Citation Numb	er:	Amended – 07/22/2021	Date: Febru			ry 16, 2021	
Ridge	alth Services-Utica			Survey Dates: January 11-February 2, 2021			
3800 Commerc		MW, VW, TAG					
Davenport, IA	52807						
Rule or Code Section	Natur	e of Violation	Class	Fine A	Correction date		
58.19(1)n(1)							
30. 19( 1)II( 1)	residents. The resident shall provide, as appronursing services under qualified nurses with an these rules:  58.19(1) Activities of dan. Nutrition and meal services.	-	CLASS I	\$5,000 (Held Suspe		UPON RECEIPT	
	DESCRIPTION:						
	failed to assess and eva weight loss and implem- further loss for 1 of 3 res	and interview, the facility sluate a resident's significant ent interventions to prevent sidents reviewed with a weight facility reported a census of					
	Findings Include:						
	dated 12/7/20, listed dia included heart failure, c cardiorespiratory condit resident required extens	et (MDS) Assessment Tool, agnoses for Resident #2 ancer, and debility related to ions. The MDS stated the sive assistance of 1 staff for ng, and bathing, and extensive					
						Page <b>1</b> of <b>1</b> :	
		<del></del>	<del> </del>				

Facility Administrator

Date

		Date: February 16, 20			y 16, 2021
ervices-Utica		Survey Dates:  January 11-February 2, 2021			021
//State/Zip rd 7	MW, VW, TAG				
Natur	e of Violation	Class	Fine Amo	ount	Correction date
sing, and toilet use lent's Brief Interview	The MDS listed the for Mental Status (BIMS)				
lent presented to the eral (pertaining to b	ne Emergency Department with oth sides of the body) hip				
esident had a hosp	ital stay from 11/2/20-11/17/20				
Weights and Vitals ht of 124.4 lbs.	Summary listed an 11/17/20				
itted to the facility for ned to discharge to	ollowing a hip replacement and home following her stay. The				
lent discharged to t	he hospital due to vomiting				
esident had lost 4.2 reported it was not ant. The note state	2 lbs. from her stated weight significant but clinically ed the resident was receptive				
	Natur  Stance of 2 staff for sing, and toilet use lent's Brief Interview e as 15 out of 15, in 1/2/20 History and lent presented to the real (pertaining to bures and listed the ends).  resident's facility Aresident had a hosp initially admitted to Weights and Vitals ht of 124.4 lbs.  ogress Note, dated itted to the facility for the discharge to stated the resident cility Progress Note lent discharged to the respiratory distress pospital Dietician Repesident had lost 4.2 reported it was not ant. The note state	Nature of Violation  Stance of 2 staff for bed mobility, transfers, sing, and toilet use. The MDS listed the lent's Brief Interview for Mental Status (BIMS) e as 15 out of 15, indicating intact cognition.  1/2/20 History and Physical report stated the lent presented to the Emergency Department with eral (pertaining to both sides of the body) hip ures and listed the resident's weight as 122.98 lbs inds).  resident's facility Admission Record Report stated esident had a hospital stay from 11/2/20-11/17/20 initially admitted to the facility on 11/17/20.  Weights and Vitals Summary listed an 11/17/20	MW, VW, TAG  Nature of Violation  Class  Stance of 2 staff for bed mobility, transfers, sing, and toilet use. The MDS listed the lent's Brief Interview for Mental Status (BIMS) e as 15 out of 15, indicating intact cognition.  1/2/20 History and Physical report stated the lent presented to the Emergency Department with eral (pertaining to both sides of the body) hip ures and listed the resident's weight as 122.98 lbs inds).  resident's facility Admission Record Report stated esident had a hospital stay from 11/2/20-11/17/20 initially admitted to the facility on 11/17/20.  Weights and Vitals Summary listed an 11/17/20 ht of 124.4 lbs.  ogress Note, dated 11/18/20, stated the resident itted to the facility following a hip replacement and ned to discharge to home following her stay. The stated the resident was in "good spirits".  cility Progress Note, dated 11/21/20, stated the lent discharged to the hospital due to vomiting respiratory distress.  Despital Dietician Report, dated 11/27/20, stated esident had lost 4.2 lbs. from her stated weight reported it was not significant but clinically ant. The note stated the resident was receptive	Nature of Violation  Class  Fine Amo  Stance of 2 staff for bed mobility, transfers, sing, and toilet use. The MDS listed the lent's Brief Interview for Mental Status (BIMS) e as 15 out of 15, indicating intact cognition.  1/2/20 History and Physical report stated the lent presented to the Emergency Department with eral (pertaining to both sides of the body) hip ures and listed the resident's weight as 122.98 lbs nds).  resident's facility Admission Record Report stated esident had a hospital stay from 11/2/20-11/17/20 initially admitted to the facility on 11/17/20.  Weights and Vitals Summary listed an 11/17/20 th of 124.4 lbs.  ogress Note, dated 11/18/20, stated the resident titted to the facility following a hip replacement and hed to discharge to home following her stay. The stated the resident was in "good spirits".  cility Progress Note, dated 11/21/20, stated the lent discharged to the hospital due to vomiting respiratory distress.  pospital Dietician Report, dated 11/27/20, stated esident had lost 4.2 lbs. from her stated weight reported it was not significant but clinically ant. The note stated the resident was receptive	MW, VW, TAG    Nature of Violation

Facility Administrator

Date

Citation Number #4337	er:	Amended – 07/22/2021	Date: February 16, 2021			ry 16, 2021
Ridge Facility Addres	alth Services-Utica ss/City/State/Zip	MW, VW, TAG	Survey Dates:  January 11-February 2, 2021			2021
3800 Commerc Davenport, IA						
Rule or Code Section	Natur	e of Violation	Class	Fine An	nount	Correction date
	the facility with dietary is The note stated the facility Progress Note, resident readmitted to the hospitalization.  The Weights and Vitals weight of 115 lbs. This from the resident's weigh hospitalization on 11/17  A 12/2/20 Nutrition Assifacility dietician, listed the lbs. It stated the resident older adult and consumassessment stated the choices offered and the food intake. The notes No Added Salt (NAS) didiet. The note stated the resident agreed to a "misupplement) three times recommendation for an An Order Audit Report I magic cup three times procumentation of a magic cup three times procumentation of a magic stated the food intake.	Summary listed an 11/29/20 calculated as a 7.56% loss ht of 124.4 lbs prior to the //20.  essment, completed by the ne resident's weight as 112 nt was underweight for an ed 25-100% of meals. The resident did not like the food lack of salt was affecting her stated the resident's was on a fet and requested a regular ne Dietician obtained an order e resident's request. The agic cup" (a frozen high calorie				
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Facility Administrator

Date

Citation Number: #4337		Amended – 07/22/2021	Date: February 16, 20			ry 16, 2021
Facility Name: Manorcare Health S Ridge Facility Address/Cit		MW, VW, TAG	Survey Dates:  January 11-February 2, 2021			2021
3800 Commerce Bl Davenport, IA 5280		, ,				
Rule or Code Section	Natur	e of Violation	Class	Fine A	Mount	Correction date
Adminul lack vitarian A 12/2 original An a 12/2 ori	tivitamin which start and documentation to the min prior to 12/9/20.  2/10/20 the Nurse Prontinue the resident'  Order Summary Report 12/27/20, listed and are date of 11/28/20. Inge to a regular dietician obtained an orthe resident's requestacility on 12/27/20.  Weights and Vitals ght of 101.1 lbs, calcuresident's readmission weight of 95.4 lbs, calcuresident's re	MAR) listed an order for a ded on 12/9/20. The MAR he resident received the ractitioner report directed staff is NAS diet.  Export with a list of active orders in order for a NAS diet with an The orders did not list a between the time the der for the change on 12/2/20 st and the resident's death at Summary listed a 12/6/20 culated as a 12.09% loss from fon weight of 115 lbs on 6 loss from the resident's hit on 11/17/20.  Summary listed a 12/14/20 culated as a 17.04% loss from fon weight of 115 lbs on oss from the the resident's				Page <b>4</b> of

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

Date

Facility Administrator

Citation Number: #4337	Amended – 07/22/2021	Date: February 16, 2021			
Facility Name: Manorcare Health Services-Utica Ridge		Survey Dates:  January 11-February 2, 2021			021
Facility Address/City/State/Zip 3800 Commerce Blvd	MW, VW, TAG				
Davenport, IA 52807					
Rule or Code Natur Section	e of Violation	Class	Fine Amo	ount	Correction date
at the facility but had no antidepressant. The no chronic diarrhea several usually on loperamide (stated the physician wo loperamide and antidep  The facility lacked docu family notification of the between the resident's 12/15/20 when the physical the facility lacked docu intervention carried out initiated on 12/7/20 and The facility lacked docu the resident consumed documentation of ongoing resident's weight or an emagic cup was effective  The Weights and Vitals following weights (in lbs 11/17/20: 124.4 11/19/20: 114	te also stated the resident had times per day and was an antidiarrheal). The note uld restart the resident's ressant.  mentation of physician and resident's weight loss readmission on 11/28/20 and sician noted the weight loss. mentation of an additional aside from the magic cup the multivitamin on 12/9/20. mentation of whether or not the magic cup and lacked ng assessments of the evaluation as to whether the .  Summary included the				Page <b>5</b> of <b>1</b>

Facility Administrator Date

Section	MW, VW, TAG	Survey I January Class	11-February 2, 2	
3800 Commerce Blvd Davenport, IA 52807  Rule or Code Section		Class		
Rule or Code Nate Section	ure of Violation	Class		
			Fine Amount	Correction date
1				
to discharge the patie  A 12/21/20 Progress positive for COVID-19  A 12/24/20 Progress a Hospice evaluation.  The resident's Decement Report v2 lacked documents and the patients of the patie	Note stated the family requested nt to home on 12/21/20.  Note stated the resident tested where the stated the family requested the stated the family requested the stated the following 6:00 a.m2:00 p.m. 2/19/20 and on the following 2:00			Page <b>6</b> of <b>1</b>

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

Date

Facility Administrator

Citation Numb #4337	oer:	Amended – 07/22/2021	Date: February 16, 2021			ry 16, 2021
Ridge	alth Services-Utica ss/City/State/Zip ce Blvd	MW, VW, TAG	Survey Dates:  January 11-February 2, 2021			021
Rule or Code Section	Natur	e of Violation	Class	Fine Am	ount	Correction date
	12/15/20, 12/18/20, 12/17 The report documented any of her meals from 1  The facility had docume Advanced Registered Naware the resident was 12/21/20 ARNP Progres further documentation or resident was not eating the resident was sent to 12/25/20.  An Emergency Departm stated the resident adm (inadequate oxygen in the blood pressure). The new dry, cracked oral mucouwere consistent with act secondary to dehydration.  A 12/25/20 Progress Not from the hospital.  A 12/27/20 Progress Not at the facility at 6:10 p.m.	ntation the resident's lurse Practitioner (ARNP) not eating according to the so Note. The facility lacked of provider notification the from 12/21/20 until the time of the emergency room on the emerg				Page <b>7</b> of <b>1</b>

Facility Administrator

Date

Citation Numbe #4337	r:	Amended – 07/22/2021	Date: February 16, 2021			
Facility Name: Manorcare Heal Ridge Facility Address 3800 Commerce		MW, VW, TAG	Survey Dates:  January 11-February 2, 2021			021
Davenport, IA						
Rule or Code Section	Natur	e of Violation	Class	Fine Ar	mount	Correction date
	specific interventions badislikes to assist the resweight.  The facility policy "Weig 03/2018, directed staff to previous weight and revinurse. The policy state considered to be 5 lbs if The policy directed staff the responsible party of dietician would evaluate progress notes.  The untitled facility policy 2013, stated the facility Comprehensive Care Pinterventions which focus The facility policy "Chan 11/2016, stated the facility resident, the resident	current diet. notify the physician and nificant weight change. reference.  dditional resident centered, ased on the residents likes and ident in maintaining or gaining  ht Measurement", dated o compare weights to the iew discrepancies with the d discrepancies were f the patient was over 100 lbs. It to notify the physician and the weight loss and stated the and document in the nutrition  ey regarding Care Plans, dated would create a lan to include individualized used on specific risk factors.  ge in Condition", dated lity must immediately inform at's physician, and the when there was a significant				Page <b>9</b> of 1
					_	Page <b>8</b> of <b>1</b> :

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Date

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Ridge	alth Services-Utica		Survey I January	2, 2021	
-	ss/City/State/Zip	MW, VW, TAG			
3800 Commerce Davenport, IA					
Rule or Code Section	Natur	e of Violation	Class	Fine Amou	Correction nt date
	psychosocial status.				
	Director of Nursing (DO any additional dietary in other than a magic cup. would trigger if it occurre. She stated it would not time. When the survey miss a weight loss due a pouring an interview on Registered Dietician stated though that weight the period of 1 month an trigger for a shorter period period of 1 month and trigger for a shorter period myleted Resident #2' completed Resident #2' complete any follow up.  During an interview on Registered Dietician state resident's assessment of diet, started a magic cumultivitamin. On 12/7/20 interventions. She state interventions in place. Swould let her know of w	1/20/21 at 7:45 a.m., the ated she completed the on 12/2/20 and liberalized the p, and recommended a			
	-	She stated the resident told her ual weight. She stated they an of a weight loss if it			
					Page <b>9</b> of <b>13</b>
Facilit	ty Administrator	Dat	te		

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Ridge	alth Services-Utica		Survey Dates:  January 11-February 2, 2021			021
3800 Commerc Davenport, IA		MW, VW, TAG				
Rule or Code Section	Natur	e of Violation	Class	Fine Ar	mount	Correction date
	stated they may not infoloss in a shorter period Resident #2, the month During an interview on Physician, stated if a refrom 115 lbs-101 lbs in want the facility to notify loss, they may start and tried a supplement and resident did not like it, something different. If a intervention, she would whether or not it was effecturned from the hospifacility should monitor the During an interview on Service Director stated weight loss. She stated resident's preferences of provided a list of weight During an interview on Licensed Practical Nurswant to know if a reside 115 lbs to 101 lbs in 1 whappened, she would less the month of the state of	the would expect them to try magic cup was the want the facility to evaluate fective. She stated if a resident tal with a weight loss, the ne weight even more closely 1/26/21 at 9:52 a.m., the Food the facility Dietician assessed the Dietician discussed the of food. She stated she wasn't losses in the facility. 1/26/21 at 10:30 a.m., Staff Q, e (LPN) stated she would nt's weight decreased from week. She stated if this et the Dietician and the old start giving snacks and				
				Ш	II	Page <b>10</b> of <b>1</b> 3

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Facility Administrator

Citation Number: #4337	Amended – 07/22/2021	Date: February 16, 2021		
Facility Name: Manorcare Health Services-Utica Ridge		Survey Dates:  January 11-February 2, 2021		
Facility Address/City/State/Zip  3800 Commerce Blvd  Davenport, IA 52807	MW, VW, TAG			
Rule or Code Nature Section	e of Violation	Class	Fine Amour	Correction t date
Registered Nurse (RN) flagged residents with water resident's weight decreased a period of a week, they buring a interview on 1/RN/Nurse Manager stated decreased from 115 lbs weight was accurate, he the doctor and the Dietic stated they would notify resident had any comfor should evaluate the effesuch as a magic cup.  During an interview on RN/Nurse Manager stated loss, she would let the Eknow. She would want possibly the resident had family could bring in foo Nursing Assistants (CN/it was the nurses' respoweight to see if there was the physician. She stated decreased from 115 lbs would speak to the physicause. She stated she interventions such as a consumed them. She s	1/26/21 at 10:58 a.m., Staff F, stated the facility Dietician weight loss. She stated if a ased from 115 lbs to 101 lbs in a should notify the physician.  1/27/21 at 8:05 a.m., Staff D ted if a resident's weight to 101 lbs in a week and the e would expect staff to notify cian for supplements. He the family and inquire if the rt foods. He stated staff activeness of an intervention  1/27/21 at 8:54 a.m., Staff M ted if a resident had a weight Dietician and the physician to figure out the reason, d food preferences and the d. She stated the Certified A's) weighed the resident and insibility to look at the previous as a change and if so to notify ed if a resident's weight to 110 lbs in 1 week, she sician to determine the root wasn't sure if staff monitored magic cup to see if residents stated if a resident had a spital stay, this would be a			Page 11 of 1

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Facility Name: Manorcare Health Services-Utica Ridge Facility Address/City/State/Zip  3800 Commerce Blvd Davenport, IA 52807	MW, VW, TAG	Survey Dates:  January 11-February 2, 2021			021		
Rule or Code Nat Section	ure of Violation	Class	Fine Am	nount	Correction date		
During an interview of DON stated the Dietic day basis and was not occurred in a shorter surveyor asked whether physician if a resident libs to 101. Ibs in the parameter was not sure how that time frame and stated policy and get back to During subsequent end at 1:49 p.m., the DON	mail correspondence on 1/27/21 wrote that the facility followed nes for a notification of a 5% s.						
Facility Administrator				_	Page <b>12</b> of <b>13</b>		

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