#5815	er:	Fine amount reduced by 35% to \$4,712.50 on August 09,2022 pursuant to Iowa Code 135C.43A Date: August 2, 202				
Facility Name: State Center Sp	pecialty Care		Survey D			
Facility Address	s/City/State/Zip:	TAG, VW	July 5 – J	uly 19, 2022		
702 3 rd Street, I						
Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date	
58.19(2)j	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: 58.19(2) Medication and treatment. 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)		CEASSI	\$7,250 (COLLECT)	UPON RECEIPT	
	interviews, the facility f and interventions for th to maintain the residen well- being. Clinical reco Nursing Staff did not co and provide treatment Orders for 1 of 1 reside	I review, resident and staff failed to provide assessment ne necessary care and services, ts' highest practical physical ord review revealed the amplete a thorough assessment according to the Physician's nts reviewed (Resident #7) also ure that a resident received	nt			

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

State Center Specialty Care Facility Address/City/State/Zip: TAG, VW 702 3 rd Street, NW State Center, IA 50247 Rule or	Gurvey Dates: uly 5 – July 19 Class Fine	, 2022 Amount	Correction date
702 3 rd Street, NW State Center, IA 50247 Rule or Code Section Nature of Violation treatment and care in accordance with professional standards of practice, for 1 of 1 resident reviewed for bruising (Resident #23). Resident #23 noted with multiple bruises which had not been assessed, documented nor were additional interventions put in to place by/at the time of the Survey. Resident #23 had bruises in different stages of healing. The facility reported a census of 38.			
Rule or Code Section Nature of Violation treatment and care in accordance with professional standards of practice, for 1 of 1 resident reviewed for bruising (Resident #23). Resident #23 noted with multiple bruises which had not been assessed, documented nor were additional interventions put in to place by/at the time of the Survey. Resident #23 had bruises in different stages of healing. The facility reported a census of 38.	Class Fine	Amount	
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1. Resident #7's Minimum Data Set (MDS) Assessment, dated 4/14/22, revealed diagnoses: stroke, coronary artery disease (heart disease), hypertension (high blood pressure) and diabetes. The MDS documented the resident's cognition intact with a Brief Interview for Mental Status (BIMS) score of 15 out of 15. Care Plan dated 4/20/22 revealed directive for staff to give anti-hypertensive medication as ordered. There was no directive for treating of chest pain with Nitroglycerin, and no direction for staff to follow for when to monitor blood pressure or when to call physician. During an interview on 7/5/22 at 2:30 PM, resident #7 stated they facility ran out of the evening blood			

Facility Administrator

Date

Citation Number: #5815		Date Aug	e: ust 2, 2022
Facility Name: State Center Specialty Care	Survey D		
Facility Address/City/State/Zip: TAG, VW	July 5 – J	July 19, 2022	
702 3 rd Street, NW			
State Center, IA 50247			
Rule or Code Section Nature of Violation	Class	Fine Amour	Correction date
pressure medication and he experienced chest pain and a headache at the base of his skull. Resident #7 stated it felt like when he had his stroke and described the feeling as "the blood pressure was frightening, my head was throbbing and I could hear the whooshing sound". Resident #7 stated the nurse brought the evening medication and the resident noticed the blood pressure pill was not there. Resident #7 stated when he inquired about the medication, the nurse stated they ran out and "you're not the only one this happens to". Resident #7 stated his blood pressure was over 200 and he called 911. Physician's Orders revealed Toprol XL 75 milligrams (mg) to be given once a day started on 4/28/22 and Nitroglycerin (Nitro) tablet 0.4 mg ordered on 6/16/22 for chest pain. Progress Notes revealed on 6/9/22, resident #7 experienced stabbing chest pain, Tylenol given, physician not notified. Resident #7 experienced chest pain again on 6/13/22 and 6/15/22 when the physician was sent a fax. The fax was answered on 6/16/22 with the new order for Nitro for chest pain. Resident was monitored on 6/17/22 through 6/20/22 with no reoccurring chest pain.			

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

Citation Number: #5815					Date: August 2	2, 2022
Facility Name: State Center Specialty Care			Survey [
Facility Address/City/State/Zip:		TAG, VW	July 5 – .	July 19, 2	022	
702 3 rd Street, State Center, I						
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	(MAR) dated 6/1/22 - 6 not given on 6/24/22, c available.	on Administration Record /30/22 revealed Toprol was ode 9 indicates medication not				
	Progress Notes dated 6/24/22 revealed at 6:58 PM, the medication Toprol for high blood pressure was not available. At 11:00 PM, staff was called to resident #7's room, resident was agitated, reported a headache, "feels exactly like when I had my stroke", blood pressure 220/143, heart rate 87. Resident #7 calling police. At 11:10 PM nurse called the Physician Assistant (PA) and received an order to send resident #7 to the hospital. At 11:15 PM the nurse called the Emergency Medical Service (EMS) and they were on the way already. At 11:35 PM EMS arrived to the facility.					
	resident #7 returned to 164/111, resident #7 co are no further cardiac a completed. On 6/30/22 resident #7.	/25/22 at 4:05 AM, revealed the facility, blood pressure emplained of headache. There essessments nor follow up at 2:27 PM the physician seen				
	Ambulance Service Trai	from the local hospital - nsport Record dated 6/24/22, titled History of Present Event				
						Page 4 of 15
Facilit	v Administrator	Dat	Δ		_	

Facility Name: State Center Specialty Care Facility Address/City/State/Zip: TAG, VW TAG, VW	Citation Numb #5815	er:				Date: August 2	2, 2022
Rule or Code Section Rule or Nature of Violation Class Fine Amount Correction date revealed that resident #7 developed chest pain and headache after 7:30 PM described chest pain as stabbing and reported the facility had trouble adjusting resident's blood pressure medications over the last two months, resident had not received his blood pressure medication that evening resulting in a blood pressure of 230/120. The document listed resident #7's past history of two heart attacks and stroke. The document revealed an electrocardiograph (EKG) results of sinus rhythm and blood pressure at 11:36 PM at 186/96, at 11:42 PM 181/100 and at 11:50 PM 167/102. Resident taken to a local hospital A document from the local hospital's Emergency Department dated 6/24/22 revealed resident #7 was seen for elevated blood pressure. Resident #7 reported his chest pain stopped and was given a pain medication for headache in the Emergency Department (ED). An EKG, Chest X-ray and labs were performed and reviewed. The elevated blood pressure was stabilized and resident #7 was returned to the facility. During phone interview on 7/8/22 at 12:45 PM, Staff B, Licensed Practical Nurse (LPN) stated they have been having problems receiving medications from the pharmacy, "not arriving". Staff B stated she worked on 6/25/22 and remembered the situation with resident	-						
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Tage & of T		headache after 7:30 PN stabbing and reported to adjusting resident's blood the last two months, resident #7's past historesident #7's past historeside	In described chest pain as the facility had trouble od pressure medications over sident had not received his tion that evening resulting in a 120. The document listed ry of two heart attacks and revealed an electrocardiograph by the mand blood pressure at 11:42 PM 181/100 and at ident taken to a local hospital In pressure. Resident #7 was a pressure. Resident #7 was a pressure. Resident #7 stopped and was given a pain the in the Emergency (G, Chest X-ray and labs were left. The elevated blood pressure left. The elevated blood pressure left. The elevated they have receiving medications from the street. Staff B stated she worked on				Page 5 of 15
Facility Administrator						_	rage 5 of 15

Citation Number: #5815					Date: August 2	2, 2022
Facility Name: State Center Specia	lty Care		Survey [
Facility Address/City/State/Zip:		TAG, VW	July 5 – .	July 19, 2	2022	
702 3 rd Street, NW State Center, IA 502	247					
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
she it a Dui Dire Nui #7 rev tha She pai for call for hos 2. A dia Acc for ind req A C dire	e found it with that me nd put it with the evering an interview on ector of Nursing (DO rese, Staff C, LPN, calletransfer and return the least she knew about it was found in the estated her expectation, "I would expect the symptoms and take I the doctor to report blood pressure medispital". A MDS Assessment dignoses for Resident (CVA) and schill Mental Status reveal icating severely important assist of 1 with the care Plan with a focusected staff that Resident	s labeled wrong". She stated norning's medication, relabeled ening medications. 7/9/22 at 2:00 PM, the N) stated the Evening Staff ed and notified her of Resident to the facility. The DON at the missing medication and morning, incorrectly labeled. Sions of her nurses for chest them to do a cardiac assessment blood pressure and pulse then to, probably get a onetime order ication or transfer him to the ated 5/19/22, documented #23 included Cerebrovascular izophrenia. The Brief Interview led a score of 6 out of 15, aired cognition. The resident in transfers and ambulation. Is area initiated on 7/2/22, dent #23 was at risk for falls. Yould not experience any				
Eacility Ad	ministrator	Dat	Δ		_	Page 6 of 15

Citation Number: #5815					Date: August 7	2, 2022
Facility Name: State Center Sp	pecialty Care		Survey I			
Facility Address	s/City/State/Zip:	TAG, VW	July 5 –	July 19, 20	22	
702 3 rd Street, State Center, IA						
Rule or						Correction
Code Section	Natur	e of Violation	Class	Fine Am	ount	date
	the following: a. To encourage this resussistance. b. This resident needed clutter. c. To make sure she wa footwear. d. To monitor her for un Nursing Skin Observation following weekly assess a. On 6/23/22 this resided. On 7/6/22 this resided. On 7/13/22 this resided. On 7/13/22 this resided. On 7/13/22 this resided document dated 7/6/22 a number of bruises marevealed that there was resident's lower extrem Progress Notes included following: a. On 6/24/22 at 4:50 A	nsteady gait. on forms documented the sments: lent had no new skin issues lent refused a skin assessment. In thad no new skin issues. Ident had no new skin issues. Ident had no new skin issues. Department Provider Notes 2, documented that there was ainly on extremities. Pictures is more than 20 bruises on this aities and left wrist.				

Facility Administrator

Date

Citation Number: #5815					Date: August 2	2, 2022
Facility Name: State Center Sp	pecialty Care		Survey D			
Facility Addres	s/City/State/Zip:	TAG, VW	July 5 – J	July 19, 20)22	
702 3 rd Street,	NW					
State Center, I	A 50247					
Rule or Code Section	Natur	e of Violation	Class	Fine An	nount	Correction date
	was in front of the door next to foot of her bed. head supported with a and vitals were taken. If having pain or discomfor gripper socks at the time utilize call light. b. On 6/24/22 at 11:10 injury from recent fall. c. On 6/25/2022 at 9:45 noted related to fall. d. On 6/25/2022 at 8:35 injury from recent fall. all extremities. Residen e. On 6/26/2022 at 9:15 noted related to the fall x 3 (person, place and that times. f. On 6/26/22 at 8:25 Plut alert. Denies chang recent fall. g. On 6/27/22 at 12:50 unwitnessed fall. Residen complaints of pain of issues or injuries observed.	AM, Resident has no injuries I. Resident is alert and oriented ime) with noted forgetfulness M, Resident forgetful at times es pain or injury related to PM, Follow up related to ent is alert, resting in bed with or discomfort. No new skin				
						Page 8 of 15
Facilit	y Administrator	Dat	е		-	

Citation Number #5815	er:				Date: August 2	2, 2022
Facility Name: State Center Sp	pecialty Care		Survey [
Facility Address/City/State/Zip:		TAG, VW	July 5 – .	July 19, 2	2022	
702 3 rd Street, I						
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	for unwitnessed fall on Resident Alert and Orie forgetfulness. j. On 7/7/2022 at 1:26 Athat resident was on tho on the floor by bed side neuros stable. k. On 7/9/2022 at 1:50, pain. At 2:30 AM, reside hospital. l. On 7/12/2022 at 5:35 scattered bruising in mic (was sent) to the docto Plavix and aspirin and vm. On 7/13/22 from 3:3 documented each entry n. On 7/13/2022 at 3:50 resident having multiple Resident assessed head various stages to all ext completed. Resident stand legs) a lot. Medicat taking Plavix and aspirit bruises easily. Doctor n	AM, CNA reports to his nurse e floor. Found resident sitting e, no injuries noted, vitals and Resident complained of chest ent was transported to the PM, Resident noted to have ultiple healing stages. A fax r related this resident was on will have various bruises. 17 to 3:21 PM, 6 entries were y had an identified bruise.				
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Citation Number: #5815				Date: August	2, 2022
Facility Name: State Center Sp	ecialty Care		Survey D		
Facility Address	s/City/State/Zip:	TAG, VW	July 5 – .	July 19, 2022	
702 3 rd Street, I State Center, IA					
Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date
	Evaluations were requeresident. The Director of aware of bruises and standard of bruises and standard of bruises and standard of bruises in variable of falls lately and the DON stated this resthings. The DON stated reliability. The DON felt resident about stuff the not sure why none of the stated they should have skin checks. When told 7th and the 13th stated issues, she stated it show when asked if the CNAS bruises should have been on. She stated that dire may not have shown up Nurse Consultant about about documentation of	A, Skin Assessments and sted regarding bruises on this of Nursing (DON) was not ated she would look into it. A, the Director of Nursing yent down and did a head to be stated this resident did have ious stages and some were a were one or two that were a lastated this resident had a dis also on Plavix and aspirint. Sident said she bumped into this resident is hit or miss on like when she talked to the exception resident is reliable. She was no bruises were charted. She had been charted on the weekly the weekly skin checks on the lathere were no new skin and have been charted there. So report bruises, she said the en reported and documented ctly after the 3 falls the bruises of yet. She stated she called the at the bruises after being asked on them on 7/12/22. The DON bected to call the physician, do			Page 10 of 1
Facilit:	y Administrator		Δ		⊬age 10 of 1

Citation Number: #5815				Date: August	2, 2022
Facility Name: State Center Sp	pecialty Care		Survey [
Facility Addres	ility Address/City/State/Zip: TAG, VW		July 5 – .	July 19, 2022	
702 3 rd Street, State Center, I					
Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date
	chart. The DON stated sinvestigation into this. Some questions of her sidocumented. She repeat documented on the well on 7/14/22 at 12:25 PN #23 is technically an assemble compliant and transfers stated this resident take is incontinent and does when it is wet. Staff A stakes on the bed instead the bed and gets the breeported that she didn'when working as a Medwould have pants on but CNA. Bruises are pretty stated this resident use something as well, but On 7/14/22 12:36 PM, Sometimes Resident #2 E stated that when she	л, Staff A, CNA, stated Resident			
					Page 11 of 1
Facilit	y Administrator	 Dat	e	_	

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 Number: #5815				Date: August	2, 2022
Facility Name: State Center Sp	pecialty Care		Survey [
Facility Address/City/State/Zip:		TAG, VW	│ July 5 − .	July 19, 2022	
702 3 rd Street, State Center, IA					
Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date
	about the bruising. She they know about it.	repeated that they just tell me			
	Nurse (LPN), stated she the last 2 weeks as she stated she had done the 7/13/22 for Resident #2 those bruises were new no, to the question if the When asked if records a stated she would assum record until they were there is an I-Pad thing to of the new skin areas a know the paper work panything about the bruiguessed those bruises a transferring herself and that she was still in orie records are kept.	M, Staff F, Licensed Practical just started working again in was in Nursing School. She e weekly skin assessment on 23. She stated that none of and that is why she marked here are any new skin areas. were kept of bruises, she he they would keep those on a healed or gone. She stated that they use to take a picture and measure them. She did not liece of it yet. She hadn't heard lises through report so she were from Resident #23 I recent falls. Staff F stated entation so not sure how the			
	accidents or incidents in visitors, vendors, etc., c	ents-Investigating and don 7/2017, directed that all nvolving residents, employees, occurring on our premises shall ported to the Administrator.			
	ı			1	Page 12 of 1
Facilit	y Administrator	Dat	e		

Citation Number: #5815				Date Aug	e: ust 2, 2022	
Facility Name: State Center Specialty Care			Survey Dates:			
Facility Address/City/State/Zip:		TAG, VW	July 5 – July 19, 2022			
702 3 rd Street, NW State Center, IA 50247						
Rule or Code Section	Natur	e of Violation	Class	Fine Amou	Correction date	
	Policy Interpretation and Implementation 1. The Nurse Supervisor/Charge Nurse and/or the Department Director or Supervisor shall promptly initiate and document an investigation of the accident or incident. 2. The following data, as applicable, shall be included on the Report of Incident/Accident form: a. The date and time the accident or incident took place; b. The nature of the injury/illness (e.g., bruise, fall, nausea, etc.); c. The circumstances surrounding the accident or incident; d. Where the accident or incident took place; e. The name(s) of witnesses and their accounts of the accident or incident; f. The injured person's account of the accident or incident; g. The time the injured person's Attending Physician was notified, as well as the time the physician responded and his or her instructions; h. The date/time the injured person's family was notified and by whom; i. The condition of the injured person, including his/her vital signs; j. The disposition of the injured (i.e., transferred to hospital, put to bed, sent home, returned to work, etc.);					
					Page 13 of 1	

Facility Administrator

Date

Citation Number: #5815				Date: August 2, 2022		
Facility Name: State Center Specialty Care			Survey Dates:			
Facility Address	s/City/State/Zip:	TAG, VW	July 5 – July 19, 2022			
702 3 rd Street, I	NW					
State Center, IA	A 50247					
Rule or						Correction
Code Section	Nature of Violation		Class	Fine Amo	unt	date
	k. Any corrective action taken;					
	I. Follow-up information;m. Other pertinent data as necessary or required; and					
	n. The signature and title of the person completing					
	the report.					
	3. This facility is in compliance with current rules and					
	regulations governing accidents and/or incidents					
	involving a medical device.					
	4. This facility will adhere to the definitions in the					
	Medical Device Reporting Act when filing the Food and					
	Drug Administration MED-WATCH Forms (3500).					
	5. The Nurse Supervisor/Charge Nurse and/or the					
	department director or supervisor shall complete a					
	Report					
	of Incident/Accident form and submit the original to					
	the Director of Nursing Services within 24 hours of					
	the incident or accident.					
	6. The Director of Nursing shall ensure that the Administrator receives a copy of the Report of					
	Incident/	a copy of the Report of				
	Accident form for each	occurrence.				
		ports will be reviewed by the				
	· ·	rends related to accident or				
	safety hazards in the fa	cility and to analyze any				
	individual resident vuln	erabilities.				
						Page 14 of 1

Facility Administrator

Date

Citation Numb #5815	er:			Date: August 2	2, 2022	
Facility Name: State Center Specialty Care				Survey Dates:		
Facility Address/City/State/Zip:		TAG, VW	July 5 – J	July 5 – July 19, 2022		
702 3 rd Street, State Center, I						
Rule or Code Section	Natu	re of Violation	Class	Fine Amount	Correction date	
	FACILITY RESPONSE:					
					Page 15 of 15	
Facilit	y Administrator		Date		1 ago 10 01 10	