

Department of Inspections and Appeals
Health Facilities Division
Citation

Number 5910		Report date November 3, 2022		
Facility name Grandview Health Care Center		Survey dates October 4, 2022- October 20, 2022		
Facility address 508 Second Street NE				
City Dayton		JB		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
58.19(2)j	<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(2) Medication and treatment.</p> <p><i>j.</i> Provision of accurate assessment and timely intervention for all residents who have an onset of adverse symptoms which represent a change in mental, emotional, or physical condition. (I, II, III)</p> <p>DESCRIPTION:</p> <p>Based on clinical record reviews, facility policy reviews, hospital clinical records, the Centers for Disease Control and Prevention (CDC), and staff interviews the facility failed to provide adequate monitoring and assessment of 1 of 3 residents with a catheter to identify an infection (Resident #15). Resident #15 had a history of urinary tract infection (UTI). The Certified Nurse Aide (CNA) reported signs and symptoms of a UTI to the nurse. The clinical record lacked an assessment on the evening shift of 10/8/22 and on the overnight shift of 10/9/22. The nurse observed the resident shaking and complaining of freezing with a low body temperature between 5 a.m. and 6 a.m. with no report to the physician. At 8 a.m. the resident had</p>	I	<p>\$8,500.00</p> <p>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).

Facility Administrator

Date

Department of Inspections and Appeals
Health Facilities Division
Citation

	<p>pain in his lower abdomen with pressure and was slow to respond, with still no call to the physician. At 10:15 a.m. the resident did not respond, his face appeared flushed, diaphoretic (sweaty), with clammy skin. The resident had a low blood pressure. The nurse called the physician who ordered the resident to be transferred to the hospital. Upon evaluation in the hospital, the resident received a diagnosis of septic shock, a life threatening condition. The facility reported a census of 25 residents.</p> <p>Findings include:</p> <p>According to the Minimum Data Set (MDS) assessment dated 7/31/22 Resident #15 scored a 9 on the Brief Interview for Mental Status (BIMS) indicating moderate cognitive impairment. The resident required extensive assistance with toilet use and personal hygiene. The resident had an indwelling urinary catheter. The MDS included a diagnosis of acute kidney failure.</p> <p>The current Care Plan revised 8/26/22 identified the resident with an alteration in urinary elimination related to retention and neurogenic bladder. The interventions included</p> <ol style="list-style-type: none"> a. Changing the catheter monthly and as needed (PRN). b. Catheter care every shift and PRN. c. Changing the drainage bag 2 times a month and PRN. <p>The Progress Notes dated 5/29/22 at 11:31 a.m. documented that the nurse became aware that the resident had complaints of discomfort to his urinary catheter site. An assessment revealed the resident's vitals as a blood pressure of 152/88 (average 120/80), a pulse of 91 (average 80-100), respirations of 17 (average 12-20), temperature of 99.4 (average 98.6), a pulse oximeter of 93% (average 90-100%), and a fasting blood sugar (FBS)</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

	<p>of 213 (average 70-150). The resident appeared alert but slow to respond, he experienced tremors, and a urine output of 75 cubic centimeters (cc) by the end of the shift (average output for eight hours 240 cc). The resident's condition declined rapidly. The Physician notified, and ordered to send the resident to the hospital.</p> <p>At 1:03 p.m. the hospital called to update that the hospital admitted the resident to the third floor for a UTI.</p> <p>A History and Physical dated 5/30/22 documented that the resident had an indwelling urinary catheter and presented to the hospital with a fever. The assessment determined the chronic indwelling urinary catheter to be clogged. The hospital staff changed it. In the emergency room (ER) the resident initially had low blood pressure that improved with intravenous (IV) fluid. The resident's principal problem was a UTI with catheterization of the urinary tract.</p> <p>The Summary of Hospitalization documented at the resident's time admission he also had an acute kidney injury (AKI), improved.</p> <p>The Progress Notes dated 6/3/22 at 6:06 p.m. documented that the resident readmitted to the facility at 4:45 p.m. The resident appeared alert and oriented without complaints of pain. The resident would resume all prior medication. Cefdinir (antibiotic) to be taken orally for two days, one 300 milligram capsule for two days.</p> <p>The Progress Notes dated 9/5/22 at 5:10 p.m. documented the staff attempted to irrigate the resident's catheter three times during their shift. The urinary catheter had dark red blood with sediment and clots come out. The resident complained of pain and had a distended abdomen. The nurse called the physician for an order to transport the resident to the ER for evaluation and treatment.</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

	<p>On 9/6/22 at 12:36 a.m. the resident returned from the ER in the facility van in a wheelchair status post catheter replacement, intact, and patent. The resident's hospital documentation included diagnoses of acute cystitis (inflamed bladder) with hematuria (blood in the urine) and UTI. The resident new orders for Keflex (antibiotic) 500 mg three times a day and to encourage fluids. The resident denied pain or discomfort.</p> <p>An emergency department (ED) report dated 9/5/22 at 7:12 p.m. documented that the resident presented to the ED for blood in his urine. The resident had an indwelling urinary catheter, without a clear reason for him being there. The resident said the nurses where he lived tried to do something with it, or had trouble removing it, and that's when it became bloody. It was unclear what happened where he lived. The resident also said one of their nurses changed his catheter (before the physician went in to see him). The resident said he had no pain and was ready to go home. The resident had an abnormal urinalysis. It was unclear what exactly occurred with the urinary catheter to necessitate the resident's ED visit. All symptoms resolved after the replacement of his urinary catheter. Since there was uncertainty regarding the underlying events necessitating the resident's going to the ER and a large amount of white blood cells the physician would treat empirically or presumptively with antibiotics. The resident would return to the facility with a new catheter in place and asymptomatic. The impression was a problem with the catheter, acute cystitis, and hematuria. The resident returned to the facility with new orders for Cephalexin 500 mg one capsule three times a day for seven days.</p> <p>The Progress Notes dated 10/9/22 at 10:15 a.m. documented a Certified Nursing Assistant (CNA) reported that the resident had not eaten any</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

	<p>breakfast and wasn't verbally responding to her. The nurse assessed the resident's condition and observed the resident's face flushed. When the nurse pulled back his blankets, he was covered in sweat with clammy skin. The resident had a blood pressure of 80/54, heart rate of 90, pulse oximetry fluctuating between 90-94% on room air, temperature 98.9, and respirations of 20. Nonverbal responses, but would open his eyes when spoken to. Blood sugar 139. The nurse called the physician, who provided orders to send him by ambulance to the hospital. The nurse called the emergency medical technicians (EMT's) to transfer him to the ED. The nurse called the resident's family and left a voicemail to return their call. The nurse called the ED and gave a nurse to report to a hospital Registered Nurse (RN).</p> <p>At 2:18 p.m. staff called the ED to follow up on the resident's condition. The staff spoke with a Physician who reported they were admitting him to the intensive care unit (ICU) for septic shock, intravenous (IV) fluids, and IV antibiotics. The physician stated that they placed a new catheter due to large amounts of pus in the old catheter. The Physician stated the resident appeared more alert and starting to be able to answer questions.</p> <p>The Ambulance report dated 10/9/22 at 10:45 a.m. documented the resident's skin as clammy with a somnolent (sleepy, drowsy) mental status. The report indicated the patient's condition as unresponsive for two hours. The resident's pulse oximetry read 86%. At the scene the resident could only respond to painful stimuli of a sternal rub. He opened his eyes and made a noise. The EMTs checked the resident's pulse oximetry and the EMT's immediately put the resident on oxygen at 4 liters per nasal cannula (L/NC) with improvement shown. The nurse stated the resident last seen acting normal at 6 a.m. The resident did not eat breakfast and became unresponsive by 8 a.m. During transport the EMTs noticed a terrible smell</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

	<p>from his indwelling catheter, with his abdomen slightly distended, and he grimaced with palpation (touch).</p> <p>A History and Physical dated 10/9/22 at 1:59 p.m. documented that the resident had a past medical history that included chronic kidney disease (CKD) stage IV, chronic catheter placement secondary to urinary retention, urology follows, recurrent UTIs, and type II diabetes. The resident presented from the facility after he developed hypotension after changing his chronic indwelling urinary catheter. Upon presentation to the emergency department, the resident had a low blood pressure (hypotensive). He was provided with IV fluid resuscitation (specialized fluids through the IV) and required pressor (medications used to raise the blood pressure) support with low-dose Levophed (medication similar to adrenaline, used to treat life-threatening low blood pressure). After replacement of the catheter, it drained grossly purulent urine (an elevated number of white blood cells in the urine, which can cause the urine to appear cloudy or contain pus). The resident also had an altered mental status and appeared minimally responsive. Following resuscitation his mentation improved although he still had encephalopathic (altered brain function). The resident could not provide a history given his clinical condition. The staff obtained a majority of his history through chart review. His laboratory work indicated leukocytosis and a severely elevated Procalcitonin level (indicator of infection). A UA showed evidence of frank infection. The provider started the patient on Zosyn and Levofloxacin due to his prior history of resistant E. coli and Morganella species in previous urine samples. A computerized tomography (CT) scan of the head was negative for acute findings. The provider admitted the resident to the ICU for continued support. The resident's Lab work showed a white blood count of 17.41 (normal 5-10).</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

	<p>The Endothelial Dysfunction of the Kidney in Sepsis dated 2019 retrieved from https://www.sciencedirect.com/science/article/pii/B9780323449427000893 indicated that fluid resuscitation is the cornerstone of the management of sepsis-induced acute kidney injury.</p> <p>Staff interviews included:</p> <p>On 10/11/22 at 1:45 p.m. Staff C, Licensed Practical Nurse (LPN), stated on October 9th she came in a little before 5:00 a.m. to relieve the night nurse. The night CNA reported the resident's urine seemed more cloudy than usual. She said the first thing she did was flush the catheter which had about 100 cc's in it at the time. She flushed it with 60 cc's of normal saline and felt like he got another 300 out, and none of that was documented. She said when they went and checked on him he shook like he was cold. As he only had a sheet on, they covered him up. His temperature was down to 95 point something. She checked his vital signs and he did not have a low blood pressure until she checked on him at 10:15 a.m. At that time, his vital signs were off. She did not document some information but had it in her notebook. She retrieved the notebook.</p> <p>Staff C's Notebook included the following information: Sunday 10/9/22, the resident shaking, no pain reported, denied dyspnea, harsh, short respirations on expiratory breaths, blood sugar of 133. At 6 a.m. temperature of 95.5, heart rate 64, respirations 20, blood pressure 136/80, pulse oximetry 92% on room air, lung sounds clear to auscultation, flushed catheter with 60 cc of normal saline. At 8:10 a.m. the resident complained of pain to his lower abdomen with pressure. Slow to verbally respond, eyes open, lung sounds clear, pulse oximetry 90% down to 88% on room air. Blood pressure 122/60, heart rate 74, respirations 18, temperature 98. Urine dark yellow, cloudy, with sediment noted.</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

	<p>On 10/11/22 at 3:01 p.m. an RN at the hospital (when the resident transferred) stated the resident arrived at the hospital in poor condition. She said the catheter bag had pus in it, and the pus also came out around the catheter. The RN said that did not just happen. Someone should have noticed it before this. The physician did an ultrasound of his abdomen, and she obtained 500 cc when she changed the catheter. It didn't appear the resident had been cleaned in a while.</p> <p>On 10/11/22 at 4:34 p.m. the ER physician stated the resident was quite ill when he got to the ER. He had urine that was tremendously foul in odor. The resident had distension in the abdomen. He did a scan and his bladder was full. They changed the catheter and he had a large amount of pus that came immediately. The pus had also leaked around the catheter and on to his perineum. The ER physician said this didn't just start when he arrived at the ER. He said the resident was in septic shock and had to be treated for a low blood pressure, and he was basically unresponsive.</p> <p>On 10/12/22 at 11:20 p.m. the resident's personal Physician stated septic shock is a continuum of sepsis. She said (when they called her) Staff C did a nice job of presenting the information, and that he needed to go to the hospital. She couldn't say if she should have been called earlier. She said if they had called earlier and they reported that he had trouble with his catheter or his urine she probably would have sent him (to the hospital) because of his history.</p> <p>At 12:29 p.m. the physician communicated septic shock was life threatening, and the resident was probably at an early stage when Staff C called her, was her best estimate.</p> <p>On 10/12/22 at 2:35 p.m. Staff E, CNA, stated that on the night shift of October 9th she went to check</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

	<p>on the resident at about 5:00 a.m. When she went in he was shaking really bad and she knew something was wrong, he had never done that before. He said he was freezing, so she got him more blankets, then she went right away, and reported it to Staff C. She said Staff C checked his vitals and they were okay at that point. She said when she emptied his catheter his urine appeared really different. It looked like apple cider and it was really thick, like the consistency of applesauce. She said that it smelled really foul. She said that she thought he had output that night. She can't remember if it was 250 or 500, she usually told someone. She said she'd told the night nurse about his urine, the way it smelled and the way it looked. The night nurse said that he had sediment in his urine. Staff E said it didn't look like sediment.</p> <p>On 10/12/22 at 3:20 p.m. Staff G, CNA, stated that she worked the 2 to 10 shift on Saturday, 10/8/22. She reported being worried about the resident because of the way his urine looked and smelled. He had less output, the urine looked dark and foggy and it smelled very strongly, not like it normally did. She was concerned, so she reported it to the nurse, Staff A, LPN. Staff A dismissed her and told her that it was like that because he'd had a recent catheter change. She also reported that she felt his behavior had changed in the way he was acting. She wasn't surprised to learn that he had gone to the hospital when she returned to work on Sunday (10/9/22) at 2:00 p.m.</p> <p>On 10/12/22 at 3:54 p.m. Staff A stated she worked from 6 p.m. on Saturday, 10/8/22, until the following morning. She denied getting reports about concerns with the resident's urine or with the way the resident acted.</p> <p>On 10/13/22 at 8:55 a.m. Staff H, CNA, stated that on the day shift of 10/9/22 she did not provide care for the resident. She probably went in and checked</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

	<p>on him. She said Staff I, CNA, went to the kitchen, so it was just her and Staff F, CNA, on the floor. She said the resident required two people to assist with his care. She didn't know much about what went on until they were sending him out.</p> <p>On 10/13/22 at 9 a.m. Staff I stated she worked the kitchen Sunday morning. She took the resident's tray to him for breakfast and he didn't look right. He had his eyes open and he tried to respond to her but could not. She reported this to the nurse, Staff C. When she picked up his tray he did not eat anything from it and he did not respond.</p> <p>On 10/13/22 at 11:21 a.m. Staff F stated the only thing she did with the resident on 10/9/22 was give him his food. He usually fed himself, but he was not responsive. She did not do peri care on him, as they usually did it after breakfast.</p> <p>On 10/13/22 at 11:48 a.m. the acting Director of Nursing (DON) stated she did not know there was a problem until the surveyor started asking for things. She said there was nothing documented on 10/9/22 prior to right before the resident transferred out. When she found there was other information, she could see there was a problem. She said if the evening and night shift CNA's said they reported their concerns she believed them.</p> <p>Per the CDC Sepsis is the body's extreme response to an infection. It is a life-threatening medical emergency. Sepsis happens when an infection triggers a chain reaction throughout the body. Infections that lead to sepsis most often start in the lung, urinary tract, skin, or gastrointestinal tract. Without timely treatment, sepsis can rapidly lead to tissue damage, organ failure, and death. Anyone can develop sepsis, but some people are at higher risk for sepsis including adults over 65 years old, people with weakened immune systems, people with chronic medical conditions, and people</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

	<p>with recent severe illness or hospitalization. A person with sepsis might have one or more of the following signs or symptoms: high heart rate or weakened pulse, confusion or disorientation, fever, shivering or feeling very cold.</p> <p>The facility Clinical Change in Condition Management policy dated June 2015 documented that the Interdisciplinary team strived to identify and manage all residents that were experiencing a change in condition. Daily observation and communication was important in identifying changes in a resident that required further investigation. The clinical care management included routine assessment, evaluation, response to changes in clinical condition and communication with residents and/or families/responsible parties. The procedure included assessing the resident's clinical status when a change in condition was identified, reviewing the resident medical record, reviewing the resident condition with an RN, contacting the physician, providing clinical data. and information about the resident's condition.</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

Department of Inspections and Appeals
Health Facilities Division
Citation

--	--	--	--	--

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