-	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
		165562	B. WING		05	C /22/2018
NAME OF F	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
MONROE	CARE CENTER			120 NORTH THIRTEENTH STREET ALBIA, IA 52531		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLET DATE
F 000	Correction Date: Complaints 75162-C, investigated May 10- 75162-C and 75847 v Complaint 75201-C v The following deficient Code of Regulations B. Reporting of Alleged CFR(s): 483.12(c)(1) §483.12(c) In response neglect, exploitation, must: §483.12(c)(1) Ensure involving abuse, neglemistreatment, includint source and misappro- are reported immediat hours after the allegat that cause the allegat that cause the allegat serious bodily injury, the events that cause abuse and do not rest the administrator of the officials (including to the adult protective service for jurisdiction in long accordance with State procedures. §483.12(c)(4) Report investigations to the adult	5-30-18 75201-C and 75847-C were 22, 2018. Complaints were substantiated. vas not substantiated. vas not substantiated. vas not substantiated. vas not substantiated. vas not substantiated. vas not substantiated. vices relate to the Federal (42-CFR) Part 483, Subpart Violations (4) se to allegations of abuse, or mistreatment, the facility that all alleged violations ect, exploitation or ng injuries of unknown priation of resident property, tely, but not later than 2 tion is made, if the events ion involve abuse or result in or not later than 24 hours if the allegation do not involve ult in serious bodily injury, to re facility and to other the State Survey Agency and ces where state law provides -term care facilities) in e law through established	F 000	 Preparation and/or execution plan of correction does not conadmission or agreement by the provider of the truth of the fact alleged or conclusions set forth statement of deficiencies. The correction is prepared solely be the provisions of federal and/or law require it. It is the practice of the facility to alleged violations. 1. Facility reports all know allegations in 2 hours after allegation is made, if the that cause the allegation abuse or result in serious injury, or no later than 24 if the events cause the all do not involve abuse and result in serious bodily in 2. Staff G was required to result in serious bodily in 2. Staff G was required to result and the dependent adult abus on 05/30/2018. 3. In-service education was provided to facility staff 05/24/2018 by Administ and Director of Nursing. 	nstitute is cts in in the plan of because or state or report n er events involve bodily 4 hours legation l do not njury. etake e class on rator	05/30/2
BORATORY	-	URPLIER REPRESENTATIVE SSIGNATURI)		7.1	(X6) DATE

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program participation.

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	VIEDICAID SERVICES			OND NO. 0930-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED
				С
	165562	B. WING		05/22/2018
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 120 NORTH THIRTEENTH STREET ALBIA, IA 52531	
PREFIX (EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION
Survey Agency, within incident, and if the alla appropriate corrective This REQUIREMENT by: Based on record revie resident interview, the Department of Inspect accordance with Fede regarding allegations of resident-to-resident at #7). The facility report residents. Findings include: In an interview on 5/17 certified nurse aide, st she witnessed Reside right arm and twist it w Resident #5 yelled, "H brought up their fist, b another. As Resident is with his wheel walker, to trip him. Staff G stat residents, separated th charge nurse, who ass stated she could not re thought it was late in th shower day (Thursday shower sheets and no had three bruises on th behind his right arm. S that was the day it hap Resident #5 mentione shower. Staff G stated	 a law, including to the State a s working days of the eged violation is verified action must be taken. is not met as evidenced ew, staff interviews and facility failed to notify the tions and Appeals in tran reporting requirements for suspicion of buse. (Residents #5 and ed a census of 52 7/18 at 2:20 p.m. Staff G, ated about a month ago nt #7 grab Resident #5's while in the green hallway. ley, hey, and both residents ut neither struck at one #5 was trying to move on but Resident #7 attempted ted she reached the hem, and then informed the sessed the resident. Staff G emember the date, but he week on Resident #5's y). Staff G reviewed her ted on 4/5/18, Resident #5 he top of his right hand and Staff G stated she believed	F 6	 ⁰⁹ Continued From page 1 4. Dependent adult abuse trawill be provided upon hir annually. Compliance wi monitored by the QAPI committee. 	re and

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					E CONSTRUCTION		E SURVEY
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILD		· · ·	COMPLETED	
							С
		165562	B. WING	<u> </u>	· · · · · · · · · · · · · · · · · · ·	05	5/22/2018
NAME OF P	ROVIDER OR SUPPLIER			s	STREET ADDRESS, CITY, STATE, ZIP CODE		
MONDOL	CADE CENTED			1	20 NORTH THIRTEENTH STREET		
MONROE	CARE CENTER			A	LBIA, IA 52531		
(X4) ID		ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	•	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREF		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE		COMPLETION DATE
TAG	ALGOLATOR OR			•	DEFICIENCY)		
	·····			-	o		
F 609	Continued From page	e 2	F	609	Continued From page 2		
	In an interview on 5/1	7/18 at 3:45 p.m., Resident					
	#5 stated over a mon	th ago he was walking out of					
	his room and Resider	nt #7 was in the hallway.					
	Resident #5 asked Re	esident #7 how he was					
	doing and Resident #	7 immediately grabbed his					1
	hand and arm and wa	as squeezing it. Resident #5	a contraction of the second				
	stated he wanted to fi	ight back, but was told he					
	just needed to let it go	b. Resident #5 stated staff					
	was aware of what ha	appened.					
	Review of both Resid	ent #5 and Resident #7's					
		d neither record contained					
		f the altercation on 4/5/18, or					
		il 2018. The record also					
	failed to contain an in						
		cation reported by Staff G .		-			
	In an interview on 5/4	7/18 at 2:57 p.m. Staff H,					
		v nothing about a physical		[8.
		Resident #5 and Resident #7					l
		had reported anything to					
	her.	ridd reported drigtning to					
		7/18 at 2:50 p.m. Staff I, RN					
		ot serve as charge nurse on					
	4/5/18 and knew noth	Resident #5 and Resident #7.					
	allercation between R	tesident #5 and Resident #7.					
	Review of the work so	chedule revealed Staff I					
	scheduled as the cha	rge nurse on day shift on					
	4/5/18.	-					
	In an interview on 5/1	7/18 at 4:15 n.m. the					
		tated she was unaware of a	-				
		ccurring between Resident					
		The DON was then asked if					
		on with a family member					
		on between Resident #5 and					
		N stated a family member					
		-	1				.1

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STATEMENT OF DEFICIENCIES (P1) MULTIPLE CONSTRUCTION (P2) MULTIPLE (P3) MULTIPLE CONSTRUCTION (P3) MULTIPLE	CENTER	KS FOR MEDICARE &	MEDICAID SERVICES				OWR N	<u>O. 0938-0391</u>
18552 9 WNO 05/22/2018 MME OF PROVIDER OF SUPPLIER STREET ADDRESS. CTV, STATE, 2P CODE STREET ADDRESS. CTV, STATE, 2P CODE MONROE CARE CENTER SUMMARY STATEMENT OF DEPICIENCIES STREET ADDRESS. CTV, STATE, 2P CODE CONTROLLED ON SUPPLIER STREET ADDRESS. CTV, STATE, 2P CODE CODE CONTROLLED ON (20) Partice SUMMARY STATEMENT OF DEPICIENCIES STREET ADDRESS. CTV, STATE, 2P CODE CODE </td <td></td> <td colspan="2"></td> <td></td> <td>PLETED</td>					PLETED			
MONROE CARE CENTER 128 NORTH THIRTEENTH STREET ALBIA, 14 52531 CAU ID PRETX TAG SUMMARY STATEMENT OF DEPRIENCIES (EACH DEPRIENCY MUST BE PRECEDED BY YULL REGULTION OR LSCIDENTYMIN INFORMATION) D PRETX TAG D PRETX TAG D PR			165562	B. WING			05	
MONDEC CARE CENTER ALBIA, IA 52531 (X4) ID PREFIX TAG ISJUMMAY STATEMENT OF DEFICIENCIES (EACH DEFICIENCE WAST ELE REFICIENCE MADE TO MADE CORRECTIVE ACTIONS HOULD BE (EACH DEFICIENCE) PROVIDER'S PLANOF CORRECTION (EACH DEFICIENCY) Continued From page 3 Carme in and questioned whether an altercation had occurred and the DON stated not that she knew of. The DON stated motified about an altercation. The DON stated sometimes residents get verbal with one another. F 609 Continued From page 3 Continued From page 3 Continued From page 3 F 675 Quality of the Quality of the is a fundamental principle that applies to all care and services to attain or maintain the highest practicable physical, mental, and psychoscial well-being, consistent with the resident's comprehensive assessment and plan of care. F 675 It is the practice of the facility to provide incontinent supplies to all cressent care and services to attain or maintain the highest practicable physical, mental, and psychoscial well-being, consistent with the resident's comprehensive assessment and plan of care. F 675 It is the practice of the facility to provides to all resident's upplices to all resident's needs. 05/24/2018 Findings include: In an interview on 5/21/18 at 12:00 p.m. Staff J, certified nurse aide, stated the facility had problems with keeping enough Incontinence briefs in the facility, resported a census of 52 residents. Findings include: S In-service education was provided to facility staff on 05/24/2018 by Administrator and gray (extra large). Staff J stated two weeks ago they completely ran out of forwn and gray	NAME OF P	ROVIDER OR SUPPLIER			STREE	ET ADDRESS, CITY, STATE, ZIP CODE	1	
CAULD PEROPERT No. DEMONDERS PLAN OF CORRECTION (USE) (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) DEPONDER'S PLAN OF CORRECTION (USE) (EACH OCREATE ALL OF CORRECTION CORRECTION (USE) (EACH OCREATE ALL OF CORRECTION CORRET					120 N	ORTH THIRTEENTH STREET		
PREFIX TAG IEACH OBFICENCY NOLLOBE REGULATORY OR LSCIDENTFYING INFORMATION PREFIX TAG CACH CORRECTURE ACTION SINULD BE CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY Converting of the code of the converting and questioned whether an altercation had occurred and the DON stated on that she knew of. The DON reviewed the charting and asked the nurses who stated on they knew nothing about an altercation. The DON stated sometimes residents get verbal with one another. F 609 Continued From page 3 Of/24/2018 F 675 See CFR(s): 483.24 F 675 Continued From page 3 05/24/2018 § 483.24 Quality of life Cuality of Life is a fundamental principle that applies to all care and services to attain or maintain the highest practicable physical, mental, and psychoscial well-being, consistent with the resident's comprehensive assessment and plan of care. F 675 It is the practice of the facility to provide incontinent supplies to all care and services to attain or maintain the highest practicable physical, mental, and psychoscial well-being, consistent with the resident's comprehensive assessment and plan of care. F 675 It is the practice of the facility to provides disposable incontinent products to all resident's supplies are delivered once a week and can be delivered overnight if necessary. The facility reported a census of 52 residents. 9 F 671 10 In an interview on 5721/18 at 12:00 p.m. Staff J, certified nurse aide, stated the facility had problems with keeping enough incontinence briefs in the facility, especially the trown (large) and gray (extra large). Staff J stated two weeks ago they completely ra	MONROE	CARE CENTER			ALBI	A, IA 52531		
 came in and questioned whether an altercation had occurred and the DON stated not that she knew of. The DON reviewed the charting and asked the nurses who stated they knew nothing about an altercation. The DON stated sometimes residents get verbal with one another. F 675 Guality of Life SS-E CFR(s): 483.24 § 483.24 Quality of life Quality of life Guality residents. Each resident must receive and the facility residents. Each resident must receive and the necessary care and services provide to facility residents. Each resident must receive and the facility residents comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on observation and staff interviews, the facility failed to provide incontinent supplies in quantities sufficient to meet resident needs. The facility reported a census of 52 residents. Findings include: In an interview on 5/21/18 at 12:00 p.m. Staff J, certified nurse add, stated the facility had problems with keeping enough incontinence briefs in the facility, especially the brown (large) and gray (exit a large). Staff J stated two weeks ago they completely ran out of brown and gray incontinent briefs and were forced to use purple and gray (exit a large). Staff J stated two weeks ago they completely ran out of brown and gray incontinent briefs and were forced to use purple and gray (exit a large). Staff J stated two weeks ago they completely ran out of brown and gray incontinent briefs and were forced to use purple incontinent of Nursing purples in the s	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	<	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI	E	COMPLETION
	F 675	came in and question had occurred and the knew of. The DON re asked the nurses who about an altercation. residents get verbal w Quality of Life CFR(s): 483.24 § 483.24 Quality of life Quality of life is a fund applies to all care and residents. Each reside facility must provide th necessary care and s the highest practicable psychosocial well-bein resident's comprehen of care. This REQUIREMENT by: Based on observation facility failed to provid quantities sufficient to facility reported a cent Findings include: In an interview on 5/2 certified nurse aide, si problems with keeping briefs in the facility, es and gray (extra large) ago they completely r incontinent briefs and (medium) briefs and p	e de whether an altercation a DON stated not that she viewed the charting and a stated they knew nothing The DON stated sometimes with one another. e damental principle that d services provided to facility ent must receive and the he ervices to attain or maintain e physical, mental, and ng, consistent with the sive assessment and plan is not met as evidenced in and staff interviews, the e incontinent supplies in meet resident needs. The sus of 52 residents. 1/18 at 12:00 p.m. Staff J, tated the facility had g enough incontinence specially the brown (large) . Staff J stated two weeks an out of brown and gray were forced to use purple bull ups. Staff J reported the		It is proqua	 s the practice of the facility to vide incontinent supplies in antities sufficient to meet residered. 1. Facility provides incontine supplies to meet all residerenceds. 2. Facility provides disposability incontinent products to all residents, supplies are delired overnight if nece The facility incontinent provided to facility with ordering guidal sizing chart. 3. In-service education was provided to facility staff or 05/24/2018 by Administra 	ent ent nt's le ivered essary. oduct sized /2018 on and le and n	05/24/2018

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Facility ID: IA0495

STATEMENT OF DEFICIENCIES AMP FLAND FLAND AD LINE OF PROVIDER OR SUPPLIER IDENTIFICATION NAMERE. Continuent The CONSTRUCTION A BUILDING IDENTIFICATION NAMERE. CONFECTION A BUILDING IDENTIFICATION NAMERE. CONFECTION IDENTIFICATION IDENTIFICATION NAMERE. CONFECTION IDENTIFICAT		COT ON MEDICANE &	VIEDICAID SERVICES					10. 0938-0391
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MALE OF PROVIDER OR SUPPLIER STREET ADDRESS. CITY STATE. 2P CODE MONROE CARE CENTER 128 NORTH THIRTEENTH STREET MURICID PREVIX SUMMARY STATEMENT OF DEPICIENCIES PREVIX PREVIX TAC SUMMARY STATEMENT OF DEPICIENCIES PREVIX PREVIX TAC F675 Continued From page 4 In an interview on 5/21/18 at 12:10 p.m. Staff E, certified nurse aide, stated there had been a shortage of supplies since new management took over the facility. Incontinence briefs often run out by Tuesday. They usually had plane brown (large) and only a few grays (skrta large) left. Staff E stated when an shortage of supplies since new management took over the facility. Incontinence briefs often run out of some incontinent brief states (they stated they often run out of some incontinent brief to use a size larger to avoid skin issues from being too tight, but sometimes has had to use purple if they are all that was available. In an interview on 5/21/18 at 3:35 p.m., Staff K, certified nurse aide, stated they thou out of some incontinent brief state. Staff K identified 4 residents on her hall today who were currently using incontinent briefs that were not their size. In an interview on 5/21/18 at 1:20 p.m. Staff L, certified nurse aide, stated they out out of incontinence briefs toward the end of each week. They run out of the brown (large) sizes. Staff K identified on reside, stated they out of incontinent briefs that were not their size. Staff L identified tow or out of incontinent briefs and have to use an atternative size until they get another delivery. Staff L identified tow or out of incontinent wipes. An observation on Monday 5/			165562	B. WING			0	
PREFX TAG IEACH CORRECT MUST BE PRECEDED BY FULL REGULTORY OR LSC IDENTPYING INFORMATION) PREFX TAG Cacha Corrective Actions Siduad DB E CROSS-REFERENCED to The APPROPRIATE Continued From page 4 F 675 Continued From page 4 In an interview on 5/2/1/8 at 12:10 p.m. Staff E, certified nurse aide, stated there had been a shortage of supplies since new management took over the facility. Incontinence briefs often run out by Tuesday. They usually had piently of purple (medium), but currently had no brown (large) and only a few grays (extra large) left. Staff E stated when she saw a shortage she tried to use a size larger to avoid skin issues from being too tight, but sometimes has had to use purple if they are all that was available. F 675 Continued From page 4 In an interview on 5/2/1/18 at 3:35 p.m., Staff K, certified nurse aide, stated they often run out of some incontinent thef sizes, the facility currently had no brown (large) size. Staff K stated they tried to fit the resident with the next closest size. Staff K identified 4 resident on ther hall today who were currently using incontinent briefs that were not their size. In an interview on 5/2/1/18 at 4:12 p.m. Staff L, certified nurse aide, stated they run out of incontinence briefs toward the end of each week. They run out of the brown (large) size and have to use an atternative size until they get another delivery. Staff L indified one resident on her hall that uses brown incontinent briefs, but is out and using the purple (medium) brief. Staff L stated they have also on occasion run low or out of incontinent wipes. F 842 Ar observation on Monday 5/21/18 at 12:05 p.m. revealed the supply corts available. F 842			L		1:	20 NORTH THIRTEENTH STREET	<u> </u>	572272010
 In an interview on 5/21/18 at 12:10 p.m. Staff E, certified nurse aide, stated there had been a shortage of supplies since new management took over the facility. Incontinence briefs often run out by Tuesday. They usually had plenty of purple (medium), but currently had no brown (large) and only a few grays (extra large) left. Staff L stated they new areas exemption to the fisces, the facility currently had no brown (large) and only a few grays (extra large) left. Staff L stated they new areas exemption to the fisces in the next closest size. Staff K identified A resident Records - identified one resident on her hall that uses brown incontinent briefs, but is out and using the purple (medium) by a log brow on 5/21/18 at 1:12 p.m. Staff L, certified nurse aide, stated they often the ext closest size. Staff K identified one resident on her hall that uses brown incontinent briefs that were not their size. In an interview on 5/21/18 at 4:12 p.m. Staff L, certified nurse aide, stated they nut of incontinent briefs that were not their size. In an interview on 5/21/18 at 4:12 p.m. Staff L, certified nurse aide, stated they nut of incontinent briefs toward the end of each week. They run out of bis brown (large) sizes. Staff L identified one resident on her hall that uses brown incontinent briefs, but is out and using the purple (medium) by for supply com and supply carts void of any brown (large) incontinent briefs and few gray (extra large) briefs available. F 842 	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFI		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	BE	COMPLETION
	F 842	In an interview on 5/2 certified nurse aide, s shortage of supplies s over the facility. Incor by Tuesday. They use (medium), but current only a few grays (extr when she saw a short larger to avoid skin iss but sometimes has ha all that was available. In an interview on 5/2 certified nurse aide, st some incontinent brief had no brown (large) tried to fit the resident Staff K identified 4 res who were currently us were not their size. In an interview on 5/2 certified nurse aide, st incontinence briefs to They run out of the bru use an alternative size delivery. Staff L identifi that uses brown incon using the purple (med they have also on occ incontinent wipes. An observation on Mo revealed the supply ro any brown (large) inco (extra large) briefs ava Resident Records - Ide	1/18 at 12:10 p.m. Staff E, tated there had been a since new management took atinence briefs often run out ually had plenty of purple ly had no brown (large) and a large) left. Staff E stated tage she tried to use a size sues from being too tight, ad to use purple if they are 1/18 at 3:35 p.m., Staff K, tated they often run out of f sizes; the facility currently sizes. Staff K stated they with the next closest size. sidents on her hall today ing incontinent briefs that 1/18 at 4:12 p.m. Staff L, tated they run out of ward the end of each week. own (large) size and have to a until they get another fied one resident on her hall tinent briefs, but is out and fum) brief. Staff L stated asion run low or out of nday 5/21/18 at 12:05 p.m. om and supply carts void of intinent briefs and few gray allable. entifiable Information			 Continued From page 4 4. Facility provides disposal incontinent products and washable incontinent products products and washable incontinent products. 		
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PREFX TAG (EACH DEFICIENCY MUST BE PRECIDED BY FULL REGULATORY OR LSC DEMIFYING INFORMATION) PREFX TAG (EACH DEFICIENCY CONSTRETED TO THE APROPRIATE DEFICIENCY) Continued From page 5 F 842 Continued From page 5 F 842 Continued From page 5 It is the practice of the facility to maintain medical records which are complete and accurately documented. 05/24/2 (i) The facility may release information that is resident-identifiable to the public. It is the practice of the facility to maintain medical records which are complete and accurately documented. 05/24/2 §483.70(i)(Y1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are. Staff A was provided education on 05/11/2018. Staff A resigned 06/29/2018. Staff A resigned 06/29/2018. §483.70(i)(Y2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the recrease staff A callity staff (i) For treatment, payment, or health care operations, as permitted by anglicable law; (ii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; A lan securately documented; and accurately documented; (iii) For treatment, payment, or health care operations, as permitted by and in compliance A lan securately documented; and annually. A lan securately documented; and annually. (ii) For treatment, payment, or health care operations, as permitted by and in compliance A lan securate will monitor compliance A lan securate wil	CENTER	RS FOR MEDICARE &	MEDICAID SERVICES				OMB N	O. 0938-0391
16552 B. WNG 05/22/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 130 NORTH THIRTEENTH STREET ALBIA, IA 52531 130 NORTH THIRTEENT STREET ALBIA, IA 52531 (04) ID PREEX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE RECEDED BY FULL RECOLLATORY OR LSC IDENTIFYING INFORMATION) PROVIDER STAND OF CORRECTION (EACH DEFICIENCY MUST BE RECEDED BY FULL RECOLLATORY OR LSC IDENTIFYING INFORMATION) PROVIDER STAND OF CORRECTION (EACH DEFICIENCY MUST BE RECEDED BY FULL RECOLLATORY OR LSC IDENTIFYING INFORMATION) PROVIDER STATE ZIP CODE JOINT THIRTEENTH STREET ALBIA, IA 52531 F 842 Continued From page 5 F 842 Continued From page 5 JOINT THIRTEENTH STREET ALBIA, IA 52531 JOINT THIRTEENTH STREET ALBIA, IA 52531 F 842 Continued From page 5 F 842 Continued From page 5 JOINT THIRTEENTH STREET ALBIA, IA 52531 JOINT THIRTEENTH STREET ALBIA, IA 52531 F 843 Continued From page 5 It is the practice of the facility to maintain medical records with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. I. Facility maintains medical records that are complete and accurately documented. I. Staff A resigned 06/29/2018. In -service education was provided to facility staff (I) Complete: (I) Comp								
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS. CITY. STATE. ZIP CODE 10 MONROE CARE CENTER 10 SUMMARY STATEMENT OF DEFICIENCIES 10 PREFX RECULATORY OR LSC IDENTRYING INFORMATION) 10 PROVIDERS PLAN OF CORRECTION (EACH OBRCTIVE ACTION SHOULD BE CROSS-REFRENCED TO THE APPROPRIATE DEFICIENCY) 00 F 842 Continued From page 5 F 842 Continued From page 5 It is the practice of the facility to maintain medical records which are complete and accurately documented. 05/24/2 (i) A facility may release information (i) A facility may release information (i) A facility may release information (i) A facility iself is permitted to do so. F 842 Continued From page 5 05/24/2 §483.70(i) Medical records. S483.70(i) Medical records with accepted professional standards and practices, the facility must maintain medical records with accepted professional standards and practices, the facility must maintain medical records is each resident that are- (i) Complete; In-service etraining will be provided to facility staff on 05/24/2018 by Administrator and Director of Nursing. In-service training will be provided to facility staff upon hire and annually. §483.70(i)(1) The facility must keep confidential all information contained in the resident representited where permitted by applicable law; (ii) Required by Law; In-service training will be provided to facility staff upon hire and annually. (iii) For treatment, payment, or health care operations, except when release is- (i) To the individual, or the resident representitive where permitted by applicable law; (iii) For			405500	D. MUNIC				
MONROE CARE CENTER 120 NORTH THIRTEENTH STREET ALBIA, IA 52331 (M) ID PTEX TAC SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MIGT & PRECEDED BY FULL REQUILATORY OR LSC DEMTFYING INFORMATION) PD PROVIDERS FLAM OF CORRECTION EACH DEPICIENCY BAD OF CORRECTION EACH DEPICIENCY BAD OF CORRECTION EACH DEPICIENCY CONTINUED EACH DEPICIENCY F 842 Continued From page 5 F 842 Continued From page 5 It is the practice of the facility to maintain medical records which are cords that are complete and accurately documented. 05/24/2 (i) The facility may not release information that is resident-identifiable to an agent only in accordance with a contract under which the agent accordance with a contract under which the agent accordance with a contract under which the agent accordance with a contract under which the agent apresen not to use or disclose the information except to the extent the facility itself is permitted to do so. I. Facility maintains medical records that are complete and accurately documented. 05/24/2 §483.70(1)(1) Maccordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- () Complete; In-service education was provided to facility staff on 05/24/2018 by Administrator and Director of Nursing. In-service training will be provided to facility staff upon hire and annually. API committee will monitor compliance. (ii) Readity accessible; and (iv) Systematically organized (iii) For treatment, payment, or health care operations, as permitted by applicable law; (iii) For treatment, payment, or health care operat			165562	B. WING			05	5/22/2018
MONROE CARE CENTER ALBIA, IA 5231 (4) D PREFIX TAG SUMMARY STATEMENT OF DEFICENCIES (EACH DEFICENCY MUST BE RECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D D PREFIX TAG PREFIX PREFIX TAG PREFIX PREFIX TAG PREFIX PREFIX PREFIX TAG D PREFIX PREFIX TAG PREFIX PREFIX PREFIX TAG D PREFIX PREFIX TAG PREFIX PREFIX PREFIX TAG D PREFIX PREFIX PREFIX TAG PREFIX PREFIX PREFIX TAG PREFIX PREFIX PREFIX PREFIX PREFIX PREFIX PREFIX PREFIX PREFIX PREFIX PREFIX PREFIX PREFIX PREFIX TAG PREFIX PRE	NAME OF P	ROVIDER OR SUPPLIER						
(X4) ID PHEERX SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MAST BE PRECIDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PRETX PROVIDER'S PLAN OF CORRECTION (EACH DEPICIENCY MAST BE PRECIDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Comment (B) PRETX PROVIDER'S PLAN OF CORRECTION (EACH DEPICENCY MAST BE PRECIDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Comment (B) PRETX PROVIDER'S PLAN OF CORRECTION (EACH DEPICENCY OR LSC IDENTIFYING INFORMATION) Comment (B) PRETX Continued From page 5 Continued From page 5 F 842 Continued From page 5 It is the practice of the facility to maintain medical records which are complete and accurately documented. 05/24/2 (i) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. S staff A was provided education on 05/11/2018. Staff A resigned 06/29/2018. Staff A resigned 06/29/2018. Staff A resigned 06/29/2018. Staff A resigned 06/29/2018. Staff A maintain medical records on each resident that are- (I) Complete; In-service education was provided to facility staff upon hire and annually. QAPI committee will monitor compliance. In-service training will be provided to facility staff upon hire and annually. QAPI committee will monitor compliance.	MONROE	CARE CENTER						
PREFX TAG LEACH DEFICIENCY MUST BE PRECIDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFX TAG LEACH DEFICIENCY CONSTRETE F 842 Continued From page 5 It is the practice of the facility to maintain medical records which are complete and accurately documented. 05/24/24 (i) The facility may release information that is resident to do so. \$483.70(i)(1) In accordance with accepted professional standards and practices, the facility iself is permitted to do so. \$1. Factlity maintains medical records and courately documented. 2. Staff A was provided to facility staff on 05/24/2018. 3. In-service education was provided to facility staff on 05/24/2018 by Administrator and Director of Nursing. 4. In-service training will be provided to facility staff on 05/24/2018 by Administrator and Director of Nursing. 4. In-service training will be provided to facility staff upon hire and annually. QAPI committee will monitor compliance.					A	LBIA, IA 52531		
 \$483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. \$483.70(i) Medical records. \$483.70(i) Medical records on each resident that are- (i) Complete; (ii) Accurately documented; (ii) Readily accessible; and (w) Systematically organized \$483.70(i)(2) The facility must keep confidential all information contained in the resident' records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; 	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	×	(EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPR	BE	(X5) COMPLETION DATE
 (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(i) Medical records. §483.70(i) Medical records. §483.70(i) Medical records on each resident that are- (i) Complete; (ii) Accurately documented; (ii) Accurately documented; (iii) Readity accessible; and (iv) Systematically organized §483.70(i)(2) The facility must keep confidential all information contained in the resident representative where permitted by applicable law; (ii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; 	F 842	Continued From page	9 5	F٤	342	Continued From page 5		
 (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted 		 (i) A facility may not reresident-identifiable to resident-identifiable to accordance with a conagrees not to use or cexcept to the extent the to do so. §483.70(i) Medical refeases and to use or cexcept to the extent the to do so. §483.70(i) Medical refeases and the extent the to do so. §483.70(i)(1) In according professional standard must maintain medicate that are- (ii) Complete; (iii) Readily accessible (iv) Systematically orgen systematically orgen systematical or the individual, or representative where professional standard must maintain regardless of the form records, except when (i) To the individual, or representative where professions, as permitte with 45 CFR 164.506; (iv) For public health an eglect, or domestic wat an endical examiners, further professional and law enforcement purpores for the purposes, research purpore and the examiners, further the extent of the ext	elease information that is o the public. lease information that is o an agent only in intract under which the agent disclose the information ne facility itself is permitted cords. dance with accepted s and practices, the facility al records on each resident ented; e; and ganized lity must keep confidential release is- their resident permitted by applicable law; ment, or health care ed by and in compliance ctivities, reporting of abuse, iolence, health oversight administrative proceedings, oses, organ donation urposes, or to coroners, neral directors, and to avert			It is the practice of the facility to maintain medical records which complete and accurately docume 1. Facility maintains med records that are compl and accurately docum 2. Staff A was provided education on 05/11/20 Staff A resigned 06/29 3. In-service education w provided to facility sta 05/24/2018 by Admin and Director of Nursir 4. In-service training will provided to facility sta upon hire and annually QAPI committee will	are ented. dical lete ented. 018. 0/2018. vas uff on istrator ng. 1 be	

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CENTER	(SFOR MEDICARE & I	MEDICAID SERVICES				OWR N	IO. 0938-0391	
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED		
		165562	B. WING			0	C 5/22/2018	
NAME OF P	ROVIDER OR SUPPLIER			s	TREET ADDRESS, CITY, STATE, ZIP CODE			
MONROE	CARE CENTER				20 NORTH THIRTEENTH STREET ALBIA, IA 52531			
					-		· · · · · · · · · · · · · · · · · · ·	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	3E	(X5) COMPLETION DATE	
F 842	Continued From page	9 6	F	842	Continued From page 6			
	by and in compliance	with 45 CFR 164.512.			Continued From page o			
		ility must safeguard medical ainst loss, destruction, or						
	§483.70(i)(4) Medical for-	records must be retained						
	(i) The period of time(ii) Five years from thethere is no requirement	rs after a resident reaches						
	 (i) Sufficient information (ii) A record of the ression (iii) The comprehensive provided; (iv) The results of any and resident review endeterminations conduction (v) Physician's, nurse' professional's progress (vi) Laboratory, radiologic services reports as reports	ve plan of care and services preadmission screening valuations and cted by the State; 's, and otherlicensed as notes; and ogy and other diagnostic quired under §483.50. is not met as evidenced ew, staff interviews and facility failed to maintain on are complete and ed. (Residents #1, #5 and						
	According to Resident	t #1's Minimum Data Set						
<u> </u>	(MDS) assessment to	ol dated 11/17/17, Resident						

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	SFUR MEDICARE O	VIEDICAID SERVICES	· · ·				J. 0900-0091
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
							С
		165562	B. WING			05	/22/2018
NAME OF P	ROVIDER OR SUPPLIER			ST	TREET ADDRESS, CITY, STATE, ZIP CODE		
MONROE	CARE CENTER			12	20 NORTH THIRTEENTH STREET		
MONKOL	CARE CENTER			Α	LBIA, IA 52531		
(X4) ID PREFIX TAG	(EACH DEFCIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
F 842	Continued From page	- 7	Ē	242			
1 072				J-42	Continued From page 7		
		ew for mental status (BIMS) moderately impaired		i			
	cognitive skills for dai	- ·					
	-	limited assistance with bed					
		essing, eating, toilet use and	i.				
		sident #1's diagnosis					
		ner's dementia, congestive		Ì			
		ctured cervical vertebrae.					
	Resident #1 was 101	years old.					
1	Nurse's notes cated	12/31/17 at 4:20 a.m. written					
	by Staff A indicated S	Staff A was summoned to					
		y Staff B. Resident #1 was					
		r heartbeat. Resident #1					
	••••••••	tic (blue as a result of a lack					
		o the touch. Staff B had just					
		ay and Resident #1 was					
	resting in bed with he roommate at that time						
		0/18 at 11:30 a.m. Staff A,		1			
	U	ated she was worked the					
1	÷	30/17. At around 4:20 a.m.,	1				
1		dent #1 was on the floor, on					
	her left side with her l						
	Resident #1 was with	out respirations or yanotic and cool to the					
		Resident #1 may have					
		, tried to get to the bathroom,					
		d there was no blood or					E
	injuries noted. Staff A						1 1
		e staff with transfers, but					
		nassisted, two to three times		1			
		Resident #1 would not use		1			
		stated she was uncertain					
		as last seen, but assumed at					
		aff A stated Resident #1's					
		ce when discovered on the					
	floor that morning. W	hen asked why Staff A did					

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMB N	O. 0938-03		
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A BUILDING			(X3) DATE SURVEY COMPLETED		
		165562	B. WING		·	05	C 5/22/2018		
NAME OF P	ROVIDER OR SUPPLIER		I	s	TREET ADDRESS, CITY, STATE, ZIP CODE	1			
		•		1	20 NORTH THIRTEENTH STREET				
MONROE	CARE CENTER			1	ALBIA, IA 52531				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE		
F 842	Continued From page	e 8	F	842					
	_	at Resident #1 was found	· · ·	072	Continued From page 8		1		
	on the floor in her doo								
	-	ow. Staff A asked if she had by anyone to change or alter							
		nd Staff A responded no.							
		s uncertain if she had filled							
		related to Resident #1's fall. contain an incident report).							
		contain an incident report).	1						
	In a follow un intervia	w on 5/25/18 at 11:07 a.m.,							
	•	d not been truthful in her							
1		arding Resident #1's fall and							
		Staff B summoned her to							
		Resident #1 lay on the floor		3					
		no pulse or respirations, and	1						
		Il over. Resident #1's neck							
		ner. Staff A stated she called							
	-	form her of Resident #1's							
		found the resident on the							
		aff A, the Administrator	1						
		etive) kidding me?" Staff A		ĺ					
	stated she was caugh	, .							
		on and asked her "How do							
		this?" Staff A reported the							
		ed her to return Resident #1							
		found her in bed, deceased.							
		w better, but followed the							
	Administrator's instruc								
		ew on 5/10/18 at 11:05 p.m.,							
		e aide, when asked was		Ì					
	asked about finding R	esident #1 on the morning							
		ated he walked in the room							
		1 in her bed unresponsive.							
	-	nurse reported Resident #1							
		r, Staff B stated it's been a	ļ						
	while ago. Staff B ask								
	-	ar when found and Staff B							
	hesitated before statir	ng yes. Staff B then					- · · · · · · · · · · · · · · · · · · ·		

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CENTER	RS FOR MEDICARE &	MEDICAID SERVICES	·····		OMB NO. 0938-03
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		165562	B. WING		C 05/22/2018
NAME OF F	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
MONROE	CARE CENTER			120 NORTH THIRTEENTH STREET ALBIA, IA 52531	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETION
F 842	made a return call ab B answered. Staff B s found on the floor with had no injuries. Staff Staff A lifted Resident stated Resident #1 wa a.m. when he was pa his initial comment re- in bed unresponsive a with the question. In an interview on 5/2 certified nurse aide, s overnight shift on 12/3 and blue halls, but no green hall. Early on th summoned her to Res #1 lay on the floor, de and two others (Staff Resident #1 into her b #1 wore her neck colla In an interview on 5/10 asked if staff complete staff found Resident #1 locate an incident report In a follow up interview the Administrator was information had been death of Resident #1 a and Appeals wanted to clarify her knowledge	nswer a call light. Surveyor out 5 minutes later and Staff stated Resident #1 was h her neck collar on and she B stated he and the nurse, t #1 back into bed. Staff B as last seen in bed at 2:00 ssing ice. Staff B excused garding Resident #1 being as being caught off guard 0/18 at 10:41 p.m. Staff C, tated she worked the 30/17 assigned to the pink ted Resident #1 was on the ne morning of 12/31/17 staff sident #1's room. Resident ceased. Staff C stated she A and Staff B) lifted bed. Staff C stated Resident ar. 0/18 at 12:15 p.m., when ed an incident report when 1 on the floor the morning dministrator stated I didn't floor. The Administrator 's record and could not ort. w on 5/24/18 at 9:00 a.m. informed that additional obtained regarding the and The Dept of Inspections o give her an opportunity to of what occurred. The he received a phone call	F 84		

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		MEDICAID SERVICES				OMB N	O. 0938-03
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					E SURVEY
		165562	B. WING			C 05/22/2018	
NAME OF P	ROVIDER OR SUPPLIER			STREE	T ADDRESS, CITY, STATE, ZIP CODE		
MONROE	CARE CENTER				ORTH THIRTEENTH STREET		
					A, IA 52531		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETIO DATE
F 842	Continued From page	e 10	F	342			
	passed away. The Ac first learned that Resi when notified by the s investigation (5/10/18 Administrator stated s related to her failure to failure to complete an Administrator was infe allegation she had inse document the inciden make it appear as if s in bed. The Administr do that?" The Administr do that?" The Administr do that?" The Administr and properly report ind as they occur. The Ac	dministrator stated she had ident #1 was on the floor surveyor during the 3 - 5/22/18). The she disciplined Staff A to document completely and a incident report. The		1	ntinued From page 10		
	#1's physician stated notified at 4:30 a.m. o death. The physician a doesn't recall being to on the floor. The phys had diagnoses of cong kidney disease, and d contributed to her dea In an interview on 5/2" certified nurse aide, st morning of 12/31/17 a #1 passed away in he	0/18 at 1:42 p.m., Resident he had no record of being n 12/31/17 of Resident #1's stated he was informed, but old staff found Resident #1 ician stated Resident #1 gestive heart failure, chronic ementia that may have th. 1/18 at 12:00 p.m. Staff D,					
		1/18 at 12:05 p.m. Staff E, ated she worked the					

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	ROVIDER/SUPPLIER/CLIA ENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
	165562	B. WING	<u></u>		0	C 5/22/2018	
NAME OF PROVIDER OR SUPPLIER			12	REET ADDRESS, CITY, STATE, ZIP CODE 0 NORTH THIRTEENTH STREET .BIA, IA 52531			
(X4) ID SUMMARY STATEMEN PREFIX (EACH DEFICIENCY MUST TAG REGULATORY OR LSC IDE	BE PRECEDED BY FULL	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	DBE	(X5) COMPLETION DATE	
 F 842 Continued From page 11 morning of 12/31/17 and wa #1 passing. Staff E stated si any details and didn't ask. S not aware Resident #1 was In an interview on 5/22/18 a Registered Nurse, stated on 12/31/17 she arrived to work nurse (Staff A) informed her passed away that morning. Resident #1 was found on th position without her neck co blue. Staff A stated she calle who told her to get Resident document Resident #1 was deceased. Staff F stated she hear this and questioned Sta complied with the Administra Staff A stated she had becau Administrator. In an interview on 5/23/18 at #1's mortician stated he reca some bruising on the left sid remembers he informed the The mortician stated the bru suspicious or concerning. 	he was not provided Staff E stated she was found on the floor. It 12:14 p.m. Staff F, in the morning of k and the overnight resident #1 had Staff A stated he floor in a fetal llar and was entirely ed the Administrator it #1 in bed and to found in bed was shocked to aff A whether she ators instructions. use she's the it 10:59 a.m., Resident alled Resident #1 had e of her face and family of the bruising.	F	842	Continued From page 11			

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G	(X3) DA	TE SURVEY
		165562	B. WING			C)5/22/2018
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD 120 NORTH THIRTEENTH STREET ALBIA, IA 52531		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 842	certified nurse aide, s shortage of supplies s over the facility. Incom by Tuesday. They usu (medium), but current only a few grays (extr when she saw a short larger to avoid skin iss but sometimes has ha all that was available. In an interview on 5/2 certified nurse aide, si some incontinent brief had no brown (large) a tried to fit the resident Staff K identified 4 res who were currently us were not their size. In an interview on 5/2 certified nurse aide, st incontinence briefs tow They run out of the bro use an alternative size delivery. Staff L identifi that uses brown incon using the purple (med they have also on occ incontinent wipes. An observation on Mo revealed the supply ro any brown (large) briefs ava Resident Records - Id	1/18 at 12:10 p.m. Staff E, tated there had been a since new management took titinence briefs often run out ually had plenty of purple ly had no brown (large) and a large) left. Staff E stated tage she tried to use a size sues from being too tight, ad to use purple if they are 1/18 at 3:35 p.m., Staff K, tated they often run out of f sizes; the facility currently sizes. Staff K stated they with the next closest size. sidents on her hall today ing incontinent briefs that 1/18 at 4:12 p.m. Staff L, tated they run out of ward the end of each week. bwn (large) size and have to a until they get another fied one resident on her hall tinent briefs, but is out and ium) brief. Staff L stated asion run low or out of nday 5/21/18 at 12:05 p.m. om and supply carts void of intinent briefs and few gray ailable. entifiable Information	F 6	 ⁷⁵ Continued From page 4 4. Facility provides di incontinent product washable incontine for all residents. 	ts and	
SS=E	CFR(s): 483.20(f)(5), 4	483.70(i)(1)-(5)				

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If continuation sheet Page 5 of 12

		MEDICAID SERVICES			OMB N	<u>O. 0938-039</u>
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.	1.			E SURVEY
		165562	B. WING			C
NAME OF P	ROVIDER OR SUPPLIER	,		STREET ADDRESS, CITY, STATE, ZIP CODE	0;	5/22/2018
				120 NORTH THIRTEENTH STREET		
MONROE	CARE CENTER			ALBIA, IA 52531		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 842	Continued From pag	e 5	F 84	² Continued From page 5		
	 (i) A facility may not r resident-identifiable f (ii) The facility may reresident-identifiable f accordance with a coagrees not to use or except to the extent f to do so. §483.70(i) Medical res §483.70(i)(1) In accoprofessional standard must maintain medic that are- (i) Complete; (ii) Accurately docume (iii) Readily accessible (iv) Systematically or s §483.70(i)(2) The fac all information contain 	elease information that is o an agent only in intract under which the agent disclose the information the facility itself is permitted ecords. Indance with accepted as and practices, the facility al records on each resident ented; e; and ganized ility must keep confidential ned in the resident's records, in or storage method of the inelease is-		It is the practice of the facility maintain medical records whi complete and accurately docu 1. Facility maintains r records that are com and accurately docu 2. Staff A was provide education on 05/11/ Staff A resigned 06 3. In-service education provided to facility 05/24/2018 by Adm and Director of Nur 4. In-service training v provided to facility upon hire and annua QAPI committee w monitor compliance	ch are mented. nedical nplete umented. ed (2018. /29/2018. n was staff on ninistrator sing. will be staff ally.	05/24/2018
	(ii) Required by Law; (iii) For treatment, par operations, as permit with 45 CFR 164.506 (iv) For public health a neglect, or domestic activities, judicial and law enforcement purp purposes, research p medical examiners, fu	ed by and in compliance				

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Facility ID: IA0495

If continuation sheet Page 6 of 12

CENTER	CENTERS FOR MEDICARE & MEDICAID SERVICES			· · · · · · · · · · · · · · · · · · ·	OMB NO. 0938-03	
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING	PLE CONSTRUCTION		TE SURVEY
		165562	B. WING			C 5/22/2018
NAME OF P	ROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIP COD		
MONROE	CARE CENTER			120 NORTH THIRTEENTH STREET ALBIA, IA 52531		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX		PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETIO DATE	
F 842	Continued From page	e 6	F 84	² Continued From page 6		
and the second se	by and in compliance	with 45 CFR 164.512.		eenanded Hein page e		
	§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.					
	for- (i) The period of time (ii) Five years from the there is no requireme (iii) For a minor, 3 yea	irs after a resident reaches				
	 legal age under State law. §483.70(i)(5) The medical record must contain-(i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and otherlicensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by: Based on record review, staff interviews and resident interview the facility failed to maintain medical records which are complete and accurately documented. (Residents #1, #5 and #7). The facility reported a census of 52 residents. 	dical record must contain- on to identify the resident; sident's assessments; ve plan of care and services preadmission screening valuations and icted by the State; 's, and otherlicensed ss notes; and ogy and other diagnostic quired under §483.50. 'is not met as evidenced ew, staff interviews and facility failed to maintain n are complete and ed. (Residents #1, #5 and				
	Findings include:					
		t #1's Minimum Data Set ol dated 11/17/17, Resident				

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Event ID: TL9311 Facility ID: IA0495

If continuation sheet Page 7 of 12

CENTER	S FOR MEDICARE &	MEDICAID SERVICES			OMB NO. 0938-0
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED
		165562	B WING		C 05/22/2018
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO	DE
				120 NORTH THIRTEENTH STREET	
MONROE	CARE CENTER			ALBIA, IA 52531	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE COMPLETIN
F 842	Continued From page	e 7	F 84	Continued From page 7	
	#1 had a brief intervie	ew for mental status (BIMS)		Continued From page 7	
		moderately impaired			ł
	cognitive skills for dai	• •	i		ļ
	-	limited assistance with bed			
-		essing, eating, toilet use and			
	personal hygiene. Re				
	included non-Alzheimer's dementia, congestive heart failure and a fractured cervical vertebrae.				
	Resident #1 was 101	years old.			
	Nurse's notes dated 12/31/17 at 4:20 a.m. written				ŝ
	by Staff A indicated Staff A was summoned to				
		y Staff B. Resident #1 was			
ł	•	r heartbeat. Resident #1		:	1
		tic (blue as a result of a lack			
ţ		o the touch. Staff B had just			
		ay and Resident #1 was	ì		
	resting in bed with he roommate at that time				
	In an interview on 5/1	0/18 at 11:30 a.m. Staff A,			
		ated she was worked the			
I	•	30/17. At around 4:20 a.m.,			
ļ	-	dent #1 was on the floor, on			
	her left side with her t	back toward her bed.			
	Resident #1 was with	out respirations or			
		yanotic and cool to the	•		
		Resident #1 may have	i i		
		tried to get to the bathroom,			
		d there was no blood or			
	injuries noted. Staff A				
	•	staff with transfers, but	1		
	•••	assisted, two to three times	Ì		
		Resident #1 would not use			
	-	stated she was uncertain Is last seen, but assumed at			
		iff A stated Resident #1's			
		ce when discovered on the			
	floor that morning. Wh				1

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Event ID: TL9311

Facility ID: IA0495

If continuation sheet Page 8 of 12

CENTER	S FOR MEDICARE &	MEDICAID SERVICES			OMB N	O. 0938-03
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G	• •	E SURVEY
		165562	B. WING		05	C 5/22/2018
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, Z		
				120 NORTH THIRTEENTH STREE	T	
MONROE	CARE CENTER			ALBIA, IA 52531		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETION DATE
F 842	Continued From page	~ ^Q	E O.			
1 042			F 84	Continued From page 8		
		hat Resident #1 was found				
	on the floor in her do	-				
	-	ow. Staff A asked if she had				
		by anyone to change or alter				
		nd Staff A responded no.				
	Staff A stated she was uncertain if she had filled					
	out an incident report related to Resident #1's fall.					
	(The record falled to (contain an incident report).				
1	In a follow up interview on 5/25/18 at 11:07 a.m.,					
	Staff A stated she had not been truthful in her		1			
	earlier statement regarding Resident #1's fall and					
1	death. Staff A stated Staff B summoned her to					
1	Resident #1's room. F	Resident #1 lay on the floor				
	in fetal position, had r	no pulse or respirations, and		r .		
	appeared dark blue a	II over. Resident #1's neck	1			
	collar lay on her reclin	ner. Staff A stated she called				
	the Administrator to in	nform her of Resident #1's				
	passing and that staff	found the resident on the				
	floor. According to Sta	aff A, the Administrator				
	stated, "Are you (expl	etive) kidding me?" Staff A				•
	stated she was caugh	nt off guard by the				
		on and asked her "How do				
		this?" Staff A reported the				
		ed her to return Resident #1				
		found her in bed, deceased.				
		ew better, but followed the				
	Administrator's instruc	ctions anyway.				
	In a telephone intervie	ew on 5/10/18 at 11:05 p.m.,				
		e aide, when asked was				
		tesident #1 on the morning				
		ated he walked in the room				
		1 in her bed unresponsive.				
		nurse reported Resident #1				
		r, Staff B stated it's been a				
	while ago. Staff B ask	ed if Resident #1 was				
		ar when found and Staff B	****			
	hesitated before statir	ng yes. Staff B then				

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Facility ID: IA0495

If continuation sheet Page 9 of 12

MEDICAID SERVICES			<u> </u>	MB NO. 0938-039
(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			0	X3) DATE SURVEY COMPLETED
165562	B. WING _			C 05/22/2018
	ļ	STREET ADDRESS, CITY, STA	TE, ZIP CODE	
		120 NORTH THIRTEENTH ST ALBIA, IA 52531	TREET	
TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECT CROSS-REFERENC	TIVE ACTION SHOULD BE	(X5) COMPLETION E DATE
9 swer a call light. Surveyor out 5 minutes later and Staff ated Resident #1 was her neck collar on and she 3 stated he and the nurse, #1 back into bed. Staff B s last seen in bed at 2:00 sing ice. Staff B excused arding Resident #1 being s being caught off guard /18 at 10:41 p.m. Staff C, ated she worked the 0/17 assigned to the pink ed Resident #1 was on the e morning of 12/31/17 staff dent #1's room. Resident seased. Staff C stated she and Staff B) lifted ed. Staff C stated Resident r. /18 at 12:15 p.m., when d an incident report when on the floor the morning ministrator stated I didn't oor. The Administrator a record and could not rt. on 5/24/18 at 9:00 a.m. nformed that additional ibtained regarding the nd The Dept of Inspections give her an opportunity to f what occurred. The	F8			
	10ENTIFICATION NUMBER: 165562 TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION) 9 9 swer a call light. Surveyor but 5 minutes later and Staff ated Resident #1 was her neck collar on and she 8 stated he and the nurse, #1 back into bed. Staff B s last seen in bed at 2:00 sing ice. Staff B excused arding Resident #1 being s being caught off guard /18 at 10:41 p.m. Staff C, ated she worked the D/17 assigned to the pink ed Resident #1 was on the e morning of 12/31/17 staff dent #1's room. Resident treased. Staff C stated she and Staff B) lifted ed. Staff C stated Resident r. /18 at 12:15 p.m., when d an incident report when on the floor the morning ministrator stated I didn't oor. The Administrator a record and could not rt. on 5/24/18 at 9:00 a.m. nformed that additional btained regarding the nd The Dept of Inspections give her an opportunity to	IDENTIFICATION NUMBER: A. BUILDIN 165562 B. WING_ TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) ID PREFIX TAG 9 F 8 swer a call light. Surveyor out 5 minutes later and Staff ated Resident #1 was her neck collar on and she 8 stated he and the nurse, #1 back into bed. Staff B s last seen in bed at 2:00 sing ice. Staff B excused arding Resident #1 being s being caught off guard /18 at 10:41 p.m. Staff C, ated she worked the D/17 assigned to the pink ed Resident #1 was on the e morning of 12/31/17 staff dent #1's room. Resident teased. Staff C stated she and Staff B) lifted ad. Staff C stated Resident r. /18 at 12:15 p.m., when d an incident report when on the floor the morning ministrator stated I didn't oor. The Administrator is record and could not rt. on 5/24/18 at 9:00 a.m. nformed that additional btained regarding the nd The Dept of Inspections give her an opportunity to f what occurred. The e received a phone call	IDENTIFICATION NUMBER: A. BUILDING 165562 B. WING IDENTIFICATION NUMBER: STREET ADDRESS. CITY, STATE 120 NORTH THIRTEENTH S ALBIA, IA 52531 TEMENT OF DEFICIENCIES MUST BE PRECEDED BY PULL SC IDENTIFYING INFORMATION) D 9 F 842 9 F 842 swer a call light. Surveyor ut 5 minutes later and Staff ated Resident #1 was her neck collar on and she b stated he and the nurse, #1 back into bed. Staff B s last seen in bed at 2:00 sing ice. Staff B excused arding Resident #1 being s being caught off guard Continued From page (18 at 10:41 p.m. Staff C, ated she worked the D/17 assigned to the pink ad Resident #1 was on the a morning of 12/31/17 staff dent #1's room. Resident eased. Staff C stated she a.and could not rt. Idon't oor. The Administrator s record and could not rt. on 5/24/18 at 9:00 a.m. nformed that additional btained regarding the nd The Dept of Inspections give her an opportunity to f what occurred. The e received a phone call	DENTIFICATION NUMBER: A BUILDING 165562 B WING STREET ADDRESS, CITY, STATE, ZIP CODE 120 NORTH THIRTEENTH STREET ALBIA, IA 52331 TEMENT OF DEFICIENCIES NUST BE FRECEDED BY FULL PREFIX CACH CORRECTIVE ACTION SHOLD BE CIDENTIFYING INFORMATION) P SCIDENTIFYING INFORMATION) P Swer a call light. Surveyor ut 5 minutes later and Staff ated Resident #1 was her neck collar on and she is lated he and the nurse, #1 back into bed. Staff B slade he and the nurse, #1 back into bed. Staff C, ated Resident #1 was on the emorning of 12/31/17 staff dent #1's room. Resident eased. Staff C stated she and Staff B) lifted ad. Staff C stated Resident trop r. r.

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Facility ID: IA0495

If continuation sheet Page 10 of 12

PRINTED: 06/29/2018 FORM APPROVED

If continuation sheet 1 of 2

NAME OF PROVIDENCES SUPPLIEN STREET ADDRESS, GIV, STATE 2P CODE 128 MORTH THRITEENTH STREET MONDE CARE CENTER STREET ADDRESS, GIV, STATE 2P CODE 128 MORTH THRITEENTH STREET MONDE CARE CENTER Statute 12 PROVIDENT BERFORM STREET PROVIDENT ALBLA, AS 2531 Previous Statute 12 PROVIDENT PROVIDENT STREET ADDREST PROVIDENT OR LED DENDRIVENCES Providents PLAN OF CORRECTION (CARCENT CONTRECTION SECURITY Previous PLAN OF CORRECTION Recurrent PLAN OF CORRECTION Recurrent PLAN OF CORRECTION (CARCENT CONTRECTION SECURITY PLAN OF CONTRECTION SECURITY PLAN OF CONTRECTION SECURITY (CARCENT CONTRECTION	STATEMEN	MENT OF INSPECTIO T OF DEFICIENCIES OF CORRECTION	NS AND APPEALS (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE COMPL	
129 NORTH THIRTEENTH STREET ALIAI, IA 32331 PROVIDER CARE CENTER ALIAI, IA 32331 PROVIDER SPLANCE CONCENTION ALIAI, IA 32331 PROVIDERS SPLANCE CONCENTION ALIAI, IA 32331 IN 107: 50.7(1) 431-50.7 (10A, 135C) Additional notification. Splance concentrons and/or execution of this plan of correction does not constitute admission or a greement by this provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared solely because the provisions of federal and/ or state law require it. Monton Splance Shall be most expeditions means available (I,I,III): Sol.7(1) Cf any accident causing major injury. a. "Major injury" shall be defined as any rigury which: (I) Results in death; or (I) Results in chromiss, in writing on a form designated by the department, that an rigury is a "major" (I) injury" based upon the circumstances of the accident, the previous functional ability of the resident, and resultants a major injury; or (I) Hairline fractures. (I) Hairline fr			IA0495	B. WING		1	
NONCE CARE CENTER ALBIA, IA 52531 (Y) ID PREFIX TOO SUMARY STATEMENT OF CONDUCTION RECONCERNENT (CONDUCTION RECONCERNENT (CONDUCTION RECONCERNENT) (CONTENT, CONTENT, CONTENT (CONTENT, CONTENT) (CONTENT, CONTENT, CONTENT) (CONTENT, CONTENT, CONTENT (CONTENT, CONTENT) (CONTENT, CONTENT, CONTENT) (CONTENT, CONTENT, CONTENT, CONTENT) (CONTENT, CONTENT, CONT	NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, S	STATE, ZIP CODE		
MID: TAG BROWERS PLAND CORRECTION (EACH CORRECTIVE AUX INTER REPRESENT OF CORRECTIVE REPOLLATORY OR LSC DEMTPHILA REPOLLATORY OF LSC DEMTPHILA REPOLLA	MONROE	CARE CENTER			TH STREET		
Minit You REACCORRECTIVE AND SHOLD BE PRECEDD BY FULL Presex COMMENTE DECLATORY OR LISC DEMEMPIAND INCOMMENTE DEFICUENT OF THE APPROPRIATE DEFICUENT OF THE APPROPRIATE DEFICUENT OF THE APPROPRIATE DEFICUENCY OF LISC DEMEMPIAND INCOMPAREMENT OF THE DEFICUENCY OF LISC DEMEMPIAND INCOMPAREMENT OF THE DESCRIPTION OF THE APPROPRIATE DEFICUENCY OF LISC DEMEMPIAND INCOMPAREMENT OF THE DESCRIPTION OF THE APPROPRIATE DEFICUENCY OF LISC DEMEMPIAND INCOMPAREMENT OF THE DESCRIPTION OF THE APPROPRIATE DEFICUENCY OF LISC DEMEMPIAND INCOMPAREMENT OF THE DESCRIPTION OF THE APPROPRIATE DEFICIENCY OF LISC DEMEMPIAND INCOMPAREMENT OF THE DESCRIPTION OF THE APPROPRIATE DEFICIENCY OF LISC DEMEMPIAND INCOMPAREMENT OF THE DESCRIPTION OF THE APPROPRIATE DEFICIENCY OF LISC DEMEMPIAND INCOMPAREMENT OF THE DESCRIPTION OF THE APPROPRIATE DEFICIENCY OF LISC DEMEMPIAND INCOMPAREMENT OF THE DESCRIPTION OF THE APPROPRIATE DEFICIENCY OF LISC DEMEMPIAND INCOMPAREMENT OF THE APPROPRIATE DEFICIENCY OF LISC DEMEMPIAND INCOMPAREMENT OF THE DESCRIPTION OF THE APPROPRIATE DEFICIENCY OF LISC DEMEMPIAND INCOMPAREMENT OF THE DESCRIPTION OF THE APPROPRIATE DEFICIENCE OF THE APPROPRIATE DEFICIENCY OF LISC DEMEMPIAND INCOMPAREMENT OF THE DESCRIPTION OF THE APPROPRIATE DESCRIPTION OF THE APPROPRIATE DEFICIENCY OF LISC DEMEMPIAND INTO THE APPROPRIATE DEFICIENCY OF LISC DEMEMPIAND INTO THE APPROPRIATE DEFICIENCE OF THE APPROPRIATE DEFICIENCE APPROPRIATE DEFICIENCE APPROPRIATE DEFICIEN		CUMMADY CT			PROVIDER'S PLAN OF CORRECTIO	N	(X5)
 Not by 10, 10, 135C) Additional notification. 481-50.7 (10A, 135C) Additional notification. The director 'n de director 's designee shall be notified within 24 hours, or the next business day, by the most expeditious means available (I,II,II): 50.7(1) Of any accident causing major injury. a. "Major injury "shall be defined as any injury which: (1) Results in death; or (2) Requires admission to a higher level of care for treatment, of the facility to notify the Department of Inspections and Appeals of a fall that resulted in death. at resident, and the resident, so of the eprotection al ability of the resident, the previous functional ability of the facility on the serveration; or (2) Spontaneous fractures; or (3) Hairline fractures. This Statute is not met as evidenced by: Based on record review and staff interviews the facility failed to notify the Department of inspections and Appeals of a fail that resulted in the attending physician, caterder who determines, in writing on a form designated by the department of the facility or to semptose have culpability related to the facility of the resident, and the resident sustains a major injury; or (2) Spontaneous fractures; or This Statute is not met as evidenced by: Based on record review and staff interviews the facility failed to notify the Department of inspections and Appeals of a fail that resulted in the resident, and the resident is ustain a major injury; or (2) Spontaneous fractures; or This Statute is not met as evidenced by: Based on record review and staff interviews the facility failed to notify the Department of inspections and Appeals of a fail that resulted in the resident, and the resident, and the resident 's prognosis. 	PRÉFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	BE	COMPLETE
DIVISION OF HEALTH FACILITIES - STATE OF IOWA LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	M	notification. 481-50.7 (10A,135C) director or the director notified within 24 hours, or the most expeditious mea 50.7(1) Of any accide a. "Major injury " sha which: (1) Results in death; of (2) Requires admission for treatment, other th (3) Requires consultar physician, designee of extender who determs designated by the deal " major injury " based upon the accident, the previous resident, and the resident ' s progra- b. The following are re (1) An ambulatory ress 481-57.1(135C), 481- 481-63.1(135C), who facility nor its employ to the fall, even if the reside (2) Spontaneous frac (3) Hairline fractures. This Statute is not me Based on record revise facility failed to notify Inspections and Appendices This Statute is not me the section of the section of the section of the facility failed to notify Inspections and Appendices The section of the section of the section of the facility failed to notify Inspections and Appendices The section of the section of the section of the section of the facility failed to notify Inspections and Appendices The section of the	5/24/18 Additional notification. The r's designee shall be e next business day, by the ans available (I,II,III): ant causing major injury. Il be defined as any injury or on to a higher level of care nan for observation; or thon with the attending of the physician, or physician ines, in writing on a form partment, that an injury is a the circumstances of the s functional ability of the osis. not reportable accidents: sident, as defined in rules -58.1(135C), and falls when neither the ees have culpability related ant sustains a major injury; or tures; or	N 101	 Preparation and/or execution plan of correction does not conadmission or agreement by this provider of the truth of the face alleged or conclusions set forthe statement of deficiencies. The correction is prepared solely be the provisions of federal and/or law require it. It is the practice of the facility to notify the Department of Inspections and Appeals of a fall that resulted in death. Facility reports all known accident causing "major injury" defined as any injury which: Results in death; or Requires admission to a higher level of care for treatment, other than for observation; or Requires consultation with the attending physician, designee of the physician, designated by the department, that an injury is a "major injury " based upon the circumstances of the accident, and the resident 's functional ability of the resident, and the resident 's statement, and the resident 's statement's statement, and the resident 's statement's statement, and the resident 's statement's statement, and the resident 's statement, and the re	nstitute is ets n in the plan of pecause or state	05/24/2018
	LABORATORY	HEALTH FACILITIES - STAT	E OF LOWA	RE	Administriter	- 12	

STATE FORM

6899

TL9311

PRINTED: 06/29/2018 FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION					(X3) DATE SU COMPLE	
					с	
		IA0495	B. WING		05/22	2/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, S	TATE, ZIP CODE		
NONROE	CARE CENTER	120 NOF	RTH THIRTEEN	TH STREET		
		ALBIA,	IA 52531			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	DULD BE	(X5) COMPLET DATE
N 101	Continued From pag	je 1	N 101	Continued From page 1		
	death in accordance	with State reporting				
	requirements. (Resid			2. Staff A was provided ed	ucation	
	reported a census of		, 1 1	-		
	Findings include:			on 05/11/2018. Staff A 1 06/29/2018	esigned	
	i mange molade.			2 1		
	In an interview on 5/2	25/18 at 11:07 a.m., Staff A,		3. In-service education was	-	
i.	Registered Nurse, st	ated on the morning of		to facility staff on 05/24		
		1 was discovered on the floor	i i	Administrator and Direc	tor of	
	deceased. Staff A co	intacted the Administrator		Nursing.		
	and reported the fall	and death.		A T	• • • •	
			4 	4. In-service training will t		
		12/31/17 at 4:20 a.m. written		to facility staff upon hire		
		Staff A was summoned to		annually. QAPI commit	tee will	
		by Staff B. Resident #1 was		monitor compliance.		
		or heartbeat. Resident #1		•		
		otic (blue as a result of a lack				
		to the touch. Staff B had just				
ĺ		vay and Resident #1 was				
	resting in bed with he				-	
		e. The resident's medical n any documentation related				
	to the resident's fall.	any documentation related				
	la an intensious an <i>El</i>	24/18 at 0:00 a m the				
		24/18 at 9:00 a.m., the ed she received a phone call				
1	•	1/17 informing her Resident				
		. The Administrator stated	5 10 10 10 10 10 10 10 10 10 10 10 10 10			
-burldwar ik		d Resident #1 had fallen and	Star (Frankall or			
		e floor, therefore did not				
		uired. The Administrator			and the second second	
		earned Resident #1 had	ti da an			
	been found on the flo	oor when brought up by the			1	
		nvestigation (5/10/18 -				
angagaan kire ee		istrator stated she trusted				
		to be professional and to			4.4. 	
		ents and pertinent details as				
	they occur.				a construction of the second se	
Í			1			