Citation Numb 9060	er:				Date: Februa	ry 19, 2021
Facility Name: Rock Ridge Residential Center			Survey Dates: November 30, 2020 – December 2020			cember 14,
Facility Address/City/State/Zip 400 Canton St. NW Shellsburg, Iowa 52332		LK	93253-C, 94614-C, 94647-C			
			30200 0	, 54514	0, 04047	·
Rule or Code Section	Natur	e of Violation	Class	Fine A	Correction date	
				•		
481-57.12 57.12(5)	DESCRIPTION General policies. The licensee shall establish and implement written policies and procedures as set forth in this rule. The policies and procedures shall be available for review by the department, other agencies designated by lowa Code section 135C.16(3), staff, residents, residents' families or legal representatives, and the public and shall be reviewed by the licensee annually. (II) Emergency care. The facility shall establish written policies for the provision of emergency medical care to residents and employees in case of sudden illness or accident. The policies shall include a list of those individuals to be contacted in case of			\$5,250	0.00	Upon Receipt
		and record review, the a policy in place regarding ch included a list of stacted in case of an				

Facility Administrator

Date

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

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3 , 101		LK	93253-C	, 94614-0	C, 94647	-C
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	C1 passed away from 19 on 11/28/20. Res with COVID-19 in the Nurse's notes dated revealed Staff A send emergency room who 35%. The notes also was only mumbling what shaky. On 12/7/20 at 9:33 as worked on 11/20/20 of 6 am to 2 pm. Stated Resident C1 to sleep eat breakfast later. If amount of breakfast Immediately following was not as responsible had increased incommorning. After lunch Resident C1 did not a paler color. Staff hat between 1:50 pm.	on date of 3/9/19. Resident m complications of COVID- ident C1 was diagnosed e afternoon of 11/17/20. 11/20/20 at 2:30 pm, it Resident C1 to the len her oxygen level was at o indicated Resident C1 when she spoke and was am, Staff H stated she during the first shift hours of H stated Resident C1 she felt "off." She allowed on and prompted her to the resident ate a small and went back to bed. In g breakfast Resident C1 we as usual, was tired, and tinence throughout the				

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onensburg, lo	NA 32332	LK	93253-C	, 94614-0	C, 94647	-C
Rule or Code Section	Natur	e of Violation	Class Fine Amount Correcti date			Correction date
	her in changing her. On 12/2/20 at 9:25 a assisted Staff H in control because she was into pm. Resident C1 had was very shaky. State vitals which were with oxygen level was at ambulance to take Remergency room. Stample physician earlier that severe redness in he see if any new order Staff A did not mentificate well to the physician unusual at that time, take any vitals all more after lunch when she when changing her. rules or policies regard COVID-19 and how or report symptoms/	am, Staff A stated she hanging Resident C1 continent just prior to 2:00 d difficulty standing and ff A took Resident C1's thin normal range, but her 35%. Staff A called for an Resident C1 to the he contacted Resident C1's t morning because she had er groin area and wanted to rs would be warranted. ion Resident C1 not feeling as there was nothing. Staff A stated she did not orning on Resident C1 until e noted her to be shaky She said there were no arding residents who had they should monitor them				

Facility Administrator Date

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3, 1		LK	93253-C	, 94614-	C, 94647	-C	
Rule or Code Section	Natur	e of Violation				Correction date	
	stoff called 011 Stof	ff D was not awars of any	1				
481-57.25(1)	policy that indicated versus calling 911. Spolicy was in place thow to call the Admit On 12/14/20 at 1:24 confirmed the facility general emergencies individuals to be confirmed to be confirm	The resident shall be leration, respect, and full lity and individuality, n treatment and in care					
	facility failed to ensu treated with conside	and record review the are all residents were ration, respect, and full and individuality. Findings					
	revealed an admissi	ent C1's closed record on date of 3/9/19. Resident m complications of COVID-					

Facility Administrator	Date

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Silensburg, lo	wa 32332	LK	93253-C, 9	94614-C, 94647	-C
Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date
	with COVID-19 in the Nurse's notes dated revealed Staff A sentender emergency room who 35%. The notes also was only mumbling shaky. On 12/7/20 at 9:33 at worked on 11/20/20 of 6 am to 2 pm. Stated woke up and stated Resident C1 to sleep eat breakfast later. It amount of breakfast Immediately following was not as responsional had increased incommorning. After lunch Resident C1 did not a paler color. Staff hat between 1:50 pm stated that prior to how was incontinent and her in changing her.	sident C1 was diagnosed e afternoon of 11/17/20. 11/20/20 at 2:30 pm, at Resident C1 to the nen her oxygen level was at o indicated Resident C1 when she spoke and was am, Staff H stated she during the first shift hours aff H stated Resident C1 she felt "off." She allowed or in and prompted her to the resident ate a small and went back to bed. Ag breakfast Resident C1 we as usual, was tired, and tinence throughout the was served, which eat, she appeared to have at stated she left for her shift and 2:00 pm. Staff H er leaving, Resident C1 Staff H had Staff A assist Staff H also stripped all of e bed because it was wet.			

Facility Administrator Date

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3, 1		LK	93253-C	, 94614-C	C, 94647	-C
Rule or Code Section	Natur	e of Violation				Correction date
	assisted Staff H in c because she was incomposed pm. Resident C1 has was very shaky. Stavitals which were with oxygen level was at ambulance to take Femergency room. Stands whether or not took her oxygen level because she did not but told them if they be at the desk. On 12/1/20 at 10:25 staff was interviewed arrived to the facility on 11/20/20, they we resident C1 was in them. Staff A met the door and gave them resident C1's oxygen stated he was flabbed and asked Staff A we resident C1. Staff A who her nurse was.	taff A stated she did not to the ambulance crew reset when they arrived to go to the room with them needed anything she would am, one of the ambulance do. He stated when they at approximately 2:30 pm				

Facility Administrator	Date

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g, 101		LK	93253-C	, 94614-C	C, 94647	-C	
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date	
	stripped of all beddir covered up. The res bowel and bladder. and but only moaned C1's oxygen level wither hands were bluis staff was extremely condition Resident C11/20/20. 2. A review of persor revealed Staff E was certified medication time on the overnight On 12/10/20 at 4:00 Staff E usually took a call light. She love and loved all the star Resident #2 stated a helpful but Staff E aphands on" stance aryou. In her opinion, impression that she On 11/3/20 at 11:11	nnel records on 11/30/20 s hired on 1/30/15 as a aide. Staff E worked full at shift (8 pm - 6 am). pm, Resident #2 stated up to 45 minutes to answer d her home at the facility					

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Rule or Code Section	Natur	e of Violation				Correction date
	Resident #6 needed for transfers. Staff F Resident #6 before ' the resident tell Staff also heard Staff E ye Staff E once took Reher room and took the machine to wash the of her room to get he Staff E she was "just responded by calling On 12/2/20 at 9:25 a not work with Staff E answered staff and remeanor/tone. On 12/9/20 at 10 am seen Staff E be rough had heard her say: "you have to do it you the residents at the fabout Staff E at one On 12/14/20 at 9:46 not had any concern	em. Resident #5 came out er clothes back and told tan old hag." Staff E g Resident #5 a "bitch." em, Staff A stated she did to but had heard Staff E residents in a snotty an, Staff B stated she had not gh with any residents but This isn't a nursing home, urself." Staff B stated all of facility had complained				

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Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	incident in 2016. Staff E stated she now went outside and bit her tongue. On 12/5/20, the Administrator typed up a statement because she could not locate the original disciplinary paperwork regarding an incident in 2016. The statement indicated the following points: - Staff E had a history of having a rude tone when speaking to others - Staff E was disciplined and suspended for 10 days in 2016 for yelling at a resident and telling them she would not feed them lunch - Staff E has been spoken to on many instances, including recently by the Administrator for tone of voice. The administrator indicated in the statement that Staff E could come off as rude and somewhat aggressive. She had not witnessed this behavior personally from Staff E but learned of it from residents and other staff. Staff E had said things like: "I'm not your mother," or "I'm not your maid." On 12/14/20 at 1:24 pm, the Administrator confirmed Staff E continued to use a rude tone of voice toward residents and staff.					

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Facility Administrator

Date

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Citation Number	er:			Date:	
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Facility Name:			Survey I	Dates:	
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400 Canton St.					
Shellsburg, lov	va 52332	LK	93253-C	, 94614-C, 94647	-C
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Rule or				Fine Amount	Correction
Code	Natur	e of Violation	Class	T IIIO 7 IIIIO GIII	date
Section	Natur	e or violation	Ciass		uale
Section			1		
1				T	
	A review of facility po	olicies on 11/30/20			
revealed a policy titled Dignity and Respect. The policy read: "The staff shall display respect for residents when speaking with, caring for, or talking about them, as constant affirmation of					
	their individuality and	d dignity as human beings."			
		÷ ,			
	FACILITY RESPONSE				
	FACILITY RESPONSE				

Facility Administrator	Date

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