Number 4673		Amended January 13, 2012 Fines reduced by 35% to \$4,875.00 pursuar Code Section 135C.43A (2011)	nt to lowa	Repor Octob	t date er 5, 2011
Facility name Countryside Nursing and Rehabilitation			Survey dates August 26 & 31, 2011, September 13, 14, 20 and 23, 2011		
Facility addres		Surveyors Lea Tuma, RN	License	Only NF	
City Sioux City, IA. 51106		HL			
Rule or Code Section		Nature of Violation	Class	Fine Amount	Correction Date
58.19(2)j	j. Provision intervention adverse sy	edication and treatment. of accurate assessment and timely of for all residents who have an onset of mptoms which represent a change in mental, or physical condition. (I, II, III)	l	\$5000.00	Upon Receipt
	facility faile assessmen with an adv #1 sustaine additional s not bear we resident co transferred	ecord review, physician and staff interview, the d to provide nursing provisions with timely at and interventions for one of four residents verse change in physical condition. Resident ed a fall and complained of pain and required staff assistance for transfers as he/she could eight. Staff interviews revealed when the uld not stand at all, two days later, the facility the resident to the hospital. The X-ray showed ctures. The facility reported a census of 54			
		clude: Orders dated 8/12/11 documented Resident oses included osteoporosis and degenerative			
	joint diseas  A Resident documente documente	·			
	#1 received hours at 2:0 and routine times from also showe mg every 6	ation Sheet for August 2011 showed Resident d routine Ibuprofen 200 milligrams (mg) every 6 20 a.m., 8:00 a.m., 2:00 p.m., and 8:00 p.m.; Lortab 5/500 mg every 6 hours at the same 8/13/11 to 8/29/11. The Medication Sheet at Resident #1 had an order for Lortab 5/500 hours as needed (prn), and APAP 325 mg 2			

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Page	1	٥f	10
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Number 4673		Amended January 13, 2012 Fines reduced by 35% to \$4,875.00 pursua Code Section 135C.43A (2011)	nt to lowa		rt date per 5, 2011
Facility name Countryside N Rehabilitation	Nursing and	,	13, 14, 2	26 & 31, 201 <sup>,</sup> 0 and 23, 20	1, September 1, 11
Facility addre 6120 Morning		Surveyors Lea Tuma, RN	License Only NF		
City Sioux City, IA	. 51106	HL			
Rule or Code Section		Nature of Violation	Class	Fine Amount	Correction Date
	Resident # however he pain.  A Compreh documente the previou  The Comprepossible signal Non verification of the compressible signal of the compressible sign	on Care Plan dated 8/12/11 identified activities of daily living with interventions: //hygiene with assist of 1.			
	b. Dressing c. Toileting d. Ambulat	g/grooming with assist of 1. g with assist of 1. given times times with supervision/cueing.			
		re plan identified cognitive loss with the ntions to anticipate needs and observe for non cues.			
	monitor pai	an identified pain with the interventions to n, administer pain medications as ordered sh causative factors and ways to alleviate			
	documente Resident #	s Notes dated 8/27/11 [Friday] at 2:15 a.m. d a CNA (certified nursing assistant) went in 1's room when she heard a noise and the			

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Number 4673		Amended January 13, 2012 Fines reduced by 35% to \$4,875.00 pursuant to lowa Code Section 135C.43A (2011)  Report date October 5, 2011			
Facility name Countryside Nursing and Rehabilitation		(2011)	Survey dates August 26 & 31, 2011, September 13, 14, 20 and 23, 2011		
Facility address 6120 Morningside Ave		Surveyors Lea Tuma, RN	License (	Only NF	
City Sioux City, IA. 51106		HL			
Rule or Code Section		Nature of Violation	Class	Fine Amount	Correction Date
	Resident #' bathroom. discomfort. 1.5 by 2 cel swollen che supervisor. All Inclusive orders rega neuros imm 3:15 a.m. R 2:30 a.m. a face started noted pain. without any 7:00 a.m. s 11:00 a.m. fall. Reside discomfort. and staff wi p.m. Reside discomfort At 8:25 p.m. and the res normal limit cheek with complained their sched complaints  The Nurse's Resident #' remained s complaints to take sche comply with checks. Sta the toilet. A	Is on the floor. When asked what happened, I replied he/she fell when going to the Resident #1 had no complaints of pain or Assessment revealed 2 teeth lost, a skin tear ntimeters (cm) to the left forearm, and a sek. At 2:35 a.m. staff notified the on-call At 2:40 a.m. staff notified PACE (Program of a Care for the Elderly) and received new right to skin tear. At 2:45 a.m. staff initiated nediately and put ½ hour checks into effect. At desident #1 took scheduled pain medication at and went back to bed to rest. Resident #1's at bruising and was 7 cm by 4.5 cm without. The resident completed range of motion difficulties. Staff continued to monitor. At taff called the family and left a message. At the facility notified the resident's family of the ent #1 voiced no complaints of pain or Resident #1's left cheek remained swollen to the plan to continue to monitor. At 1:00 ent #1 voiced no complaints of pain or from the fall. The left cheek remained swollen. It is staff followed-up from fall with neuro checks ident's ROM and neoro checks fell within is. Staff noted continued swelling to the left bruising around the left eye and the resident of general discomfort. Staff administered uled Lortab and Resident #1 had no further at the time.  S Notes dated 8/28/11 at 5:00 a.m. recorded I had continued neuro checks, his/her face wollen and bruised and the resident had no of pain or discomfort. Resident #1 continued eduled pain medications. Resident #1 did not a use of the call light, but remained on ½ hour aff provided assistance of 1 with transfers to the face was swollen and bruised with no			

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Number 4673		Amended January 13, 2012 Fines reduced by 35% to \$4,875.00 pursuant to lowa Code Section 135C.43A (2011)  Report date October 5, 20			
Facility name Countryside Nursing and Rehabilitation		(2011)	Survey dates August 26 & 31, 2011, September 1 13, 14, 20 and 23, 2011		
Facility address 6120 Morningside Ave		Surveyors Lea Tuma, RN	License (	Only NF	
City Sioux City, IA.	51106	HL			
Rule or Code Section		Nature of Violation	Class	Fine Amount	Correction Date
	documente assistance the left hip a legs and no pain when of complained Resident # pain in upper PACE staff received a helped and seen. The and saw fluarea and w p.m. Reside 2. He/she administere and applied continue to the resident of scheduled legs and the resident complained legs, and the Staff left and p.m. the fact the hospital symphysis A Patient T Resident # Page 1 and	tes dated 8/29/11 at 5:00 a.m. documented di Resident #1 a pain reliever for general and elevated temperature. Staff provided the buprofen at 2:00 a.m. with relief noted from t. Resident #1 rested in bed with their eyes no further complaints. At 7:00 a.m. staff E and received an order to transfer the the hospital to be seen. Resident #1 of pain of the left hip, could not move the left e left leg appeared shortened and rotated. The staff received notice Resident #1 admitted to with a fracture of the left femoral head and			

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Number		Amended January 13, 2012	44a lawa		ort date ober 5, 2011	
4673		Fines reduced by 35% to \$4,875.00 pursuan Code Section 135C.43A (2011)	t to iowa	Octob	er 5, 2011	
Facility name		(2011)	Survey d	ates		
Countryside Nu	ırsing and				, September 1,	
Rehabilitation	J			and 23, 20 <sup>-</sup>		
Facility address		Surveyors	License (	Only NF		
6120 Morningside Ave		Lea Tuma, RN				
City		HL				
Sioux City, IA.	51106					
Rule or Code Section		Nature of Violation	Class	Fine Amount	Correction Date	
	shortened a	and rotated.				
		nd Physical dated 8/29/11 documented				
		I came to the emergency room with severe left				
		ccording to the history, Resident #1 tripped Saturday. He transferred from the nursing				
		y with severe left hip pain. Resident #1 had a				
		ture and significant tachycardia.				
		ated 8/29/11 documented Resident #1 had a				
	comminuted (broken into several pieces) fracture of the					
left femoral		neck (left hip) and fractures of the right				
		d inferior pubic rami (pubic bone). The hospital				
record identifie		tified the resident had surgery.				
	During an i	nterview on 9/1/11 at 9:19 a.m. Staff B LPN				
		practical nurse) stated she works the overnight				
		B stated they found Resident #1 lying on the				
		her left side. Staff B noted an injury to				
		I's face, teeth and 1 arm was bleeding. Staff				
		with Resident #1 before they got him/her up.				
		I denied pain which surprised Staff B because				
		of his/her face. Staff B stated they stood				
		I with assistance of 2. Resident #1 stated ng to go to the bathroom and was incontinent				
		raff B stated Resident #1 showed no bruising				
		r signs of injury to the hip. Staff B stated on				
	•	vernight Resident #1 was on 30 minute				
	checks. He	e/she went to the bathroom with assistance of				
		sident #1 stayed in bed, but was up and				
		sident #1 had no pain to his/her face, but				
		utine pain medication. Staff B stated if				
		I required the assistance of 2 and complained would be concerned and call PACE and				
		nave him/her seen. Staff B stated she would				
		he family of the change of condition.				
	also flothly t	a.i.ii.j or and oridingo or condition.				
	During an in	nterview on 9/1/11 at 9:31 a.m. Staff J CNA				
	stated she	worked overnight when Resident #1 fell. Staff				

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Number 4673		Amended January 13, 2012  Fines reduced by 35% to \$4,875.00 pursuant to lowa  Code Section 135C.43A (2011)  Report date October 5, 2011			
Facility name Countryside Nursing and Rehabilitation Facility address		Survey dates August 26 & 31, 2011, Septem 13, 14, 20 and 23, 2011 Surveyors License Only NF			
6120 Morningside Ave		Lea Tuma, RN			
City Sioux City, IA.	51106	HL			
Rule or Code Section		Nature of Violation	Class	Fine Amount	Correction Date
	his/her roor bed and the nurse. She wheelchair about his/he that must he dining resisted the #1 complaint the nurse the stated norm person. Stated the nurse the stated norm person. Stated the stated norm person. Stated the nurse the stated norm person. Stated norm person. Stated the nurse the stated norm person. Stated norm person. Stated norm the 2-10 confusion. Could not stated she last weeker assistance morning, Recould not gestand. Resident #1 stated see didn't put we Lestated see Resident #1 stand on it.	e heard him/her yelling for help and went to m. Resident #1 laid on the floor between the wall on his/her left side. Staff J got the helped the nurse assist Resident #1 to the and Resident #1 seemed okay. When asked er face he/she put his/her hand to it and said ave been bad. Staff J brought Resident #1 to oom and he/she sat there until 3:30 a.m. then e resident back to bed. Staff J stated Resident med of his/her leg hurting at the inner thigh and nought maybe he/she pulled a muscle. Staff J hally Resident #1 had standby assistance of 1 aff J stated on the 2-10 shift Saturday 1 was a little more confused and required more Staff J stated 1 person could transfer, but she had 2 just because she knew he/she fell. 1 did not bear as much weight on that side. 10 shift Sunday Resident #1 had much more Resident #1 needed the assistance of 2 and the task at allthe resident leg hurt pretty bad. 1 det the nurse if he/she could have anything for the could not recall what time. Staff J stated 1 kept his/her feet on the foot pedals that day. 1 det she felt concerned about Resident #1's leg thurt and she/he wasn't putting weight on it.  Interview on 9/1/11 at 2:46 p.m. Staff L CNA thad not worked with Resident #1 prior to the nurse if he/she could not get out of bed and she thim out of bed because he/she couldn't ident #1 could not get out of bed and she thim out of bed because he/she couldn't ident #1 complained of pain to the left leg and eight on it. Staff L reported to the nurse. Staff eight on it. Staff L reported to the nurse. Staff eight on it. Staff L reported to the nurse. Staff eight on it. Staff L reported to the nurse. Staff eight on it. Staff L reported to the nurse. Staff eight on it. Staff L reported to the nurse. Staff eight on it. Staff L reported to the nurse. Staff eight on it. Staff L reported to the nurse. Staff eight on it. Staff L reported to the nurse.			

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Number 4673		Amended January 13, 2012  Fines reduced by 35% to \$4,875.00 pursuant to lowa  Code Section 135C.43A (2011)  Report date October 5, 2011			
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Facility address 6120 Morningside Ave		Surveyors Lea Tuma, RN	License (	Only NF	
City Sioux City, IA. 51106		HL			
Rule or Code Section		Nature of Violation	Class	Fine Amount	Correction Date
	Saturday he wheeled Re him/her to to complain of CNAs report transfer and Staff C assocomplained they stated helped and seen. It was Staff F. Stadiscovered Staff C state condition be notify Resident #' for supper a Resident #' mobility of the with 2 assist the bed rail attempting reported to the left leg. supper with Resident #' and held or to the nurse #1 to bed a During an in	corked Saturday and Sunday day shift. On a assisted Resident #1 to the bathroom. He esident #1 to the bathroom and assisted ransfer to the toilet. Resident #1 did not it pain. On Sunday at the end of the shift the red Resident #1 required assist of 2 staff to did complained of pain to the left hip and leg. essed Resident #1 and he/she only of pain to the calf. Staff C called PACE and to see if the pain medication Resident #1 took to call if he thought Resident #1 needed to be as the end of Staff C's shift and he reported to aff C stated Staff F went down with him and an area of fluid on Resident #1's left knee. ed Resident #1 experienced a change of etween Saturday and Sunday. Staff C did not dent #1's family or the physician.  Interview on 9/1/11 at 11:34 a.m. Staff A LPN worked as an aide on the floor the past in 2-10 shift. Staff A stated she worked with I Saturday before supper. They went in I's room around 5:00 p.m. to get him/her up and had trouble getting the resident up. I complained of pain to the left leg and limited the left leg. Resident #1 did stand and pivot and the gait belt. Resident #1 grabbed on to and the wheelchair when they were to transfer him/her. Staff A stated she the nurse Resident #1's complaints of pain to On Sunday, they got Resident #1 up for the assistance of 2 and a pivot transfer. I did not verbalize pain, but he/she guarded in the left leg. Staff A stated she reported in the staff A stated she did not assist Resident fiter supper.			

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Number 4673		Amended January 13, 2012 Fines reduced by 35% to \$4,875.00 pursuant to lowa Code Section 135C.43A (2011)  Report date October 5, 2011			
Facility name Countryside Nursing and Rehabilitation		(2011)	Survey dates August 26 & 31, 2011, Septembe 13, 14, 20 and 23, 2011		
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City Sioux City, IA. 51106		HL			
Rule or Code Section		Nature of Violation	Class	Fine Amount	Correction Date
	really reme one day Sta him/her. Sta Ow, ow, ow stated Resi assistance him/her up. chair and to kept leaving confusion. weight on he During an instated on Stated she and to be s	with Resident #1. Staff M stated she couldn't mber one day from the other. She knew the aff A told her they needed to put TED hose on aff M stated Resident #1 grimaced and said " "," when they put them on the left leg. Staff M dent #1 normally needed the stand-by of 1. Staff M stated it took 2 of them to get It was difficult but they got him/her in the book the resident out to supper. Resident #1 gthe dining room and experienced more Staff M felt pretty sure Resident #1 did not put is/her left leg.  Interview on 9/1/11 at 12:30 p.m. Staff K, LPN aturday she knew Resident #1 had fallen and loing neuro checks. Staff K stated Resident until they got him/her up. During supper staff or Resident #1 complained of pain and she would get pain medication soon (scheduled at 8:00 p.m.). After supper Resident #1 was the leg, but did say he had pain in the left of stated no other complaints after that. Staff K and Staff F got report together on Sunday. Ported Resident #1 complained of pain to the they called PACE. PACE said to continue so, monitor and if no improvement to call back. Bed Staff F went to Resident #1's room with the arse, noted fluid on the knee and got an ice whee. Staff K stated she did not know the status during the shift.  Interview on 9/1/11 at 8:56 a.m. Staff H CNA did not work on Resident #1's hall, but she him/her after lunch on Sunday. Resident #1 d in the bed and Staff L needed assistance ident. Staff H stated when getting Resident wrally took both staff to do everything. They im/her to stand him/her off the bed. Resident seem to bear weight. Staff H stated Staff L			

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Facility address 6120 Morningside Ave		Surveyors Lea Tuma, RN	License Only NF		
City Sioux City, IA. 51106		HL			
Rule or Code Section		Nature of Violation	Class	Fine Amount	Correction Date
	thought sor	nething was wrong.			
	Registered to work Sta of leg pain. knee he/she had them g Ted hose o where the pknee and care Resident #" Staff F state pain medicare Resident #" evening, the stated she another ice wore his/he Staff K if Rebut didn't the on Resident pants on. Signimacing a "Ow, ow, ow During an in stated she resident transtated when reported Recheek. The applied TEI experience	Interview on 9/1/11 at 3:03 p.m. Staff F Nurse (RN) stated on Sunday when she came If C assessed Resident #1 due to complaints Staff F stated when she felt Resident #1's It had a little fluid around the left knee. Staff F Ive Resident #1 an ice pack and put his/her In. Staff F stated Staff C couldn't figure out It was hurting. Resident #1 complained of It had hurting, but said he/she pivoted okay. It was hurting, but said he/she pivoted okay. It demonstrated more confusion. Staff F stated It sat up for about 1 and 1/2 hours that It erest of the time he/she spent in bed. Staff F It looked in on Resident #1 and got him/her It pack around 7:30 or 8:00 p.m. Resident #1 It pants at that time. Staff F stated she asked It will be stated she looked in the staff F stated Resident #1 had anything for breakthrough pain It had anything for breakthrough pain It had stated It will be stated Resident #1 exhibited facial Indicated It will be stated Resident #1 and she had the Insported to the hospital that morning. Staff E In she started her shift the off going nurse It is stated her shift the off going nurse It is she started her shift the off going nurse It is she started her shift the off going nurse It is she started her shift the off going nurse It is she started her shift the off going nurse It is she started her shift the off going nurse It is she started her shift the off going nurse It is she started her shift the off going nurse It is she started her shift the off going nurse It is she started her shift the off going nurse It is she started her shift the off going nurse It is she started her shift the off going nurse It is she started her shift the off going nurse It is she started her shift the off going nurse It is she started her shift the off going nurse It is she started her shift the off going nurse It is she started her shift the off going nurse It is she started her shift the off going nurse It is shift the off goi			
	in the residence on.	ent's room. Resident #1 slept with his/her Staff E went in Resident #1's room once to her cheek. Staff E did not move Resident #1.			

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Facility address 6120 Morningside Ave		Surveyors Lea Tuma, RN	License Only NF		
City Sioux City, IA. 51106 Rule or Code		HL			
Rule or Code Section		Nature of Violation	Class	Fine Amount	Correction Date
	pain medica he/she had if the CNA of stated Resi did not known Staff E state day shift CI resident up noted his/he rotated. State transport. State the charting resident's of she had known assistance.  During an in- stated she of 6:00 a.m. State worked in the check on di- residents. #1 was soon his/her pand rolled Reside and said "Co- hose and the remove the because of she reporter and would in took Reside Staff N state that and he or move Re- the rest of the	ation. Staff E gave Resident #1 his/her scheduled ation. Staff E stated she asked Resident #1 if pain and he/she said no. Staff E did not know got Resident #1 up during the night. Staff E dent #1 wore khaki pants. Staff E stated she w Resident #1 needed 2 staff assistance. Led she had already changed shifts when the NA came and said she couldn't get the . Staff E went to Resident #1's room and ler knee as swollen and the leg shortened and laff E assisted in getting Resident #1 ready to staff E stated when Staff G LPN pointed out grown the previous day regarding the complaints of pain of the left leg she felt bad. If own Resident #1 had pain and required more she would have assessed Resident #1's leg.  Interview on 9/20/11 at 11:14 a.m. Staff N CNA worked 08/28/11 at 10:00 p.m. to 8/29/11 at Staff N stated this to be the first time she he facility. Staff N stated they told her who to curing rounds, but not of any problems with Staff N stated on 11:00 p.m. rounds, Resident ked from head to toe. Resident #1 still wore the sand she had to change the resident. Staff dent #1 with difficulty because he/she resisted left when rolled. Resident #1 also wore Ted left her remove the Ted hose. Staff N also left #1's temperature and he/she had a fever. Left her remove the Ted hose. Staff N also left #1's temperature and he/she had a fever. Left her remove the Ted hose. Staff N also left #1's temperature and he/she had a fever. Left her remove the Ted hose. Staff N also left #1's temperature and he/she had a fever. Left her remove the Ted hose. Staff N also left #1's he/she remained on his/her back he night as far as she knew.			

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Number 4673  Facility name Countryside Nursing and Rehabilitation		Amended January 13, 2012 Fines reduced by 35% to \$4,875.00 pursuar Code Section 135C.43A (2011)		Report date October 5, 2011	
		` ,	13, 14, 2	26 & 31, 201 <sup>.</sup> 0 and 23, 20	1, September 1, 11
Facility addres		Surveyors Lea Tuma, RN	License	Only NF	
City Sioux City, IA. 51106		HL			
Rule or Code Section		Nature of Violation	Class	Fine Amount	Correction Date
	mentioned Resident # He/she still noticed Reshis/her roor saw Resided Staff I aske face got reched pain her Resident # During an instated on Motook a fall a face. Staff couldn't. Shim/her to denied pair and rotated calls and an hospital. Sperson limit complained to have him During an innurse state person asswinced with she told Statemergency facilitate that During an in resident's person in the statemergency facilitate that During an interesident's person as the statemergency facilitate that During an interesident's person as the statemergency facilitate that During an interesident's person as the statemergency facilitate that During an interesident's person as the statemergency facilitate that During an interesident's person as the statemergency facilitate that During an interesident's person as the statemergency facilitate that During an interesident's person as the statemergency facilitate that During an interesident's person as the statemergency facilitate that During an interesident's person as the statemergency facilitate that During an interesident's person as the statemergency facilitate that During an interesident's person as the statemergency facilitate that During an interesident's person as the statemergency facilitate that During an interesident person as the statemergency facilitate that During an interesident person as the statemergency facilitate that During an interesident person as the statemergency facilitate that During an interesident person as the statemergency facilitate that During an interesident person as the statemergency facilitate that During an interesident person as the statemergency facilitate that During an interesident person as the statemergency facilitate that During an interesident person as the statemergency facilitate that During an interesident person as the statemergency facilitate that During an interesident person as the statemergency facilitate that During an interesident person as the statemergency facilitate that During an interesident person as the statemergency fa	Resident #1 fell. Staff I stated normally 1 as up and dressed by the time she got there. lay in bed in a gown and a brief. Staff I sident #1 had a black eye when she went in m. Staff I started to take down the sheet and ent #1's leg appeared shortened and rotated. d Resident #1 to move his/her leg and his/her d and he couldn't do it. Staff I wiggled 1's toe and he/she was in so much pain s/he d. When Staff I asked Resident #1 if he/she e/she said no. Staff I stated she reported 1 couldn't move his leg and had a lot of pain.  Interview on 9/1/11 at 9:06 a.m. Staff G LPN Monday morning they reported Resident #1 and knocked out teeth and bruised his/her I went down to get him/her up but she taff G went to Resident #1's room and asked do ROM and he/she could not. Resident #1 a. Staff B noticed Resident #1's leg shorter I. Staff G stated she and 2 other nurses made tranged for Resident #1's transport to the taff G stated Resident #1 normally needed 1 ted assistance. If he/she required 2 assist and d of pain she would be concerned and request a seen.  Interview on 9/13/11 at 11:51 a.m. the PACE d Staff C told her Resident #1 needed 2 ist with transfers, but did not tell her he/she a pain during transfer. The PACE nurse stated aff C if Resident #1 needed to go to the room to let her know and she would help at, but she did not receive a call back.  Interview on 9/20/11 at 10:53 a.m. the Physician stated she would expect to be resident experienced pain and did not bear			

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 (Supp. 2009).

Administrator Date Page 11 of 19

Number 4673		Amended January 13, 2012 Fines reduced by 35% to \$4,875.00 pursuan Code Section 135C.43A (2011)	duced by 35% to \$4,875.00 pursuant to lowa October 5, 2011			
Facility name Countryside Nursing and Rehabilitation		(2011)	Survey dates August 26 & 31, 2011, September 1 13, 14, 20 and 23, 2011			
Facility address 6120 Morningside Ave		Surveyors Lea Tuma, RN	License (	License Only NF		
City Sioux City, IA. 51106		HL				
Rule or Code Section		Nature of Violation	Class	Fine Amount	Correction Date	
	immediately the resident he resident he resident he resident has a little more skin tear to some swell #1 had scheprobable disseem to has B to call at a A PACE tead ocumente condition reweakness a needed assassess for a hip pain. He call with continued the included professional professional professional with continued the included professional profession	er Contract between PACE and the facility Nursing Facility Operational Guidelines oviding nursing facility care based on state guidelines and to notify PACE of any change		Allount		
	the resident	Fall Intervention Policy directed with each fall twould be assessed for 72 hours. With any ndings regarding the assessment the Charge d notify the doctor.				
	directed the family conta	policy Sudden Change of Resident Condition attending physician would be notified and the acted immediately.  RESPONSE:				

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Number 4673	Amended January 13, 2012 Fines reduced by 35% to \$4,875.00 pursuant to lowa Code Section 135C.43A (2011)  Report date October 5, 2011				
Facility name Countryside Nursing and Rehabilitation		13, 14, 20	st 26 & 31, 2011, September 1, , 20 and 23, 2011		
Facility address 6120 Morningside Ave	Surveyors Lea Tuma, RN	License (	Only NF		
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Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date	

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Number 4673		Amended January 13, 2012 Fines reduced by 35% to \$4,875.00 pursuant to lowa Code Section 135C.43A (2011)  Report date October 5, 2011			
Facility name Countryside N Rehabilitation		Survey dates August 26 & 31, 2011, Septen 13, 14, 20 and 23, 2011			
Facility addres		Surveyors Lea Tuma, RN	License	Only NF	
City Sioux City, IA.	51106	HL			
Rule or Code Section		Nature of Violation	Class	Fine Amount	Correction Date
56.12	multiple le Departmen citation for one or more of multiple which taker a substantia	135C) Class I violation as a result of sser violations. The director of the t of Inspections and Appeals may issue a a Class I violation when a physical condition or e practices exist in a facility which are a result lesser violations of the statues or rules, but a as a whole constitute an imminent danger or all probability of resultant death or physical residents of the facility.	I	\$2500.00	Upon Receipt
58.18(2)	<b>58.18(2)</b> Re	8(135C) Nursing care. esidents shall be protected against hazards to and others or the environment.			
58.43(4)	types of phrenewed at defined as Type I—the individual b	nysicians' orders are required to utilize all ysical restraints and shall be least quarterly. (II) Physical restraints are the following: e equipment used to promote the safety of the ut is not applied directly to their amples: divided doors and totally enclosed			
58. 43(4)	resident shall times an abuse. Each physical resident from which case professional action taken mentally reby a physical retails.	all receive kind and considerate care at ad shall be free from mental and physical the resident shall be free from chemical and straints except as follows: when authorized in a physician for a specified period of necessary in an emergency to protect the minjury to the resident or to others, in restraints may be authorized by designated all personnel who promptly report the note the physician; and in the case of a tarded individual when ordered in writing ian and authorized by a designated qualified redation professional for use during odification sessions. Mechanical supports			

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Number 4673		Amended January 13, 2012 Fines reduced by 35% to \$4,875.00 pursuan Code Section 135C.43A (2011)	t to lowa	Report date October 5, 2011	
Facility name Countryside N Rehabilitation	ursing and	(2011)	Survey dates August 26 & 31, 2011, September 1, 13, 14, 20 and 23, 2011		
Facility addres 6120 Mornings		Surveyors Lea Tuma, RN	License (	Only NF	
City Sioux City, IA.	51106	HL			
Rule or Code Section		Nature of Violation	Class	Fine Amount	Correction Date
	used in normative situations to achieve proper body position and balance shall not be considered to be a restraint. (II)				
	DESCRIPT	ION:			
	facility failed environmer when he/sh The physici were appro the residen	linical record review and staff interview, the d to protect Resident#3 from hazards in the at. Resident #3 sustained a head laceration to e climbed over the side rail and fell out of bed. an's order indicated no restraints or side rails and the side rails assessment determined the did not need restraint or side rail(s). The red a census of 54 nursing facility residents.			
	Findings in	clude:			
	10:30 a.m. facility with documente assistance Resident #3 inappropria	Data Collection assessment dated 7/22/11 at documented Resident #3 admitted to the a diagnosis of dementia. The assessment d Resident #3 required 2 people and/or total with transfers. The assessment indicated answered questions reluctantly and tely. Resident #3 comprehended slowly and ed disorientation to time and place.			
		Assessment dated 7/22/11 scored Resident score above 10 represents a high risk for falls.			
		an order's dated 7/22/11 documented nd side rails were not being used.			
	time side ra revealed do	Assessment dated 7/22/11 documented at the ails were not indicated. The assessment ocumented the resident did not use the side in positioning.			
		s Notes dated 7/24/11 at 8:45 p.m. d Resident #3 transported to the hospital.			

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Number 4673		Amended January 13, 2012 Fines reduced by 35% to \$4,875.00 pursuan Code Section 135C.43A (2011)	t to lowa	Report date October 5, 2011		
Facility name Countryside N Rehabilitation	ursing and	Gode Section 1330.43A (2011)			, September 1,	
Facility addres 6120 Mornings		Surveyors Lea Tuma, RN	License (	Only NF		
City Sioux City, IA.	51106	HL				
Rule or Code Section		Nature of Violation	Class	Fine Amount	Correction Date	
	An Incident documented the back of and was seen and was s	Report dated 7/24/11 at 8:30 p.m.  Report dated 7/24/11 at 8:30 p.m.  d Resident #3 fell and sustained an injury to the head. Resident #3 went to the hospital en by a physician.  Incy Room (ER) report dated 7/24/11  d Resident #3 tried to get up out of bed that thout any assistance and fell and hit his/her dent #3 had a 4 centimeter (cm) scalp to the occipital (back, lower) scalp region. ER isly irrigated the laceration and placed 5 in el laceration to close it. The report id to remove the staples in 10 days and the littly should watch for signs of infection.  Interview on 9/13/11 at 3:13 p.m. Staff A ractical Nurse (LPN) stated she remembered is evening Resident #3 fell. Staff A stated full side rails up. Staff A had not worked for a find questioned if the rails should be up after the find he/she should not have had the side rails stated they normally took the side rails off the were not using them. Staff A thought Resident fferent bed than prior to a hospitalization and ason they didn't get taken off. Staff A stated a crawled over the rail and fell, hitting his/her is nightstand. Staff A stated they found a between the bed and the nightstand. The ne nightstand had been pulled out like he/she to it. Staff A stated they had was requilar.				
	height as of would have that time.  The Admiss	to it. Staff A stated the bed was regular posed to a low bed. Staff A stated there been no reason to have the side rail up at sion Care Plan dated 7/22/11 identified a risk with a goal to minimize the potential for				

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Date

Number 4673 Facility name Countryside Nursing and Rehabilitation		Amended January 13, 2012  Fines reduced by 35% to \$4,875.00 pursuant to lowa  Code Section 135C.43A (2011)  Report date October 5, 2011				
		· ·	Survey dates August 26 & 31, 2011, September 1, 13, 14, 20 and 23, 2011			
Facility addres		Surveyors Lea Tuma, RN	License	Only NF		
City Sioux City, IA.	51106	HL				
Rule or Code Section		Nature of Violation	Class	Fine Amount	Correction Date	
	b. Orthosta c. Assess for d. If unable device or sy e. Provide of f. Assess re soles. g. Remove h. Scoop m	I light within reach. tic hypotension precautions. or fall risk upon admission. to use the call light, assess for alternative system. ADL assistance as needed. esident's footwear for proper fit and non skid d side rails from bed on 7/25/11. attress on 7/25/11.  RESPONSE:				

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Number 4673		Amended January 13, 2012 Fines reduced by 35% to \$4,875.00 pursuant to lowa Code Section 135C.43A (2011)		Report Octobe	Report date October 5, 2011	
Facility name Countryside No Rehabilitation	ursing and	` ,	Survey dates August 26 & 31, 2011, September 1, 13, 14, 20 and 23, 2011			
Facility addres 6120 Mornings		Surveyors Lea Tuma, RN	License (	Only NF		
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Administrator

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Facility address 6120 Morningside Ave	Surveyors Lea Tuma, RN	License (	Only NF	
City Sioux City, IA. 51106	HL			
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