| Citation Numb | er: | | | | Date: Septen | nber 21, 2021 |
|--|--|--|---|--------|-----------------|-----------------|
| Facility Name: Courage Homes | | | Survey Dates: August 2, 2021 – September 14, 2021 | | | nber 14, 2021 |
| Facility Address 5945 Mornings Sioux City, low | | | | | | |
| | | LK | #98944 | | | |
| Rule or Code Section | Natur | e of Violation | Class | Fine A | mount | Correction date |
| 64.60 W189 | conditions of particition CFR Part 483, Subpart 480 effective October reference and incorprules. A copy of these on request from the Department of Inspectucas State Office E 50319. Classification of vious determined by the din 481-Chapter 56, Fenforce a fine to cite This rule is intended Section 135C.2(3). DESCRIPTION The facility must proinitial and continuin employee to perform effectively, efficients. Based on observation reviews, the facility fatrained to consistently client needs as outlined. | to implement lowa Code ovide each employee with g training that enables the | red - I \$6,000.00 Led - John Service S | | Upon Receipt | |

Facility Administrator Date

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| | #12). Findings follow: 1. Record review revereported the 7/29/21 of Department of Inspect 7/30/21. Review of a 7/30/21 revealed Cliemedical history which from 2018 to 2020. I diagnosed with Covid client needed 3L of oxoxygen from dropping revealed the client bawound on his ankle accolostomy site in June investigation along with e client showed implementation when his lungs sound revealed on 7/27/21 of with a temperature of sounded rhonchi bilat 78%. The facility took room on 7/27/21 and was informed the client which was causing seconcluded the client of the state of th | ealed Courage Homes death of Client #12 to the stions and Appeals on facility investigation dated int #12 had a significant included being on Hospice in March 2020 after being 19 it was determined the kygen per day to prevent his included being around the kygen per day to prevent his included being around his included being around his included bronchial congestion, and bleeding around his included bronchial congestion, and bleeding around his included bronchial congestion, and bleeding around his included brovement during July 2021 led clear. The report further client #12 was found in bed 100 degrees, lungs included the preumonia and a UTI included the | emes 2 to the 3 on 3 on dated 6 ficant 4 Hospice 5 being 6 ned the 7 revent his 7 in further 8 destion, a 8 d his 8 the 8 indicated 8 luly 2021 8 ort further 9 nd in bed 9 s 9 ween 72- 9 emergency 1 ility nurse 1 and a UTI 1 eport 1 pice again | | Page 2 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: 5381 | | | | | Date: Septem | ber 21, 2021 |
|---|---|-------------------------|---|--------|-----------------|-----------------|
| Facility Name: Courage Homes | | | Survey Dates: August 2, 2021 – Septemb | | | nber 14, 2021 |
| Facility Address/0 5945 Morningside Sioux City, Iowa 5 | Ave. | | | | | |
| | | LK | #98944 | | | |
| Rule or Code Section | Natur | e of Violation | Class | Fine A | Amount | Correction date |
| | | assed away later in the | | | | |
| for cl 9: th sh ch m re w ov R ou an in re or ca W F an | 5:00 p.m. before he passed away later in the evening. Record review of a facility bed check log for the south side of the home (which included Client #12) was left blank for the entire shift. The document indicated the client needed to be check every 30 minutes from 9:30 p.m. on 7/26/21 to 5:30 p.m. on 7/27/21, but the log was blank. Review of an accountability sheet revealed at 5:30 a.m. the checks were changed from every 30 minutes to every 15 minutes. Further record review of staff schedules revealed Residential Living Assistant (RLA) G was assigned to the Client#12's care for the overnight shift. Record review revealed a facility policy which outlined the responsibility of staff regarding the accountability checks. Point #3 on the document indicated "The staff who is assuming responsibility for the member is to visibly check on the well-being of the member and initial the card with the time". When interviewed on 8/10/21 at 10:35 a.m. RLA F stated she entered Client #12's bedroom around 8:00 a.m. on 7/27/21 to get him up for the day. She stated the client barely responded to | | | | | Page 3 of |

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| Facility Name Courage Hom | es | | | Survey Dates: August 2, 2021 – September 14, 202 | | |
| Facility Addre 5945 Morning Sioux City, lov | | | | | | |
| • | | LK | #98944 | | | |
| Rule or Code Section | Natur | e of Violation | Class | Fine Ar | mount | Correction date |
| | Nature of Violation his color was not good and he was clammy/sweaty so she called the LPN right away to make an assessment. She stated this was the first time she had seen the client that day and felt none of the other staff had likely looked him over very closely since they came on shift at 5:30 a.m. or they would have likely noticed his poor condition. When interviewed on 8/10/21 at 9:33 a.m. the LPN indicated she was asked by RLA F to come look at Client #12 around 8:00 a.m. on 7/27/21. The LPN reported she was told by RLA F the client did not look well. The LPN reported when she saw the client she noticed his color was bad, his O2 was very low and he had a temperature of 100 degrees. The LPN stated she called the DON who came and observed the client and a decision was made to take him to the hospital. When interviewed on 8/11/21 at 8:37 a.m. RLA E confirmed her signature on the accountability card for Client #12 on the morning of 7/27/21 from 5:30 a.m. to 9:15 a.m. She stated most of the time she just initialed the box without making an assessment of the client as they were short staffed and she was just trying to fill in the box as required. When asked if she remembered how the client looked that morning she stated he looked like usual. She stated she did not notice | | | | | Page 4 of |

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| Facility Name: Courage Homes | | | Survey Dates: August 2, 2021 – September 14, 202 | | | ber 14, 2021 |
| Facility Address/City/State/Zip 5945 Morningside Ave. Sioux City, Iowa 51106 | | | | | | |
| | | LK | #98944 | | | |
| Rule or Code Section | Natur | e of Violation | Class | Fine A | mount | Correction date |
| | When interviewed on she had worked with could not confirm she without looking at the she usually worked in worked in House #2. very good about docuchecks, but admitted she forgot to docume stated she was aware client needed to be checked she knocked checked for kinks in the checked and his over the was okay. | ed it off), his catheter ne line, his ostomy bag all well-being to make sure | | | | |
| | Qualified Intellectual I (QIDP) stated the accin place for a long tim on it many times. When E's signed training shone. She confirmed the staff initialed the acconsaying they saw the confirmed the saying they saw the confirmed that is a saying that is a saying they saw the confirmed that is a saying that is a | 8/11/21 at 8:49 a.m. the Disabilities Professional countability policy had been e and staff had been trained en asked for a copy of RLA e stated she could not find he policy indicated when cuntability box they were dient and checked on their d them to be in satisfactory d staff were not to check the | | | | Page 5 of 9 |

Facility Administrator

Date

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| Facility Name: Courage Homes | | | Survey I August 2 | mber 14, 2021 | |
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| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | LK | #98944 | | |
| Rule or Code Section | Natur | e of Violation | Class | Fine Amoun | Correction date |
| | again on 9/9/21 the C showed on the sched Client #12's care on to 7/26/21 to 7/27/21 un provided a copy of the confirmed RLA G failed all night for the client. She worked in House failed to document and the overnight supervisive recently passed away check the overnight loso occasionally and no 7/26/21 and 8/21/21 to confirmed facility staff for Client #12 from 9: 7/27/21 and by the accept the client as re 8:00 a.m. when he was F. When interviewed on Administrator confirm Client #12 as required between 5:30 a.m. are the box. She confirm standing and staff had needed to see and as | e client. When interviewed alDP told the surveyor and ule RLA G was assigned to the overnight shift from til 5:30 a.m. The QIDP to blank check sheet and to document any checks. Further review revealed #2 again on 8/21/21 and to the year of the place, but only did to as she was supposed to the failed checks on the failed checks on the failed checks on the graph of the place, but only did to as the failed to document check to the failed to document check to the failed to document check to the place of the place of the place of the place of the policy was long to the policy was long the policy was long the box on the accountability | | | Page 6 of |
| Facilit | y Administrator | Dat | :e | | |

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| Facility Address/City/State/Zip 5945 Morningside Ave. Sioux City, Iowa 51106 | | | | | |
| • | | LK | #98944 | | |
| Rule or Code Section | Natur | e of Violation | Class | Fine Amount | Correction date |
| | sheet. | | | | |
| | Client #3 finished eatiliving room in his whe out "Baa" to staff shouliving room. Resident responded to the clien needed to use the reshis head yes. RLA C his staff was free to ta Client #3 continued to appeared frustrated with Six minutes after his in RLA C told RLA D Client to the initial requestion make a groaning noise and on until 11:56 a.m. down the hall towards a.m. the client was for in the hallway down be a.m. RLA D came out and took Client #3 to the Record review reveals consumer and staff grow clients were always to respect and should be | stroom, to which he shook then told him to wait until ake him. At 11:45 a.m. by yell out "Baa" to staff and with no response from staff. nitial request at 11:47 a.m. ent #3 needed to use the he being in the dining room st. The client continued to be as well as say "Baa" off in. when RLA D took him is the restroom. At 11:58 and seated in his wheelchair by his bedroom. At 11:59 to of another client's bedroom | | | Page 7 of 9 |
| | | | | | Page 7 of 9 |
| Facility | y Administrator | Dat | e | | |

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| Facility Addre 5945 Mornings Sioux City, lov | | | | | | |
| Gloux City, lot | Wa 31100 | LK | #98944 | | | |
| Rule or Code Section | Natur | e of Violation | | | | Correction date |
| | cleaned up as soon a responsible for the photoleanliness of the clie. When interviewed on Administrator and Proclient #3 had toileting staff he needed use the "Baa". When told he times for almost 18 m aware of his need she him to the restroom in also confirmed it didn staff who took him to several staff in the are | | | | | Page 8 of |
| Facilit | ty Administrator | Dat | e | | _ | |

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| Gloux Gity, Iowa 31 100 | | LK | #98944 | | |
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| | | Page 9 of 9 |
|------------------------|------|---------------------------|
| Facility Administrator | Date | - |