Department of Inspections and Appeals
Health Facilities Division
Citation

Number 5427		Report date October 27, 2021
Facility name Aspire of Muscatine		Survey dates October 4 – 14, 2021
Facility address 2002 Cedar Street		
City Muscatine, IA 52761	JS VW	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
58.45(1)	481—58.45(135C) Dignity preserved. The resident shall be treated with consideration, respect, and full recognition of dignity and individuality, including privacy in treatment and in care for personal needs. (II) 58.45(1) Staff shall display respect for residents when speaking with, caring for, or talking about them, as constant affirmation of their individuality and dignity as human beings. (II) **DESCRIPTION:** Based on observation, resident and staff interviews, and policy review, the facility failed to ensure residents were treated in a respectful and dignified manner for 4 of 8 residents reviewed (Residents #44, #53, #25, and #36) for dignity. The facility reported a census of 56 residents. Findings include: 1. The Minimum Data Set (MDS) dated 08/25/21 documented Resident #44 had diagnoses that included congestive heart failure, renal insufficiency, diabetes mellitus (DM), and a need for assistance with personal care. The MDS revealed Resident #44 had a brief interview for mental status (BIMS) score of 15, which indicated intact memory and cognition. Resident #44 required two person physical assistance for transfers and extensive one person physical assistance for toilet use and personal hygiene. Resident #44 required a catheter for urination. The MDS coded the Resident always continent of stool. Observation on 10/04/21 at 11:32 AM revealed Resident #44 in bed with a urinary catheter bag hanging from the bed and a fly swatter by his side.	**II**	**$500 (Collect)**	**Upon Receipt**

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	In an interview on 10/04/21 at 11:32 AM, Resident #44 said he did not like the care at the facility. Resident #44 said the nurse this morning, Staff D, Licensed Practical Nurse (LPN), told him he had an attitude problem. The resident admitted he had an attitude that morning because it made him mad when Staff D told him he was rude. Resident #44 said he had a problem in the early hours of the morning when an aide came to empty his urinary catheter and spilled urine on his floor. Resident #44 said the aide did not clean it up and instead put a blanket over it. Staff D came in the morning and stepped on it. The Resident said Staff D was leaving his room and he asked if Staff D was going to clean up the urine and Staff D told him it would depend on his attitude. Resident #44 said he gave the staff respect when they gave him respect and he felt like the more he complained the worse things got. In an interview on 10/04/21 at 11:49 AM, Resident #44 reported it sometimes took 45 minutes for staff to answer his call light. Resident #44 said he could only hold his bowels so long and he had a bowel movement twice in his bed because staff took too long to get to him. He reported he did not like going to the bathroom in his bed. In a follow up interview on 10/12/21 at 10:05 AM, Resident #44 reported when he had a bowel movement in his bed it made him feel mad and frustrated because grown men did not poop the bed and he was not normally incontinent of stool. In an interview on 10/13/21 at 11:53 AM, Staff D, LPN recalled seeing urine on Resident #44's floor the morning of 10/04/21. She said Resident #44 told her the night aid was short with him and spilled urine on the floor. Staff D denied being rude to Resident #44, but stated she may have asked him why he had an attitude. Staff D said she			

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	left the room to gather supplies to clean the room and returned shortly after. 2. The Minimum Data Set (MDS) dated 07/22/21 documented Resident #25 had diagnoses that included anxiety, depression, heart failure and diabetes mellitus. The MDS revealed Resident #25 had a brief interview for mental status (BIMS) score of 15, which indicated intact memory and cognition. Resident #25 required extensive two person physical assistance for transfers, dressing, toilet use, and personal hygiene. Observation on 10/04/21 at 04:19 PM revealed resident #25 covered with a top sheet soiled with light red spots at the bottom of the sheet that the resident reported were from juice he had spilled that morning at breakfast. In an interview on 10/4/21 at 4:19 PM, Resident #25 reported incontinence of bowel and bladder that resulted from waiting too long for staff to respond to call lights. He reported he sometimes waited 45 minutes to an hour before staff answered his light. In a follow up interview on 10/12/21 at 09:52 AM, Resident # 25, stated when he waited too long for staff to assist him and had a bowel movement in his bed as a result, it made him feel humiliated and like a grown man should not be incontinent of stool. A joint interview held on 10/05/21 at 9:27 PM, with Staff M, Certified Nursing Assistant (CNA), Staff L, CNA, Staff N, CNA, and staff O, LPN. Staff M acknowledged she had told residents they could do cares for themselves when they have asked for help. Staff M said the residents told her they were going to report her to the DIA (Department of Inspection and Appeals). Staff M admitted she told the residents they could call DIA. Staff M said she tries to support independence and if a resident is able to do their own ADL's (activities of daily living), she			

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	encouraged them to do so to prevent loss of function. Staff L, Staff M, and Staff N (all CNA's) acknowledged sometimes residents waited 30-40 minutes for call lights to be answered because a lot of residents were assist of 2 people and on evenings and nights they did not have enough people to answer the resident call lights in a timely manner. 3. The Minimum Data Set (MDS) assessment dated 9/18/21, revealed Resident #53 had diagnosis of chronic obstructive pulmonary disease (COPD), bilateral leg atherosclerosis of native arteries of extremities with intermittent claudication, right below the knee amputation, type II diabetes mellitus, and weakness. The MDS documented Resident #53 had a BIMS (Brief Interview for Mental Status) score of 15, which indicated intact cognition and no impairment with decision making abilities. The resident had total dependence of two staff for transfer and toilet use and was continent of bowel and bladder The Care Plan revised on 10/4/21, revealed the resident had an ADL (activities of daily living) deficit related to amputation of right leg below the knee. The Care Plan indicated the resident needed staff assistance with toileting and required a mechanical lift with 2 staff for all transfers. On 10/04/21 at 12:20 p.m., Resident #53 was in bed on his back with the head of bed elevated and a hospital gown on. Call light was in reach. In an interview on 10/11/21 at 02:40 p.m. Resident #53 stated it sometimes takes up to an hour for staff to answer his call light and has resulted in him being involuntary in the bed while waiting for staff to assist him to the toilet using a mechanical lift. He stated he had been told by a certified nursing assistant (CNA) not to wait until the last			

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	minute to use his light to prevent involuntary episodes but he had the call light on for a long period of time prior. He stated it is demeaning. He felt it was bad enough to have to wait so long for staff to answer his light causing him to be involuntary but even more demeaning to have to lay in it until staff come to clean him up. He also reported when he asked for staff assistance at times he was told he can do take care of the request himself. 4. The Minimum Data Set (MDS) assessment dated 8/5/21, revealed Resident #36 had diagnosis of anxiety disorder, depression, bipolar disorder, psychotic disorder, post-traumatic stress disorder, asthma, coronary artery disease, heart failure and type II diabetes mellitus. The MDS documented Resident #36 had a BIMS score of 13, which indicated intact cognition and no impairment with decision making abilities. The resident needed assistance of one staff for transfers, dressing and personal hygiene. The Care Plan revise on 7/27/21, revealed the resident had an ADL deficit related to activity intolerance. The Care Plan indicated the resident needed staff encouragement to use the call light for assistance. On 10/04/21 at 12:06 p.m., Resident #36 was lying in bed watching TV. In an interview on 10/12/21 at 08:10 a.m. Resident #36 stated call lights take a long time to be answered. He reported he waited 45 minutes for staff to answer his call light last week. He stated he asked for the portable phone to be brought to him so he could call family. Staff told him they would bring it back and never returned. Resident #36 also stated the phones had been down since Friday, 10/8/21 and he hadn't been able to call his family nor had his family been able to contact him. He reported the facility had no options for him to contact his			

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In an interview on 10/12/21 at 03:29 p.m., the ADON stated it was her expectation staff ensure dignity and respect was provided to the residents at all times. She stated it was a priority and has been discussed at previous staff meetings. She stated it was her expectation if a staff person had an issue with a resident, they take it to the floor nurse so it can be addressed immediately and the situation be diffused and corrected at the time. She stated it was never appropriate to tell a resident to put their call light on sooner to prevent an accident or to tell a resident you will return and never come back.

The facility provided an Abuse Policy dated August 2021. It revealed the facility was responsible for the actions of its employees, including intentional acts by employees who were aware they were doing something wrong and were in conflict with the facility's policies and procedures. It further stated the facility had the responsibility to provide interventions or services to meet the resident's needs from the time of admission. Staff members were expected to be in control of their own behavior and understand how to work with the nursing home population.</td><td></td><td></td><td></td></tr>
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	FACILITY RESPONSE:			

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