Citation Numb 9023	er:			Date: Decem	ber 23, 2020	
Facility Name: Pillar of Cedar			Survey Dates: October 5 – 28, 2020			
Facility Address/City/State/Zip			October	5 – 28, 2020		
1410 West Dunkerton Rd Waterloo, IA 50703		JM				
Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date	

58.28(3)e	481—58.28(135C) Safety. The licensee of a nursing facility shall be responsible for the provision and maintenance of a safe environment for residents and personnel. (III)	I	\$7,750 (Held in suspension)	Upon receipt
	58.28(3) Resident safety.			
	e. Each resident shall receive adequate supervision to protect against hazards from self, others, or elements in the environment. (I, II, III)			
	DESCRIPTION:			
	Based on observations, staff and resident interviews and clinical record review, the facility failed to ensure 1 of 4 sampled residents received nursing supervision while consuming an altered textured diet and failed to protect residents against hazards in the environment. Resident #4 returned from the hospital to the facility on 9/24/20 and was placed in isolation. Resident #4 was to receive a pureed diet and was to be supervised while eating due to the altered textured diet, a diagnosis of dysphagia and the need for cueing Resident #4 received a mechanically soft diet (wrong diet) and was not supervised during his breakfast meal on 9/30/20. Resident #4 choked on the food given to him and required administration of the Heimlich maneuver to remove the food trapped in his airway.			

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Facility Administrator

Citation Numb 9023	er:				Date: Decemi	ber 23, 2020
Facility Name: Pillar of Cedar Valley Facility Address/City/State/Zip			Survey I October		2020	
1410 West Dui Waterloo, IA 5		JM				
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	than 24 hours after the 1. A Face Sheet titled A 10/22/2020 at 3:26 p.m. most recent hospital sta documented diagnoses disorder, mild intellectua obsessional thoughts an excessive drinking relat dysphagia (swallowing of was documented as 10/ license number left blan A care plan with a focus that resident had a diag resident was on a pureer consistency liquids. The would continue to rema intervention directing sta recommendations. The 3/16/20, directed staff th health disorder: schizoar resident was to remain intervention directed sta acute changes in behav A progress note dated S	Admission Record printed on , documented Resident #4's by was 9/10/20 to 9/24/20. It included schizoaffective al disabilities, mixed and acts, polydipsia (constant ed to excessive thirst) and difficulties). Date of discharge (1/20 with mortician name and k. a date of 3/16/20, directed staff nosis of dysphagia. The ed diet with pudding thick e goal was that Resident #4 in free from aspiration with an aff to follow diet care plan with a focus date of hat resident had a mental affective disorder with a goal the free from major injury. An aff to notify psychiatrist of any vior. 0/10/20 at 2:57 p.m., stated bas and a house supplement ntibiotic: Augmentin for				

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If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Citation Number: 9023					Date: Decemb	oer 23, 2020
Facility Name Pillar of Ceda			Survey	Dates:	2020	
Facility Addre	ess/City/State/Zip		October	J – 20, 2	2020	
1410 West Du Waterloo, IA S		JM				
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	his mental status was d A progress note dated 9 that IMPACT (geriatric of Resident #4 be sent to status. In an interview on 10/14 scanned documentation resident to the hospital included a Medication F 9/10/20 at 4:41 p.m., wh Pureed Texture, Honey A Nutrition Note dated 9 documented by the hos resident's diet was mech honey thick liquids. Die room. A sitter was at hi A Nutrition Note dated 9 hospital dietitian docum mechanical soft ground Dietitian visited with res Care Tech (PCT) was a the resident was on his In an interview on 10/14 dietitian stated she did had a sitter with him for	ade himself fall over a mat and efinitely in question. 9/10/20 at 4:30 documented care team) ordered that the hospital for altered mental 4/20, the DON provided of papers that were sent with on 9/10/20. The papers Review Report printed on hich documented Regular Diet consistency. 9/15/20 at 10:09 a.m., pital dietitian showed the hanical soft ground meat with etitian visited with resident in his				Page 3 of

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er:			Date: Decemi	oer 23, 2020	
Mallar.		Survey I	Dates:		
valley		October	October 5 - 28, 2020		
s/City/State/Zip					
kerton Rd					
703	JM				
•••			Fine Amount	Correction	
Natur	e of Violation	Class		date	
	Valley s/City/State/Zip kerton Rd 703	Valley s/City/State/Zip kerton Rd	Valley s/City/State/Zip kerton Rd 703	Valley S/City/State/Zip kerton Rd 703 JM Fine Amount	

decided if a sitter was needed. The dietitian then stated it did not look like a speech therapist saw him at the hospital. The dietitian verified "PCT" meant "Patient Care Technician." She said that if a resident has a sitter it would be 24/7. A sitter could be there for various reasons. She did believe this resident did have a sitter with him.		
In an interview on 10/14/20 with the Director of Risk Management at the hospital verified that resident did have a sitter with him. She stated when the resident was initially admitted they monitored him per video. The next day on the 9/11/20 they started staffing a sitter. She reported this resident could become violent and he was agitated at times. They found it best to have someone with him. He had intellectual disabilities. He started seeking food at 5 in the morning. They ordered more food to the unit. They did not want him to leave and felt it best that they had someone with him 24/7.		
A Discharge Diet communication from the discharging hospital dated 9/24/20, documented the resident's diet as regular mechanical soft and honey thick liquid diet.		
Progress note entries dated 9/24/20 documented the facility had entered orders.		
Progress note dated 9/25/20 at 4:58 a.m., documented this resident left his room several times during the shift. The nurse attempted to explain the purpose of isolation and COVID monitoring measures but the		

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Facility Administrator

Citation Number: 9023					Date: Decem	ber 23, 2020
Facility Name Pillar of Ceda	ır Valley	-	Survey I October		2020	
1410 West Du	ess/City/State/Zip Inkerton Rd					
Waterloo, IA	50703	JM				
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	 intellectual disabilities. A progress note dated a documented IMPACT with refusal to stay in his root and food off the tables in mg Ativan intramuscular. A progress note dated a documented the resident lunch, and that resident precautionary isolation needs to stay in his root. A progress note dated a documented resident withis isolation room. A progress note dated a documented new order Speech Therapist to evidet. A progress note dated a documented resident withis isolation within a state of the state of	vas notified regarding resident's om and resident knocking trays in the hallway. An order for 1 ar (injection) was obtained. 9/25/20 at 7:52 p.m., nt forgot he ate supper and t is supposed to be on but doesn't understand that he m. 9/26/20 at 5:33 p.m., vas still exit seeking and leaving 9/27/20 at 12:39 p.m., s received that included a aluate resident and a pureed				
		id not meet SNF (skilled ified to change level of care to				

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Citation Numb 9023	er:			Date: Decem	ber 23, 2020
Facility Name: Pillar of Cedar			Survey I	Dates: 5 – 28, 2020	
Facility Address/City/State/Zip 1410 West Dunkerton Rd			October	5 – 20, 2020	
Waterloo, IA 50703		JM			
Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date

doc ass with Res was and a de resi enc resi med the was 90 d A p doc safe A p doc staf don med diffi	progress note dated 9/30/20 at 8:25 a.m., cumented LPN was called into resident's room to sess resident, resident was laying on back in bed h eyes open and breakfast tray in front of him. sident was not able to respond when asked if he s okay. The LPN performed the Heimlich maneuver d resident started to spit food up. Resident then took eep breath and started talking. The writer checked ident's mouth for any remaining food and couraged to spit out any food on the floor which ident did. It was noted that resident was given a schanical soft diet for breakfast instead of pureed, tray was promptly removed. Primary care provider s notified of incident with no new orders. Kitchen s notified of diet error. Head of bed was placed at degrees and resident was encouraged to sit up. brogress note dated 9/30/20 at 12:00 p.m., cumented the nurse sat with writer during lunch for rety. brogress note dated 9/30/20 at 6:53 p.m., cumented the resident ate 100% of his supper and ff monitored resident while he ate. When he was he he asked for some pie. Resident took dications crushed and in pudding without any iculty. brogress note dated 10/1/20 at 5:57 a.m., cumented resident's family was notified the resident d passed away.			Page 6 of	
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If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Citation Number: 9023					Date: Deceml	ber 23, 2020
Facility Name Pillar of Ceda			Survey		2020	
Facility Addr	ess/City/State/Zip		October	5 - 20, 2	2020	
1410 West De Waterloo, IA		ЈМ				
Rule or Code Section	Natur	re of Violation	Class	Fine A	mount	Correction date
	between the 9/30/20 at at 5:57 a.m. entries. A Progress note dated documented the medic discuss if case needed An Incident Report date documented there were 8:25 choking incident a to give a description. T documented: 1. 9/30/20 Tray ca diet. Has been update 2. 9/30/20 Staff to b an altered diet in isolati 3. 9/30/20 will revie in their rooms will be do altered diets ar supervised by staff in lo 4. 10/2/20 dietary s notified for supervision On 10/14/20 the Nursin provided a copy of the handwritten notes. The Oaks and Elms there we	al examiner was paged to to be examined. ed 9/30/20 at 8:05 a.m., e no witnesses of the 9/30/20 nd that the resident was unable the notes on the Incident Report and system defaulted to previous d and is accurate. be educated to be present if on on. ew all diets of residents that eat one to ensure the residents on re eating in supervised setting or				

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If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Citation Number: 9023			Date: Decem	ber 23, 2020
Facility Name: Pillar of Cedar Valley		Survey	Dates: 5 – 28, 2020	
Facility Address/City/Sta	te/Zip		5 – 20, 2020	
1410 West Dunkerton Rd Waterloo, IA 50703	JM			
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
Also on N A Report resident is a.m., Heir needs sup completed In an inter stated res the wrong incident a when she save. The while at th placed on doctor's o changed t 9/26/20 pe examiner was a hea In an inter stated she (ME) and see the re requested further ME	rmed immediate education to those lurse 24 hour report Sheet dated 9/30/20 directed staff t is on a pureed diet, choked on break mlich performed, and directed staff pervision with meals and vital signs d every shift for 72 hours. rview on 10/12/20 at 2:00 p.m., the sident did not pass away from being diet. The NHA said they investigat nd the dietary supervisor did not kn put his diet order in the system, it d e resident received a mechanical so he hospital and when he returned he a mechanical soft diet on 9/24/20 p rder. The NHA reported the diet wat to a pureed diet with honey consiste er doctor's orders, and added the m declined to come to the facility and art attack. rview on 10/12/20 at 2:10 p.m., the e talked with the county medical exa he said he didn't feel he needed to esident unless the medical director of it. Family was notified and they de intervention. The DON added IMF and 2 ARNP's and 1 physician made	hat cfast this resident NHA served ed the low that didn't ft diet e was ber ls ency on hedical said it DON aminer come and or family eclined PACT was		

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Facility Administrator

Citation Number: 9023					Date: Decemi	oer 23, 2020
Facility Name			Survey I	Dates:	ll	
Pillar of Ceda	2		October	5 – 28,	2020	
Facility Addre	ess/City/State/Zip					
1410 West Du		JM				
Waterloo, IA 5	00703					
Rule or Code Section	Natur	e of Violation	Class	Fine /	Amount	Correction date
	И		0	11		
	9/30/20 at 10:02 a.m. a hours.	nd ordered vital signs for 72				
	Registered Nurse Pract Nursing (DON) docume completed by the ARNF Cardiorespiratory arrest In an interview on 10/13	IMPACT ARNP (Advanced itioner) to the Director of ented the death certificate was P and Cause of Death was t. B/20 at 12:45 p.m., Staff A se (LPN), reported she had				
	done the Heimlich on the at breakfast time and Si (CNA), told Staff A that Staff A said she immedi the wrong diet. Staff A s scrambled eggs and pa was supposed to have p Assistant Director of Nu	his resident that morning. It was taff B Certified Nurse Aide this resident was choking. iately noticed he was delivered stated there might have been incakes. Staff A knew that he pureed food. Staff A asked the irsing (ADON), to complete a to confirm accuracy of Staff A's				
	assessment. Staff A edu specialized diets should She added the resident had already been delive she observed the resident to little fast. Staff A stated trays to residents in isol Dietary Aide/CNA as the resident the tray with th morning. Staff A stated with Staff D. Staff A rep	ucated staff that residents on a not be eating by themselves. was on quarantine and his tray ered his tray. Staff A reported ent eating his pureed lunch and slow down as he was eating a the dietary staff do pass meal lation and identified Staff D,				

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Facility Administrator

Citation Number: 9023					Date: Decemi	per 23, 2020
Facility Name Pillar of Cedar			Survey Dates: October 5 – 28, 2020			
Facility Addre	ss/City/State/Zip		October	5 – 20, /	2020	
1410 West Du		JM				
Waterloo, IA 5	0703					
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
u	u.					
		hanged to pureed. Staff A e night of 9/27/20 and ensured et.				
	stated they were passin choking episode. Staff E resident was choking. S resident's room and the had been laying on his this resident very well. and Staff D was deliver went from mechanical s a pureed diet. Staff B re staff got into it over wha B said if she remember soft the first day he was not seen the resident's room. Staff B reported r usually eat in the comm in isolation at that time. leave the trays outside that are on an altered d resident got his tray. Sta somebody needed to be while he ate his meal. S miscommunication betw staff in general, for exar rooms. Staff B reports a slips or word of mouth. trays. Staff B said there between CNA's. The AI	3/20 at 1:18 p.m., Staff B, CNA, ing trays the morning of the B stated Staff D thought the Staff B stepped into the in grabbed Staff A; the resident back but Staff B did not know Staff B was making the trays ing them. The resident's diet soft when he came to the unit to exported the nursing and dietary at the resident's diet was. Staff s right, he received mechanical son Willowwood. Staff B had tray before it went into the residents with altered diets non area, but this resident was Staff B said that normally they of the room for those residents iet and was unsure why the aff B's understanding is that e in the room with this resident Staff B said there is often ween dietary aides and nursing mple taking trays into isolation she knows residents diet from Usually slips are accurate on is a verbal shift to shift report DON told staff after this incident altered diets in their rooms.				

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Facility Administrator

Date

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Citation Number: 9023					Date: Decemi	oer 23, 2020
Facility Name:			Survey [Dates:		
Pillar of Cedar	[.] Valley					
Facility Addre	ss/City/State/Zip		October	5 – 28, 2	2020	
	33/Only/Otate/Lip					
1410 West Dui						
Waterloo, IA 5	0703	JM				
Rule or				Fine A	mount	Correction
Code	Natur	e of Violation	Class			date
Section						
0	Otaff D mantian ad an at					[
		ner resident who they all knew solation so knew he had to be				
		added Staff B was unfamiliar				
		se he had resided in the Aspen				
		g prior to returning from the				
	hospital to Willowwood.					
		3/20 at 1:50 p.m., Staff D				
		brought resident his tray that t as mechanical soft. One day				
		d another day he would get				
	e .	s in isolation and it was the first				
	time Staff B brought his	tray. He was sitting on the				
	edge of the bed and Sta	aff D sat the tray on the tray				
		continued to pass trays. She				
		a resident who was across the				
		vhen she heard choking, so she alled out Resident #4's name				
		wer she looked into his room.				
		/ing on his bed and she went				
		stated that usually people in				
		pht. This resident was on a				
		 Staff D said that residents 				
		it out in the dining room and				
		e out there in the dining room uld deliver the trays. Staff D				
		e tickets. Staff D had not				
		pervision with altered diets and				
		etary aides which residents				
		nd who isn't. Staff D went on to				
	say that as a CNA you	get told all that kind of stuff.				
		he had seen this resident and				

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Citation Number: 9023				ſ	Date: Deceml	oer 23, 2020
Facility Name: Pillar of Cedar Valley			Survey I October	Dates: 5 – 28, 2	020	
Facility Address/City/State/Zip 1410 West Dunkerton Rd Waterloo, IA 50703		JM				
Rule or Code Section	Natur	e of Violation	Fine A		mount	Correction date
	serves trays on Pine. In an interview on 10/13 resident received scram toast. She reported the She believed he received did not remember what what this resident had to In an interview on 10/27 she sat with resident du choking episode. Staff supper and was up wall but Staff U did not give diet. Staff U does not re resident during mealtim choking incident. In an interview on 10/14 Licensed Practical Nurs unit resident lived on pr returning to Willowwood to remind this resident to shovel in food. Resider thick (liquids). Staff E s this resident would eat if area and would sit by th in the community room. room. This resident would and would cough occas	As up there as she usually B/20 at 2:02, Staff D stated the abled eggs that morning with a diet was not altered at all. ed some kind of cold cereal but kind and could not remember o drink. 7/20 at 4:30 p.m., Staff U stated uring supper the evening of the U stated resident did fine at king around. He did request pie it to him as he was on a pureed ecall if nursing staff sat with e in his room prior to the 4/20 at 11:00 a.m., Staff E, se (LPN), from Aspen (the ICF ior to going to the hospital and d SNF), stated they would have to slow down as he would ht's diet was pureed with honey stated if there was ample staff in the PT (physical therapy) ne wall otherwise he would eat . The resident did not eat in his uld eat too fast and too much sionally. Staff E was here the ent to the hospital. Staff E				

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Facility Name: Pillar of Cedar Valley Facility Address/City/State/Zip	Survey I October	Dates: 5 – 28, 2020		
Facility Address/City/State/Zip	October	5 - 20, 2020	1	
1410 West Dunkerton Rd Waterloo, IA 50703				
Rule or Code Nature of Violation Section	Class	Fine Amou	int	Correction date
stated this resident had always been on a pureed diet since the day he admitted to the facility.In an interview on 10/14/20 at 11:50 a.m., the DON stated this resident went to the hospital for increased behaviors. He was to be admitted to psych but they would not take him because he had a g-tube. She said his hemoglobin level was low so he was admitted and procedures were ordered, and then he returned to the facility in isolation. She verified the resident was at the hospital from 9/10/20 through 9/24/20.In an interview on 10/14/20 at 11:55 a.m., the NHA stated this resident was so excited to come back to the PMI unit (Willowwood) as he had wanted to go to that unit all along. The NHA concurred the isolation was set up for the resident upon his return with a cart outside of his room.In an undated typed and signed statement, Staff F, Dietary Director stated this resident's diet was downgraded to pureed on 9/25/20. Staff F had the assistant manager change the already printed tickets through Wednesday 9/30/20 and that a ticket must have gotten missed because the resident received pureed up until that day. Staff F had an email out to the company that provided the food to see if there was a time and date stamp of diets changed.In an interview on 10/14/20 at 11:30 a.m., Staff F, 				

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Facility Name: Pillar of Cedar		-		Survey Dates: October 5 – 28, 2020			
Facility Address/City/State/Zip 1410 West Dunkerton Rd			October	5010501 5 - 20, 2020			
Waterloo, IA 50703		JM					
Rule or Code Section	Nature of Violation		Class	Fine Amount	Correction date		

#4. Staff F explained that she was off Friday and	
Monday so she had printed tickets through the next	
Wednesday on Thursday, the day before she had	
received the email from Staff C. Staff F reports she	
called Staff G, Dietary Director, (Staff F's assistant)	
who had quit during this survey, and told Staff G that	
this resident's diet was changed and to change the	
tickets. Staff F came in on Saturday 9/26/20, cooked	
breakfast, worked breakfast and lunch with no	
concerns brought to her Saturday, Sunday, Monday or	
Tuesday. Staff F cooked breakfast on Wednesday	
morning. Staff D told her that a resident had choked	
on his omelet. Staff F said she had made him a	
pureed tray. Staff F went in to her computer program	
to see if diet had been changed to mechanical soft.	
She noticed Staff G had not changed the diet in the	
system because the tickets were printed through	
Wednesday. Staff G would have handwritten on the	
tickets. Staff F stated she could have caught it after	
breakfast on that Wednesday because she would have	
printed off new tickets. Staff F stated she talked with	
Staff G about it and Staff G told her she had hand	
written pureed on all of his tickets. Staff F said when	
Resident #4 lived on Aspen he was always on a	
pureed, honey thick diet. This resident went to the	
hospital and they put him on mechanical soft. He	
returned to the facility on mechanical soft. Then the	
diet was downgraded to pureed on the 25th (of	
September). This resident had never been on	
Mechanical soft prior to that. He had always been	
pureed. All tickets said mechanical soft until Staff F	
reprinted after changing the diet in the system on that	
Wednesday. Staff F said that dietary staff do not serve	
· · · ·	Page 14 of 2

Facility Administrator

Date

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

trays to isolation rooms. Staff F stated she was not	
made aware that Staff D had even done that (brought	
tray to a resident in an isolation room). Staff F said in	
all fairness the only isolation rooms were in Elms prior	
to this resident going to Willowwood. Staff F said she	
knew this resident was in isolation because he had	
returned from the hospital. Staff F stated she had not	
changed the diet order in the system.	
In an interview on 10/14/20 at 11:07 a.m., the ADON,	
stated she came into the facility shortly after the	
choking incident had happened and was notified when	
she came to the unit that the Heimlich had been done.	
Staff A asked her to check Resident #4's lungs	
because she had done an assessment but was having	
difficulty with the resident moving around. The ADON	
listened to the resident's lungs, the resident did fine	
with lunch, and Staff C received no reports of any	
further concerns. The ADON stated after finding out	
about the diet, she had asked who had served him the	
tray, and then spoke with Staff F about the tray ticket.	
Staff F said she had changed it in the system but it	
hadn't saved correctly and Staff D served the resident	
a mechanically altered. The ADON told Staff D that if a	
resident has an altered diet you cannot leave a tray in	
a resident's room; anybody in isolation and on an	
altered diet had to have staff stay with them in the	
room. The ADON stated she educated staff on	
Willowwood and added there are seating charts for all	
units and she, the DON, Staff F, and another ADON	
had met after this incident and went over seating	
charts to make sure everyone was out of their rooms	
who had an altered diet. On 10/14/20 at 12:05 p.m.,	

Facility Administrator

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Citation Number: 9023					Date: Decemi	ber 23, 2020
Facility Name: Pillar of Cedar			Survey I	Dates:	0	
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1410 West Dur Waterloo, IA 5		JM				
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	Resident #4 came back an isolation bin outside laundry bins inside of th went on the mantle of th the resident had all isola back from the hospital. gloves, goggles, and far In an interview on 10/14 Development Assistant this resident in Aspen p verified the resident ate PT area so staff could b added the resident drar and was on the same d Aspen. Staff H said he I resident choking but sta drink in between bites. In an interview on 10/14 Dietary Director, heard could not believe that sl slips on the day the resi that when diets needed would tell Staff F what t would update the comp who came to the dining and those who hadn't a she was the evening su and was never told to ch resident. Staff G said S	 4/20 at 12:12 p.m., Staff H, (DA), stated he worked with rior to his hospitalization and a pureed diet in the common be present when he ate. Staff D ak honey consistency liquids ite the whole time he was in had no problems with the aff had to remind him to take a 4/20 at 2:30 p.m., Staff G, Staff F say that she (Staff F) he (Staff F) did not change the ident choked. Staff G stated to be changed somebody he changes were and Staff F uter. Staff G said the residents room already had COVID-19 te in their rooms. Staff G added pervisor, did not deliver trays, 				

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Citation Numb 9023	er:			Date: Decem	ber 23, 2020		
Facility Name: Pillar of Cedar Valley				Survey Dates: October 5 – 28, 2020			
Facility Address/City/State/Zip 1410 West Dunkerton Rd			CCIODEI				
Waterloo, IA 50703		JM					
Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date		

calling her to ask	her to change the slips, Staff G		
checked her phor	he and said she did not receive any		
	on 9/25/20. Staff G has gotten an		
	if G, when asked if she received any		
	ther email, a phone call, etc., about		
	tickets for Resident #4, Staff G		
	t. Staff G stated she did not change		
	not cross out mechanical soft diet		
and did not write p	pureed on this resident's diet slips.		
An email correspo	ondence dated September 25, 2020,		
	he Speech Therapist at 12:01 p.m.		
	DON and documented the resident		
	nospital with orders of an upgraded		
	I soft diet. The Speech Therapist		
	spital and there was no record of		
	The Speech Therapist requested		
	ler to return resident to pureed with		
	aff C responded at 12:04 p.m. and		
	Staff F asking Staff F to downgrade		
	t to pureed with honey thick. Staff C		
	d requested the order to be officially		
	ursing judgement can change it now.		
	at 1:24 p.m., OK. The mechanical		
soft made me (fac	ce emoji with a straight lined mouth).		
In an interview on	10/14/20 at 4:00 p.m., Staff F stated		
	erything off of her phone and there		
	ow that she had called Staff G to ask		
-	order on diet tickets. When asked		
	tory, Staff F stated, no, that it wouldn't		
	F said she remembers seeing tickets		
	ges written on them. Staff F said		
	ges whiten on them. Otal 1 Salu	ll ll	Demo 17 - 4 00
			Page 17 of 23

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Citation Number: 9023					Date: Decemt	oer 23, 2020	
Facility Name Pillar of Ceda				Survey Dates: October 5 – 28, 2020			
Facility Addr	ess/City/State/Zip			5 - 20, 20	020		
1410 West Dunkerton Rd Waterloo, IA 50703		JM					
Rule or Code Section	Natur	e of Violation	Class	Fine An	nount	Correction date	
	 would have worked som the tickets were change In an interview on 10/14 stated she didn't remen changes on his ticket/sl tickets each day. Staff seeing anything scratch resident's diet slips. Sta some of the days betwee In an interview on 10/19 Facility Contracted Diet evaluate a resident return was requested to do so unaware of an issue with on Minimum Data Shee prints weight reports the faxing the ADONs to do sent emails to Staff F w pudding or something fully a lot of inform through emails and the obtain any doctor's order In a progress note date documented weight deep ureed diet with honey restriction, Staff J records a lot of fully contracted between the print in the print of the date documented weight deep ureed diet with honey restriction, Staff J records a lot of fully contracted between the print print print print with no fruit print print print print by the print of the date documented weight deep ureed diet with honey restriction, Staff J records a lot of print prin	4/20 at 4:05 p.m., Staff I, FSW, nber this resident having lip but she sees hundreds of I said she did not remember ned out or written on this aff I verified that she worked een 9/25/20 to 9/30/20. 9/20 at 1:44 p.m., Staff J, titian, Staff J stated she would urning from the hospital if she b. Staff J stated she was th Resident #4. Staff J works ets (MDS) for residents. Staff J en she deals with concerns by b follow up and added she had when she would like to add or an individual resident. Staff mation is communicated nurses are responsible to					

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Facility Administrator

		٦				
Citation Numb 9023	Der:				Date: Decemi	ber 23, 2020
Facility Name: Pillar of Cedar Valley			Survey I		II	
Facility Addre	ss/City/State/Zip		October	5 – 28,	2020	
1410 West Dunkerton Rd Waterloo, IA 50703		JM				
Rule or Code Section	Natur	e of Violation				Correction date
	maintained. Staff J faxe information and recomm of honey thick Shaklee weight. In an interview on 10/13	nendation for adding 4 ounces twice a day to help stabilize his 8/20 at 9:54 a.m., Staff K				
	In an interview on 10/13/20 at 9:54 a.m., Staff K Speech Therapist for facility, stated she had checked with the hospital after resident had returned from the hospital to see if resident had been seen by speech therapy there. Staff K stated whenever someone is on an altered diet they should have somebody with them during meals. Resident #4 had coughing and eating difficulties. He was unable to follow strategies due to Intellectual Disabilities and poor impulse control. Staff K stated if this resident was on anything other than a pureed diet then he would have been at risk for choking as his impulses could not be controlled and he required constant reminders. Staff K said the resident returned on the 24th (of September) and she did her evaluation on the 25th (of September). After changing a resident's diet, Staff K's expectation would be for staff to monitor a resident and to observe and report any difficulties. Staff K had seen Resident #4 previously so pureed texture wasn't a new diet but mechanical soft was. Based on prior knowledge of diet, Staff K changed him back to pureed diet stating he felt it was for his safety.					
	K on 10/20/20. The en received by Staff K. It s	ation of the provided by order nail went to Team Pillar and stated Resident #4 would be nom 221 Willlowwood. Staff K				

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		-				
Citation Number: 9023					Date: Decemb	oer 23, 2020
Facility Name Pillar of Ceda		-	Survey D			
-	ss/City/State/Zip		- October 5 – 28, 2		20	
1410 West Du Waterloo, IA 5		JM				
Rule or Code Section	Natur	e of Violation	Class Fine Amount Correcti date			Correction date
	stated she was alerted hospital by this email.	to the resident's return from the				
	In a Speech Therapy S	LP evaluation and Plan of				
	Treatment dated 9/25/2	0, Staff K documented her goal	1			
		t diet and clarify diet change				
		al for achieving rehab goals cellent with staff participation.				
		at the current referral reason				
	was Resident #4 reside	d at the facility and was placed				
		nt returned to this facility with				
		apy to evaluate and treat as the with orders for a pureed diet.				
		orders for mechanical soft diet				
		he change given. Staff K				
	documented the prior tr					
		s to upgrade from pureed diet				
		was addressed. After multiple				
		vas not able to independently was at risk for aspiration. The				
		ed on a diet of mechanical soft				
		function was documented as				
	pureed consistencies, h	noney liquid thick liquids with				
		rvision. Under the Current				
		Inderlying Impairments, Staff K				
		abilities was minimum of close sessed during evaluation were				
	honey thick liquids and					
		nical soft textures and pureed				
		anical soft assessment showed				
		and symptoms of dysphagia as				
		voice and refused more than				
	two bites. The swallow	onset time was 4 seconds and				

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Citation Numb 9023	er:			Date: Decem	ber 23, 2020
Facility Name: Pillar of Cedar			Survey I	Dates: 5 – 28, 2020	
-	ss/City/State/Zip		October	5 - 20, 2020	
1410 West Dur Waterloo, IA 50		JM			
Rule or Code Nature Section		e of Violation	Class	Fine Amount	Correction date

the pureed assessment showed clinical signs and symptoms of dysphagia was resident filled his spoon with as much food as the spoon would hold. This resident ignored cues to take smaller bites and had minimal mastication (chewing). Swallow onset time was 3 seconds. Staff K documented her clinical impressions as: resident presented with confabulation, stating he had not had breakfast and wanted bacon and eggs. This resident presented with difficulty with mechanical soft food and showed no signs or symptoms of aspiration with pureed texture. The reason documented for therapy was skilled services for dysphagia were warranted to assess and determine least restrictive diet. Services were required due to the resident having difficulty learning new information. The risk factor for skilled intervention was that without skilled therapeutic intervention the resident was at risk for aspiration. Staff K documented recommendations as pureed consistency diet with honey thick liquids. Resident to have close supervision. The resident should be upright to eat and staff should cue resident to take small bites and swallow before taking another		
symptoms of aspiration with pureed texture. The		
The risk factor for skilled intervention was that without		
to take small bites and swallow before taking another		
bite. Staff K documented that resident was unable to		
cooperate for further examination or consult related to		
this resident was unable to cooperate and the results		
would not change the clinical management of the patient.		
An undated list of diet orders revealed the following		
diet orders for Resident #4:		
3/13/20 Regular diet Pureed texture, pudding		
consistency, discontinued 6/10/20		
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Facility Administrator

Citation Number: 9023					Date: Deceml	ber 23, 2020
Facility Name: Pillar of Cedar Valley			Survey Dates: October 5 – 28, 2020			
Facility Address/City/State/Zip			- 0010001 5 - 20, 2020			
Waterloo, IA 50703		JM				
Rule or Code Natur Section		e of Violation	Class	Fine A	mount	Correction date
	 6/10/20 Regular diet, Pureed texture, Honey consistency, discontinued 9/24/20 8/31/20 House supplement, discontinued 10/1/20 9/24/20 Regular diet, Mechanical Soft texture, Honey consistency, discontinued 9/26/20 9/26/20 CCHO (Consistent Carbohydrate diet for diabetics) diet pureed texture with honey consistency, discontinued 10/1/20 A Doctor's Order dated 9/24/20, documented a Regular diet with Mechanical Soft texture and Honey thickened fluids was ordered to start on 9/24/20. A Doctor's Order dated 9/26/20 documented a CCHO diet with pureed texture and honey thickened fluids was ordered to start on 9/26/20 					

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Facility Administrator

FACILITY RESPONSE:

Citation Numb 9023	er:			Date: Decem	ber 23, 2020	
Facility Name: Pillar of Cedar		-	Survey I			
Facility Address/City/State/Zip				October 5 – 28, 2020		
Waterloo, IA 50		JM				
Rule or Code Section	Natu	re of Violation	Class	Fine Amount	Correction date	

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Facility Administrator

Date