident #1. Staff B, he assessed Resident #1 she g on him and found none. She apy notes which documented no disweakness, and found the fax on in 5/9/22. Staff B confirmed she communication of changes for exhift report. Staff B reported that evider as signs and symptoms of a nimediate intervention. Staff B is felt the nurse should have der the day before when Resident if the changes in him. W on 5/16/22 at 1:13 p.m. the grovider confirmed she had at 1 and visited with his wife as ment. She explained that when noted with signs and symptoms of 2 and 5/9/22, she would have assessment and transfer for the				

		Page 7 of 16
Facility Administrator	Date	

Number 5769				-	rt date 15, 2022
Facility name Countryside Heal	th Care Center		Survey dates May 11, 2022		22
Facility address 6120 Morningside Avenue					
City Sioux City, IA 511	.06	JB			
Rule or Code Section	N	ature of Violation	Class	Fine Amount	Correction Date
	that medications to a stroke must be a The ER Admitting stroke included: fa slurred speech. The that time lost is be provider added the hemorrhagic stroke high blood pressurate the time Reside there would have determine the cau Admitting Provide expected the faciliand treatment production of Nursing chart lacked an asby Staff A. The DO nurse to do a full a changes, then do and would have exwith signs and synnon-emergent fax.	w on 5/12 22 at 11:20 a.m., the g #1, (DON #1) confirmed the sessment documented on 5/9/22 IN #1 stated she would expect the assessment due to the reported cument in the electronic chart, expected staff to call the provider inptoms of a stroke, not send a			

		Page 8 of 16
Facility Administrator	Date	-

Number 5769				-	t date 15, 2022
Facility name Countryside Health Care Center			Survey dates May 11, 2022		22
Facility address 6120 Morningside Avenue					
City		JB			
Sioux City, IA 511			Class	F:	Commontion
Rule or Code Section	IN	lature of Violation	Class	Fine Amount	Correction Date
	(IJ) on 5/16/22. The 5/13/22 after proving staff regard in resident's condition intervention of a resident's condition and not of the licensed numbrysician when a condition and not needs. The facility daily audits of the education. The fact Assurance (QA) are Performance (QA) for further improved. Resident #7's Nassistant to let use. Resident #7's coded Resident #7's and bladder. The lidementia without depression, and facts.	retified of the Immediate Jeopardy ne facility removed the IJ on widing education to licensed reding communication of a change sition, assessment, and resident's change in condition, and retation requirements related to a son. The facility provided education rsing staff regarding calling the resident experienced a change of sending a fax for urgent care a planned to complete random 24-hour summary with ongoing cility intended to use the Quality and Quality Assurance and PI) processes to review quarterly rement of implementation needs. Alinimum Data (MDS) dated ated a Brief Interview for Mental re of 6, indicating severely in (memory). Resident #7 required ace of 2 persons for transfers and at #7 required total dependence and personal hygiene. The MDS as always incontinent of bowel MDS included diagnoses of a behavioral disturbance, falls. Plan initiated on 1/24/20 lacked elated to her rashes.			

		Page 9 of 16
Facility Administrator	Date	9

Number 5769				-	rt date 15, 2022
Facility name Countryside Heal	th Care Center		Survey dates May 11, 2022- June 8, 2022)22
Facility address 6120 Morningside Avenue					
City Sioux City, IA 51106		JB			
Rule or Code Section	N	ature of Violation	Class	Fine Amount	Correction Date
Section	her room with no skin. The Nurses Note of documented a meregarding Resident abdomen. Resident to her back. A progress note dodocumented a new #7's abdominal radaily) PRN (as need Resident #7's elect documentation of for her abdominal The Physician Offit p.m. documented (%) cream, apply frinse, and repeat in the Family Medicing.m. listed Reside	tronic and paper record lacked an assessment or interventions rash and itching until 3/2/22. ce Visit form dated 3/2/22 at 1:45 a new order for Elimite 5 percent nead to toe for 10 hours, then		Amount	Date
	entire body. Resid doctor did note so	ept itching for months on her lent #7 had no visible rash but the ores on both of her hands that nonth. Resident #7 complained			

		Page 10 of 16
Facility Administrator	Date	

Number 5769					ort date e 15, 2022
Facility name Countryside Heal	th Care Center		Survey dates May 11, 2022		2022
Facility address 6120 Morningside Avenue					
City Sioux City, IA 51106		JB			
Rule or Code Section	N	ature of Violation	Class	Fine Amount	Correction Date
		re painful and she didn't receive n Benadryl or other creams.			
	Elimite (Permethr prescription medi- infestation of scale The Nurses Note of recorded that Res	s.com reviewed on 3/14/22, in) 5% cream is an anti-parasite cation used topically to treat an pies. dated 3/2/22 at 3:34 p.m. ident #7 went to the doctor's h. The doctor explained that he			
	believed the rash facility notified a Farrived at 3:30 p.r resident's clothing room. The staff bathe laundry. After Resident #7's roor reported no evide	came from mites or bed bugs. The Pest Control extermination who in. The staff removed the g, bedding, and linens from their agged them up and took them to the exterminator examined in and surrounding rooms, they ince of mites or bedbugs eated the rooms anyway out of			
	reported being prooffice visit. The Prassessed a rash in areas covered by I consistent with a scabies. The Clinic ordered Elimite, to seven days for the	8 p.m. the local Clinic Nurse esent for Resident #7's 3/2/22 imary Care Provider (PCP) Resident #7's perineal area and her incontinence brief that were mite, which she clarified to mean Nurse explained that the PCP or apply the cream and repeat in a treatment of scabies. The Clinic that the facility got notified of the			

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		Page 11 of 16
Facility Administrator	Date	<u> </u>

Number 5769					rt date 15, 2022
Facility name Countryside Heal	th Care Center		Survey dates May 11, 2022		22
Facility address 6120 Morningside Avenue					
City Sioux City, IA 511	.06	JB			
Rule or Code Section	N	ature of Violation	Class	Fine Amount	Correction Date
	the resident. The called the facility is she felt the facility other residents had to it being very conthat the PCP had clarified treatment. The Nurses Note of documented that reported that Resident assessed of redness but she nurse applied lotic helped. Resident #7's elect documentation of for her abdominal On 5/11/22 the faresidents at the fadue to multiple resident #7's Med (MAR) for January 2022 documented tablet (diphenhyd The order started table by mouth events at the fadue to multiple resident started table by mouth events at the fadue to multiple resident started table by mouth events at the fadue to multiple resident started table by mouth events at the fadue to multiple resident started table by mouth events at the fadue to multiple resident started table by mouth events at the fadue to multiple resident started table by mouth events at the fadue to multiple resident started table by mouth events at the fadue to multiple resident started table by mouth events at the fadue to multiple resident started table by mouth events at the fadue to multiple resident started table by mouth events at the fadue to multiple resident started table by mouth events at the fadue to multiple resident started table by mouth events at the fadue to multiple resident started table t	citten paper order that went with Clinic Nurse added that she also DON (DON #1) as a courtesy as a would need to determine if ad been infested with scabies due ntagious. The Clinic Nurse stated 't ruled out bed bugs also, but t was ordered for scabies. Clated 3/5/22 at 10:17 a.m. Resident #7's family visited and ident #7 complained of itching. d Resident #7 but found no areas a did state that she itched. The con and Resident #7 reported that tronic and paper record lacked an assessment or interventions rash and itching until 5/11/22. Cility received an order to treat all cility with Permethrin 5% cream sidents reporting a rash. Clication Administration Records an order for a Benadryl allergy ramine hcl) 25 milligrams (mg). On 1/26/22 directed to give one very 12 hours PRN for abdominal of the MARS revealed no			

		Page 12 of 16
Facility Administrator	Date	-

Number 5769				Report June 1	date 5, 2022
Facility name Countryside Health Care Center			Survey dates May 11, 2022- June 8, 2022		
Facility address 6120 Morningside	e Avenue				
City Sioux City, IA 511	06	JB			
Rule or Code Section		lature of Violation	Class	Fine Amount	Correction Date
	On 5/25/22 at 5:0 Services and the Oreviewed the 3/2/Corporate Infection got prescribed for Corporate Infectionshe would expect and other resident spread. She also endetermine the efficial Corporate Infectionshe didn't know on anything other than Nurse clarified that could be used for of Clinical Services expected the Benard ordered for relief intense itching an	administration of the Benadryl to lief of abdominal rash itching. O p.m. the Director of Clinical Corporate Infection Control Nurse (22 order for Elimite. The on Control Nurse stated Elimite of the treatment of scabies. The on Control Nurse explained that skin assessments for Resident #7 its at the facility to contain the expected ongoing assessments to ectiveness of the treatment. The on Control Nurse confirmed no locumented as completed. The on Control Nurse responded that if Elimite being used anything for an scabies. The Infection Control at in a different form permethrin head lice in humans. The Director is responded that she would have adryl to be administered as of symptoms that included discratching by Resident #7.		Amount	
	current residents stated she didn't l order for the treat #2 reported that s least weekly skin a	p.m., DON #2 confirmed that 16 at the facility had rashes. DON #2 know that Resident #7 had an tment of scabies on 3/2/22. DON the expected the nurses to do at assessments for residents who thes as well as do an assessment			

		Page 13 of 16
Facility Administrator	Date	

Number 5769				-	rt date 15, 2022
Facility name Countryside Health Care Center			Survey dates May 11, 2022- June 8, 2022		
Facility address 6120 Morningside	e Avenue				
City Sioux City, IA 511	06	JB			
Rule or Code Section	N	ature of Violation	Class	Fine Amount	Correction Date
	response. DON #2 Benadryl to be add Resident #7 for th scratching associa confirmed that the administered to R The Scabies Identi Environmental Cle following: a. Scabies is an itc microscopic huma skin's upper layers tiny irregular red I b. Secondary bact from untreated so c. Symptoms some which worsens at d. Common location region or under bithe fingers, palm of buttock, upper ba and hands of emp e. Scabies is sprea f. Diagnosis may b mite from its burn as positive does no	fication, Treatment, and caning Procedure included the hing skin irritation caused by the in itch mite, which burrows in the sand eventually causes itching, ines and an allergic rash. erial skin infections could result abies. etimes include severe itching, night. ons include: anterior axillary reasts, around the waist, between of the hand, inner thigh-groincks of nursing home residents, loyees. d by skin to skin contact. The established by recovering the ow. Failure to identify scrapings ot necessarily exclude diagnosis. made from signs and symptoms.			
	FACILITY RESPONS	JE.			

		_ Page 14 of 16
Facility Administrator	Date	_

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Number 5769					Report June 15	
Facility name Countryside Heal				- June 8, 2022		
Facility address 6120 Morningside	e Avenue					
City Sioux City, IA 511	.06	JB				
Rule or Code Section	N	lature of Violation	Class	Fine Amo	unt	Correction 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).

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