Citation Number #6093	er:	Date: May 1, 2023			2023	
Facility Name: Promedica N&	R Utica Ridge		Survey D			
3800 Commerc		TAG	March 27, 2023 – April 18, 2023			
Davenport, IA	52807					
Rule or Code Section	Natur	e of Violation	Fine Amount Correction Class date			
58.43(9)	resident shall receive ki times and shall be free and verbal abuse, exploinjury.  58.43(9) Allegations Allegations of dependent of dependent exported and investign chapter 235E and 481—  DESCRIPTION:  Based on clinical record interviews and facility proceed to conduct a thorough it a reportable incident in diversion for 13 out of 2 #18, #23, #24, #31, #35	review, resident and staff policy review, the facility failed nvestigation upon discovering	CLASS	\$500.00	0	UPON RECIPT

Facility Administrator Date

Page 1 of 24

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to lowa Code section 135C.43A (2013).

Citation Numb #6093	er:				Date: May 1,	2023
Facility Name: Promedica N&	R Utica Ridge		Survey D	ates:		
3800 Commerc		TAG	March 27	7, 2023 -	- April 18	3, 2023
Davenport, IA	52807					
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	1. The Minimum Data S dated 2/28/23, listed di included: chronic pain, rheumatoid arthritis. T Brief Interview for Men out of 15, indicating cog The resident's Physiciar included oxycodone HC milligram (mg) 1 tablet needed (PRN) for pain.  The Controlled Drug Ad documented Staff K, Lic signed out a dose of ox following days and time a., On 3/11/23 1 tab at b. On 3/11/23 1 tab at c. On 3/12/23 1 tab at 2 d. On 3/12/23 1 tab at 3 f. On 3/13/23 1 tab at 5 g. On 3/14/23	et (MDS) Assessment Tool, agnoses for Resident #18 fracture of left humerus, and he MDS listed the resident's tal Status (BIMS) score as 13 gnitively intact.  n Orders, dated 3/4/23, 14 (also called oxycodone IR) 5 by mouth every 6 hours as ministration Record (CDAR) sensed Practical Nurse (LPN) sycodone HCL 5 mg on the est 3:00 PM. 11:00 PM. 12:00 PM. 13:00 PM. 13:00 AM. 15:40 AM.				

Date

Facility Administrator

Page 2 of 24

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).

		-				
Citation Number #6093	er:				Date: May 1,	2023
Facility Name:			Survey D	ates:		
Promedica N&	R Utica Ridge					2022
-	s/City/State/Zip:	TAG	March 27	/, 2023 -	- Aprii 18	, 2023
3800 Commerc						
Davenport, IA	52807					
Rule or				Fine A	mount	Correction
Code Section	Natur	e of Violation	Class			date
	•					
	information in the resid	ntation per the Weights/Vitals lent's Electronic Health Record of a pain reassessment after pove PRN's.				
	diagnoses for Resident femur, muscle weaknes The MDS listed the resi 15, indicating a modera The resident's Physician included hydrocodone-	acetaminophen 5-325 mg 1				
		Staff K, signed out doses of 25 mg on the following days 00 PM. 2:30 PM. 2:30 PM. 10:00 PM. 1:30 PM. 1:30 PM. 1:30 PM. 1:30 PM. 10:00 PM. 10:00 PM.				

Date

Facility Administrator

Page 3 of 24

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).

Citation Number	er:			Ī	Date: May 1,	2023
Facility Name: Promedica N&F	R Utica Ridge		Survey D	ates:		
Facility Address	s/City/State/Zip: e Blvd	TAG	March 27	7, 2023 -	- April 18	3, 2023
Davenport, IA	52607					
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	j. On 3/14/23 1 tab at 2	:30 PM.				
	The March 2023 EMAR lacked documentation of the above doses being administered by Staff K.  Review of pain documentation per the Weights/Vitals information in the resident's electronic health record (EHR) revealed the lack of a pain reassessment after administration of the above PRN's.					
	diagnoses for Resident humerus, and type 2 dia					
	included hydrocodone- mouth every 6 hours PF	APAP 5-325 mg 1 tablet by RN for pain.				
		Staff K signed out a dose of 325 mg on the following days 1:45 PM.				
	The March 2023 EMAR above dose being admir	lacked documentation of the nistered by Staff K.				

Date

Facility Administrator

Page 4 of 24

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to lowa Code section 135C.43A (2013).

		•		ĺ		
Citation Number	er:				Date:	
#6093					May 1,	2023
Facility Name:	n Haine Dielen		Survey D	ates:		
Promedica N&F			March 2	7 2022	April 10	2022
-	s/City/State/Zip:	TAG	March 2	7, 2023 -	- April 10	, 2023
3800 Commerc						
Davenport, IA	52807					
Rule or				Fine A	mount	Correction
Code Section	Natur	e of Violation	Class			date
			•			
		Tool, dated 3/8/23, listed				
	_	#31 included: trigeminal				
	• •	in face), chronic obstructive				
		Type 2 diabetes. The MDS				
listed the resident's BIN		•				
	indicating cognitively in	tact.				
	The resident's Physiciar	Orders dated 3/1/23				
		APAP 5-325 mg 1 tablet by				
	mouth every 6 hours PF	•				
	The CDAR documented	Staff K signed out a dose of				
		325 mg on the following days				
	and times:	· · · · · · · · · · · · · · · · · · ·				
	a. On 3/5/23 1 tab at 2:	00 PM.				
	b. On 3/5/23 1 tab at 8:	00 PM.				
	c. On 3/9/23 1 tab at 2:	00 PM.				
	d. On 3/9/23 1 tab at 9:	00 PM.				
	e. On 3/13/23 1 tab at 2	2:15 PM.				
	f. On 3/13/23 1 tab at 8	:00 PM.				
	g. On 3/14/23 1 tab at 1	:30 AM.				
		lacked documentation of the				
	above doses being adm	inistered by Staff K.				

Page **5** of **24** 

Facility Administrator

Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to lowa Code section 135C.43A (2013).

Citation Number	er:				Date: May 1,	2023
Facility Name:			Survey D	ates:		
Promedica N&I			March 27, 2023 – April 18, 2023			2023
Facility Address 3800 Commerc	s/City/State/Zip:	TAG	IVIAI CII Z	, 2023	April 10	, 2023
Davenport, IA						
, ,						
Rule or				Fine A	mount	Correction
<b>Code Section</b>	Natur	e of Violation	Class			date
	5. The MDS Assessmen	t Tool, dated 3/20/23, listed				
	diagnoses for Resident					
	_	listed the resident's BIMS				
	score as 14 out of 15, ir	dicating cognitively intact				
		0 1 10 10 10 100				
	· · · · · · · · · · · · · · · · · · ·	Orders, dated 2/17/23, L 5 mg 1 tablet by mouth every				
	•	nd 2 tablets by mouth every 2				
	hours PRN for pain.	ia 2 tablets by mouth every 2				
	·					
		Staff K signed out doses of				
	,	the following days and times:				
	a. On 3/8/23 2 tabs at 4					
	b. On 3/10/23 1 tab at 2 c. On 3/10/23 1 tab at 8					
	d. On 3/11/23 1 tab at 3					
	e. On 3/11/23 1 tab at 9					
	f. On 3/12/23 1 tab at 7					
	g. On 3/13/23 1 tab at 1					
	h. On 3/13/23 1 tab at 6 i. On 3/14/23 1 tab at 3					
	1. On 3/14/23 1 tab at 3	.40 AIVI.				
	The March 2023 EMAR	lacked documentation of the				
	above doses being adm	inistered by Staff K.				
		t Tool, dated 3/20/23, listed #49 included: Bacteremia				

\_\_\_\_\_\_ Facility Administrator Date

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Page 6 of 24

		-		i		
Citation Number	er:				Date:	
#6093					May 1,	2023
Facility Name:	- · · · · - · · ·		Survey D	ates:		
Promedica N&I	R Utica Ridge		Namela 2	. 2022	A!! 4.0	2022
-	s/City/State/Zip:	TAG	March 27	/, ZUZ3 -	- Aprii 18	, 2023
3800 Commerc						
Davenport, IA	52807					
Rule or				Fine A	mount	Correction
<b>Code Section</b>	Natur	e of Violation	Class			date
	(bacteria in bloodstrear	n), kidney failure, and diabetes				
	mellitus type 2. The MI	OS listed the resident's BIMS				
	score as 15 out of 15, ir	ndicating cognitively intact				
		0 1 1 10/00/00				
	-	Orders, dated 2/28/23,				
•		- APAP 10-325 mg 1 tablet by				
	mouth every 8 hours PF	KN for pain.				
	The CDAR documented	Staff K signed out doses of				
		325 mg on the following days				
	and times:	ozo mg on the renowing days				
	a. On 3/8/23 1 tab at 4:	15 PM.				
	b. On 3/8/23 1 tab at 10					
	c. On 3/10/23 1 tab at 2					
	d. On 3/10/23 1 tab at 9	9:00 PM.				
	e. On 3/11/23 1 tab at 4	1:00 PM.				
	f. On 3/11/23 1 tab at 9	:30 PM.				
	g. On 3/12/23 1 tab at 2	2:00 PM.				
	h. On 3/12/23 1 tab at 8	3:00 PM.				
	i. On 3/13/23 1 tab at 1					
	j. On 3/13/23 1 tab at 6	:00 AM.				
	The March 2023 EMAR	lacked documentation of the				
	above doses being adm					
		•				
	7. The MDS Assessment	t Tool, dated 3/9/23, listed				
		#59 included: Radiculopathy of				

\_\_\_\_\_\_ Facility Administrator Date

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Page 7 of 24

		-				
Citation Number #6093	er:				Date: May 1,	2023
Facility Name:			Survey D	ates:		
Promedica N&F	R Utica Ridge					
Facility Address	s/City/State/Zip:	TAG	March 27, 2023 – April 18, 2023			
3800 Commerc	· •					
Davenport, IA	52807					
-						
Rule or				Fine A	mount	Correction
Code Section	Natur	e of Violation	Class			date
	lumbar region (pinched	nerve in lower back), heart				
		tructive pulmonary disease.				
		dent's BIMS score as 14 out of				
	15, indicating cognitive	ly intact.				
	· · · · · · · · · · · · · · · · · ·	0   1   10/40/00				
	-	Orders, dated 3/13/23,				
included oxycodone HC		,				
	every 6 hours PRN for p	odin.				
	The CDAR documented	Staff K, signed out doses of				
		the following days and times:				
	a. On 3/13/23 1 tab at 2	• .				
	b. On 3/13/23 1 tab at 1					
	. ,					
	The March 2023 EMAR	lacked documentation of the				
	above doses being adm	inistered by Staff K.				
		t Tool, dated 2/28/23, listed				
	_	#87 included: sepsis, and				
	•	sted the resident's BIMS score				
		ng a moderate cognitive				
	impairment.					
	The resident's Physician	o Orders, dated 2/24/23,				
	-	- APAP 5 -325 mg 1 tablet by				
	•	RN for pain; and hydrocodone -				
		ts by mouth every 6 hours PRN				

\_\_\_\_\_\_ Facility Administrator Date

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Page 8 of 24

Citation Number #6093	er:	Date: May 1, 202			2023	
Facility Name: Promedica N&I	R Utica Ridge		Survey D			
3800 Commerc		TAG	March 2	7, 2023 -	- April 18	3, 2023
Davenport, IA	52807					
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	for pain.					
	hydrocodone-APAP 5-3 and times: a. On 3/5/23 1 tab at 3: b. On 3/5/23 1 tab at 9: c. On 3/9/23 1 tab at 3: d. On 3/9/23 2 tabs at 9: e. On 3/13/23 2 tabs at 9: e. On 3/13/23 2 tabs at 9: for March 2023 EMAR above doses being adm  9. The MDS Assessment for Resident #90 including renal disease, and neur listed the resident's BIN indicating cognitively in The resident's Physician included: a. Hydrocodone APAP 5 mouth every 4 hours PR	30 PM. 00 PM. 0:00 PM. 4:00 PM. 4:00 PM. lacked documentation of the inistered by Staff K.  t Tool, dated, listed diagnoses ed: pelvic fracture, end stage opathy (nerve pain). The MDS MS score as 14 out of 15, tact.  orders, dated 3/9/23, 6-325 mg 1 to 2 tablets by				

Facility Administrator Date Page 9 of 24

Citation Number: #6093 Facility Name: Promedica N&R Utica Ridge			Survey D		Date: May 1,	
Facility Address/City/S 3800 Commerce Blvd	State/Zip:	TAG	iviarch 2	7, 2023 -	- April 18	, 2023
Davenport, IA 52807						
Rule or				Fine A	mount	Correction
Code Section	Natur	e of Violation	Class			date
hydro and ti a. On b. On c. On d. On receive. On receive. On receive. On The Cloraze times: a. On b. On The receive every. The Cloxyco times: a. On b. On b. On b. On	codone-APAP 5-3 mes: 3/9/23 2 tablets a 3/9/23 2 tablets a 3/13/23 2 tablets a 3/13/23 1 tablet a ded date of 3/7/23 3/13/23 1 tablet a ded date of 3/10/2 3/14/23 2 tablets  DAR documented apam 0.5 mg 1 tablet a 3/9/23 1 tab at 8: 3/9/23 1 tab at 8: 3/13/23 1 tab at 8: 3/13/23 1 tab at 6 ded: oxycodone HG 4 hours PRN for part of the done HCL 10 mg of the design of the done HCL 10 mg of the design of the done HCL 10 mg of the design of the design of the done HCL 10 mg of the design of the design of the design of the done HCL 10 mg of the design of the desig	at 9:00 PM. at 9:00 PM - count sheet with at 9:00 PM - count sheet with at 9:00 PM - count sheet with a. at 4:15 AM.  Staff K signed out doses of alet on the following days and at 00 PM. at 000 PM. Count Sheet with at 3:15 PM. at 3:15 PM. at 7:00 PM.				

Facility Administrator	Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to lowa Code section 135C.43A (2013).

Page 10 of 24

Citation Number	er:				Date: May 1,	2023
Facility Name:			Survey D	ates:		
Promedica N&I			March 27	7 2022 -	_ Anril 19	2022
-	s/City/State/Zip:	TAG	IVIAI CII Z	7, 2023 -	- April 10	, 2025
3800 Commerc Davenport, IA						
Davenport, IA	32807					
Rule or				Fine A	mount	Correction
Code Section	Natur	e of Violation	Class			date
	d. On 3/13/23 1 tablet a	at 2:40 AM.				
	e. On 3/13/23 1 tablet a	at 6:00 AM.				
	The March 2023 EMAR lacked documentation of the					
	above doses being adm	inistered by Staff K.				
	10. The MDS Assessmen	nt Tool, dated 3/17/23, listed				
		#252 included: fracture of right				
		chronic respiratory failure.				
	The MDS listed the resi	dent's BIMS score as 15 out of				
	15, indicating a severe	cognitive impairment				
	The resident's Physiciar	Orders, dated 3/11/23,				
	included hydrocodone-	APAP 5-325 mg (also called				
	Norco) 1 tablet by mou	th every 4 hours PRN for pain.				
	The CDAR documented	Staff K signed out doses of				
	hydrocodone 5-325 mg times:	on the following days and				
	a. On 3/12/23 1 tablet a	at 5:15 PM.				
	b. On 3/12/23 1 tablet a	at 9:40 PM.				
	c. On 3/13/23 1 tablet a					
	d. On 3/13/23 1 tablet a					
	e. On 3/14/23 1 tablet a	et 5:00 AM.				
	The March 2023 FMAR	lacked documentation of the				
	above doses being adm					

\_\_\_\_\_\_ Facility Administrator \_\_\_\_\_ Date

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Page 11 of 24

Citation Number: #6093  Facility Name: Promedica N&R Utica Ridge Facility Address/City/State/Zip:		TAG	Date: May 1, 2023  Survey Dates: March 27, 2023 – April 18, 2023					
3800 Commerce Davenport, IA 52	-							
•								
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date		
code Section	Natur	e or violation	Class			uate		
	information in the reside (EHR) revealed the lack administration of the all 11. The MDS Assessment diagnoses for Resident respiratory failure, type The MDS listed the resident's, indicating a severe of the resident's Physician included oxycodone-AP mouth every 6 hours PF The CDAR documented of oxycodone-APAP 10-and times:  a. On 3/12/23 1 tablet at the March 2023 EMAR above doses being administration of the color of t	nt Tool, dated 3/17/23, listed #254 included: chronic 2 diabetes, and heart failure. dent's BIMS score as 15 out of cognitive impairment a Orders, dated 3/7/23, AP 10-325 mg 1 tablet by RN for pain.  Staff K. LPN signed out doses 325 mg on the following days at 10:50 PM.						

Date

Facility Administrator

Page 12 of 24

Citation Number	er:				Date: May 1,	2023
Facility Name: Promedica N&F	P. Litica Pidgo		Survey D	ates:		
	s/City/State/Zip:	TAG	March 27, 2023 – April 18, 2023			
Davenport, IA	52807					
Rule or				Fine A	mount	Correction
<b>Code Section</b>	Natur	e of Violation	Class			date
	include a completed BIT  The resident's Physician included oxycodone-AP mouth every 6 hours PF APAP 5-325 mg 2 tablet for pain.  The CDAR documented oxycodone-APAP 5-325 times: a. On 3/13/23 2 tablets  The March 2023 EMAR above doses being adm  Review of pain docume information in the resid (EHR) revealed the lack administration of the all 13. The MDS Assessme diagnoses for Resident (infection in urinary tra-	AP 5-325 mg 1 tablet by RN for pain; and oxycodoness by mouth every 6 hours PRN  Staff K. signed out doses of mg on the following days and at 12:30 AM.  lacked documentation of the inistered by Staff K.  Intation per the Weights/Vitals lent's electronic health record of a pain reassessment after pove PRN's.  Int Tool, dated 3/21/23, listed #257 included: acute cystitis ct). The MDS listed the s 9 out of 15, indicating a				

Facility Administrator Date

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Page 13 of 24

		-					
Citation Number #6093	er:				Date: May 1,	2023	
Facility Name: Promedica N&	R Utica Ridge		Survey D	ates:			
	s/City/State/Zip:	TAG	March 27, 2023 – April 18, 2023				
Davenport, IA	52807						
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date	
	included oxycodone HC 4 hours PRN for pain. The CDAR documented of oxycodone HCL 5 mg times: a. 3/12/23 1 tablet at 1	lacked documentation of the					
	Nursing Staff other than narcotic medication with the following dates and Hydrocodone-APAP 5-3 6 hours PRN for pain for a. On 2/22/23 1 tablet a determined.  b. On 2/22/23 1 tablet a determined. c. On 2/24/23 1 tablet a determined.	25 mg 1 tablet by mouth every					

Facility Administrator Date

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Page 14 of 24

Citation Number#6093	r:				Date: May 1,	2023
Facility Name: Promedica N&R	Utica Ridge		Survey D			
3800 Commerce		TAG	March 27, 2023 – April 18, 2023			
Davenport, IA 5	52807					
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	PRN for pain for Reside a. On 3/6/23 1 tablet at determined. b. On 3/7/23 1 tablet at determined. c. On 3/8/23 1 tablet at determined. Hydrocodone-APAP 5-3 every 4 hours PRN for pa. On 3/7/23 1 tablet at b. On 3/9/23 1 tablet at c. On 3/9/23 2 tablets at determined.	8:20 PM, unable to be 4:30 AM, unable to be 8:45 AM, unable to be tablet by mouth every 6 hours nt #18: 3:30 PM, unable to be 8:45 PM, unable to be 9:15 PM, unable to be				

Facility Administrator Date

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Page 15 of 24

Citation Number	er:				Date: May 1,	2023
Facility Name:	) likica Didaa		Survey D	ates:		
Promedica N&F			March 27	7 2023 -	– Anril 18	2023
3800 Commerce	s/City/State/Zip:	TAG	Widi Cii 22	, 2023	April 10	,, 2023
Davenport, IA						
Davenport, IA	32007					
Rule or				Fine A	mount	Correction
<b>Code Section</b>	Natur	e of Violation	Class			date
			•			
	6 hours PRN for pain fo	r Resident #254				
		10:15 PM by Staff P, LPN.				
	• •	3/23 1 tablet at 5:15 PM unable to be				
	determined.					
	c. On 3/9/23 1 tablet at	5:15 PM unable to be				
	determined.	at F. 4F ANA law Chaff O. DNI				
	e. On 3/11/23 1 tablet a	et 5:45 AM by Staff Q, RN.				
	determined.	at 3.50 Pivi uliable to be				
		t 11:30 AM unable to be				
	determined.	0 12100 / IIII dilidale to ae				
	Upon request for an up	dated Staff Signature List, the				
		s from 2019, 2020, 2021, and				
	* *	le signatures listed above as				
	unable to be determine	d.				
	_	4/6/23 at 1:38 PM, Staff M,				
		MedBridge Unit during first				
		urse is assigned a medication				
		significantly heavier for one				
		Il off then the nurses divide up				
	the workload. Staff M e	ards, including narcotics, are				
	·	ands, including narcotics, are another. Staff M stated the				
		it before and after the cards				
	•	ed there is not a tracking				
		the time the cards are moved,				

\_\_\_\_\_\_ Facility Administrator \_\_\_\_\_ Date

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Page 16 of 24

Citation Number	er:				Date: May 1,	2023
Facility Name:			Survey D	ates:		
Promedica N&F	R Utica Ridge					
Facility Address	s/City/State/Zip:	TAG	March 27, 2023 – April 18, 2023			, 2023
3800 Commerc	e Blvd					
Davenport, IA	52807					
Rule or				Fine A	mount	Correction
<b>Code Section</b>	Natur	e of Violation	Class			date
	Staff M stated the Unit verbally.	e, and when they are returned.  Managers are kept informed				
	During an interview on 4/11/23 at 1:05 PM, Staff N, Registered Nurse (RN)/Unit Manager stated during					
		possible drug diversion				
	_	several weeks to determine				
		ents were taking and how				
		at nurses were giving, how				
	•	of administration. Staff N				
		fically at Staff K. Staff N stated				
		aff were also signing out				
		out not on the EMAR. Staff N				
	explained she did not p	ursue investigating these				
	incidents as they were i	not as frequent as Staff K. Staff				
	N stated she did not kn	ow how many times other				
	staff, or what staff were	e not documenting narcotics				
	on the EMAR after signi	ng them out on the CDAR.				
	When asked if 20 incide	ents of narcotics being signed				
	out on the CDAR but no	t documented on the EMAR by				
	various nurses is surpris	sing, Staff N stated no, she is				
	not surprised. Staff N e	xplained the facility relied on a				
	heavy presence of Ager	ncy Staff, and residents on the				
	_	ning and going for skilled				
	nursing services. Staff N	, ,				
		tic Audits prior to, or after she				
	discovered Staff K and o	others were signing out				

\_\_\_\_\_\_ Facility Administrator \_\_\_\_\_ Date

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Page 17 of 24

Citation Number	er:				Date: May 1,	2023
Facility Name:			Survey D	ates:		
Promedica N&F	R Utica Ridge				A	2022
-	s/City/State/Zip:	TAG	March 27, 2023 – April 18, 2023			, 2023
3800 Commerc						
Davenport, IA	52807					
Rule or				Fine A	mount	Correction
<b>Code Section</b>	Natur	e of Violation	Class			date
	narcotics on the CDAR a	and not the EMAR. Staff N				
	stated the facility does	not do Narcotic Audits on a				
		n there is a concern. Staff N				
	stated the purpose of a					
	patients are being taker	_				
		. Staff N stated if she knew				
	0 0	cotics out on the CDAR but not				
		have completed Medication				
	Cart Audits. Staff N con					
		ding narcotics, from one cart to				
		rkloads. Staff N stated the				
		re and after they are moved.  If orm the respective Unit				
		one. Staff N stated there is not				
		the cards are moved, where				
		when they are returned. Staff				
		estigation she talked to two				
	_	urse who works first and				
		talking to other nurses on				
		ot talk to any staff working				
		ed informing the contracting				
	Pharmacy of the drug d	iversion concern.				
	During an interview on	4/13/23 at 10:09 AM, Staff R,				
		worked a 12-week contract at				
	• ,	ed during the first two months				
		to move medication cards				
		er to even out the workload.				

\_\_\_\_\_\_ Facility Administrator \_\_\_\_\_ Date

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Page 18 of 24

		_				
Citation Number	er:				Date:	
#6093					May 1,	2023
			Γ_			
Facility Name:			Survey D	ates:		
Promedica N&I	R Utica Ridge					
Facility Address/City/State/Zip:		TAG	March 27, 2023 – April 18, 2023			, 2023
3800 Commerce Blvd						
Davenport, IA 52807						
Rule or				Fine A	mount	Correction
Code Section	Natur	e of Violation	Class			date
	Staff R stated the last m	nonth of her contract this				
	changed. Staff began to	share the carts. Staff R				
	reported the Main Nurs	se kept the keys. She stated it				
	was common for the M	ain Nurse to give the keys to				
	the nurse sharing the ca	art when they needed to				
	administer medication,	including a narcotic. Staff R				
		did not accompany the staff to				
	the cart when the medi	cations were pulled from the				
	cart.					
	~	4/13/23 at 11:20 AM, the				
	~ .	N) stated she was on vacation				
		o March 18, 2023) when Staff				
	_	t a missing Fentanyl patch. The				
		arse cell phone and internet				
		aff N to contact the Clinical				
	Nurse Consultant.					
	•	n she returned to work she				
		ed several nurses. The DON				
		of the nurses worked second				
	•	Third Shift Nurse had been				
		also stated she is unsure if				
	~	ants (CNA) were interviewed.				
	· ·	ware of staff, other than Staff				
		on the CDAR, but not on the				
		depending on the census, it is				
	an expectation that nur					
	MedBridge so the work	load is even. She stated she				

\_\_\_\_\_\_ Facility Administrator Date

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Page 19 of 24

Citation Number #6093	er:				Date: May 1,	2023
Facility Name:			Survey D	ates:		
Promedica N&I	R Utica Ridge					
Facility Address	s/City/State/Zip:	TAG	March 27, 2023 – April 18, 2023			3, 2023
3800 Commerc	e Blvd					
Davenport, IA	52807					
Rule or				Fine A	mount	Correction
<b>Code Section</b>	Natur	e of Violation	Class			date
	would expect staff to m	ove medication cards,				
	including narcotics, from	n one cart to another and this				
	usually only occurs bety	ween two nurses. The DON				
	stated there is not a po	licy for this practice, nor a				
	<i>o ,</i> .	e for when medication cards				
		rt to another and then back.				
	-	d know who administered				
	, ,	at the documentation. The				
		vare of staff sharing carts				
	_	ds, and sharing the keys during				
		ed the daily shift assignments				
	_	ect if a staff covered a hallway				
	other than the original	_				
	explained any changes					
		onthly Schedule. The DON				
	-	changes in cart assignments the ne DON stated after the Self				
	•	is submitted, the facility				
	'	ion on signing out a narcotic on				
	•	R. The DON denied having				
		Cart/Narcotic Audits since the				
	-	are if the Unit Managers have				
		DON reported she is unaware				
	•	acy had been notified of the				
	drug diversion concern.	-				
	During an interview on	4/13/23 at 11:59 AM, the				
	Administrator stated sh	e was on vacation at the time				

Facility Administrator Date

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Page 20 of 24

		-				
Citation Number: #6093					Date: May 1,	2023
					101dy 2,	2023
Facility Name:			Survey D	ates:		
Promedica N&I	R Utica Ridge					
Facility Address	s/City/State/Zip:	TAG	March 27, 2023 – April 18, 2023			, 2023
3800 Commerc	e Blvd					
Davenport, IA	52807					
Rule or				Fine A	mount	Correction
<b>Code Section</b>	Natur	e of Violation	Class			date
	of possible drug diversi	on. She stated she had				
	received an email of the	e concern and the Regional				
	Clinical Consultant assis	sted Staff N in completing the				
	~	inistrator stated Staff N did not				
	, ,	experience, and is fairly new to				
	_	She stated she is not certain if	is not certain if			
	_	t came on site to assist. The				
	Administrator stated w					
		ne rest of the investigation. She				
	explained the DON did	_				
		cy/Contract Nursing Staff. The				
		ere was nothing for the DON				
		s Audits or monitoring as Staff				
	K was no longer workin	•				
	Administrator stated sh					
	~	tation from the Regional				
		Administrator denied knowing				
		ncidents of nurses signing out				
		but not on the EMAR. She				
	~	nt number. The Administrator				
	explained the facility co	•				
		arcotics on the CDAR and the				
		or denied completion of Audits				
		e Administrator reported the				
	•	est Staff K diverted medications esident's #18, #59, and #87). It				
		K was on the cart with the				
	rentanyi paten (Kesider	nt #247) and she diverted that				

Facility Administrator Date

Page 21 of 24

		-				
Citation Number: #6093					Date: May 1,	2023
Facility Name:			Survey D	ates:		
Promedica N&I	R Utica Ridge		-			
Facility Address	s/City/State/Zip:	TAG	March 27, 2023 – April 18, 2023			
3800 Commerc	e Blvd					
Davenport, IA	52807					
Rule or				Fine A	mount	Correction
<b>Code Section</b>	Natur	e of Violation	Class			date
	medication as well. The	Administrator stated she				
	talked to the Consulting	g Pharmacy to ensure residents				
	where reimbursed if ne	eded, but she had not				
	discussed the specific of	oncern of a drug diversion.				
	<b>5</b>	4/43/33 - 4 4 4 5 5 4 1 4 1				
	_	4/13/23 at 1:44 PM, the				
	_	ant (RNC) stated Staff N did				
		drug diversion incident and				
		plan. The RNC explained				
	•	ecall the name of the staff, Staff				
	•	staff in mind. The RNC then				
	•	Il all of the Narcotic Sheets to				
		outliers. The RNC reported she				
		the suspected nurse was taken				
		NC stated Staff N had identified				
		narcotic on the CDAR, but not				
		r, this was not as frequent. She t know how often this had				
		ed she believed Staff N called				
		recall seeing any investigative				
		eported she does not believe				
		the investigation, but would				
		edule. She further stated she				
		oout something else but does				
		RNC explained she did not				
		rigation component of the				
	situation. She added it	-				
		to be involved even if on				
	Administrator and DON	to be involved even in on		l		

Facility Administrator

Date

Page 22 of 24

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).

Citation Number: #6093					Date: May 1, 2	2023	
Facility Name: Promedica N&F	R Utica Ridge		Survey D				
3800 Commerc		TAG	March 27, 2023 – April 18, 2023				
Davenport, IA	52807						
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date	
	Pharmacy had been infordrug diversion.  Review of a facility policy Medication and Treatm Documentation Sections a. Document immediate per stated specific stands. Administration of PR reason for the PRN medic. The Licensed Nurse is documentation is compadministered during the Under the Controlled Scincluded the direction: a. Controlled substance nurse needs to relinquis	ely following administration or dards.  N medications include specific dication and the effectiveness. It is responsible for validating the olleted for any medication					

Facility Administrator Date

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Page 23 of 24

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Citation Number:						Date:	
#6093						May 1, 2	2023
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Facility Name:			ĺ	Survey D	ates:		
Promedica N&R Utica Ridge				Survey Dates:			
				March 27, 2023 – April 1		- Anril 10	2023
Facility Address/City/State/Zip:		TAG March 27, 2023		, 2023 -	5 – April 18, 2023		
3800 Commerce Blvd							
Davenport, IA 52807							
						_	
Rule or		6. 0. 1			Fine Amount		Correction
Code Section	Natur	e of Violation		Class			date
			<u> </u>	<u> </u>			
	<b>FACILITY RESPONSE:</b>						

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to lowa Code section 135C.43A (2013).

Page 24 of 24