Citation Numb #9054	er:			Date: Januar	y 29, 2021		
Facility Name: Rock Rapids H		-	_	Survey Dates: December 16, 2020 - January 21, 202			
Facility Addres	ss/City/State/Zip				aary 21, 2021		
Rock Rapids, I	owa 51246	MW					
Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date		

58.19(2)j	 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. 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) 	I	\$10,000 (Held in Suspension)	Upon Receipt
	Description: Based on observation, record review and staff interview the facility failed to provide adequate assessment and timely intervention for a change in condition for 6 of 7 residents reviewed, (Resident #2, #4, #5, #6, #7, and #8). Resident #2 with Covid-19 lacked adequate assessment with a change in condition including difficulty breathing, decreased intake, low oxygen (O2) saturations (sats). Sent to the Emergency Department (ED)/Emergency room (ER) in severe acute distress, tachycardic, tachypneic, and extremely dehydrated. Resident #4 with a history of urosepsis had elevated temperatures (T), with orders to monitor VS closely, had only T documented the day before hospitalization with acute kidney failure, hypernatremia (likely due to volume depletion)			

Facility Administrator

Date

Citation Numb #9054	er:			Date: Januar	y 29, 2021	
Facility Name: Rock Rapids H			Survey Dates:			
-	ss/City/State/Zip	December 16, 2020 - Januar			nuary 21, 2021	
703 South Unic Rock Rapids, I		MW				
Rule or Code Section	Natu	re of Violation	Class	Fine Amount	Correction date	

hyperkalemia and sepsis. Resident #5 with a blood sugar of 51, given insulin,and documented refusal of breakfast with no follow up until blood sugar checked before lunch registered 35. Sent to hospital for treatment of hypoglycemia. Resident #6 with Covid-19 lacked adequate assessment and increased assistance with activities of daily living (ADL's). Resident hospitalized with Covid-19, questionable early pneumonia, sepsis, acute kidney injury likely secondary to dehydration/sepsis, and left breast wound/rash. Resident #7 had a change in condition with poor intakes and vital signs (VS) not within normal limits (WNL). A fax to the physician with no response and no follow up until the following day. The resident hospitalized with acute kidney injury and hypernatremia likely due to severe dehydration. Resident #8 admitted with wounds to the lower legs and feet with no assessment of the areas, seen by the wound nurse with recommendations not in the clinical record, and no treatment of the areas. Resident hospitalized with infection of diabetic foot ulcers. The facility reported a census of 33 residents. A determination was made that the facility's noncompliance with one or more requirements of participation placed all residents in the facility in immediate jeopardy at F684, Assessment/Intervention and was given the IJ Template.			
Findings include:	sugar of 51, given insulin, and documented refusal of breakfast with no follow up until blood sugar checked before lunch registered 35. Sent to hospital for treatment of hypoglycemia. Resident #6 with Covid-19 lacked adequate assessment and increased assistance with activities of daily living (ADL's). Resident hospitalized with Covid-19, questionable early pneumonia, sepsis, acute kidney injury likely secondary to dehydration/sepsis, and left breast wound/rash. Resident #7 had a change in condition with poor intakes and vital signs (VS) not within normal limits (WNL). A fax to the physician with no response and no follow up until the following day. The resident hospitalized with acute kidney injury and hypernatremia likely due to severe dehydration. Resident #8 admitted with wounds to the lower legs and feet with no assessment of the areas, seen by the wound nurse with recommendations not in the clinical record, and no treatment of the areas. Resident hospitalized with infection of diabetic foot ulcers. The facility reported a census of 33 residents. A determination was made that the facility's noncompliance with one or more requirements of participation placed all residents in the facility in immediate jeopardy, beginning on 11/13/20. On 1/4/21 at 3:15 pm, the Administrator was notified of the immediate jeopardy at F684, Assessment/Intervention		
Page 2 of 7	Findings include:		

Facility Administrator

Date

Citation Numb #9054	er:			Date: Januar	y 29, 2021	
Facility Name: Rock Rapids H			Dates:	es: 16, 2020 - January 21, 2021		
Facility Addres	ss/City/State/Zip		Decemb	er 10, 2020 - Jan	udi y 21, 2021	
Rock Rapids, I	owa 51246	MW				
Rule or				Fine Amount	Correction	
Code	Natur	e of Violation	Class		date	
Section						

 According to the Minimum Data Set (MDS) assessment dated 10/21/20, Resident #2 scored 15 on the Brief Interview for Mental Status (BIMS) indicating no cognitive impairment. The resident was independent with ADL's including bed mobility, walking in the corridor, and eating, and required supervision with transfer, ambulation in her room, dressing, toilet use, and personal hygiene. The resident's Medical Diagnosis record included Covid-19, unspecified atrial fibrillation, and a history of myocardial infarction. The Progress Notes dated 12/8/20 at 12:16 p.m. documented the resident's emergency contact notified of the resident's positive Covid status. 		
The Care Plan initiated 12/8/20 and revised 12/13/20 identified the resident tested positive for Covid-19. The interventions included oxygen (O2) as needed, offer fluids as needed (PRN), respiratory assessments every shift, and vital signs every shift. Report any vital signs outside parameters to the physician or nurse practitioner (NP).		
The Assessments page showed the resident had: a. no assessments documented 12/7/20 or 12/8/20, b. 2 Covid assessments 12/9/20 12:42 a.m. and 12:28 p.m. c. 1 Covid assessment 12/10/20 at 12:38 a.m. d. 1 Covid assessment 12/11/20 at 2:21 a.m. and 1 SN assessment at 11:35 p.m.		Page 3 of 7 ′

Facility Administrator

Date

Citation Numb #9054	er:				Date: January	y 29, 2021
Facility Name: Rock Rapids H	Health Center		Survey I Decemb		 2020 - Jan	uary 21, 2021
Facility Addre	ss/City/State/Zip on					• ·
Rock Rapids,	lowa 51246	MW				
Rule or Code Section	Natur	e of Violation	Class	Fine	Amount	Correction date
	 f. 1 SN assessment 1 Covid assessment at 1^o The Covid-19 and the N Assessment (SN) asses The weights/vitals record a. Between 12/3/20 a pressure. b. Between 12/3/20 a d. Between 12/3/20 a<th>Nursing Daily Skilled ssments did not include VS. rd lacked documentation: and 12/14/20 for blood and 12/14/20 for pulse. and 12/14/20 for respirations. and 12/14/20 for respirations. and 12/14/20 for temp. and 12/14/20 for O2 sats. ted 12/13/20 at 3:57 p.m. nt complained of shortness of itigued. Order faxed to the itrate O2 to to keep sats greater ed the fax with order for O2. Assessment dated 12/13/20 at d the resident ate less than 25% opetite and fluid intake fair. The</th><td></td><td></td><td></td><th></th>	Nursing Daily Skilled ssments did not include VS. rd lacked documentation: and 12/14/20 for blood and 12/14/20 for pulse. and 12/14/20 for respirations. and 12/14/20 for respirations. and 12/14/20 for temp. and 12/14/20 for O2 sats. ted 12/13/20 at 3:57 p.m. nt complained of shortness of itigued. Order faxed to the itrate O2 to to keep sats greater ed the fax with order for O2. Assessment dated 12/13/20 at d the resident ate less than 25% opetite and fluid intake fair. The				

Page 4 of 71

Facility Administrator

Citation Num #9054	ber:				Date: January	/ 29, 2021
Facility Name Rock Rapids	e: Health Center	-	Survey		20 - Jan	uary 21, 2021
Facility Addre	ess/City/State/Zip		Decent	10, 20	20 - 0011	udi y 21, 2021
703 South Un Rock Rapids,		MW	-			
Rule or Code Section	Natu	re of Violation	Class	Fine Ar	nount	Correction date
	 94% on O2 at 2 liters/p A Covid-19 Observatio (41 minutes after the si the resident had a non- breathing, and shortne documented the lung si The clinical record lack Nursing Daily Skilled A The Progress Notes da documented the reside lethargy while administ and slow to respond ar and didn't know what w resident had faint coarsi lobes with VS, temperations (BP) 110/6, pulse (P) 1 sat 77% on room air. T As needed (PRN) oxyg placed to the on call pri- recommendations. An EInteract SBAR sun 12/14/20 at 9:50 p.m. of condition including abri- status, and shortness of At the time of evaluation 133, R 20, T 97.6, and 	and a Covid-19 assessment or assessment 12/14/20. Ated 12/14/20 at 9:34 p.m. and drowsy with increased tering medications. Speech low and said she felt so confused, was wrong with her. The se lung sounds to the upper ature (T) 97.8, blood pressure 33, respirations (R) 22, and O2 The resident denied chest pain. gen administered, and call ovider for further and call ovider for providers dated documented a change in normal vital signs, altered mental of breath. on the resident's BP 110/62, P				

Page 5 of 71

Facility Administrator

Citation Numb #9054	er:			Date: Januar	y 29, 2021	
Facility Name: Rock Rapids H		•	Survey Dates: December 16, 2020 - January 21, 202			
Facility Addres	ss/City/State/Zip		Decemb	ci 10, 2020 - 0aii	1001 y 21, 2021	
Rock Rapids, I		MW				
Rule or				Fine Amount	Correction	
Code	Natur	e of Violation	Class		date	
Section						

arouse), and increased confusion. The resident needed more assistance with ADL's, had general weakness, and decreased mobility. She had shortness of breath, labored or rapid breathing, abnormal lung sounds, and a resting pulse greater then 100. The on-call provider ordered to increase O2/NC, administer duoneb (breathing treatments) every 4 hours PRN and push fluids. The Progress Notes dated 12/14/20 at 9:54 p.m. documented a call received back from the on call provider/physician and update given on the resident's health status. The physician wanted to avoid sending the resident out to the ED and manage symptoms at the facility. New orders received for duonebs every 4 hours PRN, push fluids, continue to monitor, and call back if symptoms worsen. The family updated on the resident's status, and agreed with provider recommendations/orders. The Progress Notes dated 12/14/20 at 10:17 p.m. documented PRN neb treatment administered per provider order with O2 at 94% on 3 L/NC on recheck. Two staff assisted the resident to the bathroom and back to bed. The resident drank 12 ounces of Gatorade and swallowed without difficulty, staff to monitor.		
fluids offered through the shift. The Treatment Administration Record (TAR)		
documented the resident received a nebulizer		Page 6 of

Page 6 of 71

Facility Administrator

Citation Numb #9054	per:			[Date: January	y 29, 2021
Facility Name Rock Rapids I Facility Addre			Survey I Decemb)20 - Jan	uary 21, 2021
703 South Uni Rock Rapids,		MW				
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	 88%, (with no document administered), pulse 11 The clinical record lacker registering above 88% a how much O2 delivered additional check of VS. The Progress Notes dat documented a call place office for follow-up on h Registered Nurse (RN) stated she would updat with recommendations. The Progress Notes dat documented a call rece The physician directed a call rece The physician directed a mergency Department Bamlanivimab (BAM/meta and further evaluation. The Progress Notes dat documented the resider chair (w/c) via facility dr A History and Physical the resident presented positive for Covid on 12 asymptomatic for some 	2, and respirations 20. ed documentation of the O2 sat after the 3 a.m. neb treatment, d with this low reading, or any ted 12/15/20 at 7:56 a.m. ed to the resident's physician ealth status, speaking with the and update given. The RN e the physician and call back ted 12/15/20 at 8:48 a.m. ived from the RN at the clinic. sending the resident to the t (ED) for possible booclonal antibody) infusion ted 12/15/20 at 9:06 a.m. ht left the facility in a wheel iver to the ED. dated 12/15/20 documented with shortness of breath, confusion. The resident tested				

Page 7 of 71

Facility Administrator

Citation Numb #9054	er:			Date: Januar	y 29, 2021	
Facility Name: Rock Rapids F			Survey Dates: December 16, 2020 - January 21, 20			
Facility Addres	ss/City/State/Zip		Decenit	der 10, 2020 - Jah	iuary 21, 2021	
Rock Rapids, I		MW				
Rule or Code Section	Natu	re of Violation	Class	Fine Amount	Correction date	

confusion, weakness and shortness of breath. They put her on 5 liters (of O2) and were unable to maintain her oxygen saturations. Upon arrival the resident was tachycardic (rapid heart rate), tachypneic (abnormally rapid breathing), dehydrated, and very confused. The resident appeared in severe acute distress, looked acutely ill, and appeared extremely dehydrated. The posterior pharynx appeared pink, and the mouth/tongue/lips were extremely dry with cracking of the lips. They discussed with the family the critical nature of the resident's condition. The resident's diagnoses included Covid-19, right sided pneumonia, sepsis, acute kidney injury on chronic kidney disease likely due to dehydration and Covid. During an interview on 12/28/20 at 11:08 a.m. Staff G Certified Medication Aide (CMA) stated she worked with the resident the last couple of days before she went to the hospital, and she was not drinking. She got weaker and weaker and not looking like herself, or responding like usual. She could not swallow all her pills the day she transferred, spitting some of them back out. She said she had to pee, but couldn't. Her lips were very dry and had a bluish tint. Staff G swabbed her mouth with a toothette. She really was not able to take in orally.		
During an interview on 12/18/20 at 11:32 a.m. Staff D Licensed Practical Nurse (LPN) stated when she called the on-call physician he said the hospital was really slammed and wanted them to manage the resident's symptoms at the facility. She told him the resident's symptoms and he ordered nebulizer		

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 Num #9054	iber:			Date: Januar	y 29, 2021	
Facility Name: Rock Rapids Health Center		-		Survey Dates: December 16, 2020 - January 21		
Facility Address/City/State/Zip 703 South Union			_ Decemb	oer 16, 2020 - Jai	1uary 21, 2021	
	, Iowa 51246	MW				
Rule or				Fine Amount	Correction	
Code Section	Nature of Violation		Class		date	
	12 ounces (360 cc's)	h fluids. She gave the resident of Gatorade around that time,				

During an interview on 1/4/21 at 8:37 a.m. the Physician (on call the evening before hospitalized) stated he did not recall specific details regarding the	 12 ounces (360 cc's) of Gatorade around that time, and she thought the CNA's gave her another 12 ounces overnight. Staff D stated the resident showed a big decline the evening before she transferred. During an interview on 12/28/20 at 3:34 p.m. Staff H CNA stated all they gave the resident through the night was Gatorade, about 1/2 of a 12 ounce bottle (180 cc's). The resident's lips were very dry and she applied chapstick That night shift she appeared very sick and very confused. She thought they had her O2 up to 5 liters to try and get her sats up. During an interview on 12/30/20 at 10:54 a.m. the Physician Assistant stated the resident was absolutely critical when she came to the ED. She did not know if she would make it 2 hours. She said the resident had extreme dehydration, the dryest she had ever seen. She said there was not a specific standard for pushing fluids, but they would do a 1000 cc bolus of intravenous fluids in an hour. She would say they should drink 5 to 8 cups of fluid over a few hours (1200-1920 cc's). Eighteen ounces (540 cc's) over the night would not be adequate to rehydrate. It was her professional opinion if the resident had received care sooner it may have changed the outcome (the resident died). 		
Physician (on call the evening before hospitalized)	sooner it may have changed the outcome (the resident		
reports on the resident the night before she	Physician (on call the evening before hospitalized) stated he did not recall specific details regarding the		

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 Numb #9054	er:			Date: Januar	y 29, 2021	
Facility Name: Rock Rapids H			Survey Dates: December 16, 2020 - January 21, 20			
Facility Addres	ss/City/State/Zip		Decemb	er 10, 2020 - Jan	iuai y 21, 2021	
Rock Rapids,		MW				
Rule or				Fine Amount	Correction	
Code Section	Natu	re of Violation	Class		date	

hospitalized. He said if they were unable to keep her sats above 90% with the neb treatments and increased O2 he would expect the facility to call him back. He believed a person needed about 60 ounces of fluid per day, so 540 cc's would not be adequate to combat dehydration He said if the resident had treatment earlier it could have potentially changed the outcome.	
During an interview on 12/28/20 at 1:15 p.m. Staff D LPN and Infection Preventionist stated she and the DON were the only one's that had not tested positive for Covid-19, and they worked a lot. She saw assessments were not done as planned,	
2) According to the MDS assessment dated 10/9/20, Resident #4 scored 5 on the BIMS indicating severe cognitive impairment. The resident required extensive assistance with ADL's including bed mobility, and depended on staff for transfers, dressing, and toilet use.	
The Care Plan initiated 11/11/20 identified the resident had a diagnosis of urinary tract infection (UTI). The interventions included checking on her frequently and offering fluids every time passing by her room.	
The Progress Notes dated 11/9/20 at 9:13 a.m. documented staff reported increased lethargy with confusion, decreased appetite, and fluid intake. The resident had T 100.9, BP 146/82, P 131, R 17, and O2 sat of 97% on room air. The power of attorney (POA) called and updated and concerned about resident's	
	Page 10 of 7 1

Facility Administrator

Date

Citation Numb #9054	er:				Date: January	y 29, 2021
Facility Name: Rock Rapids H	lealth Center		Survey Decemb		 2020 - Jan	uary 21, 2021
703 South Unio		MW				
Rock Rapids, I	lowa 51246					
Rule or Code Section	Natur	e of Violation	Class	Fine .	Amount	Correction date
	 (UA) checked for possible care provider (PCP), aw A fax dated 11/9/20 at 1 physician the resident herespond, lungs clear, ar or chest pain. The reside P 131, R 18, and O2 sa UA and reflex due to reat the physician responder and complete blood courshowed 11/9/20 at 1:45 11/11/12 at 4:22 p.m. The Progress Notes data documented the resider day. On med rounds T strend cheeks. The resider water, and a cool, moist forehead. The Progress Notes data documented contacting increased fever and oth of UTI (orange/red color received to start Tyleno every 6 hours, and Roc tomorrow night. At 8 p. given intramuscularly (II 	10:36 a.m. notified the had increased lethargy, slow to hd denied shortness of breath dent had T 100.9, BP 146/82, it 95%. The family requested a sident's history of chronic UTI's. ed with orders for UA with reflex unt (CBC). The fax timestamp p.m. The order not noted until ted 11/10/20 at 2:31 a.m. ht had a fever x 1 during the 98.9. At the time T 100.2, with ht very thirsty, drinking 600 cc's t washcloth applied to her ted 11/10/20 at 6:02 p.m. the physician via phone due to er signs and symptoms (s/sx) red urine.) Telephone orders I every 4 hours, Ibuprofen ephin (antibiotic) tonight and m. Rocephin 1 gram (gm)				

Page 11 of 71

Facility Administrator

Citation Numb #9054	er:				Date: January	y 29, 2021
Facility Name: Rock Rapids H			Survey I		20lan	uary 21, 2021
Facility Addre	ss/City/State/Zip		Docomb		20 Juli	uury 11, 2021
Rock Rapids,		MW				
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	Pedialyte. At 3:10 a.m. oz glasses of Pediialyte and offer more fluids. An order dated 11/11/20 reflux to culture, and CE get another gram of Ro- Also starting oral antibio for 7 days. Please clos mental state and update The Progress Notes dat documented the physici order for CBC draw and from right hand without new orders received for 11/12 and start oral anti- mg 1 tab 2 times a day monitor vital signs and no resident continued on a afebrile and no s/sx of a The Progress Notes dat documented the resider the night; 8 p.m. 100.1, 11:45 p.m. 99.1, and 3 Pedialyte through the ni- cares preformed, and re	ted 11/11/20 at 10:27 a.m. ian called and did telephone d UA with reflex. Labs drawn complication. At 10:46 a.m. 1 gm Rocephin 11/11 and ibiotics. Bactrim DS 800-160 (BID) x 7 Days. Closely mental state. At 2:34 p.m. the ntibiotics for possible UTI, adverse effects. ted 11/12/20 at 5:19 a.m. nt had low grade temps through received scheduled Tylenol, a.m. 98.9. The resident drank ight, lips continued dry, oral				

Page 12 of 71

Facility Administrator

Citation Numb #9054	er:			Date: Januar	y 29, 2021	
Facility Name: Rock Rapids H			Survey Dates: December 16, 2020 - January 21, 202			
Facility Addres	ss/City/State/Zip		Decemb	er 10, 2020 - Jan	iuary 21, 2021	
Rock Rapids, I		MW				
Rule or Code Section	Natur	re of Violation	Class	Fine Amount	Correction date	

The Progress Notes dated 11/13/20 at 9:14 a.m. documented an Elnteract SBAR Summary for Providers. The situation included abnormal vital signs, BP 50/40, P 111, R 24, T 97.5, and O2 sat 71 % on room air. The resident exhibited altered level of consciousness, general weakness, swallowing difficulty, labored or rapid breathing, resting pulse greater than 100. The PCP responded with the following feedback to transfer to the Emergency Department (ED) via ambulance. At 10:05 a.m. the resident sent to the ED due to a change in condition. A History and Physical dated 11/13/20 documented severe sepsis suspected with evidence of organ dysfunction. The problem list included acute kidney failure, hypernatremia, likely due to volume depletion, hyperkalemia, and sepsis. The resident presented from the nursing home for decline in condition. The resident had an O2 sat of 71% on room air. The resident had an Wite blood count of 19.3, with the reference range 4.5-11. During an interview on 12/30/20 at 10:54 a.m. the Physician Assistant stated the physician on-call 11/19/20 received report the resident more confused, lethargic and he ordered a CBC and UA. She saw the fax. She had call on 11/10/20 and the facility called her. She assumed they had obtained the CBC and UA so she started antibiotics and scheduled Tylenol and lbuprofen. On 11/11/20 she discovered they had not obtained the CBC or the UA. She wrote orders for close monitoring of the resident including vital signs.		
in condition. A History and Physical dated 11/13/20 documented severe sepsis suspected with evidence of organ dysfunction. The problem list included acute kidney failure, hypernatremia, likely due to volume depletion, hyperkalemia, and sepsis. The resident presented from the nursing home for decline in condition. The resident had an O2 sat of 71% on room air. The resident had a white blood count of 19.3, with the reference range 4.5-11. During an interview on 12/30/20 at 10:54 a.m. the Physician Assistant stated the physician on-call 11/9/20 received report the resident more confused, lethargic and he ordered a CBC and UA. She saw the fax. She had call on 11/10/20 and the facility called her. She assumed they had obtained the CBC and UA so she started antibiotics and scheduled Tylenol and lbuprofen. On 11/11/20 she discovered they had not obtained the CBC or the UA. She wrote orders for	documented an EInteract SBAR Summary for Providers. The situation included abnormal vital signs, BP 50/40, P 111, R 24, T 97.5, and O2 sat 71 % on room air. The resident exhibited altered level of consciousness, general weakness, swallowing difficulty, labored or rapid breathing, resting pulse greater than 100. The PCP responded with the following feedback to transfer to the Emergency Department (ED) via ambulance. At	
Physician Assistant stated the physician on-call 11/9/20 received report the resident more confused, lethargic and he ordered a CBC and UA. She saw the fax. She had call on 11/10/20 and the facility called her. She assumed they had obtained the CBC and UA so she started antibiotics and scheduled Tylenol and Ibuprofen. On 11/11/20 she discovered they had not obtained the CBC or the UA. She wrote orders for	in condition. A History and Physical dated 11/13/20 documented severe sepsis suspected with evidence of organ dysfunction. The problem list included acute kidney failure, hypernatremia, likely due to volume depletion, hyperkalemia, and sepsis. The resident presented from the nursing home for decline in condition. The resident had an O2 sat of 71% on room air. The resident had a white blood count of 19.3, with the	
Page 13 of 71	Physician Assistant stated the physician on-call 11/9/20 received report the resident more confused, lethargic and he ordered a CBC and UA. She saw the fax. She had call on 11/10/20 and the facility called her. She assumed they had obtained the CBC and UA so she started antibiotics and scheduled Tylenol and Ibuprofen. On 11/11/20 she discovered they had not obtained the CBC or the UA. She wrote orders for	

Facility Administrator

Citation Numb #9054	per:				Date: January	y 29, 2021
Facility Name: Rock Rapids Health Center Facility Address/City/State/Zip			Survey I Decemb		020 - Jan	uary 21, 2021
703 South Uni Rock Rapids,		MW				
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	 would not be adequate. CBC were not complete determining the appropri- became septic quickly. During an interview on T LPN stated she recalled 11/9/20 on 11/11/20. S wrong with the fax mach through. The provider of they were completed 11 someone did not follow not return. 3) According to the MD Resident #5 scored 00 of cognitive impairment. T assistance with ADL's in dressing, toilet use and The resident's Medical I diabetes. The current Care Plan r 	Diagnosis record included revised 7/21/20 identified the bendent diabetes mellitus. The idministering diabetes				

Page 14 of 71

Facility Administrator

effectiveness.

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).

monitoring/documenting for side effects and

Citation Number: #9054					Date: January	y 29, 2021
Facility Name: Rock Rapids H Facility Addre			Survey Dates: December 16, 2020 - January 21		uary 21, 2021	
703 South Union Rock Rapids, Iowa 51246		MW	-			
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	December 2020 docum sugars of: a. 63 on 12/5/20 at 7: insulin held.	stration Record (MAR) for ented the resident had a blood 30 a.m. and the resident's 30 a.m. and the resident's				

c. 89 on 12/8/20 at 7:30 a.m. and the resident's

d. 63 on 12/10/20 at 7:30 a.m. and the resident's

e. 77 on 12/11/20 at 7:30 a.m. and the resident's

The clinical record lacked documentation of notifying the physician of the resident's blood sugars or holding

f. 51 on 12/13/20 at 7:30 a.m. and the resident's

The POC Response History for percentage of meal eaten documented the resident refused the morning

documented upon performing noon accucheck, the resident's blood sugar registered at 35 and PRN Glucagon given. Additional accucheck read 37. The ambulance paged for emergent transfer to the hospital, and notification of the transfer. The resident transferred to the stretcher with extensive assist, and

The Progress Notes dated 12/13/20 at 12:26

Page 15 of 71

Facility Administrator

insulin held.

insulin held.

insulin held.

his insulin.

insulin given.

meal on 12/13/20.

transferred to the hospital.

p.m.

Citation Numb #9054	er:			Date: Januar	y 29, 2021	
Facility Name: Rock Rapids H			Survey Dates: December 16, 2020 - January 21, 202			
-	ss/City/State/Zip		Decemb	er 10, 2020 - Jan	iuai y 21, 2021	
703 South Union Rock Rapids, Iowa 51246		MW				
Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date	

The Emergency Room Visit Notes dated 12/13/20 documented the resident presented with hypoglycemia. The facility reported the resident did not receive sliding scale insulin this a.m. with breakfast, but did receive 18 units of scheduled regular fast acting insulin. The blood sugar before insulin 51. Upon recheck the blood sugar was 37, and glucagon given. They rechecked the blood sugar with no improvement. He became somewhat agitated and unresponsive so they transferred him to the ED. Upon arrival the resident somewhat unresponsive but able to follow commands, and somewhat agitated during the exam. They were able to start an IV and gave dextrose infusion and the blood sugar improved. They did a CT of the head due the agitation and altered mental status. Over the course of the ER visit he became more alert and responsive and felt to be stable for discharge back to the home. A hospital Patient Visit Information page documented the resident seen for hypoglycemia, diabetic insulin reaction. Orders for change of evening Lantus to 35 units that evening and call the PCP to manage further during illness in the a.m., and holding scheduled Novolog while resident not eating well. Ok to continue <	n			
hypoglycemia. The facility reported the resident did not receive sliding scale insulin this a.m. with breakfast, but did receive 18 units of scheduled regular fast acting insulin. The blood sugar before insulin 51. Upon recheck the blood sugar was 37, and glucagon given. They rechecked the blood sugar with no improvement. He became somewhat agitated and unresponsive so they transferred him to the ED. Upon arrival the resident somewhat agitated during the exam. They were able to start an IV and gave dextrose infusion and the blood sugar improved. They did a CT of the head due the agitation and altered mental status. Over the course of the ER visit he became more alert and responsive and felt to be stable for discharge back to the home. A hospital Patient Visit Information page documented the resident seen for hypoglycemia, diabetic insulin reaction. Orders for change of evening Lantus to 35 units that evening and call the PCP to manage further during illness in the a.m., and holding scheduled Novolog while resident not eating well. Ok to continue sliding scale. If blood sugar under 100 hold insulin and and notify PCP. The Progress Notes dated 12/13/20 at 3:30 p.m. documented the re		The Emergency Room Visit Notes dated 12/13/20		
not receive sliding scale insulin this a.m. with breakfast, but did receive 18 units of scheduled regular fast acting insulin. The blood sugar was 37, and glucagon given. They rechecked the blood sugar with no improvement. He became somewhat agitated and unresponsive so they transferred him to the ED. Upon arrival the resident somewhat unresponsive but able to follow commands, and somewhat agitated during the exam. They were able to start an IV and gave dextrose infusion and the blood sugar improved. They did a CT of the head due the agitation and altered mental status. Over the course of the ER visit he became more alert and responsive and felt to be stable for discharge back to the home. A hospital Patient Visit Information page documented the resident seen for hypoglycemia, diabetic insulin reaction. Orders for change of evening Lantus to 35 units that evening and call the PCP to manage further during ilness in the a.m., and holding schedule		documented the resident presented with		
breakfast, but did receive 18 units of scheduled regular fast acting insulin. The blood sugar before insulin 51. Upon recheck the blood sugar was 37, and glucagon given. They rechecked the blood sugar with no improvement. He became somewhat agitated and unresponsive so they transferred him to the ED. Upon arrival the resident somewhat unresponsive but able to follow commands, and somewhat agitated during the exam. They were able to start an IV and gave dextrose infusion and the blood sugar improved. They did a CT of the head due the agitation and altered mental status. Over the course of the ER visit he became more alert and responsive and felt to be stable for discharge back to the home. A hospital Patient Visit Information page documented the resident seen for hypoglycemia, diabetic insulin reaction. Orders for change of evening Lantus to 35 units that evening and call the PCP to manage further during illness in the a.m., and holding scheduled Novolog while resident not eating well. Ok to continue sliding scale. If blood sugar under 100 hold insulin and and notify PCP. The Progress Notes dated 12/13/20 at 3:30 p.m. documented the resident returned via ambulance and transferred from the stretcher to bed with extensive assist. The resident had and IV present to right (R) antecubital from the hospital. Orders received to		hypoglycemia. The facility reported the resident did		
breakfast, but did receive 18 units of scheduled regular fast acting insulin. The blood sugar before insulin 51. Upon recheck the blood sugar was 37, and glucagon given. They rechecked the blood sugar with no improvement. He became somewhat agitated and unresponsive so they transferred him to the ED. Upon arrival the resident somewhat unresponsive but able to follow commands, and somewhat agitated during the exam. They were able to start an IV and gave dextrose infusion and the blood sugar improved. They did a CT of the head due the agitation and altered mental status. Over the course of the ER visit he became more alert and responsive and felt to be stable for discharge back to the home. A hospital Patient Visit Information page documented the resident seen for hypoglycemia, diabetic insulin reaction. Orders for change of evening Lantus to 35 units that evening and call the PCP to manage further during illness in the a.m., and holding scheduled Novolog while resident not eating well. Ok to continue sliding scale. If blood sugar under 100 hold insulin and and notify PCP. The Progress Notes dated 12/13/20 at 3:30 p.m. documented the resident returned via ambulance and transferred from the stretcher to bed with extensive assist. The resident had and IV present to right (R) antecubital from the hospital. Orders received to		not receive sliding scale insulin this a.m. with		
fast acting insulin. The blood sugar before insulin 51. Upon recheck the blood sugar was 37, and glucagon given. They rechecked the blood sugar with no improvement. He became somewhat agitated and unresponsive so they transferred him to the ED. Upon arrival the resident somewhat unresponsive but able to follow commands, and somewhat agitated during the exam. They were able to start an IV and gave dextrose infusion and the blood sugar improved. They did a CT of the head due the agitation and altered mental status. Over the course of the ER visit he became more alert and responsive and feil to be stable for discharge back to the home. A hospital Patient Visit Information page documented the resident seen for hypoglycemia, diabetic insulin reaction. Orders for change of evening Lantus to 35 units that evening and call the PCP to manage further during illness in the a.m., and holding scheduled Novolog while resident not eating well. Ok to continue sliding scale. If blood sugar under 100 hold insulin <td></td> <td></td> <td></td> <td></td>				
Upon recheck the blood sugar was 37, and glucagon given. They rechecked the blood sugar with no improvement. He became somewhat agitated and unresponsive so they transferred him to the ED. Upon arrival the resident somewhat unresponsive but able to follow commands, and somewhat agitated during the exam. They were able to start an IV and gave dextrose infusion and the blood sugar improved. They did a CT of the head due the agitation and altered mental status. Over the course of the ER visit he became more alert and responsive and felt to be stable for discharge back to the home. A hospital Patient Visit Information page documented the resident seen for hypoglycemia, diabetic insulin reaction. Orders for change of evening Lantus to 35 units that evening and call the PCP to manage further during illness in the a.m., and holding scheduled Novolog while resident not eating well. Ok to continue sliding scale. If blood sugar under 100 hold insulin and and notify PCP. The Progress Notes dated 12/13/20 at 3:30 p.m. documented the resident returned via ambulance and transferred from the stretcher to bed with extensive assist. The resident had and IV present to right (R) antecubital from the hospital. Orders received to				
given. They rechecked the blood sugar with no improvement. He became somewhat agitated and unresponsive so they transferred him to the ED. Upon arrival the resident somewhat unresponsive but able to follow commands, and somewhat agitated during the exam. They were able to start an IV and gave dextrose infusion and the blood sugar improved. They did a CT of the head due the agitation and altered mental status. Over the course of the ER visit he became more alert and responsive and felt to be stable for discharge back to the home. A hospital Patient Visit Information page documented the resident seen for hypoglycemia, diabetic insulin reaction. Orders for change of evening Lantus to 35 units that evening and call the PCP to manage further during illness in the a.m., and holding scheduled Novolog while resident not eating well. Ok to continue sliding scale. If blood sugar under 100 hold insulin and and notify PCP. The Progress Notes dated 12/13/20 at 3:30 p.m. documented the resident returned via ambulance and transferred from the stretcher to bed with extensive assist. The resident had and IV present to right (R) antecubital from the hospital. Orders received to				
improvement. He became somewhat agitated and unresponsive so they transferred him to the ED. Upon arrival the resident somewhat unresponsive but able to follow commands, and somewhat agitated during the exam. They were able to start an IV and gave dextrose infusion and the blood sugar improved. They did a CT of the head due the agitation and altered mental status. Over the course of the ER visit he became more alert and responsive and felt to be stable for discharge back to the home. A hospital Patient Visit Information page documented the resident seen for hypoglycemia, diabetic insulin reaction. Orders for change of evening Lantus to 35 units that evening and call the PCP to manage further during illness in the a.m., and holding scheduled Novolog while resident not eating well. Ok to continue sliding scale. If blood sugar under 100 hold insulin and and notify PCP. The Progress Notes dated 12/13/20 at 3:30 p.m. documented the resident returned via ambulance and transferred from the stretcher to bed with extensive assist. The resident had and IV present to right (R) antecubital from the hospital. Orders received to				
unresponsive so they transferred him to the ED. Upon arrival the resident somewhat unresponsive but able to follow commands, and somewhat agitated during the exam. They were able to start an IV and gave dextrose infusion and the blood sugar improved. They did a CT of the head due the agitation and altered mental status. Over the course of the ER visit he became more alert and responsive and felt to be stable for discharge back to the home. A hospital Patient Visit Information page documented the resident seen for hypoglycemia, diabetic insulin reaction. Orders for change of evening Lantus to 35 units that evening and call the PCP to manage further during illness in the a.m., and holding scheduled Novolog while resident not eating well. Ok to continue sliding scale. If blood sugar under 100 hold insulin and and notify PCP. The Progress Notes dated 12/13/20 at 3:30 p.m. documented the resident returned via ambulance and transferred from the stretcher to bed with extensive assist. The resident had and IV present to right (R) antecubital from the hospital. Orders received to				
arrival the resident somewhat unresponsive but able to follow commands, and somewhat agitated during the exam. They were able to start an IV and gave dextrose infusion and the blood sugar improved. They did a CT of the head due the agitation and altered mental status. Over the course of the ER visit he became more alert and responsive and felt to be stable for discharge back to the home.A hospital Patient Visit Information page documented the resident seen for hypoglycemia, diabetic insulin reaction. Orders for change of evening Lantus to 35 units that evening and call the PCP to manage further during illness in the a.m., and holding scheduled Novolog while resident not eating well. Ok to continue sliding scale. If blood sugar under 100 hold insulin and and notify PCP.The Progress Notes dated 12/13/20 at 3:30 p.m. documented the resident returned via ambulance and transferred from the stretcher to bed with extensive assist. The resident had and IV present to right (R) antecubital from the hospital. Orders received to				
follow commands, and somewhat agitated during the exam. They were able to start an IV and gave dextrose infusion and the blood sugar improved. They did a CT of the head due the agitation and altered mental status. Over the course of the ER visit he became more alert and responsive and felt to be stable for discharge back to the home. A hospital Patient Visit Information page documented the resident seen for hypoglycemia, diabetic insulin reaction. Orders for change of evening Lantus to 35 units that evening and call the PCP to manage further during illness in the a.m., and holding scheduled Novolog while resident not eating well. Ok to continue sliding scale. If blood sugar under 100 hold insulin and and notify PCP. The Progress Notes dated 12/13/20 at 3:30 p.m. documented the resident returned via ambulance and transferred from the stretcher to bed with extensive assist. The resident had and IV present to right (R) antecubital from the hospital. Orders received to				
exam. They were able to start an IV and gave dextrose infusion and the blood sugar improved. They did a CT of the head due the agitation and altered mental status. Over the course of the ER visit he became more alert and responsive and felt to be stable for discharge back to the home.A hospital Patient Visit Information page documented the resident seen for hypoglycemia, diabetic insulin reaction. Orders for change of evening Lantus to 35 units that evening and call the PCP to manage further during illness in the a.m., and holding scheduled Novolog while resident not eating well. Ok to continue sliding scale. If blood sugar under 100 hold insulin and and notify PCP.The Progress Notes dated 12/13/20 at 3:30 p.m. documented the resident returned via ambulance and transferred from the stretcher to bed with extensive assist. The resident had and IV present to right (R) antecubital from the hospital. Orders received to				
dextrose infusion and the blood sugar improved. They did a CT of the head due the agitation and altered mental status. Over the course of the ER visit he became more alert and responsive and felt to be stable for discharge back to the home. A hospital Patient Visit Information page documented the resident seen for hypoglycemia, diabetic insulin reaction. Orders for change of evening Lantus to 35 units that evening and call the PCP to manage further during illness in the a.m., and holding scheduled Novolog while resident not eating well. Ok to continue sliding scale. If blood sugar under 100 hold insulin and and notify PCP. The Progress Notes dated 12/13/20 at 3:30 p.m. documented the resident returned via ambulance and transferred from the stretcher to bed with extensive assist. The resident had and IV present to right (R) antecubital from the hospital. Orders received to				
did a CT of the head due the agitation and altered mental status. Over the course of the ER visit he became more alert and responsive and felt to be stable for discharge back to the home.A hospital Patient Visit Information page documented the resident seen for hypoglycemia, diabetic insulin reaction. Orders for change of evening Lantus to 35 units that evening and call the PCP to manage further during illness in the a.m., and holding scheduled Novolog while resident not eating well. Ok to continue sliding scale. If blood sugar under 100 hold insulin and and notify PCP.The Progress Notes dated 12/13/20 at 3:30 p.m. documented the resident returned via ambulance and transferred from the stretcher to bed with extensive assist. The resident had and IV present to right (R) antecubital from the hospital. Orders received to				
 mental status. Over the course of the ER visit he became more alert and responsive and felt to be stable for discharge back to the home. A hospital Patient Visit Information page documented the resident seen for hypoglycemia, diabetic insulin reaction. Orders for change of evening Lantus to 35 units that evening and call the PCP to manage further during illness in the a.m., and holding scheduled Novolog while resident not eating well. Ok to continue sliding scale. If blood sugar under 100 hold insulin and and notify PCP. The Progress Notes dated 12/13/20 at 3:30 p.m. documented the resident returned via ambulance and transferred from the stretcher to bed with extensive assist. The resident had and IV present to right (R) antecubital from the hospital. Orders received to 				
stable for discharge back to the home.A hospital Patient Visit Information page documented the resident seen for hypoglycemia, diabetic insulin reaction. Orders for change of evening Lantus to 35 units that evening and call the PCP to manage further during illness in the a.m., and holding scheduled Novolog while resident not eating well. Ok to continue sliding scale. If blood sugar under 100 hold insulin and and notify PCP.The Progress Notes dated 12/13/20 at 3:30 p.m. documented the resident returned via ambulance and transferred from the stretcher to bed with extensive assist. The resident had and IV present to right (R) antecubital from the hospital. Orders received to				
stable for discharge back to the home.A hospital Patient Visit Information page documented the resident seen for hypoglycemia, diabetic insulin reaction. Orders for change of evening Lantus to 35 units that evening and call the PCP to manage further during illness in the a.m., and holding scheduled Novolog while resident not eating well. Ok to continue sliding scale. If blood sugar under 100 hold insulin and and notify PCP.The Progress Notes dated 12/13/20 at 3:30 p.m. documented the resident returned via ambulance and transferred from the stretcher to bed with extensive assist. The resident had and IV present to right (R) antecubital from the hospital. Orders received to		became more alert and responsive and felt to be		
A hospital Patient Visit Information page documented the resident seen for hypoglycemia, diabetic insulin reaction. Orders for change of evening Lantus to 35 units that evening and call the PCP to manage further during illness in the a.m., and holding scheduled Novolog while resident not eating well. Ok to continue sliding scale. If blood sugar under 100 hold insulin and and notify PCP. The Progress Notes dated 12/13/20 at 3:30 p.m. documented the resident returned via ambulance and transferred from the stretcher to bed with extensive assist. The resident had and IV present to right (R) antecubital from the hospital. Orders received to				
 the resident seen for hypoglycemia, diabetic insulin reaction. Orders for change of evening Lantus to 35 units that evening and call the PCP to manage further during illness in the a.m., and holding scheduled Novolog while resident not eating well. Ok to continue sliding scale. If blood sugar under 100 hold insulin and and notify PCP. The Progress Notes dated 12/13/20 at 3:30 p.m. documented the resident returned via ambulance and transferred from the stretcher to bed with extensive assist. The resident had and IV present to right (R) 		Ŭ		
the resident seen for hypoglycemia, diabetic insulin reaction. Orders for change of evening Lantus to 35 units that evening and call the PCP to manage further during illness in the a.m., and holding scheduled Novolog while resident not eating well. Ok to continue sliding scale. If blood sugar under 100 hold insulin and and notify PCP. The Progress Notes dated 12/13/20 at 3:30 p.m. documented the resident returned via ambulance and transferred from the stretcher to bed with extensive assist. The resident had and IV present to right (R) antecubital from the hospital. Orders received to		A hospital Patient Visit Information page documented		
reaction. Orders for change of evening Lantus to 35 units that evening and call the PCP to manage further during illness in the a.m., and holding scheduled Novolog while resident not eating well. Ok to continue sliding scale. If blood sugar under 100 hold insulin and and notify PCP. The Progress Notes dated 12/13/20 at 3:30 p.m. documented the resident returned via ambulance and transferred from the stretcher to bed with extensive assist. The resident had and IV present to right (R) antecubital from the hospital. Orders received to				
units that evening and call the PCP to manage further during illness in the a.m., and holding scheduled Novolog while resident not eating well. Ok to continue sliding scale. If blood sugar under 100 hold insulin and and notify PCP. The Progress Notes dated 12/13/20 at 3:30 p.m. documented the resident returned via ambulance and transferred from the stretcher to bed with extensive assist. The resident had and IV present to right (R) antecubital from the hospital. Orders received to				
during illness in the a.m., and holding scheduled Novolog while resident not eating well. Ok to continue sliding scale. If blood sugar under 100 hold insulin and and notify PCP. The Progress Notes dated 12/13/20 at 3:30 p.m. documented the resident returned via ambulance and transferred from the stretcher to bed with extensive assist. The resident had and IV present to right (R) antecubital from the hospital. Orders received to				
Novolog while resident not eating well. Ok to continue sliding scale. If blood sugar under 100 hold insulin and and notify PCP. The Progress Notes dated 12/13/20 at 3:30 p.m. documented the resident returned via ambulance and transferred from the stretcher to bed with extensive assist. The resident had and IV present to right (R) antecubital from the hospital. Orders received to				
sliding scale. If blood sugar under 100 hold insulin and and notify PCP. The Progress Notes dated 12/13/20 at 3:30 p.m. documented the resident returned via ambulance and transferred from the stretcher to bed with extensive assist. The resident had and IV present to right (R) antecubital from the hospital. Orders received to				
and and notify PCP. The Progress Notes dated 12/13/20 at 3:30 p.m. documented the resident returned via ambulance and transferred from the stretcher to bed with extensive assist. The resident had and IV present to right (R) antecubital from the hospital. Orders received to				
The Progress Notes dated 12/13/20 at 3:30 p.m. documented the resident returned via ambulance and transferred from the stretcher to bed with extensive assist. The resident had and IV present to right (R) antecubital from the hospital. Orders received to				
documented the resident returned via ambulance and transferred from the stretcher to bed with extensive assist. The resident had and IV present to right (R) antecubital from the hospital. Orders received to		, -		
documented the resident returned via ambulance and transferred from the stretcher to bed with extensive assist. The resident had and IV present to right (R) antecubital from the hospital. Orders received to		The Progress Notes dated 12/13/20 at 3:30 p.m.		
transferred from the stretcher to bed with extensive assist. The resident had and IV present to right (R) antecubital from the hospital. Orders received to				
assist. The resident had and IV present to right (R) antecubital from the hospital. Orders received to				
antecubital from the hospital. Orders received to				
	u	• •	•N	Page 16 of 7

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 #9054	er:			Date: Januar	y 29, 2021	
Facility Name:			Survey	Survey Dates:		
Rock Rapids H	ealth Center		Decemb	- ecember 16, 2020 - January 21, 2021		
Facility Addres	s/City/State/Zip		Decentio	ci 10, 2020 - 0ali	1001 y 21, 2021	
703 South Unio	n an					
Rock Rapids, Iowa 51246		MW				
Rule or Code Natur Section		e of Violation	Class	Fine Amount	Correction date	

change evening Lantus to 35 unites tonight. Hold	
scheduled Novolog until follow-up with PCP. Okay to continue sliding scale insulin. Hold insulin if blood sugar less than 100. The responsible party and PCP notified, and fax sent out to provider to set up telehealth appointment on 12/14/20.	
During an interview on 12/28/20 at 11:10 a.m. Staff G CMA stated when she did a blood sugar check she reported right away before the nurse gave the resident's insulin. She said if a resident had a blood sugar less than 90 she would give them a glass of milk or orange juice.	
During an interview on 12/28/20 at 11:24 a.m. Staff D LPN stated she would expect the CNA's to let her know if a resident did not eat. She said she would notify the physician before giving insulin if the blood sugar below 90. She did not know how the other nurses would handle it.	
During an interview on 1/4/20 at 2:15 p.m. the Director of Nursing (DON) stated she gave the resident his a.m. dose of insulin. She said the CNA's reported he had eaten breakfast. She did not know they had documented a refusal.	
During subsequent interview on 1/5/20 at 3:40 p.m. the DON stated they would normally notify the physician of a low blood sugar and/or holding the insulin.	
During an interview on 1/6/21 at 12:25 p.m. the Family Nurse Practitioner (FNP) stated the resident found	

Facility Administrator

Citation Num #9054	ber:			Date: Januar	y 29, 2021
Facility Name: Rock Rapids Health Center		-	Survey Dates: December 16, 2020 - January 21, 20		Nuory 21 2021
Facility Address/City/State/Zip 703 South Union		MW			iuary 21, 2021
Rock Rapids	, Iowa 51246				
Rule or Code Section	Nature of Violation		Class	Fine Amount	Correction date
		n Glucogan per the DON. The result low at breakfast and they			

resident's blood sugar result low at breakfast and they held the sliding scale insulin, but gave the regular (scheduled) insulin. She said they should be holding insulin with a blood sugar that low.		
4) According to the MDS assessment dated 12/5/20, Resident #6 scored 10 on the BIMS indicating cognitive impairment. The resident required limited assistance with activities of daily living (ADL's) including bed mobility, transfer, walking in her room, dressing, and toilet use. The resident required extensive assist with bathing.		
The current Care Plan initiated 7/15/20 identified the resident had a reddened area of skin under breasts bilaterally. The interventions included application of topical powders per physician orders.		
The Care Plan initiated 12/8/20 and revised 12/13/20 identified the resident presumptive positive/or having tested positive for COVID-19. The interventions included maintaining droplet isolation, O2 PRN, offer fluids PRN, respiratory assessment completed every shift, VS every shift. Report any vital signs outside parameters to physician or NP.		
The Care Plan identified the resident had actual ADL function deficits revised 9/30/19. The interventions included the resident needed limited to extensive assist of one with toilet use, with changing pull up or briefs, pericares, and adjustment of clothing every 3-4		

Page 18 of 71

Facility Administrator

Citation Numb #9054	er:			Date: Januar	y 29, 2021
Facility Name: Rock Rapids Health Center			Survey Dates: December 16, 2020 - January 21, 2021		
Facility Address/City/State/Zip 703 South Union			December 10, 2020 - January 21, 2021		
Rock Rapids, Iowa 51246		MW			
Rule or Code Nature Section		re of Violation	Class	Fine Amount	Correction date

Π		1	n – – – – – – – – – – – – – – – – – – –
	hours and PRN. The resident needed extensive assist		
	of one with bathing/showering. The resident needed		
	supervision after set up to wash hands and face and		
	one staff I limited/extensive assist for combing hair,		
	brushing of dentures and oral care. The resident		
	5		
	needed extensive assist of one with dressing.		
	The Progress Notes dated 12/8/20 at 1:11 p.m.		
	documented the resident had scattered wheezes		
	noted through out bilaterally. The resident notified of		
	testing positive for Covid-19.		
	A few dated $42/0/20$ called the physician if the president		
	A fax dated 12/8/20 asked the physician if the resident		
	could be skilled due to Covid. The physician		
	responded okay to continue skilled care.		
	A census record showed the resident's primary payor		
	Medicare A (for skilled care) starting 12/8/20 and		
	ending 12/31/20.		
	The Clinical Assessment record lacked any skilled		
	nursing assessments between 12/8/20 and 12/10/20.		
	The record documented only 5 skilled nursing		
	assessments in the 23 day period.		
	assessments in the 25 day period.		
	The Clinical Assessment record showed the resident		
	had no Covid-19 Observation completed 12/8/20, and		
	1 assessment completed 12/9/20.		
	The Covid-19 Observation dated 12/10/20 at 12:49		
	a.m. documented the resident had no signs or		
	symptoms of Covid, the resident tested positive		
	12/8/20. The resident had crackles in the lung bases,		
			Page 19 of 7 1

Page 19 of 71

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 Numb #9054	er:			Date: January	y 29, 2021	
Facility Name: Rock Rapids Health Center			Survey [Survey Dates:		
коск каріць п			Decemb	December 16, 2020 - January 21, 2021		
Facility Addres	ss/City/State/Zip		2000	0		
703 South Unio	n					
Rock Rapids, I		MW				
Rule or				Fine Amount	Correction	
Code	Natur	e of Violation	Class		date	
Section						

increased weakness and confusion. Staff reminded to assist with ADL's and cares. The Treatment Administration Record (TAR) for December 2020 included O2 at 4 liters per nasal cannula checked off a.m. and p.m. The record did not document O2 sats with the use of O2. The clinical record lacked documentation of further assessment or VS before the resident transferred to the hospital. The BP Summary showed no BP's recorded between 12/3/20 and 12/19/20. The T summary showed no T's recorded between 12/3/20 and 12/18/20. The O2 sats Summary showed no O2 sat's recorded between 11/25/20 and 12/18/20. The P Summary showed no P's recorded between 11/25/20 and 12/18/20. The P Summary showed no P's recorded between 11/25/20 and 12/18/20. The R Summary showed no P's recorded between 12/3/20 and 12/19/20. The R Summary showed no R's recorded between 12/3/20 and 12/19/20. The R Summary showed no R's recorded between 12/3/20 and 12/19/20. The R Summary showed no R's recorded between 12/3/20 and 12/19/20. The R Summary showed no R's recorded between 12/3/20 and 12/19/20. The R Summary showed no R's recorded between 12/3/20 and 12/19/20. The Progress Notes dated 12/10/20 at 3:13 p.m. documented the ambulance called per the charge nurse request due to increased R's, low O2 sat, and tachycardia. At 3:30 p.m. the resident transported via ambulance to the hospital. At 6:02 p.m. received		
December 2020 included O2 at 4 liters per nasal cannula checked off a.m. and p.m. The record did not document O2 sats with the use of O2. The clinical record lacked documentation of further assessment or VS before the resident transferred to the hospital. The BP Summary showed no BP's recorded between 12/3/20 and 12/19/20. The T summary showed no T's recorded between 12/3/20 and 12/18/20. The P Summary showed no O2 sat's recorded between 11/25/20 and 12/18/20. The P Summary showed no P's recorded between 11/25/20 and 12/18/20. The P Summary showed no P's recorded between 11/25/20 and 12/18/20. The P Summary showed no P's recorded between 11/25/20 and 12/19/20. A POC Response History for documenting fluids in cc's showed the resident drank 240 cc's on 12/8/20, refused 12/9/20, and nothing documented on 12/10/20. The Progress Notes dated 12/10/20 at 3:13 p.m. documented the ambulance called per the charge nurse request due to increased R's, low O2 sat, and tachycardia. At 3:30 p.m. the resident transported via ambulance to the hospital. At 6:02 p.m. received		
assessment or VS before the resident transferred to the hospital. The BP Summary showed no BP's recorded between 12/3/20 and 12/19/20. The T summary showed no T's recorded between 12/3/20 and 12/18/20. The O2 sats Summary showed no O2 sat's recorded between 11/25/20 and 12/18/20. The P Summary showed no P's recorded between 11/25/20 and 12/19/20. The R Summary showed no R's recorded between 12/3/20 and 12/19/20. The R Summary showed no R's recorded between 12/3/20 and 12/19/20. A POC Response History for documenting fluids in cc's showed the resident drank 240 cc's on 12/8/20, refused 12/9/20, and nothing documented on 12/10/20. The Progress Notes dated 12/10/20 at 3:13 p.m. documented the ambulance called per the charge nurse request due to increased R's, low O2 sat, and tachycardia. At 3:30 p.m. the resident transported via ambulance to the hospital. At 6:02 p.m. received	December 2020 included O2 at 4 liters per nasal cannula checked off a.m. and p.m. The record did not	
12/3/20 and 12/19/20. The T summary showed no T's recorded between 12/3/20 and 12/18/20. The O2 sats Summary showed no O2 sat's recorded between 11/25/20 and 12/18/20. The P Summary showed no P's recorded between 11/25/20 and 12/19/20. The R Summary showed no R's recorded between 12/3/20 and 12/19/20. A POC Response History for documenting fluids in cc's showed the resident drank 240 cc's on 12/8/20, refused 12/9/20, and nothing documented on 12/10/20. The Progress Notes dated 12/10/20 at 3:13 p.m. documented the ambulance called per the charge nurse request due to increased R's, low O2 sat, and tachycardia. At 3:30 p.m. the resident transported via ambulance to the hospital. At 6:02 p.m. received	assessment or VS before the resident transferred to	
12/3/20 and 12/18/20. The O2 sats Summary showed no O2 sat's recorded between 11/25/20 and 12/18/20. The P Summary showed no P's recorded between 11/25/20 and 12/19/20. The R Summary showed no R's recorded between 12/3/20 and 12/19/20. A POC Response History for documenting fluids in cc's showed the resident drank 240 cc's on 12/8/20, refused 12/9/20, and nothing documented on 12/10/20. The Progress Notes dated 12/10/20 at 3:13 p.m. documented the ambulance called per the charge nurse request due to increased R's, low O2 sat, and tachycardia. At 3:30 p.m. the resident transported via ambulance to the hospital. At 6:02 p.m. received	12/3/20 and 12/19/20.	
between 11/25/20 and 12/18/20.The P Summary showed no P's recorded between11/25/20 and 12/19/20.The R Summary showed no R's recorded between12/3/20 and 12/19/20.A POC Response History for documenting fluids incc's showed the resident drank 240 cc's on 12/8/20,refused 12/9/20, and nothing documented on12/10/20.The Progress Notes dated 12/10/20 at 3:13 p.m.documented the ambulance called per the chargenurse request due to increased R's, low O2 sat, andtachycardia. At 3:30 p.m. the resident transported viaambulance to the hospital. At 6:02 p.m. received	12/3/20 and 12/18/20.	
The R Summary showed no R's recorded between 12/3/20 and 12/19/20.A POC Response History for documenting fluids in cc's showed the resident drank 240 cc's on 12/8/20, refused 12/9/20, and nothing documented on 12/10/20.The Progress Notes dated 12/10/20 at 3:13 p.m. documented the ambulance called per the charge nurse request due to increased R's, low O2 sat, and tachycardia. At 3:30 p.m. the resident transported via ambulance to the hospital. At 6:02 p.m. received	between 11/25/20 and 12/18/20.	
cc's showed the resident drank 240 cc's on 12/8/20, refused 12/9/20, and nothing documented on 12/10/20. The Progress Notes dated 12/10/20 at 3:13 p.m. documented the ambulance called per the charge nurse request due to increased R's, low O2 sat, and tachycardia. At 3:30 p.m. the resident transported via ambulance to the hospital. At 6:02 p.m. received	The R Summary showed no R's recorded between	
documented the ambulance called per the charge nurse request due to increased R's, low O2 sat, and tachycardia. At 3:30 p.m. the resident transported via ambulance to the hospital. At 6:02 p.m. received	cc's showed the resident drank 240 cc's on 12/8/20, refused 12/9/20, and nothing documented on	
tachycardia. At 3:30 p.m. the resident transported via ambulance to the hospital. At 6:02 p.m. received	documented the ambulance called per the charge	
	tachycardia. At 3:30 p.m. the resident transported via	

Page 20 of 71

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 Numbe #9054	er:				Date: Januar	y 29, 2021
Facility Name: Rock Rapids Health Center			Su	Survey Dates:		
Facility Address/City/State/Zip			De	December 16, 2020 - January 21, 2021		
703 South Union Rock Rapids, Iowa 51246		MW				
Rule or Code Section	Natur	e of Violation	С	lass	Fine Amount	Correction date

update from the hospital. The resident would be admitted.		
A History and Physical dated 12/10/20 documented the resident presented for hypoxia. Per report from the nursing home the resident received 5 liters of O2 and unable to get her sats above 88%. The resident tested positive for Covid on 12/6/20. The resident looked unkempt and smelled of urine. The resident had a very significant erythematous raw wound/lesion under the left breast extending around to the side of her back. See nursing documentation for size. The resident's assessment included Covid-19 with questionable early pneumonia, sepsis, acute kidney injury likely secondary to dehydration/sepsis, and left breast wound/rash.		
A wound assessment dated 12/10/20 at 5:50 p.m. documented inflammation of the left lower breast that appeared wet, pink/red with a small amount milky drainage, with a strong foul odor, measuring 9.75 by 3.5 inches.		
The POC Response History documented the resident had last received physical help in part of the bathing activity on 11/30/20.		
The POC Response History lacked any documentation regarding assist with toilet use, dressing, or personal hygiene on 12/10/20.		
During an interview on 12/28/20 at 10:59 a.m. Staff C CNA (worked 12/10/20) stated she did not recall		Page 21 of 7 1

Page 21 of 71

Facility Administrator

n		n				
Citation Number: #9054					Date: Januar	y 29, 2021
Facility Name:			Survey I	Dates:		
Rock Rapids H	Health Center		Decemb	er 16-2	020 - Jan	uary 21, 2021
Facility Addre	ss/City/State/Zip		Determs	Ci 10, 2	020 001	uui y 21, 2021
703 South Uni	on					
Rock Rapids,	lowa 51246	MW				
	11					O anno ati an
Rule or Code	Natur	e of Violation	Class	Fine A	Amount	Correction date
Section						
						1
		ler the resident's breast. She dependent and they just				
		he bathroom, she did not need				
	assist.					
	During an interview on	12/28/20 Staff G CMA stated				
	the resident had rednes	s under her breasts off and on				
	and they had a powder needed it, but she had r	they could use when she				
	needed it, but she had i					
		12/28/20 at 11:17 a.m. Staff D				
		had some powder they used ore under her breasts, but was				
	not aware she had an is	ssue the day she transferred to				
	the hospital. She did no now.	ot know of any reddened areas				
	now.					
		12/29/20 at 10:20 a.m. Staff D				
	stated not aware of any breasts.	redness under the resident's				
		on 12/29/20 at 10:30 a.m. when ith toileting, Staff G CMA and				
		nder the resident's breasts and				
		e right breast, and a diffuse				
	red, raw area under the	iett abdominal fold.				
		12/30/20 at 10:54 a.m. the				
	Physician Assistant stat	ted when the resident al 12/10/20 she did not appear				
		hal care. The resident had a				
	pretty significant rash u	nder her left breast that				
	appeared red, raw, and	did not appear to have been				

Page 22 of 71

Facility Administrator

Citation Numb #9054	er:			Date: Januar	y 29, 2021	
Facility Name: Rock Rapids Health Center			-	Survey Dates: December 16, 2020 - January 21, 2021		
Facility Address/City/State/Zip 703 South Union			Decenic			
Rock Rapids, I	owa 51246	MW				
Rule or Code Nature Section		re of Violation	Class	Fine Amount	Correction date	

cared for. They saw she had a powder fo breasts but did not know if it had been app asked the nurse to measure the area, it lo She said residents with Covid needed mo frequently due to the potential for decline dehydration. She thought they assessed signs every shift, which were 12 hours, bu not adequate.	olied. She oked painful. nitoring more and and took vital
5) According to the MDS assessment date Resident #7 had long and short term mem problems and severely impaired skills for decision making. The resident required ex assistance with activities of daily living inc mobility, transfers, dressing, eating, and to	nory daily ttensive luding bed
The resident's Medical Diagnosis record in unspecified dementia without behavioral of	
The Progress Notes dated 11/25/20 at 3:2 documented the resident had been very le during the shift, did not eat meals well, an intake for fluids.	ethargic
A fax dated 11/25/20 at 2:25 p.m. notified physician the resident had been very letha poorly at breakfast and lunch, refusing me to drink. The fax circled to please respond The resident had BP 173/118, P 128, O2 s and R 18.	argic and ate eals with little d ASAP.
	Page 23 of 7

Page 23 of 71

Facility Administrator

Citation Num #9054	ıber:				Date: Januar	y 29, 2021
	Health Center	-	Survey I Decemb		020 - Jan	uary 21, 2021
703 South Ur Rock Rapids		MW				
Rule or Code		e of Violation	Class	Fine A	Amount	Correction date
Section						
	 within normal limits or a the following day. The Weights and Vitals had no recorded O2 sa staff sent the fax to the morning. The Progress Notes da documented the resider at times unresponsive. drank in 24 hours, excee BP 171/104, P 138, O2 Placed a call to the phy transfer to the hospital. 	back negative. The ambulance				
	documented the resider a diagnosis of hypernat stay. The History and Physic the resident had acute moderate, hypernatrem The discharge summar reported the resident ha reports of nausea, vom causes of hypernatrem obtained and resident for	ted 11/26/20 at 6:18 p.m. nt admitted to the hospital with rremia, and no idea on length of al dated 11/26/20 documented kidney injury, dehydration, nia, and altered mental status. y included the nursing home ad not been drinking, with no iting, or diarrhea. No other ia identified. Labs were ound to have acute kidney ia with a sodium of 165, likely				

Page 24 of 71

Facility Administrator

		_				
Citation Numb #9054	er:				Date: Januar	y 29, 2021
Facility Name: Rock Rapids H			Survey I			
Facility Addres	ss/City/State/Zip		Decemb	er 16, 2	020 - Jan	uary 21, 2021
703 South Unio Rock Rapids, I		MW				
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
u <u></u>	И			0		
	included to please assu amounts of fluid and mo During an interview on	12/28/20 at 11:41 a.m. Staff A				
	hospital, she was very lonot eat but drank some.	ore the resident went to the ethargic. The resident would The resident would not open the resident had days when ent beyond that.				
	LPN stated on 11/25/20 vital signs, taken earlier electronic health record know the vital signs wer were to take VS every s shifts, so 2 times a day. they should be rechecked	12/28/20 at 12:34 p.m. Staff B she recorded the resident's by someone else, in the . She did let the charge nurse re not WNL. She said they shift. They had 2, 12 hour She said if VS were not WNL ed. She had not assessed the ould expect the overnight shift ent due to a change in				
	LPN stated she did not she would expect if a re	1/4/21 at 10:09 a.m. Staff F specifically recall the event, but sident had a change in nt did, they would follow up.				
		kidney injury and				

Page 25 of 71

Facility Administrator

Citation Number: #9054 Facility Name: Rock Rapids Health Center		-	Survey			y 29, 2021	
Facility Addre 703 South Un Rock Rapids,		MW	— December 16, 2020 - Janua		uary 21, 2021		
Rule or Code Section	Natu	re of Violation	Class	Fine Amount		Correction date	
	 her hydrated with staff 6) According to the MD Resident #8 was rarely no long or short term m independence for daily required extensive ass mobility, transfers, dres hygiene. The resident foot. The resident's Medical Covid-19, UTI, and dia The Baseline Care Pla other wound identified, order. A Nursing daily Skilled 2:35 p.m. included the bilateral lower extremit an assessment of the w 	n dated 11/13/20 documented treatments per physician's Assessment dated 11/14/20 at resident had wounds on the ies. The clinical record lacked					

Page 26 of 71

Facility Administrator

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

presence of 15 sores/wounds on the resident's left lower extremity (LLE), and 21 sores/wounds on the right lower extremity (RLE) along with edema 5+ on the right foot, and a bloody sore on right foot big toe. The sores were all in various stages of healing, believed to be the result of the combination of venous

Date: Januai	y 29, 2021		
Survey Dates: December 16, 2020 - January 21, 2021			
December 10, 2020 - January 21, 2021			
Fine Amount	Correction date		
Fin	e Amount		

stasis ulcers, arterial ulcers, and pressure areas with diabetic neuropathy. Staff completed application of honey and mepilex to the 7 open sores while leaving the others open to air (OTA), as they appeared to be healing. They requested provider to give an adequate treatment or see the patient.		
The clinical record lacked a fax to the physician 11/25/20 regarding orders for wound treatment.		
A fax dated 11/27/20 asked the physician if they could have permission for the resident to see the wound nurse. The fax returned with a yes answer.		
The Progress Notes dated 11/27/20 at 7:41 p.m. documented a fax returned from the provider for permission to see the wound nurse. The wound nurse contacted and appointment set up for 12/1/20 with the wound nurse.		
The clinical record lacked an evaluation of the resident's wounds by the wound nurse.		
The Order Summary Report signed 12/8/20 directed to continue wound care for the bilateral lower extremities and feet (no wound care identified).		
The Progress Notes dated 12/8/20 at 11:31 a.m. documented a late entry, orders included continuing wound care for bilateral lower extremities (BLE).		

Page 27 of 71

Facility Administrator

Citation Numb #9054	per:				Date: January	y 29, 2021
Facility Name: Rock Rapids H			Survey I Decemb		020 - Jan	uary 21, 2021
703 South Uni Rock Rapids,	on	MW				
Rule or Code Section		e of Violation	Class	Fine A	Amount	Correction date
	 1:03 p.m. documented is present to the BLE. The clinical record lacker for the resident's wound. The Progress Notes data documented the resident made eye contact but da bilingual CNA made is communicate, but the resident response. The resident response. The resident response. The resident shift. The resident shift. The resident shift. The resident response is 12/12/20 for UTI. The resident of the Progress Notes data documented the resident physical therapist went found the resident in the body completely limp. The Unable to follow bases motor control. VS stables 113/78, and O2 sat 97% transfer to the ED. A History and Physical the resident presented and the resident presented and the resident physical the resident in the body completely limp. The transfer to the ED. 	ted 12/15/20 at 6 a.m. In thad increased lethargy. She lid not respond verbally to staff. several attempts to esident still did not give a esident did not void on the sident started Bactrim DS on esident indicated no pain; T R 16, and O2 sat 98% on room care provider (PCP) with recommendations.				

Page 28 of 71

Facility Administrator

Citation Numb #9054	er:			Date: Januar	y 29, 2021		
Facility Name: Rock Rapids Health Center				Survey Dates: December 16, 2020 - January 21, 202			
Facility Address/City/State/Zip 703 South Union			Decemb	December 16, 2020 - January 21, 2021			
Rock Rapids,		MW					
Rule or				Fine Amount	Correction		
Code Nature Section		re of Violation	Class		date		

been treating her her for UTI. On arrival the resident appeared dazed and not responding well. The resident had the right 3rd and 4th toes with open wounds, purulent drainage, surrounding erythema and edema. She also had scattered open wounds and scabs on the bilateral lower extremities. The assessment included a diabetic foot ulcer, right 3rd and 4th digit, with closed fracture of the right 4th phalynx. Plan for antibiotics, with pharmacy to dose. Obtained wound culture, local wound care, and x-rays read as 4th digit fracture. Consider ortho consult for foot, UTI, type 2 diabetes, episode of hypoglycemia which improved with an amp of D50 (glucose), confusion and weakness improved since arrival, likely related to hypoglycemia, acute illness.	
A Wound culture collected 12/15/20 documented the final results showed 3 organisms identified: Eschericia coli- ESBL (extended spectrum beta lactamase) light growth, Staphylococcus Aureus- MRSA (Methecillin Resistant Staphylococcus aureus) moderate growth, Enterococcus Faecalis moderate growth.	
During an interview on 12/28/20 at 11:03 a.m. Staff C CNA stated the day before the resident went to the hospital she needed 1 assist to transfer, and could walk with assist. The day she transferred, it took 2 to transfer and she required assist with eating. She said the resident admitted to the facility with wounds to her legs and feet. She didn't know if they were treating them, but they put lotion on them. She didn't recall if they were draining.	
	Page 29 of 7 *

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).

Citation Numb #9054	er:			Date: Januar	y 29, 2021		
Facility Name: Rock Rapids Health Center			-	Survey Dates: December 16, 2020 - January 21, 2021			
Facility Address/City/State/Zip 703 South Union			Decemb	December 10, 2020 - bandary 21, 2021			
Rock Rapids, I	owa 51246	MW					
Rule or Code Nature Section		e of Violation	Class	Fine Amount	Correction date		

		m	n
	During an interview on 12/28/20 at 11:18 a.m. Staff D LPN stated she worked overnight, then until noon the day the resident transferred to the hospital. She said the resident appeared lethargic, but was never real peppy. She called the physician's office right away that a.m. to ask them to address the fax, and then called again later. She thought the fax returned with orders for labs and another UA. Staff D stated the resident had scabs on her feet when she admitted to the facility and they applied stock lotion to them. She said she lotioned the resident's legs and feet that a.m. She said the resident did not complain of pain. During an interview on 12/28/20 at 12:50 p.m. Staff E Registered Nurse (RN) stated the 1st time she saw the		
	resident's legs and feet she had no dressings on and some of the wounds were seeping, so she needed dressings. She sent a fax to the resident's physician but she did not hear back that shift, and she did not work again for about 2 weeks. When she did work again there were no orders on the MAR/TAR for a treatment or dressing, so she did not check her feet and legs. She said the day she saw the wounds she applied dressings to 7 open areas. She said Staff F LPN thought the honey and Mepilex dressing would be the best thing to do.		
	During an interview on 1/4/21 at 10:09 a.m. Staff F stated she recalled using Mepilex on the resident's legs and feet. She requested a wound consult for the wounds on her toes and up her leg. She recalled the wound nurse saw the resident and 2 others. She had		
			Page 30 of 71

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 Numb #9054	er:			Date: Januar	y 29, 2021	
Facility Name: Rock Rapids H Facility Addres			Survey Dates: December 16, 2020 - January 21			
703 South Unio Rock Rapids, I		MW				
Rule or Code Section	Natur	re of Violation	Class	Fine Amount	Correction date	

				Page 31 of
58.19(1)n(8) 58.24 (4)d	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	I	\$8,000 (Held in Suspension)	Upon Receipt
	infected, with purulent drainage and odor. She said the podiatrist treated as Osteomyelitis (inflammation of bone usually due to infection). She said the infection of the wounds contributed to the resident's overall decline. She was unsure about the toe fracture but the family had mentioned a fall prior to the hospitalization. During an interview on 12/31/20 at 1:23 p.m. the Wound Nurse stated she saw the resident (12/1/20) and did an evaluation of the bilateral lower extremities. She wrote progress notes and recommendations for treatment on a paper record. She did not have a copy. Facility Response:			
	bid she needed to send the recommendations to the physician to sign off. She said the note disappeared and she did not know what happened to it. During an interview on 12/30/20 at 10:54 the Physician Assistant stated she saw the resident on a virtual visit (12/8/20) and she was a new patient to them. The resident's wounds were brought up (during that visit), and she thought they were being treated. When the resident presented to the ER the toes were definitely			
	some orders on the note. She had to pass some of the days orders off to the night nurse. She was later told she needed to send the recommendations to the			

i ago o i

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: #9054					Date: January	/ 29, 2021
Facility Name: Rock Rapids Health Center			Survey Dates: December 16, 2020 - January			uary 21 2021
-	ss/City/State/Zip		Decenia		20 - 0an	uary 21, 2021
703 South Uni Rock Rapids,		MW				
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	nurses with ancillary coverage as set forth in these rules: 58.19(1) Activities of daily living. n. Nutrition and meal service. (8)Sufficient fluid intake to maintain proper hydration and health; (I, II, III) 481—58.24(135C) Dietary. 58.24(4) Therapeutic diets and nutritional status. d. The facility shall ensure that each resident maintains acceptable parameters of nutritional status, such as body weight, unless the resident's clinical condition demonstrates that this is not possible. (I, II, III) Description: Based on record review and staff interview, the facility failed to assure a resident maintained acceptable parameters of nutrition status, for 2 of 4 residents reviewed (Resident #13 and #12), and proper hydration (Resident #13). The facility reported a census of 33 residents. Resident #13 returned from the hospital 12/30/20. The record lacked skilled nursing (SN) assessments between 12/30/20 and 1/4/21. The 1/4/21 assessment revealed the resident needed limited assistance with ADL's. and then totally dependent on 1/6/21 indicating a change of condition. The assessments documented poor food and fluid intake with no new interventions identified to increase consumption. The resident could					Page 32 of 7

Facility Administrator

Date

Citation Numb #9054	er:				Date: Januar	y 29, 2021	
Facility Name Rock Rapids I				Survey Dates: December 16, 2020 - January 21, 202			
Facility Address/City/State/Zip 703 South Union				- December 10, 2020 - January 21, 20			
Rock Rapids,		MW					
Rule or Code Section	Na	ture of Violation	CI	ass	Fine Amount	Correction date	

not wear dentures and had no evaluation to determine if the resident needed a mechanically altered diet. When the assessments documented the need for total staff assistance with eating the eating record documented no more than supervision provided. The resident showed a 9.5% significant weight loss with no family or physician notification and no interventions identified until the family called the physician's office with concerns. The resident presented to the emergency room (ER) severely dehydrated.			
Findings include:			
1) According to the Minimum Data Set (MDS) assessment dated 10/21/20, Resident #13 scored 15 on the Brief Interview for Mental Status (BIMS) indicating no cognitive impairment. The resident was independent with activities of daily living (ADL's) including transfer, ambulation and eating.			
A Hospital Discharge Summary dated 12/30/20 documented Resident #13's discharge condition stable. Diagnoses included acute pulmonary embolus (PE), supraventricular tachycardia (SVT), pneumonia, cancer, metastatic to bone, and acute hypoxemia respiratory failure. On the day of discharge the resident sat up in the chair eating breakfast. The resident tolerated oral intake and fluids with some encouragement. He initially did not have dentures so started a mechanical soft diet because he could not chew adequately. He was awake, alert, and oriented.			
The resident's oral mucosa appeared pink and moist	I	<u> </u>	Page 33 of 7 ′

Facility Administrator

Date

Citation Numb #9054	er:			Date: Januar	y 29, 2021		
Facility Name: Rock Rapids H		-		Survey Dates: December 16, 2020 - January 21, 20			
Facility Address/City/State/Zip			Decemi	December 10, 2020 - January 21, 2021			
703 South Uni Rock Rapids,		MW					
Rule or Code Section	Nat	ure of Violation	Class	Class Fine Amount Corrected			

without dentures. His tongue had a normal appearance without lesions, no buccal (cheek)	
nodules or lesions noted. The resident alert and	
oriented to person, place, and time with normal	
speech.	
The Care Plan identified the resident had a nutritional	
problem or potential nutritional problem initated on	
1/29/20 and revised on 2/12/20.	
The interventions included:	
a. Monitoring/documenting/reporting to the	
physician as needed (PRN) for signs and symptoms	
(s/sx) of dysphagia: pocketing, choking, coughing,	
drooling, holding food in mouth, several attempts at	
swallowing, refusing to eat, or appearing concerned	
during meals.	
 b. Monitoring/recording/reporting to the physician 	
PRN s/sx of malnutrition: emaciation (abnormally thin	
or weak), muscle wasting, significant weight loss: 3 lbs	
in 1 week, >5% in 1 month, >7.5% in 3 months, >10%	
in 6 months. Obtain weights as ordered and per facility	
policy.	
c. Providing, serving diet as ordered: regular with	
regular textures and thin liquids. Monitoring intake and	
recording every meal.	
d. Registered Dietitian to evaluate and make diet	
change recommendations PRN.	
The Care Plan identified the resident had oral/dental	
health problems and wore dentures related to poor	
oral hygiene. The interventions included providing	
mouth care as per ADL personal hygiene, initiated	
2/6/20.	
	Page 34 of 7

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 Numb #9054	er:			Date: Januar	y 29, 2021		
Facility Name: Rock Rapids H		•	Survey Dates: December 16, 2020 - January 21, 20				
Facility Address/City/State/Zip 703 South Union			Decenity				
Rock Rapids, I	owa 51246	MW					
Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date		

The Progress Notes dated 12/30/20 at 12:26 p.m. documented the resident readmitted to the facility at 10:30 a.m. via transportation service in a wheelchair (w/c), status post hospitalization from 12/28-12/30/20 for acute bilateral (bilat) PE, acute left lower extremity (LLE) deep vein thrombosis (DVT), SVT and pneumonia. The resident appeared drowsy, lethargic, slow to respond; needed extensive assist of 2 with transferring from the w/c to the recliner. Bilateral lungs sound diminished and exertion noted during transfer. Vital signs (VS) Temperature (T) 97.0, blood pressure (BP) 112/85, pulse (P) 91, respirations (R) 18- Oxygen (O2) saturation (sat) 91% an 3 liters/per nasal cannula (L/NC). A Weights and Vitals record showed the resident weighed 186.8 pounds on 11/16/20, with no other weights until 12/30/20 at 169 pounds, a loss of 17.8		
pounds or 9.5% in 6 weeks, a significant loss. The clinical record lacked notification of the resident's physician or family of the significant weight loss, evaluation by the dietician, or interventions to maintain or gain weight. The Progress Notes dated 1/2/21 at 8:47 p.m. documented the resident rested in bed, he had very little energy, it took everything he had in him to take		
his medications with sips of water. He seemed very short of breath, lung sounds diminished bilateral, and O2 on at 4 L/NC, with sat of 93%.		Page 35 of 7

Page 35 of 71

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).

	1				
ber:					y 29, 2021
: Health Center					
ss/City/State/Zip		Decemb	er 16, 20	020 - Jan	uary 21, 2021
ion Iowa 51246	MW				
Natur	e of Violation	Class	Fine A	Amount	Correction date
			u		
documented the certifie reported the resident has bathroom without assist him to use the call light The Progress Notes dat documented the resider his bedtime (HS) meds alone tired him out. A Nursing Daily Skilled 5:17 p.m. documented to unsteady gait, needing The resident needed lim mobility, transfer, dress independent with eating fluid intake were poor. a regular breathing patt elevated and O2 use. H arouse, and completely sounds were diminished sounds were overactive The Progress Notes dat documented the resider 98.1, P 68, R 18, BP 12 complaints, with O2 at 5 faxed out to provider to to earlier blood pressure	d nursing assistant's (CNA's) ad taken himself to the tance. The CNA's reminded for help. ted 1/3/21 at 10:19 p.m. the continued very weak, took with sips of water, and that Assessment dated 1/4/2021 the resident ambulatory with some help with transferring. hited assistance with bed ing, and toilet use, and g. The resident's appetite and The resident drowsy, and had ern with the head of the bed le was tired, at times difficult to incontinent at the time. Lung d throughout. The bowel e with diarrhea. ted 1/4/21 at 8:47 p.m. ht rested in bed. VS were T 1/81. The resident had no 5 L/NC with sat of 93%. Order hold scheduled metoprolol due e of 89/50.				
	Health Center ss/City/State/Zip on Iowa 51246 Natur The Progress Notes dat documented the certifie reported the resident ha bathroom without assist him to use the call light The Progress Notes dat documented the resident ha bathroom without assist him to use the call light The Progress Notes dat documented the resider his bedtime (HS) meds alone tired him out. A Nursing Daily Skilled 5:17 p.m. documented ti unsteady gait, needing The resident needed lim mobility, transfer, dress independent with eating fluid intake were poor. a regular breathing patt elevated and O2 use. H arouse, and completely sounds were overactive The Progress Notes dat documented the resider 98.1, P 68, R 18, BP 12 complaints, with O2 at 5 faxed out to provider to to earlier blood pressure A POC Response Histo	Health Center ss/City/State/Zip on lowa 51246 MW Nature of Violation The Progress Notes dated 1/3/21 at 6:08 a.m. documented the certified nursing assistant's (CNA's) reported the resident had taken himself to the bathroom without assistance. The CNA's reminded him to use the call light for help. The Progress Notes dated 1/3/21 at 10:19 p.m. documented the resident continued very weak, took his bedtime (HS) meds with sips of water, and that	Health Center Survey I ss/City/State/Zip Decemb on MW Lowa 51246 MW The Progress Notes dated 1/3/21 at 6:08 a.m. documented the certified nursing assistant's (CNA's) reported the resident had taken himself to the bathroom without assistance. The CNA's reminded him to use the call light for help. The Progress Notes dated 1/3/21 at 10:19 p.m. documented the resident continued very weak, took his bedtime (HS) meds with sips of water, and that alone tired him out. A Nursing Daily Skilled Assessment dated 1/4/2021 5:17 p.m. documented the resident ambulatory with unsteady gait, needing some help with transferring. The resident needed limited assistance with bed mobility, transfer, dressing, and toilet use, and independent with eating. The resident's appetite and fluid intake were poor. The resident drowsy, and had a regular breathing pattern with the head of the bed elevated and O2 use. He was tired, at times difficult to arouse, and completely incontinent at the time. Lung sounds were overactive with diarrhea. The Progress Notes dated 1/4/21 at 8:47 p.m. documented the resident needed the posed the resident period the resident period the resident to be delevated and O2 use. He was tired, at times difficult to arouse, and completely incontinent at the time. Lung sounds were overactive with diarrhea. The Progress Notes dated 1/4/21 at 8:47 p.m. documented the resident rested in bed. VS were T 98.1, P 68, R 18, BP 121/81. The resident had no complaints, with O2 at 5 L/NC with sat of 93%. Order faxed out to provider to hold scheduled metoprolol due to earlier blood pressure of 89/50. A POC Response History for the percentage of t	Health Center Survey Dates: ss/City/State/Zip MW on MW Image: Construct of the state of	January tealth Center ss/City/State/Zip on lowa 51246 MW The Progress Notes dated 1/3/21 at 6:08 a.m. documented the certified nursing assistant's (CNA's) reported the resident had taken himself to the batroom without assistance. The CNA's reminded him to use the call light for help. The Progress Notes dated 1/3/21 at 0:19 p.m. documented the resident continued very weak, took his bedtime (HS) meds with sips of water, and that alon tured him out. A Nursing Daily Skilled Assessment dated 1/4/2021 5:17 p.m. documented the resident ambulatory with unsteady gait, needing some help with transferring. The resident needed limited assistance with bed mobility, transfer, dressing, and toilet use, and fluid intake were poor. The resident dorwsy, and had a regular breathing pattern with the head of the bed elevated and O2 use. He was tired, at times difficult to arouse, and completely incontinent at the time. Lung sounds were overactive with diarrhea. The Progress Notes dated 1/4/21 at 8:47 p.m. documented the resident rested in bed, VS were T 98.1, P 68, R 18, BP 121/81. The resident had no

Page 36 of 71

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: #9054 Facility Name: Rock Rapids Health Center					Date: Januar	y 29, 2021
			Survey		1 020lan	uary 21, 2021
Facility Addre	ess/City/State/Zip		Decent	, cr 10, 2	020 Uan	uury 21, 2021
703 South Union Rock Rapids, Iowa 51246		MW				
Rule or Code Natu Section		e of Violation	Class	Fine /	Amount	Correction date
	 b. On 1/5/21 the reside other documentation. c. On 1/6/21 the reside refused 2 times. d. On 1/7/21 the reside available 1 time. A POC Response Histor documented: a. On 1/4/21 the reside b. On 1/5/20 the reside with no other documented c. On 1/6/20 the reside times and refused 1 time d. On 1/7/21 the reside setup or physical help for available 1 time. A POC Response Histor documented: a. On 1/7/21 the reside times and refused 1 time d. On 1/7/21 the reside setup or physical help for available 1 time. A POC Response Histor documented: a. On 1/4/21 the reside b. On 1/5/21 the reside c. On 1/5/21 the reside b. On 1/5/21 the reside 	 c. On 1/6/21 the resident ate 50-75% 1 time and refused 2 times. d. On 1/7/21 the resident refused 2 times and not available 1 time. A POC Response History for eating support provided documented: a. On 1/4/21 the resident refused times 3. b. On 1/5/20 the resident provided set up only 1 time with no other documentation. c. On 1/6/20 the resident provided set up only 2 times and refused 1 time. d. On 1/7/21 the resident refused 1 time, provided no setup or physical help from staff 1 time and not available 1 time. A POC Response History for eating self performance documented: a. On 1/4/21 the resident refused. b. On 1/5/21 the resident refused. b. On 1/5/21 the resident refused. 				

Page 37 of 71

Facility Administrator

refused 1 time and not available 1 time.

A POC Response History for fluids offered documented fluids offered 3 times 1/4/21, 2 times 1/5/21, 2 times 1/6/21, and 2 times 1/7/21. The record

n		7				
Citation Number: #9054 Facility Name: Rock Rapids Health Center					Date: Januar	y 29, 2021
		•	Survey Dates:		1	
Facility Addre	ss/City/State/Zip		Decemb	er 16, 20	020 - Jan	uary 21, 2021
703 South Uni Rock Rapids,		MW				
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
				U		
	resident consumed. The POC Response His	of the amount of fluids the story's for morning, afternoon,				
		red between 1/4/21 through 1/7/21 not applicable to offering the				
	A Nursing Daily Skilled Assessment 1/5/2021 at 3:18 a.m. documented the resident ambulated with a walker with assist x1 to ambulate from the bed to the bathroom. The resident needed extensive assist with bed mobility, transfer, dressing, eating, and toilet use. The resident had poor appetite and fluid intake. The resident appeared lethargic, drowsy, continued confused, speech low, unclear, not answering questions appropriately. The resident short of breath, irregular breathing rhythm, distress, oxygen use, lungs diminished; labored breathing noted with ambulation. The resident had a loss of liquids/solids from mouth when eating or drinking, and holding food in his mouth/cheeks or residual food in mouth after meals. The Progress Notes dated 1/5/21 at 11:02 a.m.					
	documented the resident follow up. The resident resident's family member family concerned the re been able to clearly spe- drink, etc The nursing regarding the resident's	nt had a scheduled hospital had no concerns. The er had many concerns. The sident not himself, had not eak, answer questions, eat, home brought up concerns labile BP, with most readings d 40-50's - diastolic. The				

Page 38 of 71

Facility Administrator

Date: Januai	y 29, 2021	
Survey Dates: December 16, 2020 - January 21, 202		
December 10, 2020 - January 21, 2021		
Fine Amount	Correction date	
Fin	e Amount	

	Occupational therapy (OT)/Physical therapy (PT), the		
	BP dropped to around 70/40, with each attempt. He		
	had been attempting to participate in Speech Therapy		
	(ST), but had difficulty staying awake, or feeling too		
	weak/fatigued to participate. The resident had not		
	been able to put in his dentures, since discharge, as a		
	result of his mouth being very sore, with sores around		
	his lips, and an inability to keep his mouth open to put		
	them in, and immediate gagging that took place each		
	time he attempted to put them in. This nurse attempted		
	to help him put his dentures in, but he immediately		
	was crying out in pain, and severely gagging, without		
	emesis. The family stated understanding that this may		
	not happen, but stated he believed the resident's		
	speaking, cognition, and ability to swallow, would		
	improve if he began to use his dentures. The Provider		
	had no comment. Other concerns brought forth by the		
	nursing home, included, the resident had extreme		
	confusion, not able to swallow medications, on O2 at 5		
	L/NC that only maintained him at 90% or less, slurred		
	his words, expressed discomfort with being extremely		
	warm, despite no temperature, inability to get		
	comfortable, fidgeting, and overall discomfort. The		
	resident's family on the phone while doing telehealth		
	appointment with the provider, via tablet. All concerns		
	were addressed with the provider. The provider		
	discussed all concerns with family. The family		
	expressed concern that the resident's BP medication		
	made him dizzy, for the last 6 years, and asked that it		
	be adjusted, as he believed it caused resident's		
	fatigue. The provider changed metoprolol tartrate order		
	from 12.5 mg orally (PO) 2 times a day (BID) to 12.5		
	mg PO HS with desire to readdress at next		
μ		u	Page 39 of 71
			0

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).

Citation Numb #9054	er:			Date: Januar	y 29, 2021
Facility Name: Rock Rapids Health Center			Survey Dates: December 16, 2020 - January 21, 2		
Facility Address/City/State/Zip 703 South Union			December 10, 2020 - January 21, 2021		
Rock Rapids, Iowa 51246		MW			
Rule or				Fine Amount	Correction
Code Section	Natu	re of Violation	Class		date

appointment, or if a change took place. The provider		
discussed recent diagnoses post-hospitalization, and		
clarified the resident on a blood thinner, Eliquis, with		
no need for PT/INR, and on an antibiotic for		
pneumonia, which finished on 12/30/20. She saw no		
further need to continue the resident on antibiotic, but		
did order a CBC, to confirm the infection had resolved.		
The provider had no concerns regarding the resident's		
current oxygenation needs, stating that those levels		
were expected post-hospitalization for COVID. She		
educated the resident's family on what took place after		
the virus, expected fatigue/confusion, etc, and stated		
not concerned with his current status, unless it		
worsened. She stated that it may take 6 or more		
months to resolve. The resident's son stated		
understanding. She said that she would review his lab		
results and update orders, as necessary, and then the		
nursing home could update him, but that she would not		
know anymore until those labs were completed. The		
family had many concerns, related to the resident's		
recent injections, prior to the resident's hospitalization.		
He was concerned that the injections may have		
caused his increased fatigue. The provider stated she		
could not say, she did not have copies of those		
records. Information given to the provider, with phone		
number, to contact the physician who administered the		
injections, in order to get updated records. The		
information provided by the family. The family		
addressed concerns related to the resident's inability		
to do activities, get out of bed, eat, and drink. The		
resident unable to answer questions or have a		
dialogue, throughout the telehealth visit. The provider		
re-educated on post-hospitalization weakness,		
	Page 40 o	f 71

Facility Administrator

Date

Citation Numb #9054	er:			Date: Januar	y 29, 2021
Facility Name: Rock Rapids Health Center			Survey	wany 21, 2021	
Facility Address/City/State/Zip 703 South Union			December 16, 2020 - January 21, 2021		
Rock Rapids, Iowa 51246		MW			
Rule or Code Section	Code Nature of Violation		Class	Fine Amount	Correction date

generalized malaise, and how all of those are common post-hospitalization, but especially when a resident suffered from all the resident suffered from. The family stated understanding. The resident was a full code, prior to this conversation. The nursing home requested the nurse have conversation with provider and family, to discuss his code status. A full and thorough conversation with both provider and son, with nurse stating what would take place without a code, and provider restating. The family decided to change the resident to a do not resuscitate (DNR), as he did not want CPR performed, did not want him to be intubated, and did not want a feeding tube, etc, but did still want oxygen. The provider and nurse reassured him they considered considered comfort care, which would all still be provided. The family stated understanding. Orders were then restated and ensured to be correct. The provider also called back to speak to this nurse, to ensure correctness. All orders were entered into the system, and faxed for signature. The family notified of the changes during the conversation with no further concerns.		
A Nursing Daily Skilled Assessment dated 1/5/21 at 5:48 p.m. documented the resident used the w/c due to weakness, and limited assist with bed mobility, dressing, and eating, and extensive assistance with transfer and toilet use. The resident fed this evening due to weakness. Appetite and fluid intake poor. The resident appeared alert, with labored breathing, shortness of breath, and irregular breathing rhythm. Lung sounds with diminished-crackles at bilat posterior bases. The resident tired and at times difficult to		
		Page 41 of

Page 41 of 71

Facility Administrator

Date

Citation Number: #9054 Facility Name: Rock Rapids Health Center					Date: January	y 29, 2021
		-	Survey Dates: December 16, 2		 2020 - January 21, 2021	
703 South Un Rock Rapids,		MW				
Rule or Code Natur Section		e of Violation	Class	Fine A	Amount	Correction date
	crackles noted. O2 adr sat 90%, and hypotensi The Progress Notes da documented the resider strength to take the me The Progress Notes da documented the resider physical state, and refu the strength to stay in a used ancillary muscles SOB with any exertion. diminished bilat, O2 on skin pale, warm and dry A Nursing Daily Skilled 4:20 p.m. documented mobility, dressing and e transfer did not occur. E diarrhea. The resident and fluid intake poor. T and cyanotic. He had si breathing, distress, the he used O2. The resider	Lung sounds diminished throughout with noted. O2 administered at 5 L/NC with O2 and hypotensive. ress Notes dated 1/5/21 at 8:08 p.m. ted the resident stated he didn't have the to take the medication. ress Notes dated 1/6/2021 at 2:55 a.m. ted the resident continued in a weakened state, and refused HS meds due to not having gth to stay in a sitting position. The resident illary muscles with his breathing, and became any exertion. Lung Sounds were very ed bilat, O2 on at 5 L/NC, with sat of 91%., warm and dry. g Daily Skilled Assessment dated 1/6/21 at documented the resident dependent for bed dressing and eating, non ambulatory and lid not occur. Bowel sounds were present with The resident had weight loss and appetite intake poor. The resident's skin color pale otic. He had shortness of breath, labored d, distress, the head of the bed elevated, and D2. The resident continued on skilled nursing therapy services. The resident alert and k1, not able to make wants or needs known,				
	documented the reside	nt continued in a weakened the struggled to take sips of				

Page 42 of 71

Facility Administrator

		1				
Citation Number: #9054 Facility Name: Rock Rapids Health Center					Date: January	y 29, 2021
			Survey I			
-	ss/City/State/Zip		Decemb	er 16, 20)20 - Jan	uary 21, 2021
703 South Uni Rock Rapids,		MW				
Rule or Code Section	Natur	e of Violation	Class Fine Amount Co			Correction date
	removed his O2, staff re He had pale, warm, dry with poor exchange not The Progress Notes dat documented a fax recei 1/5/21. The PA noted go recommendations/commendations/commendations/commendations/commendations/commended to coccyx for reddened scheduled metoproloi do 89/65. The family called orders, and current hea The Progress Notes dat documented receipt of a Certified Nursing Assist meals and snacks, and (nutritional) supplement family informed of the n The Progress Notes dat documented a call place (PA) regarding the resic knees not present a few labored breathing, and the shift. Informed the PA the improved since retuning	ted 1/7/21 at 11:51 a.m. ived back regarding labs from ood; no further ments received; also new order ne cream daily and as needed areas; and okay to hold ose at HS on 1/5/21 for BP of d and updated on labs, new lith status today. ted 1/7/21 at 12:34 p.m. a fax for resident to have sant (CNA) assistance with all for resident to have boost t 2 times a day (BID). The new order.				

Page 43 of 71

Facility Administrator

Citation Numb #9054	per:				Date: Januar	y 29, 2021	
Facility Name: Rock Rapids Health Center				Survey Dates:			
Facility Address/City/State/Zip			De	December 16, 2020 - January 21, 2021			
703 South Union Rock Rapids, Iowa 51246		MW		-			
Rule or Code Section	Na	ture of Violation	с	lass	Fine Amount	Correction date	

n	
A History and Physical dated 1/8/21 documented the	
resident presented to the emergency department (ED)	
via ambulance from the health center with complaints	
of abnormal vital signs initially reporting blood	
pressure 63/35 and on repeat 110/65. They were	
unable to get an O2 sat per the report and he	
transferred to the ED for deconditioning, per request of	
the family, according to the staff at the health center.	
Of note the resident recently discharged from the	
hospital 12/30/20 post Covid, pneumonia, PE with	
heart strain and DVT. Upon discharge from the	
hospital 12/30/20 the patient awake, alert, and able to	
converse with staff. The resident could feed himself a	
pureed diet because he did not have dentures at the	
time of admission, and he could take oral fluids. The	
family confirmed after discharge from the hospital they	
were able to talk to him and his spouse a number of	
times and in good condition. It was unclear when the	
resident's condition changed. Family stated they had	
not been able to visit with them via facetime the past	
couple of days. Upon arrival to the ED the resident in	
poor physical condition and only able to respond	
occasionally to touch. His tongue quite dry and	
sandpaper like with cracked scabbed lips. His skin	
pale, cool to touch, and mottled on arrival, and his	
extremities were bluish in color, and he appeared	
severely dehydrated. Labs included a white count of	
13.9, sodium significantly elevated at 153, chloride	
elevated at 120, BUN 66, creatinine 2.2, GFR 29, and	
lactic acid elevated at 3.8. The resident went into SVT	
with a heart rate in the 140's however remained	
hypotensive at 87/68 so at the time did not treat. The	
family had concerns regarding the resident's weight,	
	Page 44 of 1

Facility Administrator

Date

Citation Numb #9054	per:			Date: Januar	y 29, 2021		
Facility Name: Rock Rapids Health Center		-		Survey Dates:			
Facility Address/City/State/Zip			Decem	December 16, 2020 - January 21, 202			
703 South Uni Rock Rapids,		MW					
Rule or Code Natur Section		ture of Violation	Class	Fine Amount	Correction date		

T	
and recent intakes reporting w resident and spouse, reported breast and vegetables that he required some assistance with assistance from staff provided the case with a physician who severely dehydrated likely from for the previous couple of day facility for an intake and output obtained. The plan included a for correction of hypernatremin dextrose in water). The residen however his liver function test elevated from previous, and the (WBC) elevated. They would further monitoring and intrave The resident struggled and ur intake. The resident made no and speech consult placed. The appeared pink and dry with sa with deep cracks.	giving him a chicken could not cut and he n eating and no . The FNP discussed agreed the resident was m not getting oral intake s. The FNP called the t (I&O) log but none admission to observation a with D5W (5% ent's sodium improved s (LFT's) significantly he white blood count admit to acute care for hous (IV) antibiotics. able to tolerate oral (PO) thing by mouth (NPO) he oral mucosa
During an interview on 1/8/21 Nurse Practitioner (FNP) state from the facility 1/7/21 severe been hospitalized and returne 12/30/20. The facility called the and received orders to transfe Department (ED). They called did not call a report to the hose called the health center and the transferred due to the residen family request. The resident	ed the resident presented y dehydrated. He had d to the health center he resident's provider or to the Emergency d for the ambulance, but pital. Hospital staff hey said the resident t deconditioning per the presented unresponsive.
	Page 45 of 7

Facility Administrator

Date

Citation Numb #9054	er:			Date: Januar	y 29, 2021	
Facility Name: Rock Rapids H				Survey Dates: December 16, 2020 - January 21, 2		
Facility Address/City/State/Zip 703 South Union			December 10, 2020 - January 21, 2021			
Rock Rapids,		MW				
Rule or				Fine Amount	Correction	
Code Nature Section		re of Violation	Class		date	

	His tongue was so dry it had cracks/craters, and his		
	lips were dry and cracked. She said they also asked		
	the health center for intake and outputs which they		
	never received. She consulted with the e-hospitalist		
	who felt due to the resident's condition and labs he		
	probably had not had adequate intake for 2-3 days.		
	The resident appeared pale, cool, and mottled. The		
	FNP stated when last in the hospital the resident		
	received food he could eat. He could not chew		
	because he did not wear his dentures. His family		
	reported the resident shared a room at the health		
	center with his spouse. She reported they brought him		
	food he could not eat. She said when the health		
	center called the ambulance they told them the		
	resident was in the same condition they sent him back		
	from the hospital in. The FNP stated that was not true,		
	when he discharged he was eating and drinking.		
	5 5 5		
	During an interview on 1/8/21 at 12:32 p.m. Staff J		
	Registered Nurse (RN) stated she worked the previous		
	2 days. She said when the resident transferred he		
	was unresponsive, had retractions with breathing, and		
	the family requested he be sent to the ED. She said		
	Staff D Licensed Practical Nurse (LPN) checked on		
	the resident, saw mottling, and basically panicked.		
	She said this was a change in condition from the day		
	before. Staff D called the family and told them she		
	thought he was dying. They had 3 options, they could		
	opt for comfort care, come to visit him, or have him		
	transferred to the hospital. They opted for transfer.		
	Staff D called the resident's provider and the		
	ambulance and told them he was in the same		
	condition he returned from the hospital, which was not		
μ	· · ·	-	 Page 46 of 71

Page 46 of 71

Facility Administrator

Date

Citation Numb #9054	er:			Date: Januar	y 29, 2021		
Facility Name: Rock Rapids F				Survey Dates: December 16, 2020 - January 21, 202			
Facility Address/City/State/Zip 703 South Union			December 16, 2020 - January 21, 2021				
Rock Rapids, I		MW					
Rule or				Fine Amount	Correction		
Code Section	Natui	re of Violation	Class		date		

true, he did not present this way the day I J did feel the resident was dehydrated. S family had called the resident's provider w the staff were not assisting the resident w fluid intake and the provider faxed 1/7/21 all meals and snacks. Staff J stated the re been refusing meals and she notified the f had not documented it. She knew the der caused the resident pain. She said he co on his corn flaked until they were soft eno She said they served him a regular diet, n mechanical soft. He could eat soft foods potatoes. Staff J stated 1/6/21 the resider the chair and appeared alert, but had bee confused. Staff J stated the resident wou of water with med pass. She said CNA's o he got enough, but was drinking. Staff J s did not see an order for I&O's, but they di an order to monitor a resident's I&O.	he said the ith concerns ith food and to assist with esident had iamily, but ntures uld put milk ugh to eat. ot a ike mashed nt sat up in n more Id take a cup didn't think stated she
During an interview on 1/12/21 at 8:23 a.m resident's family member stated the reside in the hospital and they got him up in the o eating. He went back to the facility and he backwards. They brought the resident foo could not feed himself. The last day or 2 of hospital 1/7/21) the facility told them the re not eating. The family assumed he had a but they were not informed by the facility of loss. Staff D called him 1/7/21 and said th not in good shape and they would need to decision, and they decided to send him to	ent had been chair and e went od, but he (prior to esident was weight loss, of the weight ne resident make a
	Page 47 of 7 1

Facility Administrator

Date

Citation Number: #9054			Date: Janua			: Iary 29, 2021	
Facility Name: Rock Rapids H			Survey Dates: December 16, 2020 - January 21, 20			uary 21 2021	
Facility Addres	ss/City/State/Zip		Doooning	01 10, 2	020 041	uui y 11, 2021	
703 South Uni Rock Rapids, I		MW					
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date	
				1			
		ted the hospital got the resident d they were treating his mouth.					
	During an interview on 1/12/21 at 10:30 a.m. another family member stated the resident lost a lot of ground after having Covid-19. He had a 2 day stay at the hospital (12/28-30/20) then readmitted (to the hospital) 1/7/21. The facility reported the resident not doing well. They were not aware how far down the resident had gone. The family member stated he had very labored breathing (when she saw him in the hospital). After they hydrated him he could carry on a conversation and did better,						
	remove O2 and she adj leave it on. The resider offered him water prese cold ice water. She adr approximately 5 minute get ice water. She retur him with drinking. He d to the recliner, but allow the bed minimally while drinks through the straw appreciated. She offere breakfast but he decline hungry. When finished with no concerns regard CNA's reported the resi						

Page 48 of 71

Facility Administrator

Citation Numb #9054	er:			Date: Januar	y 29, 2021	
Facility Name: Rock Rapids H				Survey Dates: December 16, 2020 - January 21, 20		
Facility Address/City/State/Zip 703 South Union			December 16, 2020 - January 21, 2021			
Rock Rapids, I		MW				
Rule or Code Natur		re of Violation	Class	Fine Amount	Correction date	
Section						

difficulty chewing, or complaints of difficult swallowing. On 1/6/21 she was notified the residents spouse assisted him with meals. She spoke with the charge nurse and requested that a CNA assist the resident with lunch because it probably was not appropriate for the spouse to assist given his weakness. The Charge Nurse immediately notified CNA's to start assisting the resident with meals. The CNA reported it did not increase PO intake and the resident accepted only a few bites before declining further bites (amount eaten record documented the resident ate 51-75%). The CNA again stated no appetite and denied difficulty chewing or swallowing. On 1/7/21 nursing staff alerted her of orders received to assist the resident with all meals and snacks and begin Boost supplement. She discussed results of ongoing assessment that she had completed with the charge nurse and said they could request orders for ST to eval and treat swallowing due to family with continued concerns.		
completed with the charge nurse and said they could request orders for ST to eval and treat swallowing due		
anyone contacted the dietician about the resident.		

Page 49 of 71

Facility Administrator

Citation Numb #9054	er:			Date: Januar	y 29, 2021		
Facility Name: Rock Rapids H		•		Survey Dates: December 16, 2020 - January 21, 202			
Facility Address/City/State/Zip 703 South Union			Decemb	Jecember 10, 2020 - Gandary 21, 2021			
Rock Rapids, I		MW					
Rule or				Fine Amount	Correction		
		e of Violation	Class		date		
Section							

	During an interview on 1/13/21 at 11:10 a.m. the Physician's Assistant stated she did not think she knew of the weight loss or she probably would have put the resident on supplements. She said the facility did express concerns with intakes during the telehealth visit. She would expect staff to monitor for dehydration. She did not necessarily expect I&O's. She thought the family had called the clinic 1/7/21 with concerns so she ordered CNA's to assist with all meals and a supplement to help increase his nutrition (the resident transferred to the hospital that day). The facility policy for Hydration revised 4/2013 documented the facility staff strived to reduce the risk of fluid imbalance by preventing, managing, stabilizing,				
	and reversing dehydration and promoting resident care practices to improve hydration. They would implement individualized interventions based on the resident needs and goals, which promoted fluid intake to maintain sufficient hydration for the resident.				
	2) According to the MDS assessment dated 11/27/20, Resident #12 was rarely or never understood. The resident required limited assistance with ADL's including bed mobility, transfer, ambulation in the room, dressing, toilet use, and personal hygiene.				
	The current Care Plan identified the the resident at risk for alterations in nutritional status, revised 2/5/20. The interventions included providing diet the doctor ordered: regular with mechanical soft textures and thin liquids, and weighing				
u		8	11	Page 50 of	71

Facility Administrator

Date

Citation Number: #9054 Facility Name: Rock Rapids Health Center Facility Address/City/State/Zip 703 South Union					Date: January	y 29, 2021	
			Survey Decemb		020 - Jan	uary 21, 2021	
Rock Rapids,		MW					
Rule or Code Section	Natu	re of Violation	Class	Fine Amount		Correction date	
	and reporting significan The quarterly Dietician 11:38 a.m. documenter down 3% in 30 days ar were not significant we trend. Body Mass Index the time. She consume with supervision 25-75 and monitor ongoing. The weight record docu 113.2# on 7/1/20 and 1 .0989 (10%) weight loss The weight record docu 113.2# on 7/1/20 and 2 13.8% weight loss in 6 documented the reside 123-149#. The clinical record lack by the dietician, notifica or interventions related The facility policy for N Weight Loss Managem	cumenting significant changes, at changes the dietician. Progress Note dated 7/29/20 at d the resident's weight 113#, ad down 6% in 180 days, which ight changes. Note weight loss x (BMI) 22.1 so weight okay at d a regular diet and fed self %. Would continue with plans umented the resident weighed 02# on 11/16/20, an 11.2#, and s in less than 6 months. umented the resident weighed 07.6# on 1/5/2021 a 15.6#, and months. The record nts ideal body weight range ed any additional assessment ation of the physician or family, to significant weight loss. utritional Status-Unintended et to improve the resident's					

Page 51 of 71

Facility Administrator

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

weight by identifying risk factors associated with weight loss and determining appropriate individualized interventions. Efforts would be made to manage, stabilize, and reverse the risk factors whenever possible. The facility would work with the resident,

Citation Numb #9054	er:			Date: Januar	y 29, 2021
Facility Name: Rock Rapids H			Survey I	Dates: er 16, 2020 - Jan	wary 21 2021
-	ss/City/State/Zip		Decemb	er 10, 2020 - Jan	iuai y 21, 2021
703 South Unio Rock Rapids, I		MW			
Rule or Code Section	Natur	e of Violation	Class Fine Amount Correction date		

and family/responsible party to identify and respect goals and choices related to end of life decisions. The dietician would be notified when an additional nutritional assessment was required. The procedure included review for risk factors associated with unintended weight loss which may include but are not limited to chewing and swallowing problems, dehydration, dry mouth, edentulous (lacking teeth), ill fitting dentures, medications, mouth pain, and dependence for eating. Report weight loss of 5% in 1 month, 7.5% in 3 months, and 10% in 6 months to the immediate supervisor. Notify the dietician and physician of weight loss. Document and implement changes to physician's orders as indicated. They would develop and implement individualized interventions to prevent/reduce the risk of unintended weight loss, which may include, but not limited to providing and encouraging intake of between meal snacks, providing high calorie supplementation with medication pass if ordered, providing assistance and encouragement during meal times, and reevaluating food preferences, especially with change in condition. They would communicate to care giving team and provide education as needed, weigh the resident at least weekly and record, and evaluate effectiveness of interventions and resident progress towards goals. Facility Response:	
--	--

Page 52 of 71

Facility Administrator

Citation Numb #9054	er:			Date: Januar	y 29, 2021
Facility Name: Rock Rapids H		•	Survey I	Dates: er 16, 2020 - Jan	uary 21 2021
Facility Addres	ss/City/State/Zip		Decemb	er 10, 2020 - Jan	uary 21, 2021
Rock Rapids, I		MW			
Rule or				Fine Amount	Correction
Code	Natur	e of Violation	Class		date
Section					

58.19(2)a	 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. a. Administration of all medications as ordered by the physician including oral, instillations, topical, injectable (to be injected by a registered nurse or licensed practical nurse only); (I, II) 	1	I\$9,750 (Held in Suspension)	Upon Receipt
	Description: Based on record review and staff interview, the facility failed to assure residents were free of any significant medication errors for 2 of 5 residents reviewed, (Resident #6 and #15) which resulted in immediate jeopardy to resident health and safety. Resident #6 received antidiabetic medications and the facility failed to provide adequate monitoring of the resident's meal intakes resulting in hypoglycemia, and while struggling to stabilize the residents blood sugars administered additional antidiabetic medication. The resident transferred to the hospital with a seriously low blood sugar requiring 4 hours to stabilize. Resident #15 admitted to the facility with orders for numerous medications, including an oral antidiabetic and insulin. The facility failed to acquire the medications and the resident required transfer to the hospital with high			Page 53 of 7 ′

Facility Administrator

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

Citation Number: #9054					Date: January	y 29, 2021
Facility Name: Rock Rapids Health Center			Survey		1 020 - Jan	uary 21 2021
-	ss/City/State/Zip		December 16, 2020 - January 21, 2021		uary 21, 2021	
703 South Uni Rock Rapids,	-	MW				
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	Nature of Violation blood sugar. The facility reported a census of 33 residents. A determination was made that the facility's noncompliance with one or more requirements of participation placed all residents in the facility in immediate jeopardy, beginning January 11, 2021. On 1/14/21 at 12:45 pm, the Administrator was notified of the immediate jeopardy at F760, Significant Medication Error. Findings include: 1) According to the Minimum Data Set (MDS) assessment dated 12/5/20, Resident #6 scored 10 on the Brief Interview for Mental Status (BIMS) indicating cognitive impairment. The resident required limited assistance with activities of daily living (ADL's) including bed mobility, transfer, walking in her room, dressing, and toilet use. The resident required extensive assist with bathing. The Medical Diagnosis record included the resident had type 2 diabetes and heart failure. The current Care Plan identified the resident had expected weight loss related to poor food intake initiated 07/23/20. The goals included the resident would consume 50% of two or three meals per day. The interventions included encouraging healthy food choices and monitoring and recording food intake at each meal.					

Page 54 of 71

Facility Administrator

Citation Numb #9054	er:			Date: Januar	y 29, 2021
Facility Name: Rock Rapids H		-	Survey	I Dates: er 16, 2020 - Jan	wary 21, 2021
Facility Addres	ss/City/State/Zip		Decemb	er 10, 2020 - Jan	uary 21, 2021
703 South Uni		MW			
Rock Rapids,	lowa 51246				
Rule or Code Section	Natu	Ire of Violation	Class	Fine Amount	Correction date

P	· · · · · · · · · · · · · · · · · · ·
The Care Plan identified the resident had diabetes, revised 6/30/19. The goals included the resident would be free from any signs/symptoms (s/sx) of hyper/hypoglycemia. The interventions included diabetes medication as ordered by doctor, and monitoring/documenting for side effects and effectiveness. Dietary consult for nutritional regimen and ongoing monitoring. Encourage the resident to practice good general health practices: lose weight if overweight, stop smoking, compliance with dietary restrictions, compliance with treatment regimen, adequate sleep and exercise, good hygiene and oral care. Monitoring/documenting/reporting to MD as needed (PRN) s/sx of hypoglycemia: sweating, tremor, increased heart rate (tachycardia), pallor, nervousness, confusion, slurred speech, lack of coordination, staggering gait.	
The Medication Administration Record (MAR) for January 2021 documented the residents daily blood sugar on 1/11/21 at 8 a.m. at 84. The MAR showed the resident received Glipizide (antidiabetic) 5 mg at 7:30 a.m. and Metformin (antidiabetic) 1000 mg at 8 a.m. for type 2 diabetes.	
The POC Response History for percentage of meal eaten documented only one intake on 1/11/21 at 9:39 p.m. The history lacked entries for the a.m. or noon meals.	
The POC Response History for morning snacks lacked an entry of offering the resident a snack the morning of 1/11/21.	Page 55 of 7

Facility Administrator

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

Citation Numb #9054	er:			Date: Januar	y 29, 2021
Facility Name: Rock Rapids F			Survey I	Dates: er 16, 2020 - Jan	wary 21 2021
Facility Addres	ss/City/State/Zip			ci 10, 2020 - 0an	iddi y 21, 2021
Rock Rapids, I	owa 51246	MW			
Rule or Code Section	Natu	re of Violation	Class	Fine Amount	Correction date

Page 56 of 71

Facility Administrator

Date

Citation Num #9054	ber:				Date: January	y 29, 2021
Facility Name Rock Rapids	e: Health Center		Survey Dates: — December 16, 2020 - January 21, 202		uary 21 2021	
Facility Addre	ess/City/State/Zip				uary 21, 2021	
703 South Un Rock Rapids,		MW				
Rule or Code Section	Natur	re of Violation	Class	Fine A	mount	Correction date
			u	u		
		r, and check her blood sugar in Ith visit started at 2:45 p.m. and				
	documented the reside telehealth for routine via alert, and made jokes w questions. The resident occasional loose stools were reviewed by the p resident on side effects updated in MAR to adm (a.m. and p.m. meal) pe orders or changes rece the daily weight not cor physically unable, very The MAR for January 2	 b. The medication and orders b. The medication and orders b. The medication and orders b. The medication and she educated the b. of Metformin with order c. inister Metformin with food b. er provider request. No further b. viewed. At 4:46 p.m. documented c. mpleted because the resident b. weak, low blood sugar. c. 2021 showed on 1/11/21 the b. ormin 1000 mg at 4:03 p.m. (not 				
	the blood sugars after t	ed specific times they checked the telehealth visit, including if od sugar prior to administering tions.				
	documented they tester half hour after eating th 98. An hour later back	ted 1/11/21/at 5:25 p.m. d the resident again about a se snacks, with blood sugar of down to 77. They offered her a and another glass of milk. d she would not eat her				

Page 57 of 71

Facility Administrator

Citation Numb #9054	er:			Date: Januar	y 29, 2021
Facility Name: Rock Rapids H			Survey I	Dates: er 16, 2020 - Jan	Mary 21, 2021
Facility Addres	ss/City/State/Zip		Decemb	er 10, 2020 - Jan	iuai y 21, 2021
Rock Rapids,		MW			
Rule or				Fine Amount	Correction
Code Section	Natu	re of Violation	Class		date

sandwich because she was too damn full to eat anymore. She had another blood sugar of 69. They contacted the physician and she requested med list. She would call back with orders after review. At 6:11 p.m. the physician called and said to admit if blood sugar did not stay elevated, for one time only 1/11/21. At 7:09 p.m. the resident had a blood sugar of 73, and given chocolate ice cream. At 6:55 p.m. the physician called for an update, she said to hold the oral anti diabetic medications for tonight and tomorrow and to send the resident to the hospital if she can not maintain a blood sugar above 70. At 8 p.m. the resident had a blood sugar of 71. They took 2 ham sandwiches and a large glass of chocolate milk to the resident. She refused to eat the sandwiches, but did take the chocolate milk. At 9:21 p.m. sent a fax requesting parameters on blood sugars and to hold oral anti diabetic medications if blood sugar low. At 9:33 p.m. the resident ate 2 pieces of toast with peanut butter and cinnamon/sugar, and blood sugar rechecked at 75. At 11:36 p.m. the resident's blood sugar checked at 56. The resident told she would go to the hospital. At 11:44 p.m. staff called for the ambulance. At 11:48 p.m. the resident with po		
sandwiches and a large glass of chocolate milk to the		
take the chocolate milk.		
blood sugars and to hold oral anti diabetic medications if blood sugar low. At 9:33 p.m. the resident ate 2 pieces of toast with peanut butter and cinnamon/sugar, and blood sugar rechecked at 75. At 11:36 p.m. the resident's blood sugar checked at 56. The resident told		
for the ambulance. At 11:48 p.m. the resident with no s/s of hypoglycemia, transported to the ED per ambulance.		
The Progress Noted dated 1/12/21 at 3:59 a.m. documented the hospital called and the resident would transfer back. They gave the resident 5% dextrose in normal saline (D5NS) 3 times and she ate peanut butter sandwiches for them, and her blood sugar at 100.		
		Page 58 of 71

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).

Citation Numb #9054	er:			Date: Januar	y 29, 2021	
Facility Name: Rock Rapids H			Survey Dates: December 16, 2020 - January 21, 202			
Facility Addres	ss/City/State/Zip		December 10, 2020 - January 21, 20			
Rock Rapids,		MW				
Rule or Code Section	Natu	re of Violation	Class Fine Amount Correction date			

At 4:23 a.m. the ambulance crew brought the resident back, with her last blood sugar at the ER 97. They gave a peanut butter sandwich and milk prior to discharge. The ER doctor recommended checking with the provider prior to giving oral in a.m. if blood sugar lower than normal. The Emergency Room Visit Notes dated 1/12/21 documented the resident presented to the ER with a low blood sugar of 23. The nursing home reported they had been fighting a low blood sugar with her most of the day. The blood sugar low at 43, and they gave her chocolate milk and other high sugar foods to keep it elevated. During an interview on 1/13/21 at 1:44 p.m. the ED physician stated the resident presented to the ER		
 1/11/21 with a low blood sugar. He said the resident had antidiabetic medication in the a.m. and at some point her blood sugar registered 43. They administered her antidiabetic medications in the afternoon. Her blood sugar dropped to 23. It took 4 hours to stabilize her blood sugar in the ED. He said antidiabetic medications should be held when trying to stabilize a low blood sugar. During an interview on 1/13/21 at 2:56 p.m. Staff E Registered Nurse (RN) stated she worked 1/11/21 and knew the resident had an issue with a low blood sugar, but Staff F Licensed Practical Nurse (LPN) handled it. Staff E thought the resident did not eat breakfast or lunch. 		Page 59 of

Page 59 of 71

Facility Administrator

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

Date: Januai	y 29, 2021		
Survey Dates: December 16, 2020 - January 21, 202			
December 16, 2020 - January A			
Fine Amount	Correction date		
Fin	e Amount		

During an interview on 1/13/21 at 3:19 p.m. Staff F	
stated on 1/11/21 a CNA mentioned the resident not	
responding. She went to her room to check on her	
and she did not respond per usual. When she went to	
the resident's room, her lunch tray had not been	
touched. The CNA stated the resident was sleeping	
when she took the lunch tray in to her. Staff F told the	
CNA when they served a meal they needed to wake	
her and assist if needed. She found out then, the	
resident did not eat breakfast either. She said no one	
reported this to her. She said she told the CNA's they	
needed to report if a resident did not eat, so they could	
offer them something else. She stated the CNA's	
needed more training. Staff F gave Gluctose and the	
resident did eat what she had on her lunch tray. She	
said she talked to the provider several times. They	
had not discussed holding the p.m. antidiabetic	
medications, and by the time they did they had already	
been administered. When Staff F left, the resident's	
blood sugar registered 70. She reported to the	
oncoming nurse what transpired and they had an order	
to transfer to the ED if the blood sugars remained low.	
During an interview on 1/17/21 at 7:05 p.m. Staff M RN	
stated they were monitoring the resident's blood sugar	
frequently and seemed they gave her food constantly.	
She said the provider called and ordered to hold the	
antidiabetic medication. Staff M stated she did not	
give the resident the Metformin at bedtime. She did	
not realize they had changed the administration time to	
5 p.m. and the resident had already received both the	
Metformin and the Glipizide. She said she sent the	
resident to the hospital around 12 a.m. and she	
	Page 60 of 71

Facility Administrator

Date

r		7			-	
Citation Numb #9054	er:	Date: January 29, 2021			y 29, 2021	
Facility Name:			Survey I	Dates:		
Rock Rapids H			Decemb	er 16, 2	020 - Jan	uary 21, 2021
Facility Addre	ss/City/State/Zip					•
703 South Uni		MW				
Rock Rapids,	lowa 51246					
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	100 after receiving intra her more food. The facility medication r Handbook documented brand names included adverse reactins included adverse reactins included adverse reactins included be life threatening. The included to use cautious malnourished patients b hypoglycemia. Glyburid sulfonylureas class had hypoglycema which cou cautiously in debilitated patients. HIGHLIGHTS OF PRES full prescribing informat (metformin hydrochlorid inform patients that hyp medication was coadmi and insulin. Explain to p therapy the risks of hyp treatment, and condition development. Metformin rarely caused sugar) by themselves. H	giving with meals. The ed hypoglycemia which could e contraindications and cautions sly in elderly, debilitated, or because if increased risk of e an antidiabetic in the adverse reactions including uld be life threatening. To use d, malnourished, or elderly SCRIBING INFORMATION and ion for GLUCOPHAGE le) tablets for oral use included oglycemia may occur when the nistered with oral sulfonylureas batients receiving concomitant oglycemia, its symptoms and ns that predispose to its d hypoglycemia (low blood However, hypoglycemia could at enough, drank alcohol, or				

Page 61 of 71

Facility Administrator

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

Citation Numb #9054	per:]	Date: January 29, 2021			y 29, 2021
Facility Name Rock Rapids	Health Center		Survey Dates: — December 16, 2020 - Jar) 20 - Jan	uary 21, 2021
-	ss/City/State/Zip				····· y _ · · , _ · _ ·	
703 South Un Rock Rapids,		MW				
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	 www.access.fda.gov), or or	and those with adrenal or vere particularly susceptible to n of glucose-lowering drugs. difficult to recognize in the was more likely to occur when ient, after severe or prolonged was ingested, or when more ring drug was used. can Diabetes Association any ide can cause blood glucose hypoglycemia). ones rarely cause hypoglycemia n stimulators (sulfonylureas or				

Page 62 of 71

Facility Administrator

Citation Numb #9054	per:				Date: January	y 29, 2021
Facility Name Rock Rapids I			Survey I		1 020 - Jan	uary 21, 2021
-	ss/City/State/Zip		Decemb	ei 10, 2	020 - Jan	uary 21, 2021
703 South Uni Rock Rapids,		MW				
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	medications per orders The Progress Notes dat documented the nurses resident 12 times. Prior orders ready, despite the facility at 10 a.m Order and did not include and services or dietary instru- skilled services. Each ti hospital, they said they etc, but did not get pro- this nurse, until 12 p.m. still not complete, waitin nursing report from the soft diet with ground me to provider. The Progress Notes dat documented the resident included the resident ca elevated troponin, with tract infection (UTI) with hospitalized. The reside took Metformin and Jan discussed it may be bes based on the the resident glucose of 500. The resi antidiabetic medications	ted 1/11/21 at 5:29 p.m. spoke to the Hospital regarding to 11 a.m., they did not have he fact that resident arrived at rs did not arrive until 12 p.m. order for therapy or skilled uctions. Orders returned for me the nurse spoke to the would call back, get orders, oper, necessary paperwork to , and, at that point, orders were hog official diet order. Per hospital, initiated a mechanical eats, and faxed for clarification ted 1/11/21 at 5:48 p.m. ht's report from the hospital ame from Assisted Living for CHF exacerbation, a urinary n completion of antibiotics while ent a type II diabetic previously iuvia. During hospitalization, st to switch her over to insulin, ent hospitalized with a blood ident arrived with no oral				

Page 63 of 71

Facility Administrator

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

at 2:47 p.m. documented the resident had orders for

Citation Numb #9054	er:	Date: Janua				y 29, 2021
Facility Name: Rock Rapids Health Center			Survey I Decemb		I 020 - Jan	uary 21, 2021
-	ss/City/State/Zip				, ,	
703 South Uni Rock Rapids, I	-	MW				
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	a result of the resident's 450-500, without consu- hospital. The Progress Notes dat documented a Covid tes result. At 9:57 p.m. the delivered from the phare The MAR/TAR lacked a with no reference wheth The MAR documented a 7:30 a.m. of 268, indica sliding scale insulin, not The Progress Notes dat documented; a. Miglitol Tablet 100 meals, not administered them at the facility. b. At 10:15 a.m. Hum injector per sliding scale if 60 - 150 = 0 No insuli 201 - 250 = 6; 251 - 300 = 9; 301 - 350 = 12; 351 and above call prov because meds not avail c. At 10:16 a.m. Lantu injector, 15 unit subcuta	a blood sugar check on 1/11/21, her sliding scale insulin needed. a blood sugar on 1/12/21 at ting the need for 9 units of a administered. ted 1/12/21 at 07:29 a.m. MG, for type 2 diabetes with a because they did not have halog KwikPen Solution Pen-				

Page 64 of 71

Facility Administrator

Citation Numb #9054	er:			Date: Januar	y 29, 2021	
Facility Name: Rock Rapids H			Survey Dates: December 16, 2020 - January 21, 202			
Facility Addres	ss/City/State/Zip					
Rock Rapids, I		MW				
Rule or Code Section	Natu	re of Violation	Class	Fine Amount	Correction date	

The Progress Notes dated 1/12/21 at 11:16 a.m. documented the resident did not receive Miglitol Tablet 100 MG for type 2 diabetes with meals.			
The Progress Notes dated 1/12/21 at 11:25 a.m. documented notification of the blood glucose and would monitor.			
The MAR documented a blood sugar on 1/12/21 at 12 p.m. of 594.			
An Elnteract Change in Condition Evaluation dated 1/12/21 at 11:59 a.m. documented the resident had a sudden change in level of consciousness or responsiveness, lethargic, not answering, blood sugar over 600.			
The Progress Notes dated 1/12/21 at 11:43 a.m. documented the resident had a very high blood sugar reading this noon. It would not even read, just said high. She had no insulin available at the time at the facility. Staff called the physician and gave vital signs. The physician wanted her to go to the emergency room (ER). The POA called and updated, he wanted her to go out to the ER as well. The Ambulance arrived at 11:43 a.m. for transfer to the ER. At 5:10 p.m. the hospital called with an update. The resident admitting overnight for hyperglycemia.			
The Emergency Room Visit Notes dated 1/12/21 documented the resident arrived by ambulance with a high blood sugar. The nursing home stated they were			Page 65 of 7 1
	 documented the resident did not receive Miglitol Tablet 100 MG for type 2 diabetes with meals. The Progress Notes dated 1/12/21 at 11:25 a.m. documented notification of the blood glucose and would monitor. The MAR documented a blood sugar on 1/12/21 at 12 p.m. of 594. An EInteract Change in Condition Evaluation dated 1/12/21 at 11:59 a.m. documented the resident had a sudden change in level of consciousness or responsiveness, lethargic, not answering, blood sugar over 600. The Progress Notes dated 1/12/21 at 11:43 a.m. documented the resident had a very high blood sugar reading this noon. It would not even read, just said high. She had no insulin available at the time at the facility. Staff called the physician and gave vital signs. The physician wanted her to go to the emergency room (ER). The POA called and updated, he wanted her to go out to the ER as well. The Ambulance arrived at 11:43 a.m. for transfer to the ER. At 5:10 p.m. the hospital called with an update. The resident admitting overnight for hyperglycemia. The Emergency Room Visit Notes dated 1/12/21 documented the resident arrived by ambulance with a 	 documented the resident did not receive Miglitol Tablet 100 MG for type 2 diabetes with meals. The Progress Notes dated 1/12/21 at 11:25 a.m. documented notification of the blood glucose and would monitor. The MAR documented a blood sugar on 1/12/21 at 12 p.m. of 594. An EInteract Change in Condition Evaluation dated 1/12/21 at 11:59 a.m. documented the resident had a sudden change in level of consciousness or responsiveness, lethargic, not answering, blood sugar over 600. The Progress Notes dated 1/12/21 at 11:43 a.m. documented the resident had a very high blood sugar reading this noon. It would not even read, just said high. She had no insulin available at the time at the facility. Staff called the physician and gave vital signs. The physician wanted her to go to the emergency room (ER). The POA called and updated, he wanted her to go out to the ER as well. The Ambulance arrived at 11:43 a.m. for transfer to the ER. At 5:10 p.m. the hospital called with an update. The resident admitting overnight for hyperglycemia. The Emergency Room Visit Notes dated 1/12/21 documented the resident arrived by ambulance with a 	documented the resident did not receive Miglitol Tablet 100 MG for type 2 diabetes with meals. The Progress Notes dated 1/12/21 at 11:25 a.m. documented notification of the blood glucose and would monitor. The MAR documented a blood sugar on 1/12/21 at 12 p.m. of 594. An EInteract Change in Condition Evaluation dated 1/12/21 at 11:59 a.m. documented the resident had a sudden change in level of consciousness or responsiveness, lethargic, not answering, blood sugar over 600. The Progress Notes dated 1/12/21 at 11:43 a.m. documented the resident had a very high blood sugar reading this noon. It would not even read, just said high. She had no insulin available at the time at the facility. Staff called the physician and gave vital signs. The physician wanted her to go to the emergency room (ER). The POA called and updated, he wanted her to go out to the ER as well. The Ambulance arrived at 11:43 a.m. for transfer to the ER. At 5:10 p.m. the hospital called with an update. The resident admitting overnight for hyperglycemia. The Emergency Room Visit Notes dated 1/12/21 documented the resident arrived by ambulance with a

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).

Date: Januai	y 29, 2021		
Survey Dates: December 16, 2020 - January 21, 202			
December 16, 2020 - January A			
Fine Amount	Correction date		
Fin	e Amount		

	unable to get any of the resident's medications		
	yesterday or this a.m. and at noon blood sugar read		
	high. The resident presented after the nursing home		
	reported blood glucose too high to register on a blood		
	sugar check. The resident recently hospitalized for MI,		
	CHF and uncontrolled diabetes. The resident		
	discharged the previous day to the nursing home.		
	Reportedly, the family sent the resident to the nursing		
	home with her insulins, however per the family, the		
	nursing home would not take them. The nursing home		
	did not receive any of the resident's medications from		
	their pharmacy. The resident complained of fatigue		
	but no other symptoms. The initial point of care blood		
	glucose 524. The complete metabolic panel (CMP)		
	showed 540. The resident received 16 units of		
	Humalog and sugars checked periodically		
	approximately every 30 minutes with a steady trend		
	down, with a bedside glucose at 6:37 p.m. of 177.		
	Medical decision making included lack of appropriate		
	insulins for her diabetes appeared to be cause of		
	hyperglycemia, with sugars steadily going down.		
	Worsening CHF in the setting of reported no		
	medications since discharge, apnea (cessation of		
	breathing for a time)/agonal breathing (gasping when		
	struggling to breath). Would admit resident for		
	continued cardiac and sugar monitoring.		
	During an interview on 1/13/21 at 1:44 p.m. the		
	resident's Physician stated the resident discharged		
	from the hospital 1/11/21 to the facility. The resident		
	had orders for insulin to manage her diabetes because		
	she had elevated blood sugars. He said they called		
	with a report of her medications, and they were aware		
u		uI	Page 66 of 71

Page 66 of 71

Facility Administrator

Citation Numb #9054	er:			Date: Januar	y 29, 2021	
Facility Name: Rock Rapids Health Center			Survey Dates: December 16, 2020 - January 21, 202			
Facility Address/City/State/Zip 703 South Union			Decemb			
Rock Rapids, Iowa 51246		MW				
Rule or				Fine Amount	Correction	
Code Section	Natu	re of Violation	Class		date	

Page 67 of 71

Facility Administrator

Citation Numb #9054	er:			Date: Januar	y 29, 2021	
Facility Name: Rock Rapids Health Center			Survey Dates: December 16, 2020 - January 21, 202			
Facility Address/City/State/Zip 703 South Union			Decemb			
Rock Rapids, Iowa 51246		MW				
Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date	

During on interview on 1/17/21 at 7:05 nm Staff M DN		1
During an interview on 1/17/21 at 7:05 p.m. Staff M RN		
stated they did not receive the resident's meds		
1/11/21. The pharmacy did not deliver them. She said		
the meds did not arrive until the following evening after		
the resident had already transferred to the hospital.		
She would have to check if they had insulin in the e-kit.		
She said on 1/11/21 she spent a great deal of time		
with another resident, so she had a Certified		
Medication (CMA) pass some of the meds. She said		
the resident did not have medications, and they had		
not set up an accucheck box so the blood sugars were		
not checked. She said a family member called and		
asked about the resident 1/11/21 she told them she		
did good. She did not tell the family member they had		
not received the resident's meds. Staff M stated they		
had issues getting medications from the pharmacy		
timely.		
During an interview on 1/13/21 at 3:19 p.m. Staff F		
stated she didn't know they did not check the		
resident's blood sugar the afternoon/eve of 1/11/21,		
until the next morning. She said they had no insulin		
for the resident. They did check the blood sugar in the		
a.m. and would have given sliding scale insulin if she		
had it available. She said when she called the		
pharmacy, they said they did not receive the orders.		
She said they had no insulin in the e-kit. She said they		
asked for help from office nurses 1/11/21 but did not		
get help. She said she had ordered from the		
pharmacy before with a delay in the receipt of		
medications.		

Page 68 of 71

Facility Administrator

Citation Numb #9054	er:			Date: Januar	y 29, 2021
Facility Name: Rock Rapids Health Center			Survey Dates: December 16, 2020 - January 21, 202		
Facility Address/City/State/Zip					
703 South Union Rock Rapids, Iowa 51246		MW			
Rule or Code Natur Section		e of Violation	Class	Fine Amount	Correction date

During an interview on 1/14/21 at 9:13 a.m. the Hospital Director of Nursing stated the physician changed some of the orders after the resident left the hospital. They called the facility and faxed the changes to the facility. The facility did not notify them they did not have the resident's medication. She said they gave insulin pens with the resident's name on them to the family for use at the facility. The resident's	
family member told her the staff at the nursing home said they could not use them.	
During an interview on 1/14/21 at 8:13 a.m. the resident's family member stated they decided to have	
the resident go to the the facility for 24/7 nursing care.	
The resident would need blood sugars monitored and	
insulin administered. The family member stated the	
resident walked out of the hospital to the van for transfer to the nursing home. She took 2 insulin pens	
with her mother's name on them, but they gave them	
back, and said they could not use them. She called	
the home the evening of 1/11/21 and asked how the	
resident was doing. The person on the phone said	
good. They did not tell her they did not have the resident's medications including the insulin. The family	
member stated they were not aware they had not	
received her insulin or medications until they went to	
the ER around noon on 1/12/21. When she	
questioned why her mother did not receive her	
medications staff at the nursing home stated the pharmacy told them they did not receive the orders. In	
the ER the resident had periods where she became	
unresponsive and stopped breathing, and they told	
them they should notify (other) family to say their good	
	Page 69 of 7 ′

Facility Administrator

Date

Citation Number: #9054					Date: January	y 29, 2021
Facility Name: Rock Rapids Health Center			Survey Dates: December 16, 2020 - January 21, 20			uary 21, 2021
-	ss/City/State/Zip		Decemb	ei 10, 2	020 - Jan	uary 21, 2021
703 South Uni Rock Rapids,		MW				
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	member called the facilit to going to the facility), to would take good care of b. The MAR for Janua 40 MG (Furosemide) 2 day related to heart failu given the eve of 1/11/2 The Progress Notes dat documented Lasix Table times a day not administ facility at that time. During an interview on physician stated the rest She had not received and doses of her lasix for her up 1000 points since the	ary 2021 included Lasix Tablet tablet by mouth two times a ure, with order date 1/11/21 not 1 or the a.m. of 1/12/21. ted 1/12/21 at 7:34 a.m. tet 40 mg 2 tablet by mouth two stered, did not have them at the 1/20/21 at 1:55 p.m. the ED sident arrived very lethargic.				

Page 70 of 71

Facility Administrator

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

Citation Numb #9054	er:			Date: Januar	y 29, 2021	
Facility Name: Rock Rapids Health Center			Survey Dates: December 16, 2020 - January 21, 202			
Facility Address/City/State/Zip 703 South Union			Decemb			
Rock Rapids, Iowa 51246		MW				
		re of Violation	Class	Fine Amount	Correction date	
Section						

Page 71 of 71

Facility Administrator

Date