Citation Numbers 6819	:			Date: 6/27/18	3
Facility Name: Monroe Care Cer	nter		Survey D 5/10/18, 9	Dates: 5/17/18, 5/21/18	& 5/22/18
Facility Address/	City/State/Zip				
120 North Thirtee Albia, IA 52531	enth St.	JKM			
Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date
58.15(2)(h)2,4(j)	481—58.15(135C) I	Records.	II	\$500	Upon Receipt
and	a separate clinical admitted to a nurs current, dated, and clinical record shah. Nurse's record i (2) Routine notes i telephone calls to unusual incidents condition; social ir medications admir reason administer III) (4) Death notes inciphysician and fam of body, resident's medications; and of resident's vital spreceding death; (i) j. Death record. In death, notations in include the date ar the circumstances disposition of the land time that the records.	ncluding: ncluding physician's visits; and from the physician; and accidents; change of nteraction; and P.R.N. nistered including time and ed, and resident's reaction; (II, cluding notification of ily to include time, disposition is personal possessions and complete and accurate notes signs and symptoms			Receipt
					Page 1 of 1

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	er:				Date: 6/27/18	
Facility Name: Monroe Care C	enter	Survey Dates: 5/10/18, 5/17/18, 5/21/18		5/21/18 8	ß 5/22/18	
Facility Addres	s/City/State/Zip					
120 North Thirt Albia, IA 52531	eenth St.	JKM				
Rule or Code Section	Nature	e of Violation	Class	Fine A	mount	Correction date
58.15(4)a-f	481—58.15(135C) F	Records.				
	58.15(4) Incident re					
	a. Each nursing fac	cility shall maintain an port and shall have available				
	b. Report of incide printed incident re	nts shall be in detail on a port form. (III)				
		narge at the time of the are and sign the report. (III)				
		cover all accidents where njury or where hidden injury d. (III)				
	occurrences within	cover all accidents or unusual n the facility or on the residents, visitors, or				
	f. A copy of the inc file in the facility. (ident report shall be kept on III)				
	DESCRIPTION:					
	resident interview the medical records whi	view, staff interviews and ne facility failed to maintain ich are complete and accurately ude the circumstances of death.				Page 2 of

Facility Administrator

Date

Citation Number	er:	Date: 6/27/18				
Facility Name: Monroe Care C			Survey I 5/10/18,		£ 5/22/18	
Facility Addres	s/City/State/Zip					
120 North Thirt Albia, IA 52531	eenth St.	JKM				
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	the Nurse's Notes redocument the same unusual occurrence reported a census of Findings include: According to Reside (MDS) assessment had a brief interview of 10 indicating moof for daily decision malimited assistance with dressing, eating, to the Resident #1's diagnord dementia, congestive cervical vertebrae. Nurse's notes dated Staff A indicated Staff A indicated Staff a indicated Staff a indicated Staff and cool to the touch that hallway and Reher head towards here head towards here overnight shift on 12 Staff B reported Resident and cool to the source of the same properties of the same	ed to include documentation in egarding a fall, and failed to fall on an incident report as an . (Resident #1). The facility of 52 residents. ent #1's Minimum Data Set tool dated 11/17/17, Resident #1 of for mental status (BIMS) score derately impaired cognitive skills aking. Resident #1 required with bed mobility, transfers, let use and personal hygiene. osis included non-Alzheimer's we heart failure and a fractured Resident #1 was 101 years old. In 12/31/17 at 4:20 a.m. written by aff A was summoned to Resident 8. Resident #1 was without theat. Resident #1 was without theat. Resident #1 appeared as a result of a lack of oxygen) h. Staff B had just been down sident #1 was resting in bed with the roommate at that time. In 10/18 at 11:30 a.m. Staff A, stated she was worked the 2/30/17. At around 4:20 a.m., sident #1 was on the floor, on reback toward her bed. Resident				Page 3 of 11

i age o

Facility Administrator Date

Citation Number	er:				Date: 6/27/18	
Facility Name: Monroe Care Center			Survey I 5/10/18,	Dates: 5/17/18, 5/	/21/18 8	£ 5/22/18
Facility Address	s/City/State/Zip					
120 North Thirte Albia, IA 52531	eenth St.	JKM				
Rule or Code Section	Natur	e of Violation	Class	Fine Am	nount	Correction date
	cyanotic and cool to Resident #1 may ha get to the bathroom was no blood or inju Resident #1 require transfers, but would three times a shift. not use her call light uncertain when Resassumed at 2:00 a.r Resident #1's neck discovered on the flow was found on the flow responded I don't knever been instructed her documentation at A stated she was un incident report relaterecord failed to contain In a follow up intervistaff A stated she his statement regarding Staff A stated Staff #1's room. Reside position, had no pull dark blue all over. If her recliner. Staff A Administrator to infoand that staff found	pirations or heartbeat. She was a the touch. Staff A stated ave gotten up unassisted, tried to and fell. Staff A stated there uries noted. Staff A stated dassist of one staff with often get up unassisted, two to Staff A stated Resident #1 would to Staff A stated she was sident #1 was last seen, but m. rounds. Staff A stated collar was in place when oor that morning. When asked include the fact that Resident #1 oor in her documentation, Staff A now. Staff A asked if she had do by anyone to change or alter and Staff A responded no. Staff neertain if she had filled out an ed to Resident #1's fall. (The rain an incident report). The second of the second o				Page 4 of 1

Facility Administrator

Date

Citation Numbe 6819	r:				Date: 6/27/18	
Facility Name: Monroe Care Co			Survey Dates: 5/10/18, 5/17/18, 5/21/18 & 5/22		k 5/22/18	
Facility Address	s/City/State/Zip					
120 North Thirte Albia, IA 52531	eenth St.	JKM				
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	caught off guard by asked her "How do Staff A reported the return Resident #1 tin bed, deceased. Sut followed the Adrilla at elephone interstaff B, certified nurabout finding Resident #1 in asked why the nursifound on the floor, Sago. Staff B asked neck collar when for stating yes. Staff B a call light. Surveyor minutes later and Since Resident #1 was for collar on and she had and the nurse, Staff bed. Staff B stated bed at 2:00 a.m. whe excused his initial cobeing in bed unresp with the question. In an interview on 5 certified nurse aide, shift on 12/30/17 as	ing me?" Staff A stated she was the Administrator's reaction and you want me to chart this?" Administrator instructed her to to bed and chart staff found her staff A stated she knew better, ministrator's instructions anyway. View on 5/10/18 at 11:05 p.m., rese aide, when asked was asked ent #1 on the morning of rated he walked in the room and in her bed unresponsive. When her bed unresponsive. When her bed unresponsive while if Resident #1 was wearing her and and Staff B hesitated before then excused himself to answer or made a return call about 5 taff B answered. Staff B stated and on the floor with her neck and no injuries. Staff B stated her A lifted Resident #1 back into Resident #1 was last seen in en he was passing ice. Staff B comment regarding Resident #1 onsive as being caught off guard 1/20/18 at 10:41 p.m. Staff C, stated she worked the overnight signed to the pink and blue sident #1 was on the green hall.				Page 5 of 1

Facility Advantage Pate

Facility Administrator

Date

Citation Number: 6819		Date: 6/27/18		
Facility Name: Monroe Care Center		Survey Dates: 5/10/18, 5/17/18, 5/21/18 & 5/		& 5/22/18
Facility Address/City/State/Zip				
120 North Thirteenth St. Albia, IA 52531	JKM			
Rule or Code N Section	ature of Violation	Class	Fine Amount	Correction date
her to Resident floor, deceased (Staff A and Sta Staff C stated R In an interview asked if staff co staff found Resiher passing. The she was on the Resident #1's reincident report. In a follow up in Administrator winformation had of Resident #1 Appeals wanted her knowledge stated she receinforming her Resident #1 was surveyor during The Administrator staff Resident #1 was surveyor during The Administrator wind she had instruction incident involvirief she had passes	rning of 12/31/17 staff summoned #1's room. Resident #1 lay on the Staff C stated she and two others ff B) lifted Resident #1 into her bed. esident #1 wore her neck collar. on 5/10/18 at 12:15 p.m., when impleted an incident report when dent #1 on the floor the morning of the Administrator stated I didn't know floor. The Administrator reviewed the food and could not locate an incident regarding the death and The Dept of Inspections and to give her an opportunity to clarify of what occurred. The Administrator wed a phone call from Staff A esident #1 had passed away. The fact she had first learned that is on the floor when notified by the the investigation (5/10/18 - 5/22/18) for stated she disciplined Staff A illure to document completely and the fact of the floor was an allegation ed Staff A to falsely document the great away while in bed. The lated, "Why would I do that?" The			Page 6 of 1

Facility Administrator

Date

Citation Number	er:	Date: 6/27/18				
Facility Name: Monroe Care C	enter		Survey Dates: 5/10/18, 5/17/18, 5/			& 5/22/18
Facility Addres	s/City/State/Zip					
120 North Thirt Albia, IA 52531	eenth St.	JKM				
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	The Administrator renurses to be professincidents and pertin Administrator adam A to falsify the detail In an interview on 5 #1's physician state notified at 4:30 a.m. death. The physicial doesn't recall being the floor. The floor doesn't recall being the floor doesn't recall being the floor. The floor doesn't recall being the floor doesn't recall being the floor. The floor doesn't recall being the floor doesn't recall being the floor doesn't recall being the floor. The floor doesn't recall being the floor. The floor doesn't recall being the floor doesn't re	tated, "I always report falls." eported she trusted and relied on sional and properly report ent details as they occur. The antly denied she instructed Staff Is related to Resident #1's death. /10/18 at 1:42 p.m., Resident dhe had no record of being on 12/31/17 of Resident #1's an stated he was informed, but told staff found Resident #1 on cian stated Resident #1 had stive heart failure, chronic kidney that may have contributed to //21/18 at 12:00 p.m. Staff D, stated she worked the morning is been told Resident #1 passed Staff D stated she was not was found on the floor. //21/18 at 12:05 p.m. Staff E, stated she worked the morning is aware of Resident #1 passing. It was not provided any details and stated she was not aware und on the floor. //22/18 at 12:14 p.m. Staff F, stated on the morning of details and the overnight				Page 7 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).

Date

Facility Administrator

	y Dates: 3, 5/17/18, 5/21/18 o	& 5/22/18
Rule or Code Section Nature of Violation Class Nature of Violation Class Class Class Nature of Violation Class C		
Rule or Code Section Nature of Violation Class nurse (Staff A) informed her Resident #1 had passed away that morning. Staff A stated Resident #1 was found on the floor in a fetal position without her neck collar and was entirely blue. Staff A stated she called the Administrator who told her to get Resident #1 in bed and to document Resident #1 was found in bed deceased. Staff F stated she was shocked to hear this and questioned Staff A whether she complied with the Administrators instructions. Staff A stated she had because she's the Administrator. In an interview on 5/23/18 at 10:59 a.m., Resident #1's mortician stated he recalled Resident #1 had some bruising on the left side of her face and remembers he informed the family of the bruising. The mortician stated the bruising wasn't suspicious or concerning.		
nurse (Staff A) informed her Resident #1 had passed away that morning. Staff A stated Resident #1 was found on the floor in a fetal position without her neck collar and was entirely blue. Staff A stated she called the Administrator who told her to get Resident #1 in bed and to document Resident #1 was found in bed deceased. Staff F stated she was shocked to hear this and questioned Staff A whether she complied with the Administrators instructions. Staff A stated she had because she's the Administrator. In an interview on 5/23/18 at 10:59 a.m., Resident #1's mortician stated he recalled Resident #1 had some bruising on the left side of her face and remembers he informed the family of the bruising. The mortician stated the bruising wasn't suspicious or concerning.		
passed away that morning. Staff A stated Resident #1 was found on the floor in a fetal position without her neck collar and was entirely blue. Staff A stated she called the Administrator who told her to get Resident #1 in bed and to document Resident #1 was found in bed deceased. Staff F stated she was shocked to hear this and questioned Staff A whether she complied with the Administrators instructions. Staff A stated she had because she's the Administrator. In an interview on 5/23/18 at 10:59 a.m., Resident #1's mortician stated he recalled Resident #1 had some bruising on the left side of her face and remembers he informed the family of the bruising. The mortician stated the bruising wasn't suspicious or concerning.		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 lowa Code section 135C.43A (2013).

Date

Facility Administrator

Citation Number	er:				Date: 6/27/18	
Facility Name: Monroe Care C	enter		Survey Dates: 5/10/18, 5/17/18, 5/21/18 & 5/22/18			& 5/22/18
Facility Addres	s/City/State/Zip					
120 North Thirt Albia, IA 52531	eenth St.	JKM				
Rule or Code Section	Nature	e of Violation	Class	Fine A	mount	Correction date
•			1			
50.7(1)a	director or the dire	481—50.7(10A,135C) Additional notification. The director or the director's designee shall be notified within 24 hours, or the next business day, by the most expeditious means available (I,II,III):)	Upon Receipt
	50.7(1) Of any acci	dent causing major injury.				
	a. "Major injury" sl which:	hall be defined as any injury				
	for treatment, othe (3) Requires consuphysician, designed physician extended on a form designatinjury is a "major i circumstances of the consumer to the consu	esion to a higher level of care or than for observation; or altation with the attending see of the physician, or r who determines, in writing ted by the department, that an njury" based upon the che accident, the previous of the resident, and the				
	DESCRIPTION:					

Facility Administrator Date

Page **9** of **11**

Citation Number	er:				Date: 6/27/18	
Facility Name: Monroe Care C	enter		Survey D 5/10/18, 5		5/21/18 8	& 5/22/18
Facility Addres	s/City/State/Zip					
120 North Thirt Albia, IA 52531	eenth St.	JKM				
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	Paged on record re-	view and staff interviews the				
	facility failed to notif and Appeals of a fal accordance with Sta	y the Department of Inspections Il that resulted in death in ate reporting requirements. facility reported a census of 52				
	Findings include:					
	Staff A indicated Staff H1's room by Staff E respirations or heart very cyanotic (blue and cool to the touc that hallway and Reher head towards he resident's medical resident's medical resident.	1 12/31/17 at 4:20 a.m. written by aff A was summoned to Resident B. Resident #1 was without theat. Resident #1 appeared as a result of a lack of oxygen) h. Staff B had just been down sident #1 was resting in bed with er roommate at that time. The ecord did not contain any led to the resident's fall.				
	Registered Nurse, s 12/31/17 Resident #	/25/18 at 11:07 a.m., Staff A, stated on the morning of the state of t				
	Administrator report from Staff A on 12/3 had passed away. was not informed Ro	/24/18 at 9:00 a.m., the ed she received a phone call 1/17 informing her Resident #1 The Administrator stated she esident #1 had fallen and was oor, therefore did not report the				

Page **10** of **11**

Facility Administrator

Date

Citation Numb	er:			Date: 6/27/18	
Facility Name: Monroe Care C			Survey D 5/10/18, 5	Dates: 5/17/18, 5/21/18 8	& 5/22/18
Facility Addres	ss/City/State/Zip				
Albia, IA 52531		JKM			
Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date
	first learned Reside floor when brought investigation (5/10/ stated she trusted a	e Administrator stated she had ent #1 had been found on the up by the surveyor during the 18 - 5/22/18). The Administrator and relied on nurses to be properly report incidents and they occur.			

	Page 11 of 11
Facility Administrator	