Citation Numb	er: #6112				Date: May 25	, 2023
Facility Name: Countryside H	ealth Care Center		Survey I	Dates: - May 11	1 2023	
Facility Addres	ss/City/State/Zip	JS	749111 21	may 1	., 2020	
6120 Mornings Sioux City, IA						
Rule or Code Section	Natur	e of Violation	Class Fine Amount Correcti date			Correction date
58.19(2)j	residents. The resident shall provide, as appronursing services under qualified nurses with an these rules:  58.19(2) Medication and j. Provision of accurate intervention for all residuadverse symptoms with mental, emotional, or publication.  Description:  Based on observations, the facility failed to accurate intervention for 20 (Resident #3 and #4). Suphysician when Resider failed to complete all visited in the shall be		I	\$30,6 (10,000 Treb Held in Suspe	10x3) Ied n	Upon Receipt
	,	nimum Data Set (MDS) dated d a Brief Interview for Mental				

Facility Administrator

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	er: #6112			Dat Mag	e: y 25, 2023
Facility Name: Countryside Health Care Center Facility Address/City/State/Zip 6120 Morningside Ave. Sioux City, IA 51106		JS	Survey I April 27	Dates: – May 11, 20	23
Rule or Code Section	Natur	e of Violation	Class Fine Amount Correct date		
	The resident required exhelp of 2 staff for bed in toilet use. The resident osteomyelitis, urine rete sarcoidosis (inflammate urinary catheter. The rebreath upon admission of the care plan updated of Resident #3 had the pot diagnosis of urinary rete assess, record, and reposymptoms of urinary traoutput for 8 hours, clour amounts of voiding, and On 5/2/23 at 3:58 PM, I chair in her room. She unidentified staff member was trying to retake the medications and resident did not open her drinks.  A Nursing Note dated 5 Resident #3 was having eyes and was not follow.	ention, pressure ulcers, ory disease), and an indwelling sident did not have shortness of on 4/24/23.  on 4/24/23 showed that ential for infection related to ention. Staff were directed to ret to the physician of signs and act infection such as no urine dy or foul-smelling urine, small		Page <b>2</b> of <b>1</b> 0	

Facility Administrator Date

Citation Number	r: #6112				ate: lay 25,	2023
Facility Name: Countryside Health Care Center Facility Address/City/State/Zip 6120 Morningside Ave.		JS	Survey April 27			
Sioux City, IA 5	1106			Fine Amo	ount	Correction
Code Section	Natur	e of Violation	Class			date
Jection						
	of 86/40. She was cold to called and she was sent	to the touch and the doctor was to the hospital.				
	that the resident present diagnosis: acute enceph with oliguria (low urine (high sodium level, like Oliguria in adults is usu (ml) in a 24 hour period Urine Output (cdc.gov) A nursing note on 5/7/2 resident had passed awa A review of the clinical daily urine output from a. On 4/26/23, 250 ml b. On 4/27/23, 250 ml	alopathy, acute kidney injury output) and hypernatremia ly secondary to dehydration). ally less than 500 milliliters l. Retrieved on 5/10/23 from:  3 at 4:06 PM showed that the				
	c. On 4/29/23, 400 ml d. On 4/30/23, 200 ml e. On 5/1/23, 350 ml f. On 5/2/23, 0 ml					
	The chart lacked documbeen contacted about the	nentation that the physician had e low urine output.				
		fied Nurse Aide (CNA) Staff A d that Resident #3 had a ays leading up to the				Page <b>3</b> of <b>1</b>

Facility Administrator Date

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6120 Mornings Sioux City, IA						
Rule or Code Section	Natur	e of Violation	Class	Fine Ar	mount	Correction date
	emptied the catheter bast times and she had very. She said she reported the On 5/8/23 at 3:20 PM C would report to nursing a dark color or if it was was less than 50 cc she nursing.  On 5/9/23 at 6:42 AM, I thought that a urine out would be concerning. So and tell her recently about According to the "Order Resident #3 had the foll to regulate hypotension 4/28/23 at 3:52 PM, Mid Give 3 tablets before may pressure). Give only if so less than 90.  According to the order, be taken three times a dimedication. The electro	ENA Staff H said that she if urine in the catheter bag had n't draining. If the urine output said she would report to  EN Staff F said that she put of less than 30 cc an hour he hadn't had any staff come		Page 4 of 1		

Date

Facility Administrator

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Facility Name: Countryside H	ealth Care Center		Survey I		1 2023	
Facility Addres	ss/City/State/Zip	JS	7 (pr. 11 2 )	uy .	1, 2020	
6120 Mornings Sioux City, IA						
Rule or Code Section	Nature	e of Violation	Class	Fine A	Amount	Correction date
			<u> </u>	<u> </u>		1
	The Medication Admini showed the following ac	istration Record (MAR) dministration of Midodrine;				
	and 11:00 AM and not a out of the parameters. b. May 2nd given at 6:0	5 mg 3 tabs given at 6:00 AM at 4:00 PM because the BP was 00 AM and 11:00 AM and not e BP was out of parameters.				
	been charting at the end was coming on told her responsive with a low be held the Midodrine on 5	LPN Staff G said that she had of her shift when the RN that that the resident was non-lood pressure. She said she 1/2/23 at 4:00 PM because the She said she charted that in the				
	said that the low blood p caused by an infection a Midodrine before she w would have made a diffe not have any communic regarding low urine outp numbers were somewhat output of 0 would have for an evaluation. She sa make a difference if the	a physician for Resident #3 pressure many have been and she wasn't sure if a dose of ent to the emergency room erence in the outcome. She did ation from the facility put. The doctor said that output at concerning, and certainly an caused her to have her sent in aid that documenting doesn't staff didn't follow up with the instructed staff to push fluids,				

3

**Facility Administrator** 

Date

Citation Number	er: #6112				Date: May 25,	2023
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_	ss/City/State/Zip	JS			.,	
6120 Mornings Sioux City, IA						
Rule or Code Section	Natur	e of Violation				Correction date
·	1		1	1	П	Т
	but it was difficult to say ordered if she had know	y what else she may have 'n about the low output.				
	a BIMS score of 3 (sever resident was admitted or included fracture of the disorder, blindness in the failure. The resident require the help of one staff for dressing and toilet use. It one staff for eating. The toilet use or scheduled be incontinent of urine, and bowel.	Limited assistance with help of resident was not on a trial bladder training, occasionally d frequently incontinent of				
	and was at risk for short directed to encourage th and legs daily and to ad- ordered. Staff were to no breathing changes, ches dehydration, and concer	itional risk related to nemia. The resident had edema eness of breath. Staff were the resident to elevate her feet				
	<u> </u>	23 at 4:40 PM showed that in a recliner in the common				Page <b>6</b> of <b>1</b>

Facility Administrator

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6120 Mornings Sioux City, IA						
Rule or Code Section	Natur	e of Violation				Correction date
	her to the bathroom, but responding. They tried to she slumped over in chalevel and it was 85% on supplemental oxygen ar was still lethargic. She was still ethargic. She was still lethargic. She w	to sit her up and wake her when hir. They then tested her oxygen a room air. They applied and it improved but the resident was transferred to the hospital.  4/25/23 at 3:37 PM showed tratory distress, sepsis tream), and severe lactic od stream).  3 at 9:29 AM showed that the to the facility on Hospice and she passed away at 12:07	en e		Page <b>7</b> of <b>1</b>	

Facility Administrator

Date

	ealth Care Center ss/City/State/Zip side Ave.	JS	Survey I April 27		Date: May 25, 1, 2023	2023	
Rule or Code Section		e of Violation	Class Fine Amount Correction date				
	Technician (EMT) said on 4/24/23 when they g facility for Resident #4. with very slight respons them that she had a chanight and wasn't getting provided airway manag ambulance and she was the trachea for ventilation. On 5/3/23 at 4:12 PM, I said that when she came 4/24/23, Resident #4 wanurses' station and append tunusual. The Aide of tried to wake the residence She said that in shift repethat was not normal for the resident had been less that was not normal for the resident had been less that was not normal for the resident had been less that was not normal for the resident had been less that was not normal for the resident had been less that was not normal for the resident had been less that was not normal for the resident had been less that would not around bedroom and laid her desomeone took vitals at the someone to	Registered Nurse (RN) Staff Q to on shift at 2:00 PM on as in the recliner near the sared to be resting which was decided to offer toilet use and not but she wasn't responding. Fort, the staff had mentioned in lunch and kept dosing off and her. The CNA mentioned that thargic the day before.  Certified Medication Aide he recliner out by the nurse on shift at 2:00. When the					

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Citation Number: #61	112			Date: May 25	, 2023	
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Facility Address/City/	State/Zip	JS	April 27	- May 11, 2023		
6120 Morningside Ave. Sioux City, IA 51106						
Rule or Code Section	Natur	e of Violation	Class	Fine Amount Corre		
more the do  On 5/3 worker notice that the before more to know  On 5/4 cause  On 5/4 aware day be expected chang  On 5/5 not say report their do of low the state  According the content of the content o	adding to facility poecording last revidence.	Staff A said that she had at a couple of times and had ing up to the hospitalization using more. About 1 week on, she noticed the resident was told the nurses. She did not ow up assessment completed.  the doctor's office said that the onic pulmonary disease.  the DON said that she was not had a change in condition the che hospital. She said she would the vitals if a resident had a and pulse.  the DON said that she could low urine output should be ld depend on the resident and ey had some leaking or history thy resident 30cc an hour was blicy titled: Output Measuring ewed in May of 2022 the to accurately determine the				

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Rule or	1			Fine An	nount	Correction
Code Section	Natur	e of Violation	Class			date
	and staff were directed accordance with profess A facility policy titled: last revised in August o	Comprehensive Assessments f 2022 indicated that the an accurate assessment that is				

		Page <b>10</b> of <b>10</b>
Facility Administrator	Date	_

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