Citation #6746		Amended Citation – Fine amount to \$3,900 on February 14, 2018. P Code Section 135C.43A			
Iowa City Rehab and Health Care			Survey Dates: November 8, 2017, January 5, 9-12,16,19, 2018		
3661 Rochester Avenue Iowa City, Iowa 52245					
		DS			
Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date
58.19(2)j	residents. The resid facility shall provide following required in 24-hour direction of ancillary coverage a 58.19(2) Medication a j. Provision of accura intervention for all resi adverse symptoms with mental, emotional, or DESCRIPTION: Based on observation interviews, the facility assess Resident #1 a change of health contri interventions. The fact residents. Findings include: Resident #1 had a Mit assessment with a re The MDS identified the included diabetes me chronic obstructive put fibrillation (rapid and	te assessment and timely sidents who have an onset of hich represent a change in physical condition. (I, II, III). h, record review and staff failed to appropriately and Resident #2 following a dition and then implement cility identified a census of 63 nimum Data Set (MDS) ference date of 9/30/17. he resident's diagnoses		\$6,000	Upon Receipt

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Facility Administrator

Citation #6746		Amended Citation – Fine amount to \$3,900 on February 14, 2018. F Code Section 135C.43A			Date: January 25, 2018	
Iowa City Rehab and Health Care				Dates: Novembe 5, 9-12,16,19, 20	November 8, 2017, ,16,19, 2018	
3661 Rochester Avenue Iowa City, Iowa 52245						
		DS				
Rule or Code Nature of Violation Section		Class	Fine Amount	Correction date		

nterview for Mental Status) score of 15. A score of 15 reflected the resident had no cognitive mpairments. The MDS indicated the resident required extensive assistance of two staff members for bed mobility, transfers, dressing, and toilet use, and required the assistance of one			
Staff member for walking and personal hygiene. The MDS documented the resident used a wheelchair as a mobility device.			
The Care Plan, with an initiated date of 11/18/16, dentified a focus area that identified the resident had ADL (activities of daily living) self-care performances skills due to a hip fracture and weakness. The interventions included and directed the staff to do the following:			
Staff are to assist the resident with use of the oilet,			
Staff are to assist the resident during transfers with a front wheeled walker and gait belt,			
Staff are to encourage the resident to participate to the fullest extent possible with each interaction.			
Review of the Progress Notes dated 11/2/17 at 7:48 pm indicated Resident #1 was seen at the medical clinic today and given an antibiotic medication for a chest cold.			
	of 15 reflected the resident had no cognitive mpairments. The MDS indicated the resident required extensive assistance of two staff members for bed mobility, transfers, dressing, and toilet use, and required the assistance of one staff member for walking and personal hygiene. The MDS documented the resident used a wheelchair as a mobility device. The Care Plan, with an initiated date of 11/18/16, dentified a focus area that identified the resident had ADL (activities of daily living) self-care berformances skills due to a hip fracture and weakness. The interventions included and directed the staff to do the following: Staff are to assist the resident with use of the oilet, Staff are to assist the resident during transfers with a front wheeled walker and gait belt, Staff are to encourage the resident to participate o the fullest extent possible with each interaction. Review of the Progress Notes dated 11/2/17 at 7:48 pm indicated Resident #1 was seen at the medical clinic today and given an antibiotic	of 15 reflected the resident had no cognitive mpairments. The MDS indicated the resident equired extensive assistance of two staff members for bed mobility, transfers, dressing, and toilet use, and required the assistance of one staff member for walking and personal hygiene. The MDS documented the resident used a wheelchair as a mobility device. The Care Plan, with an initiated date of 11/18/16, dentified a focus area that identified the resident had ADL (activities of daily living) self-care berformances skills due to a hip fracture and weakness. The interventions included and directed the staff to do the following: Staff are to assist the resident with use of the oilet, Staff are to assist the resident during transfers with a front wheeled walker and gait belt, Staff are to encourage the resident to participate o the fullest extent possible with each interaction. Review of the Progress Notes dated 11/2/17 at 7:48 pm indicated Resident #1 was seen at the nedical clinic today and given an antibiotic	of 15 reflected the resident had no cognitive mpairments. The MDS indicated the resident required extensive assistance of two staff nembers for bed mobility, transfers, dressing, and toilet use, and required the assistance of one staff member for walking and personal hygiene. The MDS documented the resident used a wheelchair as a mobility device. The Care Plan, with an initiated date of 11/18/16, dentified a focus area that identified the resident had ADL (activities of daily living) self-care performances skills due to a hip fracture and weakness. The interventions included and directed the staff to do the following: Staff are to assist the resident with use of the oilet, Staff are to assist the resident during transfers with a front wheeled walker and gait belt, Staff are to encourage the resident to participate o the fullest extent possible with each interaction. Review of the Progress Notes dated 11/2/17 at 7:48 pm indicated Resident #1 was seen at the nedical clinic today and given an antibiotic

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Facility Administrator

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 #6746		Amended Citation – Fine amount to \$3,900 on February 14, 2018. P Code Section 135C.43A	•			
Iowa City Reha	ab and Health Care		Survey Dates: November 8, January 5, 9-12,16,19, 2018			
3661 Rochester Avenue Iowa City, Iowa 52245						
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Rule or Code Section	Nature of Violation		Class	Fine Amount	Correction date	

Review of physician encounter nursing home visit dated 11/3/17 indicated Resident #1has a recent course of bronchitis and receiving antibiotics for this. The note indicated the resident feels he still does have a bit of a productive cough. The resident denies fever, chills and the resident's appetite is good, bowels are working fine and pain is adequately controlled.	
The Progress Notes indicated the following:	
On 11/4/17 at 3:05 am, Resident #1 continued on antibiotic for upper respiratory infection. Resident in bed with eyes closed, blood pressure 130/76 (normal), pulse 76 (normal 60-100), and temperature 97.8 (normal 98.6). Fluids encouraged when awake, no apparent distress noted, will continue to monitor. ( <i>The note did not</i> <i>identify the respiration rate or lung so</i> unds).	
On 11/4/17 at 2:09 pm Resident #1 had no adverse reactions noted to the antibiotic therapy. Resident has no shortness of breath and lungs sounds are diminished. Resident respirations are even and unlabored on room air. Resident is able to make needs known and call light within reach. The resident resumed smoking and reeducated on the risks of continued smoking. The resident declined a nicotine patch.	

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Facility Administrator

Date

Citation #6746	Citation #6746 Amended Citation – Fine amount reduced by 3 to \$3,900 on February 14, 2018. Pursuant to Ior Code Section 135C.43A				anuary 25,	
Iowa City Rehab and Health Care		Survey Dates: N January 5, 9-12,			November 8, 2017, 2,16,19, 2018	
3661 Rochester Avenue Iowa City, Iowa 52245						
		DS				
Rule or Code Section	Code Nature of Violation		Class	Fine Amount	Correction date	

On 11/5/17 at 12:51 pm indicated the Assistant Director of Nursing, (ADON), approached the nurses' station and observed the resident sitting with the charge nurse on duty. The resident wore and receiving oxygen. The note indicated the ADON asked the charge nurse reported "Everyone says the resident is jaundice (a yellow tint to the skin)". The note indicated the charge nurse reported the resident's oxygen saturation between 90-91% (normal 97-100 percent). The resident on room air and vitals are stable (although no vital signs documented). The ADON questioned the resident if he felt short of breath and the resident denied this and any pain or discomfort. Instead the resident stated he felt tired. The charge nurse reported she gave the resident a nebulizer treatment (breathing treatment) because resident's oxygen saturation was low between 90-91% (normal 95-100%). The charge nurse again stated she thought the resident to be jaundice and that is why she put the resident on oxygen. The charge nurse reported oxygen on at 2 liters for 2-5 minutes. The note indicated the ADON questioned the charged nurse if she obtained a physician order for the oxygen and she had not at this time. The owner taken eff concerving that 10		 	
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	oxygen taken off resident for approximately 10		
minutes and the resident's oxygen saturation			
checked and noted to be 94-95% on room air.	checked and noted to be 94-95% on room air.		

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Facility Administrator

Date

Citation #6746		Amended Citation – Fine amount to \$3,900 on February 14, 2018. P Code Section 135C.43A			Date: January 25, 2018	
Iowa City Rehab and Health Care		Survey Dates: N January 5, 9-12,			November 8, 2017, ,16,19, 2018	
3661 Rochester Avenue Iowa City, Iowa 52245						
		DS				
Rule or Nature of Violation   Code Nature of Violation		Class	Fine Amount	Correction date		

The ADON, under better lighting assessed the resident. The resident's skin and sclera (white part of eyes) noted no jaundice. Skin noted to be pink and warm, lung sounds with very faint wheezing noted to the upper left lung, no coughing noted. The resident's bilateral feet and legs noted to be tight with 1 to 2 plus edema (swelling with excessive fluid in tissue) per resident's baseline. Again the resident denied shortness of breath. Resident began propelling self in wheelchair in the halls visiting with other residents without any distress noted. Resident did go to dining room for lunch.	
On 11/5/17 at 5:30 pm Resident #1 in bed and refused supper. The resident reported being short of breath earlier in the day. This nurse told resident as a diabetic he needed to take something in [eat]. Resident given chicken broth and two glasses of cranberry juice per request and took a couple sips of chicken broth and drank one glass of cranberry juice. The nurse assisted the resident with lifting legs into the bed. The resident did not complain of shortness of breath and took nebulizer breathing treatment at this time. The resident voiced he went outside to smoke earlier but would not be going out at 7 pm to smoke.	
On 11/5/17 at 7:45 pm the resident's vital signs	

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reach. On 11/5/17 at 8:45 pm Resident #1sitting on the bed and took off the oxygen. The resident stated "I left the oxygen on for 5 minutes and it is uncomfortable. Think I just want to go to the hospital". On 11/5/17 at 8:50 pm the nurse paged the physician again. A call came back and update given to physician. Physician ordered for Resident #1 to be treated and evaluated in the emergency room. The nurse contacted the hospital and spoke with the hospital administrator and emergency room department for transfer of the resident. The nurse contacted the ambulance for transfer [to hospital emergency room].
On 11/5/17 at 8:50 pm the nurse paged the physician again. A call came back and update given to physician. Physician ordered for Resident #1 to be treated and evaluated in the emergency room. The nurse contacted the hospital and spoke with the hospital administrator and emergency room department for transfer of the resident. The nurse contacted the ambulance

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Citation #6746		Amended Citation – Fine amount to \$3,900 on February 14, 2018. P Code Section 135C.43A			Date: Ja 2018	anuary 25,
Iowa City Rehab and Health Care			Survey I January			<sup>•</sup> 8, 2017, 18
3661 Rochester Avenue Iowa City, Iowa 52245						
		DS				
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	of ambulance. Reside feel good, think there thanked the nurse for On 11/5/17 at 9:15 pr and CNA (certified Nu- resident not respondi Resuscitation) initiate On 11/5/17 at 10:09 p time, resident is a full continuously all this ti given to cease CPR a [death] at this time. A examiner called. Review of the Ambula Report dated 11/5/17 call to respond to the difficulty breathing to emergency room. In r arrival, nurse is giving been on antibiotic for Resident was seen by on Friday. Resident c	n the ambulance crew here urse Aide) called out that the ng. CPR (Cardiopulmonary d. om. Physician notified at this code but despite CPR me no response. Order and resident pronounced DON notified and medical ance Prehospital Care indicated they received a facility for a resident with be transported to the route without delay. Upon g us report that resident has a week for bronchitis. y personal medical provider omplaining of difficulty and oxygen via nasal empted. Resident refuses to				

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Facility Administrator

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Resident last set of vital signs were blood

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pressure 141/74, pulse 88, temperature 96.6, respirations 32, and oxygen saturation 91% on room air. Nurse stated resident demanded to go to the hospital at 8:10 pm. Resident is a full code. As nurse finished the report, staff yelled from the resident's room that resident is unresponsive. Resident is unresponsive, pale, pulseless and apneic (temporary cessation of breathing). The resident was moved to the floor with the assistance of 4 attendants and CPR initiated. After 30 minutes, physician called and declared time of death.		
On 1/5/18 at 12:06 p.m. Staff B, Licensed Practical Nurse (LPN) was interviewed and stated she worked the day shift on 11/5/17 and assigned to care for Resident #1. Staff B stated that morning the resident was in therapy and one of the therapist came to her and reported the resident looked jaundice. Staff B stated she took the resident's vital signs and the vitals were normal but did not recall if she documented the vital signs. Staff B stated the resident did not appear jaundice and normal. Staff B stated after that, the resident was preoccupied with wanting to go to the emergency room for jaundice. Staff B, educated the resident about liver function and contacting his physician tomorrow to get lab testing. Staff B, stated the resident asked her 2-3 times about going to the emergency room. Staff		

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B, stated she told the resident she would send him but first let's figure out want is wrong. Staff B stated she asked the ADON to assess the resident also and the ADON reported resident's vital signs are normal, color is okay, and she talked to the resident about lab work for the liver. Staff B stated the resident is normal, had no signs or symptoms of anything wrong and the resident		
seemed to be preoccupied with jaundice. Staff B, stated she reported this to the oncoming nurse.		
On 1/5/18 at 2:17 pm and 1/10/18 at 3:14 pm Staff A, Licensed Practical Nurse (LPN) was interviewed and stated she came into work on 11/5/17, second shift (2:00 p.m.) and assigned to care for Resident #1. Staff A stated she did not get a report from the off going nurse, Staff B, regarding anything going on with Resident #1. Staff A stated the resident did not wear oxygen when she came in at 2 pm and the resident went out to smoke at that time. Staff A reported at 5:30 pm, the resident told her he was not going to		
supper due to not feeling well, no shortness of breath, just feeling tired. Staff A, LPN, stated resident told her he was short of breath earlier, but it had resolved, but had not been feeling good all day. Staff A stated at 7:45 pm, she assessed the resident's vital signs and noted respiration rate at 32 (elevated), oxygen saturation at 91- 93% (low) on room air, and resident complained		
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Date

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Rule or   Code   Nature of Violation   Section		e of Violation	Class	Fine Amount	Correction date

went into the re resident. Staff A resident he is o and try the oxyg Staff A stated s twice and receive to the emergend ambulance arriv is not respondir crew initiated C LPN, told her R with shortness of oxygen on the r On 1/9/18 at 8:4 Aide (CNA) was 11/5/17 she car report from the informed her that and has been re Staff D stated s look so good ar Staff D stated s what the reside Staff A to do ex stated the reside	6 am Staff D, Certified Nurse interviewed and stated on he into work at 2 pm and received off going CNA. The off going CNA it Resident #1 did not feel well questing to go to the hospital. he saw the resident and he did not d the resident stated he felt bad. he reported this to Staff A (nurse) at told her and was instructed by ra cares for the resident. Staff D, ent refused to eat his supper and is to Staff A.	
011/5/18 at 23	1 pm Staff C, Certified Nurse	

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Facility Administrator

Date

Citation #6746		Amended Citation – Fine amount to \$3,900 on February 14, 2018. P Code Section 135C.43A		anuary 25,	
Iowa City Rehab and Health Care				Dates: Novembe 5, 9-12,16,19, 20	
3661 Rochester Avenue Iowa City, Iowa 52245					
		DS			
Rule or Code Section	Code Nature of Violation		Class	Fine Amount	Correction date

Aide (CNA) was interviewed and stated she came into work at 2 pm and saw Resident #1 at the nurses' station telling Staff A that he wasn't feeling well and wanted to go to the hospital. Staff C stated she heard Staff A tell the resident she was doing all she could for him and she didn't have time to deal with him. Staff C stated she noted resident's color was a little greyish in color.On 1/5/18 at 3:18 pm with Staff E, Certified Nurse Aide (CNA) stated she came into work at 4 pm on	 -		
	into work at 2 pm and saw Resident #1 at the nurses' station telling Staff A that he wasn't feeling well and wanted to go to the hospital. Staff C stated she heard Staff A tell the resident she was doing all she could for him and she didn't have time to deal with him. Staff C stated she		
11/5/17 and noted the resident at the main entrance. Staff E stated resident told her that he did not feel well and has tried to go to the emergency room all day. Staff E stated she knew he did not feel well because his skin color was pale/yellowish and not normal. Staff E stated she did not recall if she reported this to the nurse or not.	Aide (CNA) stated she came into work at 4 pm on 11/5/17 and noted the resident at the main entrance. Staff E stated resident told her that he did not feel well and has tried to go to the emergency room all day. Staff E stated she knew he did not feel well because his skin color was pale/yellowish and not normal. Staff E stated she did not recall if she reported this to the nurse or		
On 1/9/18 at 10:09 am Assistant Director of Nursing (ADON) was interviewed and stated she came into the facility the first time on 11/5/17 around 10:00 or 10:30 pm. The ADON stated at 12:00 or 12:30 pm she saw Resident #1 at the nurses' station with Staff B and noted the resident had oxygen on. The ADON stated Staff B told her the resident's oxygen saturation was 90-91% and vital signs were normal and that everyone is saying resident is jaundice in color. The ADON	Nursing (ADON) was interviewed and stated she came into the facility the first time on 11/5/17 around 10:00 or 10:30 pm. The ADON stated at 12:00 or 12:30 pm she saw Resident #1 at the nurses' station with Staff B and noted the resident had oxygen on. The ADON stated Staff B told her the resident's oxygen saturation was 90-91% and vital signs were normal and that everyone is		

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stated she assessed the resident's color and did		
not note abnormal color and she removed the		
oxygen and after 10 minutes assessed resident's		
oxygen saturation to be 93-95% on room air. The		
ADON stated she instructed Staff B she needed a		
physician order for the oxygen and Staff B said		
she would call the resident's physician. The		
ADON stated the resident did not request to be		
sent to the hospital nor did Staff B indicate the		
resident wanted to go to the hospital. The ADON		
stated she left the facility and returned again		
around 5:30 or 6:00 pm and went to her office.		
The ADON stated around 7 pm Staff A came to		
her stating there is something truly wrong with		
Resident #1. The ADON stated she went to the		
resident's room and noted the resident to be short		
of breath, purse breathing through his lips, and		
requesting to go to the hospital. The ADON stated		
she went and got the oxygen and put it on the		
resident and assessed his vital signs and Staff B		
called the physician on-call. The ADON stated		
she spent about a half hour with the resident and		
then left the facility around 9 or 9:15 pm when the		
ambulance was on its way. The ADON stated she		
never talked to any other staff members besides		
Nurse A and Nurse B.		
On 1/10/18 at 10:34 am an interview was		
conducted with the resident's physician. The		
physician stated he has done some education		

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with the facility after this with staff members. The physician stated he instructed them if a resident needs to go to the hospital to send them. The physician stated he reviewed the resident's chart and it appeared there's a disconnect in assessment with staff members.		
2 . Resident #2 had a MDS assessment with a reference date of 12/14/17. The MDS identified the resident had diagnosis including hypertension (elevated blood pressure), neurogenic bladder (neurological bladder condition), viral hepatitis (disease of the liver), depression, Arnold-Chiari Syndrome (a condition		
in which brain tissue extends into the spinal canal, present at birth), dysphagia (difficulty swallowing), cervicalgia (pain in the neck), and chronic pain. The MDS indicated the resident had a BIMS) score of 15 out of 15. The MDS indicated the resident required limited assistance of 1 staff member for bed mobility, dressing, locomotion,		
and toilet use, and extensive assist of one staff member for personal hygiene. The MDS documented the resident used mobility devices of a walker and a wheelchair. The MDS indicated the resident receives a pain medication regimen, both scheduled and as needed and receives non- medication intervention for pain. The MDS documented frequent pain in the last 5 days that		
rates a 9 on a scale of 0 to 10. The scale is 0		

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haing name and 10 as the wavet name		
being no pain and 10 as the worst pain.		
A Care Plan, with an initiated date of 09/28/17, identified a focus area with chronic pain related to cervicalgia. The interventions directed staff to:		
Staff are to anticipate the resident's need for pain relief and respond immediately to any complaints of pain.		
Staff are to monitor and record pain characteristics every shift and as needed, severity 1 to 10 pain scale.		
The resident's pain is alleviated/relieved by rest and medication management.		
Review of the MAR (Medication Administration Record) dated November 2017, identified an order for hydromorphone (narcotic analgesic) 2 mg (milligrams) and give 2 tabs every four hours as needed for pain.		
Review of the Controlled Medication Utilization Record for hydromorphone revealed one tablet administered at 9:00 am on 11/5/17, leaving the count of the medication at zero.		
Review of the Controlled Medication Utilization		

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	Nature of Violation Record for hydromorphone revealed 60 tablets received and two tablets administered at 2 am on 11/6/17. On 1/10/18 at 11:53 am Staff G, LPN (Licensed Practical Nurse), was interviewed and stated she administered 1 tablet of hydromorphone to the resident around 9 am on 11/5/17 and that was the last tablet. Staff G stated she did not know how to order the pain medication for the resident and the resident complained of pain. Staff G stated she worked from 6 am to 10 pm on 11/5/17. Staff G stated the resident's family was here and upset the resident did not call the pharmacy or the resident's physician about not having pain medication for the resident. Staff G stated she administered Tylenol as ordered for the resident's complaints of pain. On 1/10/18 at 3:14 pm with Staff A, LPN (Licensed Practical Nurse), was interviewed and stated the resident approached her the afternoon of 11/5/17. The resident expressed being upset,d in pain and no pain medication available. Staff A stated she called the pharmacy and ordered the medication for the resident and was told it would take 6 hours for the medication to be delivered. Staff A stated the facility's medication emergency					

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	it. Staff A reported she instructed Staff G to give the resident Tylenol for pain. Staff A stated she never called the resident's physician.					
	Director of Nursing) w she was informed the resident's pain medic ADON stated she did members. The ADON have ordered the pain out, to check the eme medication is availabl pharmacy and order is resident's physician to medication that can b	18 at 10:09 am the ADON (Assistant of Nursing) was interviewed and stated a informed the facility ran out of the 's pain medication, Hydromorphone. The stated she did education with staff rs. The ADON stated she expected staff to dered the pain medication before they ran heck the emergency kit to see if ion is available for resident, to call the cy and order it immediately, and or call the 's physician to see if another pain ion that can be ordered for the resident ilable in the facility's medication ncy kit immediately.				
	Management dated ( assessment of reside change in condition is but is not limited to: v pulse ox, mental/neur sounds, skin color, tu Contact the physician and information abou Document this notifica	Al Change in Condition D6/2015 included ents clinical status when a s identified. This may include ital signs, lung sounds, rological status, bowel rgor, temperature, pain. and provide clinical data t the resident condition. ation of the physician in the cord and physician response.				

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Initiate any new physician orders.		

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