

**Iowa Department of Inspections and Appeals
Health Facilities Division
Citation**

Citation Number: 7045					Date: October 2, 2019
Facility Name: Embassy Rehab And Care Center		Survey Dates: September 9-18, 2019			
Facility Address/City/State/Zip 206 Port Neal Road Sergeant Bluff, IA 51054		SB			
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date	

58.19(2)i,j	<p>481—58.19(135C) Required nursing services for residents. The resident shall receive and the facility shall provide, as appropriate, the following required nursing services under the 24-hour direction of qualified nurses with ancillary coverage as set forth in these rules: 58.19(2) Medication and treatment. i. Provision of emergency medical care, including arranging for transportation, in accordance with written policies and procedures of the facility; (I, II, III) j. Provision of accurate assessment and timely intervention for all residents who have an onset of adverse symptoms which represent a change in mental, emotional, or physical condition. (I, II, III)</p> <p>DESCRIPTION:</p> <p>Based on record review, facility policy review, and staff interviews, the facility failed to provide cardiopulmonary resuscitation (CPR) - medical intervention used to restore circulatory and/or respiratory function that has ceased- immediately after finding a resident without pulse and respirations for 1 of 4 residents reviewed (Resident #185). The facility reported a census of 29 residents.</p> <p>Findings include:</p>	1	\$10,000 (Held In Suspension)	Upon Receipt	
--------------------	---	---	--	-------------------------	--

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 Iowa Code section 135C.43A (2013).

**Iowa Department of Inspections and Appeals
Health Facilities Division
Citation**

Citation Number: 7045					Date: October 2, 2019
Facility Name: Embassy Rehab And Care Center		Survey Dates: September 9-18, 2019			
Facility Address/City/State/Zip 206 Port Neal Road Sergeant Bluff, IA 51054		SB			
Rule or Code Section	Nature of Violation				

	<p>A Minimum Data Set (MDS) with an assessment reference date (ARD) of 8/21/19, documented Resident #185 with a Brief Interview for Mental Status (BIMS) indicating moderate cognitive impairment. The MDS identified the resident required extensive assistance of two staff for bed mobility, transfers, dressing, and toilet use. The resident had diagnoses that included: heart failure, Chronic Obstructive Pulmonary Disease (COPD), and respiratory failure.</p> <p>Resident #185's admission record identified the resident as a "Full Code".</p> <p>A care plan with initiation date of 2/25/19 identified the resident's advanced directives as the resident with "full code status". The care plan directive to staff was "staff will intervene appropriately if resident should need cardiac resuscitation.</p> <p>Nursing Progress notes dated 8/31/19 at 9:14 a.m. and documented by Staff K LPN (licensed practical nurse) identified the entry type as "change of condition". The entry identified on that date at 7:05 a.m. Staff K was summoned to the resident room and found the resident without pulse or respirations. Staff K then went to the nurses station to check the resident's code status and call the physician for further direction. At 7:10</p>			
--	---	--	--	--

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 Iowa Code section 135C.43A (2013).

**Iowa Department of Inspections and Appeals
Health Facilities Division
Citation**

Citation Number: 7045					Date: October 2, 2019
Facility Name: Embassy Rehab And Care Center		Survey Dates: September 9-18, 2019			
Facility Address/City/State/Zip 206 Port Neal Road Sergeant Bluff, IA 51054		SB			
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date	

	<p>a.m. Staff k notified the physician of the resident's condition and full code status. After a minute or so of hesitation, the physician responded that it was probably too late. Staff k attempted to call the on call nurse and left a message. At 7:26 a.m. Staff K phoned the DON (director of nursing) of the situation. The DON instructed Staff K to start CPR and notify 911. Following the call to the DON, staff initiated CPR and called 911 (21 minutes after assessing the resident without pulse or respirations). At 7:30 a.m. the ambulance arrived and the resident transported to the hospital emergency room (ER) with CPR in progress. On 8/31/19 at 9:02 a.m. the DON documented she spoke with the hospital who informed her the resident expired at 8:27 a.m.</p> <p>On 9/11/19 at 12:24 p.m. Staff H certified medication aide (CMA) on 9/11/19 at 12:24 PM, revealed she last saw Resident #185 on 8/31/19 at about 5:30 AM. The resident talked per usual, skin color appeared normal and Staff H provided check and change cares on him. She reported she did not see any concerns with him.</p> <p>On 9/11/19 at 12:02 p.m. Staff B (CMA) revealed she walked into Resident #185 room on 8/31/19 at 7:05 AM, and noticed the Resident's eyes drooping. Staff B yelled his name and tried rubbing his chest. She reported the resident didn't</p>			
--	--	--	--	--

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 Iowa Code section 135C.43A (2013).

**Iowa Department of Inspections and Appeals
Health Facilities Division
Citation**

Citation Number: 7045					Date: October 2, 2019
Facility Name: Embassy Rehab And Care Center		Survey Dates: September 9-18, 2019			
Facility Address/City/State/Zip 206 Port Neal Road Sergeant Bluff, IA 51054		SB			
Rule or Code Section	Nature of Violation				

	<p>respond. She stated when she found him he felt warm. She revealed she didn't know the resident's code status when she found him and Staff K (LPN) told her not to start CPR so the certified nurse aides (CNAs) then performed post-mortem cares. She then saw Staff K and the director of nursing (DON) talking on the phone and was told staff needed to start CPR because the resident "is a full code". Staff B and Staff K then proceeded to start CPR on Resident #185. Staff B did not know how much time passed between finding him and starting CPR, but stated it was awhile.</p> <p>During an interview with Staff L (CNA) on 9/17/19 at 8:49 AM, she revealed she assisted with post-mortem cares that included checking and changing the resident. she stated he was still warm to touch during cares. She revealed the CNAs provided cares prior to staff starting CPR.</p> <p>During an interview with Staff M (CMA) on 9/17/19 at 9:25 AM, revealed on 8/31/19 when she assisted with post-mortem cares for Resident #185 had no changes in skin color and was warm to touch when providing cares sometime after 7:00 AM.</p> <p>During an interview with Staff K LPN on 9/11/19 at 2:35 PM revealed she thought staff called her</p>			
--	--	--	--	--

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 Iowa Code section 135C.43A (2013).

**Iowa Department of Inspections and Appeals
Health Facilities Division
Citation**

Citation Number: 7045					Date: October 2, 2019
Facility Name: Embassy Rehab And Care Center		Survey Dates: September 9-18, 2019			
Facility Address/City/State/Zip 206 Port Neal Road Sergeant Bluff, IA 51054		SB			
Rule or Code Section	Nature of Violation				

	<p>to Resident #185's room around 7:05 AM on 8/31/19 and found the resident not breathing and without a pulse. Staff K stated it was apparent he was gone (dead) and said she panicked. She stated she checked the resident's code status and saw he was a full code. She called the physician because she wanted further direction as how to proceed. She revealed that the physician never gave an answer either way. Staff K informed surveyor that she should initiate CPR right away on anyone that is a full code. If God forbid it ever happened again, she would handle the situation differently. Staff K denied ever seeing the facility's CPR policy prior to incident. A Basic Life Support form dated 12/6/18 identified that Staff K successfully completed the cognitive and skills evaluation with the curriculum of the American heart Association Basic Life support Program. The form identified that Staff K was certified and approved to perform basic life support (CPR) as of 12/6/18.</p> <p>On 9/17/19 at 10:12 AM, the resident's primary care physician revealed she received a page from the facility at 7:26 AM on 8/31/19 and the physician returned the call shortly after. The physician informed Staff K that it had been a really long time since 7:05 AM when the resident was found without pulse and respirations, and stated she was unsure if the chances were very</p>			
--	---	--	--	--

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 Iowa Code section 135C.43A (2013).

**Iowa Department of Inspections and Appeals
Health Facilities Division
Citation**

Citation Number: 7045				
		Date: October 2, 2019		
Facility Name: Embassy Rehab And Care Center		Survey Dates: September 9-18, 2019		
Facility Address/City/State/Zip 206 Port Neal Road Sergeant Bluff, IA 51054		SB		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>high for successfully restarting the resident's heart. The physician informed Staff K that she did not know the facilities policy for CPR.</p> <p>On 9/17/19 at 9:38 AM Staff J registered nurse (RN) revealed on 8/31/19 she checked and assessed Resident #185. She observed no heartbeat and the resident was not breathing. She stated she lost her direction and felt panicked and frozen at the same time. She revealed she told Staff K that maybe she should call the physician.</p> <p>ED (emergency department) notes identified the resident arrived at the ED on 8/31/19 at 8:12 a.m. The reason for the ED visit was listed as "cardiac arrest, cause unspecified".</p> <p>A provider summary note from the visit revealed resuscitation attempts were initiated in the field. The resident had an unknown downtime. He was intubated in the field and was ventilating well with good air movement. However he had no heart sounds. Aggressive resuscitation was continued. He remained in asystole with no response to resuscitation attempts. Further efforts would be completely futile. resuscitation attempts were stopped and he was pronounced dead.</p>			
--	---	--	--	--

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 Iowa Code section 135C.43A (2013).

**Iowa Department of Inspections and Appeals
Health Facilities Division
Citation**

Citation Number: 7045					Date: October 2, 2019
Facility Name: Embassy Rehab And Care Center		Survey Dates: September 9-18, 2019			
Facility Address/City/State/Zip 206 Port Neal Road Sergeant Bluff, IA 51054		SB			
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date	

	<p>A death certificate revealed the resident expired on 8/31/19 at 8:40 a.m. The immediate cause of death was listed as "cardiopulmonary arrest".</p> <p>Review of the CPR certified staff list revealed Staff J (RN) did not have current CPR certification when the 8/31/19 incident occurred.</p> <p>On 9/17/19 at 12:15 PM, the DON revealed she spoke with Staff K on the phone on 8/31/19 at 7:26 AM, and informed Staff K that she needed to start CPR immediately and call 911.</p> <p>Review of the CPR certified staff list and schedule indicated that two out of 6 staff members working during the incident on 8/31/19 were CPR certified which included Staff K LPN.</p> <p>Review of the CPR/DNR (do not resuscitate) decision form revealed the resident signed the form on 2/21/19 indicating he wanted CPR if his heart stopped beating and/or he stopped breathing.</p> <p>Review of the facilities Nursing Policy and Procedure for Use of Cardiopulmonary Resuscitation (CPR) contained an effective date of August 2018 and revision date of March 2019</p>				
--	---	--	--	--	--

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 Iowa Code section 135C.43A (2013).

**Iowa Department of Inspections and Appeals
Health Facilities Division
Citation**

Citation Number: 7045					Date: October 2, 2019
Facility Name: Embassy Rehab And Care Center		Survey Dates: September 9-18, 2019			
Facility Address/City/State/Zip 206 Port Neal Road Sergeant Bluff, IA 51054		SB			
Rule or Code Section	Nature of Violation				

	<p>The policy identified staff would provide CPR to residents that experienced respiratory or cardiac arrest if they have chosen CPR full code status.</p> <p>On 9/17/19 at 12:15 PM, the DON revealed facility nurses did not receive training prior to the, "Nursing Policy and Procedure for use of Cardiopulmonary Resuscitation (CPR)", put in place August 2018 or with the revision in March 2019. She also revealed the facility did not have any documentation of reviewing the CPR policy with staff.</p> <p>A facility performance improvement plan summary identified revealed facility policy directs staff to initiate cardio pulmonary resuscitation on a resident who indicated they want CPR in even of cardiac arrest. Staff initiated CPR on Resident #185 approximately 20 minutes after they assessed with was without pulse or respirations.</p> <p>During the investigation, the facility provided a document that revealed 17 of 34 residents requested Full Code/CPR status if their heart stopped and/or breathing ceased.</p> <p>Review of the staff schedule's for the past 90 days revealed that on 8/12/19 Evening shift the facility lacked any CPR certified staff coverage.</p>			
--	--	--	--	--

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 Iowa Code section 135C.43A (2013).

**Iowa Department of Inspections and Appeals
Health Facilities Division
Citation**

Citation Number: 7045					Date: October 2, 2019
Facility Name: Embassy Rehab And Care Center		Survey Dates: September 9-18, 2019			
Facility Address/City/State/Zip 206 Port Neal Road Sergeant Bluff, IA 51054		SB			
Rule or Code Section	Nature of Violation				

	<p>Abatement:</p> <p>The facility reviewed nursing staff's CPR certification, reviewed charts for code status and provided CPR education August 31-September 2, 2019.</p> <p>The deficient practice detailed above resulted in an immediate jeopardy situation for the facility. This abatement resulted in past noncompliance for the facility.</p> <p>FACILITY RESPONSE:</p>			
--	---	--	--	--

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 Iowa Code section 135C.43A (2013).