

**Department of Inspections and Appeals
Health Facilities Division
Citation**

Citation Number 10517		Report date August 7, 2024		
Facility name Osage Rehab and Health Care Center		Survey dates July 12, 2024 - July 17, 2024		
Facility address 830 South Fifth Street				
City Osage		JB		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
58.19(1)n(7)	<p>481—58.19(135C) Required nursing services for residents. The resident shall receive and the facility shall provide, as appropriate, the following required nursing services under the 24-hour direction of qualified nurses with ancillary coverage as set forth in these rules:</p> <p>58.19(1) Activities of daily living. <i>n.</i> Nutrition and meal service. (7) Enteral nutrition (to be performed by a registered nurse or licensed practical nurse only); (I, II, III)</p> <p>DESCRIPTION</p> <p>Based on clinical record review, staff interview, Physician interview, Emergency Medical Service (EMS) interview, and facility policy review, the facility failed to provide adequate care and services to maintain the highest functional status for 1 of 2 residents with gastronomy tube (GT) (Resident #2). Resident #2 had an order to have his head of bed elevated while receiving his feeding. As the nurse gave Resident #2 his feeding, they had the head of bed lowered. When Resident #2 started to vomit, the nurse stopped the feeding, but failed to elevate Resident #2's head of the bed. When the certified nurse aides attempted to assist the nurse, the nurse told them to have him lay flat. Resident #2 suffered</p>	Class I	<p>\$7250.00</p> <p style="color: red; text-align: center;">Held in Suspension</p>	Upon Receipt

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 Iowa Code section 135C.43A (2013).

**Department of Inspections and Appeals
Health Facilities Division
Citation**

	<p>from aspiration pneumonia and septic shock. The facility identified a census of 33.</p> <p>Findings include:</p> <p>Resident #2's Minimum Data Set (MDS) assessment dated 5/9/24 identified a Brief Interview for Mental Status (BIMS) score of 12, indicating moderately impaired cognition. Resident #2 rejected cares 1 to 3 days. Resident #2 required total assistance from staff with activities of daily living (ADL's), including repositioning. Resident #2 had functional limitation on both sides of his upper and lower extremities with range of motion (ROM). The MDS listed Resident #2 as non-ambulatory. The MDS reflected Resident #2 had a catheter and a G-tube (feeding tube). The MDS included diagnoses of pneumonia, pharyngeal phase dysphasia, drug induced secondary to parkinsonism, dysarthria, hypertension (htn or high blood pressure), schizophrenia, dementia, psychotic disorder, and delusions.</p> <p>The Care Plan included the following Focus areas and Interventions as dated:</p> <p>a. 12/27/23: Resident #2 used psychotropic medications related to (r/t) the disease process of Paranoid Schizophrenia.</p> <p>b. 5/16/23: Resident #2 required a tube feeding r/t swallowing problems.</p> <p style="padding-left: 20px;">i. Revised 5/16/23: Dependent on staff with tube feedings and water flushes.</p> <p style="padding-left: 20px;">ii. 5/16/23: Monitor, document and report to the Physician as needed (PRN) for the following: Aspiration, shortness of breath (SOB), abnormal breath/lung sounds and nausea and vomiting.</p> <p style="padding-left: 20px;">iii. Revised 5/16/23: Resident #2 required the head of bed (HOB) elevated 45 degrees during and thirty minutes after a tube feeding.</p> <p>c. 2/1/24: A nutritional problem or potential for a nutritional problem r/t dysphasia and dependence on g-tube feeds with met 100% of his needs.</p>		
--	---	--	--

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 Iowa Code section 135C.43A (2013).

**Department of Inspections and Appeals
Health Facilities Division
Citation**

Citation Number 10517					Report date August 7, 2024
Facility name Osage Rehab and Health Care Center		Survey dates July 12, 2024 - July 17, 2024			
Facility address 830 South Fifth Street					
City Osage		JB			
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date	
	<p>d. 2/5/24: An indwelling catheter.</p> <p>e. 3/21/24: Resistive to cares r/t Schizophrenia.</p> <p>f. 5/16/23: ADL self-care deficit.</p> <p style="padding-left: 20px;">i. 5/16/23: Required two (2) staff assistance with bed mobility. (revised 5/16/23)</p> <p style="padding-left: 20px;">ii. 5/16/23: Nothing by mouth (NPO).</p> <p>Resident #2's June 2024 Medication Administration Record (MAR) included a Physician's order for enteral feeding three times a day (TID) for 30 minutes before, after, and during meals at 9 AM, 1 PM, and 7 PM.</p> <p>Resident #2's Medication Admin Audit Report for 6/28/24 indicated he received his enteral feeding at 1:09 PM.</p> <p>During an interview on 7/16/24 at 2:19 PM Staff D, Certified Nursing Assistant (CNA), confirmed she repositioned Resident #2 before lunch and left him at a 30-degree angle. Staff D described Resident #2 as very tired that day, they described that as normal for him around that time. Staff D confirmed Resident #2 coughed a lot and sounded like he had stuff in his lungs, so they reported her observations to Staff B, Licensed Practical Nurse (LPN).</p> <p>During an interview on 7/15/24 at 2:27 PM Staff C, CNA, indicated Staff B came to her and reported Resident #2 just threw up and she needed</p>				

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 Iowa Code section 135C.43A (2013).

**Department of Inspections and Appeals
Health Facilities Division
Citation**

Citation Number 10517					Report date August 7, 2024
Facility name Osage Rehab and Health Care Center		Survey dates July 12, 2024 - July 17, 2024			
Facility address 830 South Fifth Street					
City Osage		JB			
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date	
	<p>assistance to reposition him. When the staff members entered Resident #2's room, they found him responsive but lethargic. Resident #2 requested they elevate his left arm the staff members repositioned him up further in the bed and elevated his arm on a pillow. Staff C confirmed Resident #2's HOB at approximately 15 degrees and that he threw up. Staff C cleaned up the emesis of tube feeding formula at which time Staff B directed her to lay Resident #2 flat. Staff C questioned Staff B why she wanted him lying flat and she replied, yes because he just threw up. Staff C only left Resident #2 flat for 1-2 minutes just long enough to pull out the chux pad out from under Resident #2. When she left Resident #2's room Staff C indicated she left Resident #2's HOB at a 30-degree angle.</p> <p>During an interview on 7/15/24 at 2:43 PM Staff B stated "let me think" when asked about the event on 6/28/24. Staff B recalled Resident #2 as congested and that she typically gave him his tube feeding at 1:00 PM. On 6/28/24 she found him more lethargic than normal but they had adjusted his pain medications, so she didn't think anything about it. Staff B checked Resident #2's gastric residual with no return prior to administering his tube feeding while positioned at a 30-degree angle. Staff B indicated she denied remembering any further events and requested time overnight to gather her thoughts.</p>				

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 Iowa Code section 135C.43A (2013).

**Department of Inspections and Appeals
Health Facilities Division
Citation**

Citation Number 10517					Report date August 7, 2024
Facility name Osage Rehab and Health Care Center		Survey dates July 12, 2024 - July 17, 2024			
Facility address 830 South Fifth Street					
City Osage		JB			
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date	
	<p>On 7/16/24 at 9:42 AM Staff B confirmed she administered Resident #2's feeding on 6/28/24 with the HOB elevated. When he had an emesis, she stopped the feeding and went to get Staff A, LPN, for a second opinion. Staff B described Staff A as a more experienced and very competent nurse, as she told him she planned to hold Resident #2's medications. Staff B reported that she couldn't recall anything else.</p> <p>During an interview on 7/15/24 at 1:23 PM Staff A indicated on 6/28/24 around 1:50 PM or 1:55 PM, Staff B came to him and said she planned on not administering Resident #2's medications because he threw. Staff A asked Staff B if he was OK, and she indicated he was fine. So, Staff A stated he would go talk to him. At approximately 2:05 PM, Staff A entered Resident #2's room he observed Resident #2 positioned in a supine position with his head on a pillow, tube feeding formula draining from his nose, and Resident #2 non-responsive. Staff A immediately raised the HOB close to a 90-degree angle. Staff A assessed Resident #2 and found an O2 (oxygen) saturation rate of 84-88%, so he increased Resident #2's oxygen to 5 liters (L) because he first thought the low oxygen saturation level caused the non-responsiveness. Staff A called the Physician from Resident #2's room and received an order within approximately four (4) minutes to have</p>				

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 Iowa Code section 135C.43A (2013).

**Department of Inspections and Appeals
Health Facilities Division
Citation**

Citation Number 10517					Report date August 7, 2024
Facility name Osage Rehab and Health Care Center		Survey dates July 12, 2024 - July 17, 2024			
Facility address 830 South Fifth Street					
City Osage		JB			
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date	
	<p>transferred Resident #2 via ambulance to the local hospital. Staff A remained in the room and completed a thorough assessment. Staff B described Resident #2's blood pressure (B/P) as low, an elevated pulse (P), and a low O2 saturation. Staff B failed to complete any assessment or intervention prior to informing Staff A about the medications or Resident #2's actual condition. Staff A described Resident #2's lungs sounds as congested in the upper lobes. Staff A instructed Staff B to stay with Resident #2 while he made all of the required calls and prepared the paperwork. Resident #2 had a code status of full code (wanted life-saving measures) and they shouldn't leave him alone. As Staff A prepared Resident #2 for transfer, he observed Staff B as she entered the nurse's station. Staff A asked her what she was doing, she replied she was thirsty. Staff A directed Staff B to take her drink back down to Resident #2's room immediately.</p> <p>During an interview on 7/15/24 at 1:49 PM the DON indicated she didn't recall the incident on 6/28/24 as Resident #2 had a lot going on and so did the facility. The DON indicated she spoke with Resident #2 prior and he didn't want to lay flat but rather requested the HOB at 45 degrees or less because of his pain.</p> <p>During an interview on 7/15/24 at 4:45 PM the</p>				

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 Iowa Code section 135C.43A (2013).

**Department of Inspections and Appeals
Health Facilities Division
Citation**

Citation Number 10517					Report date August 7, 2024
Facility name Osage Rehab and Health Care Center		Survey dates July 12, 2024 - July 17, 2024			
Facility address 830 South Fifth Street					
City Osage		JB			
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date	
	<p>facilities Interim Administrator indicated the DON informed her on 6/28/24 she escorted the EMS crew to Resident #2's room and observed his HOB elevated. After explaining to the Administrator that the DON didn't report that during her interview, the DON joined the interview. She confirmed she escorted the EMS crew to Resident #2's room but never entered the room. She added she identified Resident #2's HOB as elevated because she observed Resident #2's face as she stood in the doorway of his room. The Surveyor explained a person could observe Resident #2's face from the doorway even if he laid supine, the DON shook her head with the gesture (up and down) that indicated she agreed.</p> <p>An eInteract Transfer V3 form dated 6/28/24 at 2:52 PM included the following documentation but failed to address Resident #2's urinary status and catheter:</p> <ul style="list-style-type: none"> a. Blood pressure (B/P) = 84/48 (low) (average 120/80). b. Pulse = 119 (high) (expected 80-100 beats per minute) c. Respirations (R) = not assessed d. Temperature (T) = 101.3 degrees Fahrenheit (F) (average temperature 98.6) e. Oxygen (O2) saturation = 84% (low) (expected greater than 90%). 				

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 Iowa Code section 135C.43A (2013).

**Department of Inspections and Appeals
Health Facilities Division
Citation**

Citation Number 10517					Report date August 7, 2024
Facility name Osage Rehab and Health Care Center		Survey dates July 12, 2024 - July 17, 2024			
Facility address 830 South Fifth Street					
City Osage		JB			
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date	
	<p>A County Emergency Medical Services (EMS) Patient Care Report indicated the facility called the EMS crew at 2:55 PM with an arrival time of 3:00 PM. The EMS crew found the patient as he laid in bed basically unresponsive but made noises when moved. The general impression of the patient had been an elderly man with Parkinson's and severe contractures. Staff reported they went to feed Resident #2 and he vomited. Resident #2 had a feeding tube and can't eat. Resident #2 had a temperature (T) of 104 degrees Fahrenheit (F). The crew transferred the patient to the gurney and transported him to the County Regional Hospital at 3:21 PM.</p> <p>During an interview on 7/15/24 at 3:57 PM one of the EMS crew members that responded to the call confirmed when they arrived on the scene, Resident #2 laid in a supine position. The EMS crew members reported finding him in bed like that, wasn't the 1st time the crew found the same resident in the supine position to transport him. The crew member verbalized concern over Resident #1's position.</p> <p>The County Regional Hospital Emergency Room (ER) Progress Notes dated 6/28/24 at 3:25 PM reflected Resident #2 presented nonresponsive with a fever. Resident #2 had a history of Methicillin-resistant Staph coccus Aureus (MRSA) (infection resistant to</p>				

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 Iowa Code section 135C.43A (2013).

Facility Administrator

Date

**Department of Inspections and Appeals
Health Facilities Division
Citation**

Citation Number 10517					Report date August 7, 2024
Facility name Osage Rehab and Health Care Center		Survey dates July 12, 2024 - July 17, 2024			
Facility address 830 South Fifth Street					
City Osage		JB			
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date	
	<p>some medications) sepsis (full-body blood infection) in February 2024 from aspiration presented unresponsive from the nursing facility with a T of 104 degrees F. According to Staff A, Licensed Practical Nurse (LPN), a nursing home nurse, the last time staff saw him well was around 10 AM. They brought in his G-tube feeding that afternoon just prior to arrival, he vomited and became unresponsive. The patient moaned to verbal and painful stimuli.</p> <p>A Radiology Results dated 6/28/24 at 3:51 PM reflected Resident #2 had nonspecific opacities (hazy gray areas in the lungs caused by a decreased ratio of gas to soft tissue in the lungs) present in the right hemithorax (right side of the chest) most prominent in the medial (middle) lung base concerning for aspiration or pneumonia. The impression identified the new opacities in the right lung, most confluent in the lung base, concerning for aspiration or pneumonia.</p> <p>A County EMS Patient Care Report indicated the County Regional Hospital dispatched the crew at 5:18 PM, and they arrived on the scene at 5:30 PM. At 5:41 PM the crew transferred Resident #2 to a higher level of care hospital and arrived 6:19 PM.</p> <p>The Hospital's History of Present Illness report dated 6/28/24 indicated Resident #2 presented from the emergency department (ED) of an outlying</p>				

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 Iowa Code section 135C.43A (2013).

**Department of Inspections and Appeals
Health Facilities Division
Citation**

Citation Number 10517					Report date August 7, 2024
Facility name Osage Rehab and Health Care Center					Survey dates July 12, 2024 - July 17, 2024
Facility address 830 South Fifth Street					
City Osage		JB			
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date	
	<p>facility for septic shock. The nursing facility found him unresponsive, covered with vomit, and running high fever of 104. This prompted an immediate transfer to the local ED. The last time they reported him as well at 10 AM on 6/28/24. He moaned to verbal and painful stimuli. His blood pressure on arrival at the outlying facility ED was 60s systolic (average systolic blood pressure 120), they gave 2 liters (L) of normal saline fluid bolus, but due to his persistent hypotension (low blood pressure), they started peripheral Levophed (medication used to increase blood pressure). His chest x-ray showed multiple patches likely concerning for aspiration pneumonia (infection caused by breathing particulates into the lungs. The nursing home reported Resident #2 had a blocked indwelling catheter, his bladder scan showed greater than 920 milliliters (ml), the ED flushed the catheter. "Chocolate milk-like" fluid returned after the flush. The ED gave him one dose of vancomycin (antibiotic), Zosyn (antibiotic), DuoNeb (nebulizer treatment to open the lungs), started on 6 L of high flow nasal cannula, and transferred him to a larger hospital for further management. Upon arrival to the critical care unit (CCU), Resident #2 noted unresponsive with a Glasgow coma score (GCS) of 4 (indicative of severe traumatic brain injury), fever of 102, blood pressure of 68/34 systolic (average 120/80) on 30 of Levophed and started vasopressin (medication used to increase blood pressure) and emergently intubated him. The team had difficulty intubating Resident #2 due to an enlarged tongue, when the team tried to intubate, his oxygen saturation dropped to 38% (expected greater than 90%). The team removed the laryngoscope</p>				

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 Iowa Code section 135C.43A (2013).

**Department of Inspections and Appeals
Health Facilities Division
Citation**

Citation Number 10517					Report date August 7, 2024
Facility name Osage Rehab and Health Care Center		Survey dates July 12, 2024 - July 17, 2024			
Facility address 830 South Fifth Street					
City Osage		JB			
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date	
	<p>(equipment used to visualize the throat while intubating a person) and bagged him with an Ambu bag (medical equipment used to breathe for a person), his oxygen saturation improved to 90%. During that time, Resident #2 had bilious vomitus (green or yellow vomit) coming out of his mouth. The team attempted to intubate with a D blade (curved intubation equipment), successfully. The team completed a bronchoscopy to suction out the vomitus from the lungs. The team started a central access and then started on broad-spectrum antibiotics.</p> <p>An Operative/Procedure Report form dated 6/28/24 at 5:27 PM indicated a Physician at the Hospital performed an Endotracheal Intubation for airway protection and respiratory failure.</p> <p>During an interview on 7/15/24 at 3:29 PM Resident #2's Physician confirmed he expected the staff elevate Resident #2's head of his bed as far as possible but agreed to 45 degrees for Resident #2's comfort. The Physician confirmed if Resident #2 laid flat that would have caused Aspiration.</p> <p>During an interview on 7/16/24 at 10:45 AM Resident #2's family member described Resident #2's current condition as gravely ill but still in the hospital. The staff at the hospital questioned brain damage due to oxygen deprivation. The family member also confirmed he observed Resident #2 positioned in a supine position during his tube</p>				

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 Iowa Code section 135C.43A (2013).

**Department of Inspections and Appeals
Health Facilities Division
Citation**

Citation Number 10517					Report date August 7, 2024
Facility name Osage Rehab and Health Care Center		Survey dates July 12, 2024 - July 17, 2024			
Facility address 830 South Fifth Street					
City Osage		JB			
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date	
	<p>feeding on two (2) separate occasions. He redirected the staff but he described them as incompetent and failed to listen.</p> <p>The Enteral Feeding policy and procedure revised May 2016 included the Purpose as administration of intermittent or continuous feeding by means of a tube when the oral route or oral intake had been insufficient. The form directed the staff to assist a resident/patient to a 30-45-degree semi-fowler's position and notify the Physician of any changes or concerns.</p> <p>FACILITY RESPONSE</p>				

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 Iowa Code section 135C.43A (2013).

Facility Administrator

Date