		_		_		
Citation Numb	er:				Date: August	10, 2018
Facility Name: lowa City Reha	ab & Health Care		Survey I			
Facility Addres	ss/City/State/Zip		July 10-	20, 2016		
3661 Rocheste lowa City, lowa		MW				
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
58.20(1) + 58.20(2)	physician's orders;  58.20(2) Plan for an services, treatments services in order that choices, where practice.  DESCRIPTION:  Based on clinical recoveriew, physician, restacility failed to perfor resuscitation (CPR) a	ord review, facility policy sident and staff interview, the m Cardio pulmonary s ordered on the physician	I	\$9000 (Held i Suspe	n nsion)	UPON RECEIPT
	failed to formulate an residents without a compact without without a compact without without without a compact without wit	atus (Resident #269) and advance directive for two ode status (Resident acility census was 64				

Facility Administrator Date

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Citation Number	er:				Date: August	10, 2018
	ab & Health Care		Survey I			
Facility Addres	ss/City/State/Zip			_0, _0.0		
3661 Rocheste lowa City, lowa		MW				
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	assistance with eating hygiene and toileting.	g, dressing, personal				
	The Care Plan dated 1/16/18, lacked any direction to staff for advanced directives.					
	The Iowa Physician Order for Scope of Treatment (IPOST) dated 1/18, directed staff to provide CPR.					
	The Medication Administration Record (MAR) dated 3/18, directed the resident was a full code.					
	LPN and Staff AA, Ce	signment sheet dated , Licensed Practical Nurse, ertified Nurse Aide, CNA AM shift on the Hall the				
		signment sheet dated F, LPN and Staff EE, CNA PM shift on the Hall the				
	documented a CNA a the resident passed a found in bed with the apical pulse, no respi	ed 3/25/18 at 10:19 a.m., ellerted staff at 7:15 a.m., that elway. The resident was call light in reach, with no rations and no blood the Registered Nurse verified				Page <b>2</b> of <b>4</b>

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Facility Administrator Date

Citation Numb	er:				Date: August	10, 2018
	ab & Health Care		Survey I			
Facility Addres	ss/City/State/Zip			_0, _0.0		
3661 Rocheste lowa City, lowa		MW				
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	on call Physician and Medical Examiner at 1 funeral home at 10:00 prepared the resident.  Progress notes lacked resident's code status body temperature, de and description of the The Record of Death the time of death as 7.  During interview on 7. AA, CNA confirmed with shift on 3/24/18. Staff every 2 hours and doing residents. Staff AA recompleted at 5:30 a.m. problem was reported.  During interview on 7. LPN verified working Staff Z stated the CNA not report anything at During interview on 7. FF, LPN reported a C.	d identification of the s, lacked a description of the scription of the body color body tone.  dated 3/25/18, documented 7:15 a.m.  /25/18 at 10:22 a.m., Staff vorking the 10 PM- 6 AM AA stated doing rounds ing a visual check on all ported last rounds was n., and no concerns or				Page <b>3</b> of <b>4</b>

Facility Administrator Date

Citation Number: 6834				Date: August	10, 2018
Facility Name: lowa City Rehab & Health Car			Survey Dates July 10-26, 20		
Facility Address/City/State/Zi			· · · · · · · · · · · · · · · · · · ·		
3661 Rochester Avenue Iowa City, Iowa 52245	MW				
Rule or Code Section	Nature of Violation	1	Class	e Amount	Correction date
Staff FF reponsures, RN in resident for a stated the residence of the staff report for a staff repo	ed a pulse and lacked ted getting Staff DD the building to doub pulse and respiration ident lacked any de h skin coloring), or a Staff FF reported the resident was a full FF continued to stand that the resident and that the resident record a residents code lectronic health record lectronic health record and the experienced are staff FF indicated and the experienced lew on 7/24/18 at 11 orted coming in to work 3/25/18. Staff EE receased. Staff EE receased. Staff EE record the resident pand there is sident for the funeration mottling.	e facility's CPR code then you at eletting the at was gone. On the resident. The status was ord and the as a newer RN take over an eletting the at was gone. So the resident was gone. The status was ord and the as a newer RN take over an eletting the at about ported finding evealed running staff EE stated coassed away to continue a come back and all home			Page 4 of 4

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Facility Administrator

Date

	ab & Health Care ss/City/State/Zip er Avenue	MW	Date: August 10, 2018  Survey Dates: July 10-26, 2018  Fine Amount Correction date			
Code Section	Natur	e of Violation	Class			date
	DD, RN reported not years, and nothing sta 3/25/18 during the 6-2 During interview on 7/CNA reported not see found the resident not the 10-6 staff reported the end of the 10-6 st clean the resident bef Staff X revealed the relimp, easy to move an any reddish/purple sk During interview on 7/Medical Director reported message at about 11: resident passed away During interview on 7/Staff CC, licensed prowhen a resident was a breathing the first thin resident's code status	/25/18 at 2:08 p.m., Staff X, eing the resident before they to breathing. Staff X stated deall the residents were ok at hift. Staff X reported helping fore the funeral home came. The esident's body was cool and the resident's skin lacked in discoloration.  /24/18 at 7:10 p.m., the reted the facility left a 1:00 a.m., on 3/25/18 that the				

Facility Administrator 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).

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Citation Number	er:				Date: August	10, 2018
Facility Name: lowa City Reha	ıb & Health Care		Survey I			
Facility Addres	ss/City/State/Zip			_0, _0.0		
3661 Rocheste lowa City, lowa		MW				
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
		/25/18 at 8:49 a.m., Staff C, evealed they expected staff esident and call the				
	Regional Nurse Cons was found with no bre	/25/18 at 8:55 a.m., Staff P, ultant stated if a resident eath or pulse staff was e code status and if they are CPR and call 911.				
	Administrator stated a 7/25/18, in person, or	/26/18 at 8:52 a.m., the all staff was educated on over the phone and a plan ate all new agency staff.				
	Orders & Procedure of facility provides Basic only. The physician's resuscitate (DNR) is with the resident/resident authorized party. Advinonced during the country the 1st person on the 1. confirm cardiac and 2. Call for help.  3. Check the airway and said and sai	anced Directives will be ode process. Page 3 directs				
	Janu		<u> </u>	<u> </u>		Page <b>6</b> of <b>4</b>

Facility Administrator

Date

Citation Numb	er:				Date: August	10, 2018
	ab & Health Care		Survey I			
Facility Addres	ss/City/State/Zip			_0, _0.0		
3661 Rocheste lowa City, lowa		MW				
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	5. Begin CPR and corbeing set up for shock and utilized by the fact firm surface.  The 2nd person role is as necessary and be The 2nd responder is Notifies 911, 3 b.	7/24/18, revealed the dmit to the facility and was person, place and time and				Page <b>7</b> of <b>4</b>

Facility Administrator

Date

Citation Numb	er:				Date: August	10, 2018
	ıb & Health Care		Survey	Dates: 26, 2018		
Facility Addres	ss/City/State/Zip			_0, _0.0		
3661 Rocheste lowa City, lowa		MW				
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	resident the choice to found unresponsive.	have CPR done or not if				
	for the resident to have admit to skilled nursing care, medications to the for 90 days unless other	oted in regards to code				
	Directive section blan	d revealed the Advance k with no indication if the ode/CPR status or a Do Not				
	dated 7/24/18, reveal section. The direction check yes if complete medical record and re	eviewed with the party. All the areas under				
	R, Certified Nurse Aid the facility about one look in the CNA electi	n 7/24/18 at 3:35 p.m., Staff de (CNA) reported worked at year. Staff R stated would ronic charting for the a resident is DNR or Full				Page <b>8</b> of <b>4</b>

Facility Administrator Date

Code (CPR) status. Staff R stated she had not been educated on what to do if neither is documented for a resident and not sure what is to be done. Staff R reported to be CPR certified, but that not all CNA's are, more the Nurses are trained.  During interview on 7/24/18 at 4:01 p.m., the Social Services Director (SSD) reported they usually try to do an IPOST on admission for new residents and the admitting Nurse will also do a CPR/DNR Form when a resident is admitted. The SSD stated she was gone at the time of the resident's admit, but the Admitting Nurse would have been here to ask about CPR/DNR code status. The SSD indicated with no indication of code status for the resident, staff would treat the resident as a full code. The SSD further stated with no paperwork in the electronic file or on file in the resident's chart, it appears the CPR/DNR Form was not completed.  During interview on 7/24/18 at 3:53 p.m., the resident reported being asked at the local hospital about being a DNR or CPR code status. The resident stated they were not asked since coming to the facility. The resident stated he would want	Citation Numb	er:				Date: August	10, 2018
Rule or Code Section  Code (CPR) status. Staff R stated she had not been educated on what to do if neither is documented for a resident and not sure what is to be done. Staff R reported to be CPR certified, but that not all CNA's are, more the Nurses are trained.  During interview on 7/24/18 at 4:01 p.m., the Social Services Director (SSD) reported they usually try to do an IPOST on admission for new residents and the admitting Nurse would have been here to ask about CPR/DNR code status. The SSD indicated with no indication of code status for the resident, staff would treat the resident as a full code. The SSD further stated with no paperwork in the electronic file or on file in the resident's chart, it appears the CPR/DNR Form was not completed.  During interview on 7/24/18 at 3:53 p.m., the resident reported being asked at the local hospital about being a DNR or CPR code status. The resident stated they were not asked since coming to the facility. The resident stated he would want							
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been educated on what to do if neither is documented for a resident and not sure what is to be done. Staff R reported to be CPR certified, but that not all CNA's are, more the Nurses are trained.  During interview on 7/24/18 at 4:01 p.m., the Social Services Director (SSD) reported they usually try to do an IPOST on admission for new residents and the admitting Nurse will also do a CPR/DNR Form when a resident is admitted. The SSD stated she was gone at the time of the resident's admit, but the Admitting Nurse would have been here to ask about CPR/DNR code status. The SSD indicated with no indication of code status for the resident, staff would treat the resident as a full code. The SSD further stated with no paperwork in the electronic file or on file in the resident's chart, it appears the CPR/DNR Form was not completed.  During interview on 7/24/18 at 3:53 p.m., the resident reported being asked at the local hospital about being a DNR or CPR code status. The resident stated they were not asked since coming to the facility. The resident stated he would want	Code	Natur	e of Violation	Class	Fine A	mount	Correction date
staff to try and resuscitate him if found unresponsive.		been educated on wh documented for a res be done. Staff R reportant not all CNA's are trained.  During interview on 7 Social Services Direct usually try to do an IF residents and the adm CPR/DNR Form when The SSD stated she was resident's admit, but the have been here to as status. The SSD indict code status for the resident as a full code with no paperwork in in the resident's chart Form was not complete.  During interview on 7 resident reported being a DNR or resident stated they we to the facility. The resistaff to try and resusce	ident and not sure what is to ident and not sure what is to orted to be CPR certified, but and more the Nurses are  //24/18 at 4:01 p.m., the tor (SSD) reported they POST on admission for new initing Nurse will also do a maresident is admitted.  was gone at the time of the he Admitting Nurse would k about CPR/DNR code cated with no indication of sident, staff would treat the extending the electronic file or on file in the electronic file or on file in the property of the property of the local hospital or CPR code status. The vere not asked since coming ident stated he would want				Page <b>9</b> of <b>4</b>

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).

Facility Name: Iowa City Rehab & Health Care  Facility Address/City/State/Zip  3661 Rochester Avenue Iowa City, Iowa 52245  Rule or Code Section  Nature of Violation  3. The MDS assessment dated 4/30/18, documented Resident #21 had diagnoses of arthritis, Non - Alzheimer's dementia and depression and required extensive assistant bed mobility, transfers and toileting.	Survey Dates:  July 10-26, 2018  Class  Fine Amount Correction date
3661 Rochester Avenue lowa City, lowa 52245  Rule or Code Section  3. The MDS assessment dated 4/30/18, documented Resident #21 had diagnoses of arthritis, Non - Alzheimer's dementia and depression and required extensive assistant	
Rule or Code Section  3. The MDS assessment dated 4/30/18, documented Resident #21 had diagnoses of arthritis, Non - Alzheimer's dementia and depression and required extensive assistant	
documented Resident #21 had diagnoses of arthritis, Non - Alzheimer's dementia and depression and required extensive assistan	
The Social/Psychological Data Collection To dated 5/11/18, revealed the source of inform came from other. The form noted to have an Advanced Directives section. The directions the section was to check yes if completed a present in the medical record and reviewed the resident/responsible party. The areas m no were Health Care Surrogate, Living Will IPOST which was completed to notify staff i person is a CPR or DNR status.  The July 2018 Medication Administration Rerevealed the Advance Directive section of the record to be blank with no indication if the resident was a Full Code/CPR status or a DR Resuscitate (DNR) status.  The Order listing Report dated 1/1/18-7/31, did not list an order for Code/CPR status.  FACILITY RESPONSE:	Tool rmation an his for and d with marked II and f if a Record the Do Not

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

Citation Numb	er:				Date: August	10, 2018
Facility Name: lowa City Reha	ab & Health Care		Survey I			
Facility Addres	ss/City/State/Zip		July 10-26, 2018			
3661 Rocheste lowa City, lowa		MW				
Rule or Code Section	Natur	e of Violation	Class	Fine Amount Correction date		
58.19(2)j	56.6(1) Treble fine The director of the deappeals shall treble to 481—56.3(135C) for class I or class II violated month period, if a cital class I or class II violated and a penalty of 58.19(2) Medication at	ble and double fines. These for repeated violations. The partment of inspections and the penalties specified in rule any second or subsequent ation occurring within any 12-tion was issued for the same olation occurring within that was assessed therefor.  The part of the same olation occurring within that was assessed therefor.  The part of the same olation occurring within that was assessed therefor.  The part of the same olation occurring within that was assessed therefor.	I	\$27,00 (treble (Held Suspe	<del>)</del> )	UPON RECEIPT
	intervention for all res	idents who have an onset of hich represent a change in				
	DESCRIPTION:					
	Based on record reviews the facility received accurate ass	failed to ensure residents				
						Page <b>11</b> of <b>4</b>

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).

Date

Citation Numb	er:				Date: August	10, 2018
	ab & Health Care		Survey	Dates: 26, 2018		
Facility Addres	ss/City/State/Zip			_0, _0.0		
3661 Rocheste lowa City, lowa		MW				
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	interventions. Resider	nt #4, #6, #10, #12 and #19. a census of 64.				
	Findings include:					
	1. According to the M dated March 27, 2018 diagnoses which including Disease, Diabetes, State The MDS revealed the transfers, walking, dresident had a BIMS amoderately impaired or resident did not have Review of Resident # 1/9/18 indicated the resident bands but were					
	failed to identify the re	resolved. The care plan esident had a wound to their ct staff in the care of the foot				
	9, 2018, the resident's resident had cellulitis developed some evid end of the toe. The p resident to the local h infection and vascular	Home visit note dated March is physician indicated the on his left great toe which ence of gangrene on the physician transferred the ospital and diagnosed for indicated the wound and				Page <b>12</b> of <b>4</b>

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

Citation Numb	er:				Date: August	10, 2018
-	ab & Health Care		Survey I			
Facility Addres	ss/City/State/Zip			_0, _0.0		
3661 Rocheste lowa City, lowa		MW				
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	peripheral vascular di the resident returned close follow up with V need amputation of th Review of the Progres resident returned from toe amputation, his to note dated 5/1/18 indi received a new order surgical department to great toe with a Dakin bandage. On 5/2/18 ti the local emergency v infection in left foot. I hospital for antibiotic was discharged from prolonged hospitaliza  Review of the Order L #19, it indicated the re staff to complete wou great toe amputation small piece of Dakins Kerlix. The physician treatments on 5/1/18.  Review of the March 2	Listing Report for Resident esident had an order for the nd care once daily to the left site, to pack the toe with a gauze and then wrap with ordered the wound				Page <b>13</b> of <b>4</b> 4

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Facility Administrator Date

Citation Number	er:				Date: August	10, 2018
	b & Health Care		Survey I	Dates: 26, 2018		
Facility Addres	s/City/State/Zip		Can, 10 20, 2010			
3661 Rocheste lowa City, Iowa		MW				
Rule or Code Section	Naturo	e of Violation	Class	Fine A	mount	Correction date
	completed as ordered directed staff to paint betadine twice daily was on hold from 3/4-complete the treatment Review of the March, Administration Record section, unscheduled wound care to left greand dry and may show treatment records faile for this order to be significant to complete the total During an interview was 10:00 a.m. Staff L review for Resident #19. Staff wound care were not and were omitted from March, April and May treatment records review complete treatments for the complete treatment	April and May Treatment ds revealed under the other orders, it stated eat toe, keep wound clean wer. Review of the 3 ed to reveal a specific place and off as completed. The ecord failed to prompt to reatment.  Ith Staff L-RN on 7/18/18 at itewed the treatment records if L stated the orders for the transcribed appropriately in the treatment records for 2018. Review of the ealed the staff failed to for the resident's left great esident #19's family to 1:26 p.m., the family				Page <b>14</b> of <b>4</b>

Facility Administrator

Date

within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2)

	Citation Number	ber:			Date: August	10, 2018
Sacility Address/City/State/Zip   3661 Rochester Avenue   10wa City, 10wa 52245   MW						
Rule or Code Section  Nature of Violation Class  Fine Amount Correct date  Nospital and has had three surgical amputations on their left leg.  During an interview with Resident #19's physician on 7/18/18 at 11:18 a.m. the physician stated he was aware the staff were not completing the wound dressings as ordered, he stated he directed them to complete the dressings but they didn't comply. He stated the resident had vascular disease and had gangrene to their left great toe and said the lack of wound care did not help the resident's situation.	Facility Addres	ess/City/State/Zip		July 10 20	,, 2010	
Code Section  Nature of Violation  Class  hospital and has had three surgical amputations on their left leg.  During an interview with Resident #19's physician on 7/18/18 at 11:18 a.m. the physician stated he was aware the staff were not completing the wound dressings as ordered, he stated he directed them to complete the dressings but they didn't comply. He stated the resident had vascular disease and had gangrene to their left great toe and said the lack of wound care did not help the resident's situation.			MW			
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on 7/18/18 at 11:18 a.m. the physician stated he was aware the staff were not completing the wound dressings as ordered, he stated he directed them to complete the dressings but they didn't comply. He stated the resident had vascular disease and had gangrene to their left great toe and said the lack of wound care did not help the resident's situation.		- I	three surgical amputations			
According to the Admission Record dated		on 7/18/18 at 11:18 a was aware the staff w wound dressings as directed them to complication to comply. He state vascular disease and great toe and said the	m. the physician stated he vere not completing the ordered, he stated he plete the dressings but they sted the resident had had gangrene to their left e lack of wound care did not			
6/6/18, Resident #12 had an admission date of 6/6/18 and discharged on 6/9/18.		6/6/18, Resident #12	had an admission date of			
Review of the June 2018 Medication Administration record revealed the resident had diagnoses which included muscle weakness and abnormal gait.		Administration record diagnoses which include	revealed the resident had			
Review of the Progress Notes revealed a late entry dated 6/9/18 at 1:00 a.m., the agency nurse charted the aide called her into the resident's room and found the resident laying on the floor on her left side. The aide said the resident threw a shoe at her, lost her balance and fell to the floor.  The nurse asked the aide if she felt the resident fell or the resident lowered herself to the floor.		entry dated 6/9/18 at charted the aide calle room and found the reher left side. The aide shoe at her, lost her be the nurse asked the	1:00 a.m., the agency nurse and her into the resident's esident laying on the floor on a said the resident threw a balance and fell to the floor. aide if she felt the resident			Page <b>15</b> of <b>4</b>

Facility Administrator Date

Citation Numb	er:				Date: August	10, 2018
	ab & Health Care		Survey I	Dates: 26, 2018		
Facility Addres	ss/City/State/Zip					
3661 Rocheste lowa City, lowa		MW				
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	the floor. The aide ar resident to her feet ar Review of a Progress a.m. the former Direct told by the night aide the night. The former assessment and foun resident complained of staff called 911 and the local emergency room. Review of a Progress revealed the resident with a left hip fracture. During an interview when she worked the night reports the resident be 12:30 a.m., stood up aide. The resident lose floor, hitting her head contacted the agency nurse came into the reand stated" she looks nurse and C.N.A. got bed, the aide indicate when they walked her	d abnormalities and the of severe left leg pain. The ne resident transferred to a n.  Note dated 6/10/18 admitted to a local hospital .  with Staff O-CNA, she said shift with Resident #12. She ecame upset with her about and threw a shoe at the st her balance and fell on the				Page <b>16</b> of <b>4</b>

Facility Administrator

Date

Citation Numb	er:				Date: August	10, 2018
Facility Name: lowa City Reha	ab & Health Care		Survey Dates:			
Facility Addres	ss/City/State/Zip		_  July 10-26, 2018			
3661 Rocheste lowa City, lowa		MW				
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	the morning the resident out of bed, when she resident was unable the severe leg pain and but The aide clocked out Nurses to report the fall of the state of the	with Staff D-Interim 1/18 at 12:35 p.m. she 1/18 at 12:35 p.m. she 1/18 at 10:00 1/18 about				

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**Facility Administrator** 

Date

Citation Numb	er:				Date: August	10, 2018
Facility Name: lowa City Reha	ab & Health Care		Survey I			
Facility Addres	ss/City/State/Zip		July 10-26, 2018			
3661 Rocheste Iowa City, Iowa		MW				
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	revised interventions  3. According to the A 7/10/18 Resident #4 I cancer and periphera  The Minimum Data S revealed Resident #4 The MDS revealed Re ulcers or skin problem Resident #4 at risk fo development.  The Braden Scale da Resident #4 low risk fo The Plan of Care faile skin impairments.  The Nursing Admission 3/14/18 revealed the revealed no skin impair The Skin Grid for All I sheet dated 3/14/18 re excoriation above the	admission Record dated had diagnoses of colon I vascular disease.  et (MDS) dated 3/21/18 at risk for skin break down. esident #4 had no wounds, hs. The MDS revealed r pressure ulcer  ted 3/14/18 revealed for skin break down.  ed to reflect Resident #4 had had be pairments present.  Other Skin Impairments evealed Resident #4 had an erectum on admission. The lift to complete weekly				

Facility Administrator	Date

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Citation Numb	er:				Date: August	10, 2018
	ab & Health Care		Survey I			
Facility Addres	ss/City/State/Zip			,		
3661 Rocheste lowa City, lowa		MW				
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	assessment dated 6/7 the area healed.	12/18. The sheet revealed				
	The Skin Grid for All "Other" Skin Impairments sheet dated 3/14/18 revealed Resident #4 had a bleb with an open area. The sheet revealed one assessment dated 6/5/18. The sheet revealed the area healed.					
	an open area on his/hof excoriation. One a	e reported Resident #4 had ner buttocks and two areas rea Stage III. The wound pressure applied. Resident				
	Record sheet reveale					
		cord dated 7/24/18 revealed noses of heart disease and				
	resident to report cha	ares for signs of breakdown				
						Page <b>19</b> of <b>4</b>

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

Citation Number: 6834					Date: August	10, 2018
Facility Name: lowa City Rehab & Facility Address/Ci			Survey D			
3661 Rochester Av lowa City, lowa 52		MW				
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
Red dat The she me sta and An	sident #6 had a drested 7/7.  e July 2018 Medicates revealed an order pilex one time a data of the documented the drested 7/9.	18 at 2:15 p.m. revealed essing on the left forearm ation Administration Record ler dated 6/20/18 to apply ay every three days. The treatment competed on 7/6 18 at 9:20 a.m. the Assistant DON) reported he/she				
obs not trea dos 7/7	served Resident #4 sed it was dated 7/7 atment was signed esn't look like it was	I's dressing yesterday and 7. The ADON reported the out as completed but it s changed as it was dated				
rep	orted the staff cha	18 at 1:32 p.m. Resident #6 nged his/her dressing this hat it was four days ago.				
Re		cord dated 5/14/18 revealed gnoses of Parkinson's				
rev	realed Resident #1	ated 3/29/18 at 10:14 p.m. 0's right great toe had dark some breakdown, swelling,				Page <b>20</b> of <b>4</b>

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

Citation Numb	er:				Date: August	10, 2018
•	ab & Health Care		Survey Dates:  — July 10-26, 2018			
Facility Addres	ss/City/State/Zip			_0, _0.0		
3661 Rocheste lowa City, lowa		MW				
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
			П	П	•	
	redness and warmth. Physician to look at th	The staff left a note for the ne toe in the morning.				
	Staff P (Nurse Consu had an area on the rig reported a skin sheet right great toe. Staff I received antibiotic tre	could not be located for the P reported Resident #10 atment in June. Staff P ad incomplete assessments				
	dated 6/2015 revealed skin care program incomplete the following: identific developing pressure of the prevention strategies developing pressure of the street issues, weekly monited daily monitoring of extreatment protocols be practice" standards for the aling, interdisciplinating impairments, monitoring implementation of interventions, review	erventions and effectiveness w of modification of oplicable and analysis of data for quality				

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

Citation Number	er:				Date: August	10, 2018
Facility Name: lowa City Reha	b & Health Care		Survey I			
Facility Addres	s/City/State/Zip			20, 2010		
3661 Rocheste Iowa City, Iowa		MW				
Rule or Code Section	Naturo	e of Violation	Class	Fine A	mount	Correction date
	FACILITY RESPONS	SE:				
58.19(2)b	of wounds, including	and treatment.  propriate care and treatment pressure sores, to promote ction, and prevent new sores	I	\$10,00 (Held i Suspe		UPON RECEIPT
	received appropriate	failed to ensure residents				Page <b>22</b> of <b>4</b> 4

Page 22

**Facility Administrator** 

Date

Citation Number	er:				Date: August	10, 2018
Facility Name: lowa City Reha	ab & Health Care		Survey [			
Facility Addres	ss/City/State/Zip		ouly 10-2	20, 2010		
3661 Rocheste lowa City, lowa		MW				
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	sores. Resident #1, # reported a census of	#13, #8, and #35. The facility 64.				
	1. The Admission Re Resident #1 had a dia	cord dated 7/10/18 revealed agnosis of paraplegia.				
		et (MDS) assessment dated ident #1 had no cognitive				
	The MDS revealed Re extensive assistance mobility, transfers and	of two staff with bed				
		esident #1 had one Stage I ne unstageable Pressure				
	The Braden Scale dat Resident #1 scored "7 resident at moderate	13". The scored placed the				
	ulcer on the left media of Care directed the s heels when in bed, m inspect skin daily, kee moisturizing lotion, pr needed, can leave the	ovide incontinence care as				Page <b>23</b> of <b>4</b>

Facility Administrator Date

Citation Number: 6834				Date: August	10, 2018
Facility Name: lowa City Rehab & Health Care Facility Address/City/State/Zip		Survey Dates: - July 10-26, 2018			
3661 Rochester Avenue lowa City, Iowa 52245	MW				
Rule or Code Nat Section	ure of Violation	Class	Fine A	Amount	Correction date
Resident #1 had a se buttock caused by rarea measured 4.0 2.0 cm (width) by 0.0 dark pink/red and on evaluate today and on Ensure, alternation pressure reducing cand incontinence cate barrier cream. Will wound nurse makes The Skin Grid for Addted 4/24/18 reveating the set revealed the admission, pink and granulation present to complete weekly weekly assessment The Treatment Admit 1/4/18 at 4/30/18 re 4/25/18 to cleanse a saline, dry, apply connectime a day. The revealed an order designed as a saline of the saline o	I "Other" Skin Impairments aled Resident #1 had a to the right buttock. The area not present on I red in color and had  The sheet directed the staff The sheet contained no				Page <b>24</b> of <b>4</b>

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

Citation Numb	er:				Date: August	10, 2018
	ab & Health Care			Survey Dates: July 10-26, 2018		
3661 Rocheste lowa City, low	er Avenue	MW				
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	The Treatment Admir 5/1/18 to 5/31/18 reve treatment on 5/1, 5/4, 5/19, 5/20, 5/22, 5/23 5/30.  The Initial Wound Clir 5/18/18 revealed Resunstageable Pressure that measured 4.1 cm by 1.2 cm (depth). The pressure ulcer had a with a relatively strong bed is covered with n slough and eschar. Fexcisional debrideme  The Treatment Admir 6/1/18 to 6/30/18 revet treatment on 6/1, 6/3, 6/13, 6/14, 6/15, 6/16	e Ulcer to the right gluteus in (length) by 3.5 cm (width) the note revealed the large amount of drainage in godor. The entire wound ecrotic tissue, adherent resident #1 had an int of the wound.  Inistration Record dated ealed the omissions in the pealed the following forms.				
	measured 6.0 cm (ler 3.0 (depth). The sheet	's Stage IV Pressure Ulcer ngth) by 6.0 cm (width) by et revealed the staff able to to two different areas. The				Page <b>25</b> of 4

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

Citation Numb	er:				Date: August	10, 2018
Facility Name: lowa City Reha	ab & Health Care		Survey Dates: July 10-26, 2018			
Facility Addres	ss/City/State/Zip			_0, _0.0		
3661 Rochester Avenue lowa City, Iowa 52245		MW				
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	wound bed covered w Wound Clinic Staff co admitted Resident #1 work up.  The Nursing Assessm an Admission Skin Sy skin concerns.  The Progress Notes of revealed Resident #1 a wound vac.  Review of the Progres 6/19/18 revealed Resident #1 a wound vac.  An interview on 7/12/reported Resident #1 a scratch. Staff G repomissions on the treat An interview on 7/18/ (Charge Nurse) reports shifts. Staff J reported get all of the treatment them on to the next sident.	e with a strong odor and with necrotic tissue. The onsulted the Hospitalist who to the hospital for further then dated 6/27/18 revealed weep with no documented dated 6/27/18 at 11:44 p.m. returned to the facility with the ss Notes from 4/24/18 to ident #1 refused his/her 18 at 8:48 a.m. Staff G is pressure ulcer started as ported he/she is aware of the				Page <b>26</b> of <b>4</b>

\_\_\_\_

Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw

Facility Administrator

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 Numb	er:				Date: August	10, 2018
Facility Name: lowa City Reha	ab & Health Care		Survey	Dates: 26, 2018		
Facility Addres	ss/City/State/Zip		cary ro	20, 2010		
3661 Rochester Avenue Iowa City, Iowa 52245		MW				
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	•	ported Resident #1 goes out es and refuses to lay down.				
	Clinic Clinical Manage does not staff comply	18 at 1:20 p.m. Wound er reported Resident #1 with staying off his/her not a candidate for a skin				
		cord dated 7/19/18 revealed gnoses of heart failure, I kidney disease.				
		et (MDS) assessment dated ident #13 cognitively intact.				
		18 revealed Resident #13 sistance of one staff with and hygiene.				
	The MDS dated 6/10/ had no pressure ulcer	18 revealed Resident #13 rs.				
	The Plan of Care reve	ealed no skin impairments.				
	The Braden Scale da	ted				
		dated 4/10/18 revealed ed with an open area to the vealed the open area				Page <b>27</b> of <b>4</b>

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw

Date

Citation Number: 6834 Facility Name:			Survey	Dates:	Date: August	10, 2018
	ab & Health Care		July 10-			
Facility Addres	ss/City/State/Zip			_0, _0.0		
3661 Rochester Avenue lowa City, Iowa 52245		MW				
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	applied to wound and of pain to the area. Sand Tramadol administration of pain to the area. Sand Tramadol administration of pain to the area. Sand Tramadol administration of pain to the left heel wound measundetermined. The part of the part of the wound with the wound are sing.  The Nursing Admission of the left of t	part of the wound. Gauze Resident #13 complained off boot placed on left foot stered.  ated 4/25/18 revealed the ured 3.5 cm by 4.0 cm by hysician wrote an order to ith normal saline, apply skin nd, apply calcium alginate d cover with semiperiable  on Data Collection sheet d Resident #13 had a Stage I eft heel that measured 4.2 n (width).  Other" Skin Impairments evealed an area on the left				Page <b>28</b> of <b>4</b>

Facility Administrator Date

Citation Numb	er:				Date: August	10, 2018
	ab & Health Care		Survey Dates: - July 10-26, 2018			
3661 Rocheste lowa City, low		MW				
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	normal saline, dry, apply skin prep around the wound, apply calcium alginate AG to the wound and cover.					
	revealed the order ch directed the staff to a left heel and cover. T revealed omissions in	nent Administration Record anged on 5/8/18. The order pply Silvadene cream to the The Treatment Record the treatment on 5/7, 5/9, 5, 5/14, 5/15, 5/16, 5/17, and 5/23.	The order eam to the cord 5/7, 5/9,			
	revealed the order ch order directed the sta calcaneus with norma apply Medihoney Wo wound and change ev Treatment Record rev	al saline, apply skin prep, und/Burn dressing pad to				
	Resident #13 had an to the left heel. The a	te dated 6/26/18 revealed unstageable pressure ulcer area measured 3.5 gth) by 2.8 cm (width) by 0.1				
		18 at 2:10 p.m. revealed dressing to Resident #13's				Page <b>29</b> of <b>4</b>

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Facility Administrator Date

Citation Numb	er:			10, 2018		
Facility Name: lowa City Reha	ab & Health Care		Survey I	Dates: 26, 2018		
Facility Addres	ss/City/State/Zip		July 10-2	20, 2010		
3661 Rocheste lowa City, lowa		MW				
Rule or Code Section	Natur	e of Violation	Class	Fine Am	nount	Correction date
	of serous drainage. Swound. The wound m 4.7 cm (width) by 0.2 the wound and applie secured with gauze.  An interview on 7/20/reported he/she noted assessment for Resid Staff L reported treatr Staff L reported conceassessments not bein documentation of treat Staff L reported Resid was not identified on that was updated.  The Skin Care & Woudated 6/2015 revealed skin care program incompressure of the following: identificate developing pressure of the prevention strategies developing pressure of the staff L reported Residually monitoring of extreatment protocols be practice" standards for	neasured 4.2 cm (length) by cm depth. Staff G cleansed d Mepilex AG foam and  18 at 9:34 a.m. Staff L the first nursing lent #13's heel on 5/8/18. It is started on 4/25/18. It is started and atments being completed. It is of pressure ulcer list of pressure ulcers and atmediately and management policy the components of the slude, but are not limited to, ation of residents at risk for ulcers, implementation of to minimize the potential for ulcers and skin integrity oring of resident skin status, isting wounds, application of				Page <b>30</b> of <b>4</b>

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

Citation Numb	er:				Date: August	10, 2018
Facility Name: lowa City Reha	ab & Health Care		Survey Dates:  – July 10-26, 2018			
Facility Addres	ss/City/State/Zip			_0, _0.0		
3661 Rochester Avenue Iowa City, Iowa 52245		MW				
Rule or Code Section	Natur	e of Violation	Class	Fine An	nount	Correction date
	of interventions, reviet treatment plans as apfacility pressure ulcer improvement opportu.  3. According to the Magnetic and the Magnetic and muscle was required supervision of walking and limited as extensive assistance. The resident had a BI Mental Status) of 10 was cognitive ability. The aresident did not have tears.  Review of the care plastaff failed to formulat prevention and care of sore. The facility staff residents care plan af area on 712/18.  Review of the care plan af area on 712/18.	erventions and effectiveness w of modification of oplicable and analysis of data for quality nities.  Minimum Data Set dated May had diagnoses which chizophrenia, difficulty reakness. The resident of 1 person for transfers, asistance for toilet use and for dressing and eating.  MS (Brief Interview for which indicated moderate assessment revealed the pressure sores but had skin an revised on 7/5/18 the se a specific care plan for the of the resident's pressure failed to update the ster the discovery of an open an dated 7/18/18 indicated all skin impairments related				Page <b>31</b> of <b>4</b>

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

Citation Numb	er:				Date: August	10, 2018
Facility Name: lowa City Reha	ab & Health Care		Survey	Dates: 26, 2018		
Facility Addres	ss/City/State/Zip			_0, _0.0		
3661 Rocheste lowa City, lowa		MW				
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	directed the staff to mand size, pressure relipadding to chairs combuttock as ordered and transfers and bed modern Review of a Skin Grick dated 7/12/18 Staff Gan abrasion to the left centimeters by 4 cent superficial.  Review of the Skin Grick dated 7/12/18 Staff Gan abrasion to the left centimeters by 4 cent superficial.  Review of the Skin Grick dated 7/12/18 Staff Gan abrasion to the left centimeters by 4 cent superficial.  Review of the Skin Grick dated 7/12/18 Staff Gan abrasion to the left at 2:00 p.m. an additional date of the left buttock.  Review of the Progress know the resident had the left buttock.	bility.  I for Other Skin impairments -RN record Resident #8 had buttock measuring 4 imeter and appeared  rid for Other Skin 18/18, Staff G-RN recorded essure sore to their left ured 2.2 x 3 centimeters and ntimeters. During the t buttock wound on 7/18/18 onal area noted directly ssure sore which measured and described as dicated the original pressure				Page <b>32</b> of <b>4</b> 4

Date

Facility Administrator

Citation Numb	er:				Date: August	10, 2018
Facility Name: lowa City Reha	ab & Health Care		Survey I	Dates: 26, 2018		
Facility Addres	ss/City/State/Zip		cary ro	20, 2010		
3661 Rocheste lowa City, lowa		MW				
Rule or Code Section	Natur	e of Violation	Class	Fine An	nount	Correction date
	which measured 2.0 centimeters and the cunchanged.  Review of Resident #Record the resident heleft buttock wound ca 13th. Review of the 13 until July 18 revea complete 5 of 11 order to 18 complete 6 complete 7 complete 7 complete 8 complete 8 complete 9 complete	8 July 2018 Treatment and an order for twice daily re which started on July Treatment Record from July led the staff failed to ered dressing changes.  18 at 7:05 a.m. with Staff Cresident refused the yand told her to get out. At post to complete the dressing, he was compliant with the eff C had the resident roll to ea on the left buttock did not ace and noted to have white ounding the wound. The ave on 2 incontinence briefs, he dressing change and e cares. During this process ovision of cares Resident #8 properative with staff				Page <b>33</b> of <b>4</b>

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

Citation Number: 6834				Date: August '	10, 2018
Facility Name: lowa City Rehab & Health Ca		Survey July 10-	Dates:		
Facility Address/City/State/Z	ip		_0, _0.0		
3661 Rochester Avenue lowa City, Iowa 52245	MW				
Rule or Code Section	Nature of Violation	Class	Fine Am	nount	Correction date
	a July 14 at 10:20 a.m. but no	o further			
at 8:43 a.m. the resident reddened ar and stated s	During an interview with Staff I- CNA on 7/17/18 at 8:43 a.m. the staff indicated they didn't know the resident had wounds but thought he had a reddened area on his buttock they apply cream to and stated she didn't think he had any dressings to buttocks area.				
7:05 a.m. St buttock wou considered p new area did and stated s stated the w	terview with Staff G-RN on 7 aff G stated she assessed the discovered areas. She discovered below the original present didn't know it was there, ound to buttocks is worse the she measured it.	ered a sure sore Staff G			
10:35 a.m. S	terview with Staff F-RN on 7, Staff F stated the second ope resterday is described as a p	n area			
Resident As that Resider the Brief Inte The MDS do	terly Minimum Data Set (MD sessment dated 5/10/18 doc at#35 had scored a 14 out of erview for Mental Status que ocumented that the resident of esistance of two staff membe	umented 15 on stions. required			Page <b>34</b> of <b>4</b>

Facility Administrator Date

_			Survey I July 10-2		_	10, 2018
3661 Rochester Avenue lowa City, Iowa 52245		MW				
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	personal hygiene. The resident had been fre and bladder. The MD resident had diagnose unspecified limb, must edema, and severe of hypoventilation (respi MDS documented that pressure areas, and trunstageable areas duressings.  The Braden Scale (S 6/7/18 documented the chairfast, slightly limit occasionally moist skiproblems for friction at A Skin Grid for Pressure aright posterior thigh identification date of 2 lacked an assessment A Skin Grid for Pressure the tip of the right third identification date of 2 lacked and assessment at the control of the right third identification date of 2 lacked and assessment at the control of the right third identification date of 2 lacked and assessment at the control of the right third identification date of 2 lacked and assessment at the control of the right third identification date of 2 lacked and assessment at the control of the right third identification date of 2 lacked and assessment at the control of the right third identification date of 2 lacked and assessment at the control of the right third identification date of 2 lacked and assessment at the control of the right third identification date of 2 lacked and assessment at the control of the right third identification date of 2 lacked and assessment at the control of the right third identification date of 2 lacked and 2 lacked and 3 lacked an	ratory insufficiency). The at the resident had unhealed hat included three ie to non-removable with Risk Assessment) dated nat the resident had been ed with mobility, in, and had potential and shear.				

Facility Administrator Date

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Page 35 of 44

Citation Numb	er:				Date: August	10, 2018	
	ab & Health Care		Survey I		<u> </u>		
Facility Addres	ss/City/State/Zip		0, 10. 20, 20.10				
3661 Rocheste lowa City, lowa		MW					
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date	
		ure Ulcer documented that					
		n concern had the 4/12/18. The clinical record at until the date of 5/22/18.					
	the right fourth toe tip identification date of	ure Ulcer documented that skin concern had the 4/12/18. The clinical record to the the date 5/22/18.					
	the right posterior hed identification date of 4	ure Ulcer documented that el skin concern had the 4/12/18. The clinical record at until the date of 5/22/18.					
	documented that a we residents room to ass measurements compleassessments for each resident's doctor had orders received. Area follows: right 5th toemeasured 0.3x0.4 celepth, right great toemeasured 1x1cm with measured 1x1.5cm with blister-fluid filled, right	leted and weekly					
		with no depth dark brown				Page <b>36</b> of <b>4</b>	

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

Citation Numb	per:				Date: August	10, 2018
	ab & Health Care		Survey I			
	ss/City/State/Zip		,	,		
3661 Rochest Iowa City, Iow		MW				
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	stage 3 measured 1.5 wound bed left pink till slough to center and till inferior aspect of wou 0.2cm of open areas no visible drainage, to in center of the arch-7.5x5cm dark brown/flap of dead calloused measured 5x1.7cm; the skin uniform in color aremove flap by gently separated from foot falighter colored skin roof thick dry brown/pur this time. No complain had been removed. To remaining areas are seexcept the area to 3 compressure area. Treatmareas on toes except prep twice a day, to a Silvadene and cover oplantar surface- apply with gauze.	in no depth, right 3rd toe tip fix1.3cm with 0.1cm depth-ssue with 0.3x0.6cm yellow flap of skin attached to and coming up over about edges defined and attached to plantar surface of right foot upon initial observed area is ourple with 0 depth with a diskin in the center the flap and remainder of and tissue type, able to pulling. Flap of dead tissue airly easily leaving intact to apply 5x1.7cm. Remainder the ple tissue attached to foot at ants of pain when the tissue his area non-pressure. All skin deep tissue injury ditoe which is a stage 3 ment orders as follows: To all 3rd toe stage 3, apply skin				Page <b>37</b> of 4

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

Citation Numb	er:				Date: August	10, 2018	
Facility Name: lowa City Reha	ab & Health Care		Survey I				
Facility Addre	ss/City/State/Zip		July 10-26, 2018				
3661 Rocheste lowa City, low		MW					
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date	
	concerns that had be date 4/12/18.  The Treatment Admir dated 4/1/18 to 4/30/7 physician's order star apply Skin Prep Wipe ulcers on the right greetoe, fifth toe, and the day. The TAR lacked treatments had been the following dates; ATAR also directed the order start date of 11/2 aquaphillic cream to be TAR lacked docutreatments had been the following dates; AH 19/18, and AH 19/18. a physician's order start document in the physician's order start date of 11/2 aphysician's order start date of 11/2 aphysician's order start date document in the follows; Apply Betadir with gauze daily for worder that deen completed directed staff with a physician's order start date of 11/2 aphysician's order start date of 11/2 a	completed twice a day for /9/18, 4/17/18, 4/18/18, The TAR directed staff with art date of 4/13/18 as he to the right foot and wrap yound management. The station that this treatment					

Facility Administrator 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).

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Facility Name: lowa City Rehab & Health Care  Facility Address/City/State/Zip  3661 Rochester Avenue lowa City, lowa 52245  Rule or Code Section  Completed every shift on the following dates; 4/9/18, 4/17/18, 4/18/18 and 4/29/18.  The TAR dated 5/1/18 to 5/31/18 directed staff with a physician's order start date of 11/08/17; Waffle cushion to chair at all times every shift on the following dates; 5/3/18, 5/7/18, 5/8/18, 5/11/18, 5/3/318, 5/16/18, 5/17/18, 5/8/18, 5/11/18, 5/22/18, 5/25/18, 5/25/18, 5/27/18, and 5/28/18.  The TAR directed the staff with a physician's order start date of 4/12/18 as follows: apply Skin Prep Wipes topically to the pressure ulcers on the right great toe, second toe, fourth toe, lifth toe, and the posterior right heel twice a day. The TAR lacked documentation that these treatments had been completed twice a day for the following dates; 5/3/18, 5/11/18, 5	Citation Numb	er:				Date: August	10, 2018
Rule or Code Section    Class   Fine Amount   Correction date	Iowa City Reha	ab & Health Care					
Rule or Code Section    Nature of Violation   Class   Fine Amount   Correction date	Facility Addres	ss/City/State/Zip		Cury 10			
Code Section  Class  Completed every shift on the following dates; 4/9/18, 4/17/18, 4/18/18 and 4/29/18.  The TAR dated 5/1/18 to 5/31/18 directed staff with a physician's order start date of 11/08/17; Waffle cushion to chair at all times every shift for off load pressure. The TAR lacked documentation of this intervention being completed every shift on the following dates; 5/3/18, 5/7/18, 5/8/18, 5/11/18, 5/13/18, 5/16/18, 5/17/18, 5/20/18, 5/22/18, 5/22/18, 5/26/18, 5/27/18, and 5/28/18.  The TAR directed the staff with a physician's order start date of 4/12/18 as follows: apply Skin Prep Wipes topically to the pressure ulcers on the right great toe, second toe, fourth toe, fifth toe, and the posterior right heel twice a day. The TAR lacked documentation that these treatments had been completed twice a day for the following dates; 5/3/18, 5/8/18, 5/11/18, 5/12/18, and 5/17/18. The TAR directed the staff with a physician's order start date of 11/30/17 as follows; apply Aquaphilic cream to both lower legs twice a day. The TAR lacked documentation that these treatments had been completed twice a day for the following dates; 5/3/18, 5/8/18, 5/11/18, 5/14/18, 5/16/18, 5/17/18, 5/8/18, 5/11/18, 5/14/18, 5/16/18, 5/17/18, 5/8/18, 5/11/18, 5/14/18, 5/16/18, 5/17/18, 5/8/18, 5/11/18, 5/26/18, and 5/28/18. The TAR directed staff with a physician's order start date of 4/12/18 as follows; clean the right third toe pressure ulcer, apply Silver Sulfadiazine Cream 1%			MW				
The TAR dated 5/1/18 to 5/31/18 directed staff with a physician's order start date of 11/08/17; Waffle cushion to chair at all times every shift for off load pressure. The TAR lacked documentation of this intervention being completed every shift on the following dates; 5/3/18, 5/7/18, 5/8/18, 5/11/18, 5/13/18, 5/16/18, 5/17/18, 5/20/18, 5/22/18, 5/25/18, 5/26/18, 5/27/18, and 5/28/18.  The TAR directed the staff with a physician's order start date of 4/12/18 as follows: apply Skin Prep Wipes topically to the pressure ulcers on the right great toe, second toe, fourth toe, fifth toe, and the posterior right heel twice a day. The TAR lacked documentation that these treatments had been completed twice a day for the following dates; 5/3/18, 5/8/18, 5/11/18, 5/12/18, and 5/17/18. The TAR directed the staff with a physician's order start date of 11/30/17 as follows; apply Aquaphilic cream to both lower legs twice a day. The TAR lacked documentation that these treatments had been completed twice a documentation that these treatments had been completed twice a day for the following dates; 5/3/18, 5/8/18, 5/11/18, 5/16/18, 5/16/18, 5/17/18, 5/8/18, 5/11/18, 5/16/18, 5/16/18, 5/17/18, 5/20/18, 5/22/18, 5/26/18, and 5/28/18. The TAR directed staff with a physician's order start date of 4/12/18 as follows; clean the right third toe pressure ulcer, apply Silver Sulfadiazine Cream 1%	Code	Natur	e of Violation	Class	Fine A	mount	
		4/9/18, 4/17/18, 4/18/ The TAR dated 5/1/18 with a physician's ord Waffle cushion to cha off load pressure. The of this intervention be the following dates; 5/5/11/18, 5/13/18, 5/16/5/22/18, 5/25/18, 5/26/18, 5/26/18, 5/3/18, 5/3/18, 5/3/18, 5/3/18. The TAR directed the order start date of 4/1 Prep Wipes topically right great toe, second and the posterior right lacked documentation been completed twice dates; 5/3/18, 5/8/18, 5/17/18. The TAR directed the order start date of 4/1 Prep Wipes topically right great toe, second and the posterior right lacked documentation been completed twice dates; 5/3/18, 5/8/18, 5/17/18. The TAR directed the follows; apply Aquaph twice a day. The TAR these treatments had for the following dates 5/11/18, 5/14/18, 5/16/18, and staff with a physician' as follows; clean the	18 and 4/29/18.  8 to 5/31/18 directed staff for start date of 11/08/17; ir at all times every shift for TAR lacked documentation ing completed every shift on /3/18, 5/7/18, 5/8/18, 5/18, 5/17/18, 5/20/18, 5/17/18, and 5/28/18.  8 staff with a physician's 2/18 as follows: apply Skin to the pressure ulcers on the d toe, fourth toe, fifth toe, theel twice a day. The TAR in that these treatments had a day for the following 5/11/18, 5/12/18, and ected the staff with a that date of 11/30/17 as in the completed twice a day is; 5/3/18, 5/7/18, 5/8/18, 5/17/18, 5/20/18, 5/28/18. The TAR directed is order start date of 4/12/18 right third toe pressure				
Page 39 of 4/		ulcer, apply Silver Su	Itadiazine Cream 1%				Page <b>39</b> of <b>4</b>

Facility Administrator Date

Citation Numb	er:				Date: August	10, 2018
Facility Name: lowa City Reha	ab & Health Care			Survey Dates: July 10-26, 2018		
Facility Addres	ss/City/State/Zip		— July 10 20, 2010			
3661 Rocheste lowa City, lowa		MW				
Rule or Code Section	Natur	e of Violation	Class	Fine Am	nount	Correction date
	had been completed of 5/3/18, 5/11/18, and 5 staff with a physician' as follows; apply Beta wrap with gauze for w. The TAR lacked docutreatment had been of dates; 5/3/18, 5/10/18. The TAR dated 6/1/18 documentation the phocushion had been in poshifts. The TAR also I the treatment to the rebeen completed 3 out The TAR also lacked Aquaphilic treatment of the 60 times required documentation that the treatment to the right completed 3 out of 30 documentation that the right foot had been continues required.  The TAR dated 7/1/18 documentation the phocumentation t	the treatment to the third toe daily on the following dates; 5/16/18. The TAR directed is order start date of 4/13/18 addine to the right foot and yound management daily. Immentation that the Betadine completed on the following 3, 5/18/18, and 5/26/18.  B to 6/30/18 lacked hysicians order for the waffle place every shift 15 out of 90 acked documentation that the esident <s 16="" 18="" 2="" 23="" 30="" 60="" 67="" a="" at="" been="" completed="" cream="" documentation="" empleted="" estadine="" for="" had="" in="" lacked="" lacked.<="" led.="" of="" other="" out="" required.="" right="" silver="" sulfadiazine="" tar="" th="" than="" that="" the="" third="" times="" to="" toe="" toes="" treatment=""><td></td><td></td><td></td><th>Page <b>40</b> of <b>4</b></th></s>				Page <b>40</b> of <b>4</b>

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

Citation Number: 6834					Date: August	10, 2018
Facility Name: lowa City Rehab & H			Survey I			
Facility Address/City	//State/Zip		0, 10.20, 20.0			
3661 Rochester Aver lowa City, Iowa 5224		MW				
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
TAR Sulfa comprequents that compred that compred the Education of the Educ	lacked document adiazine Cream to pleted to the third ired times. The Tothe Skin Prep trepleted 3 of the 48 mg an observation Ty, R.N. (Grapetrolies directly on the original area (Side table. She the plete of the Betadine. She the Betadine with a staff member did the resident's toes. The plete of the Betadine with the Betadine of the staff member did the resident's toes. The plete of the plete of the the betadine of the plete of th	e 24 required times. The station that the Silver reatment had been dright toe three of the 24 fAR lacked documentation atments had been drimes required.  In on 07/23/18 at 1:04 p.m. ree Staffing) placed dressing the bedside table after the lunch tray from the en washed her hands and the end betadine swabs eaned the right foot on the end betadine swabs eaned the mid arch with the encovered the area cleaned in two by two inch gauze the dit with a Kling dressing directly on the bedside tab. The tops of the toes and dry to the right foot.  In 7/23/18 Staff Y, Register the treatment record reported der for a third toe dressing, my questionable area, and atment to the residents third				Page <b>41</b> of <b>4</b> 4

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

Citation Numb	er:				Date: August	10, 2018
	ab & Health Care		Survey I			
Facility Addres	ss/City/State/Zip					
3661 Rocheste lowa City, lowa		MW				
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	nurses notes lacked of nurse had contacted to discontinue the treatment the date of 7/24/18 or During an observation Staff W, Certified Nur C.N.A provided the recare. Staff W, C.N.A the residents mid upper quarter sized open and that had a circular shad During an interview of W, CNA and Staff I C were directed to put Calso reported that the rest for treatment of heleg, because she use lot of the time.  Upon clinical record redocumentation of an oposterior thigh.  During an interview of P, Nurse Regional Co.	n on 7/23/18 at 1:40 p.m se's Aide (C.N.A) and Staff I esident with incontinence applied Calazime cream to ser posterior thigh that had a ea with a beefy red center ape.  n 7/23/18 at 1:40 p.m. Staff NA both reported that they Calazime on it. Both staff resident had been on bed ser sore on the back of her to sit in her wheel chair a				Page <b>42</b> of <b>4</b>

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

Citation Numb	er:				Date: August	10, 2018	
Facility Name:			Survey [	Dates:			
	ab & Health Care		July 10-26, 2018				
Facility Addres	ss/City/State/Zip						
3661 Rocheste lowa City, low		MW					
lowa only, low	u 022-10						
Rule or Code Section	Natur	e of Violation	Class	Fine Am	nount	Correction date	
	عاد المعالم ال	and and final all the					
	also reported that she documentation for the	e resident's skin issues.					
	Physician directed that required to remain on change every 1 hour open areas were resolution. Upon Clinical record atted 6/25/18 to curredocumentation that the repositioned.  The Care Plan with indocumented that the and actual skin impair diabetes, and obesity staff to complete skin Care Plan further directions.	dated 6/25/18 from the at the resident had been bed rest with check and until her posterior right thigh olved.  review of the nurse's notes ent the nurses notes lacked he resident refused to be ditiated date of 4/14/17 resident had the potential rement related to fragile skin, and the Care Plan directed treatments as ordered. The acted the staff to identify, are and treatment of skin					
	injury, and report abn	ormalities, and failures to toms of infection to the					
L	<u> </u>		<u> </u>	I		Page <b>43</b> of <b>4</b>	
Facilit	y Administrator		 :e				

		Citation					
Citation Numb	er:	]		Date: August	10, 2018		
Facility Name: lowa City Rehab & Health Care Facility Address/City/State/Zip				Survey Dates:  July 10-26, 2018			
3661 Rocheste lowa City, lowa	er Avenue	MW					
Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date		
			"				

Facility Administrator Date	

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