Department of Inspections, Appeals, and Licensing
Health & Safety Division
Citation

Citation Number: #10839			**Report date:** July 18, 2025
Facility name: Heritage Specialty Care		**Survey dates:** July 9, 2025 – July 12, 2025	
Facility address: 200 Clive Dr. SW			
City: Cedar Rapids, IA 52404	**JS**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
58.19(2)a	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: 58.19(2) Medication and treatment. a. Administration of all medications as ordered by the physician including oral, instillations, topical, injectable (to be injected by a registered nurse or licensed practical nurse only); (I, II) **DESCRIPTION:** Based on observation, record review, resident, family and staff interview, the facility failed to administer medications as ordered for two of three residents reviewed (Residents #2 and #3). The facility reported a census of 118 residents. Findings include: 1. The Minimum Data Set (MDS) dated 5/23/25 identified Resident #2 as cognitively intact with a BIMS (Brief Interview for Mental Status) score of 14 and had the following diagnoses: Heart Failure, Coronary Artery Disease, Wound Infection, and Diabetes	**Class I**	**$6,000.00**	**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 _____

Citation Number: #10839			**Report date:** July 18, 2025
Facility name: Heritage Specialty Care		**Survey dates:** July 9, 2025 – July 12, 2025	
Facility address: 200 Clive Dr. SW			
City: Cedar Rapids, IA 52404	**JS**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
	Mellitus. The MDS also identified Resident #2 to be totally dependent on staff assistance for oral hygiene, toileting hygiene, lower body dressing, and transfers from bed to chair or toilet. A review of the Facility Incident Report dated 5/23/25 at 6:30 AM, had documentation of the following: Resident #2 received Resident #7's medications in error. Resident #2 did not have a profile picture on file, no name tag on door, and was responding to the name for Resident #7 during conversation that morning. Resident #2 was given Resident #7's medications as follows: Tylenol, Buspirone, Cetirizine, Lamotrigine, Magnesium Oxide, Meloxicam, Mupirocin, Prednisolone Acetate eye drops, Risperidone, Sertraline, Topiramate, and Vitamin D3. Resident #2 became lethargic afterward. A review of Resident #7's Medication Administration Record revealed the following scheduled medications were ordered: a. Cetirizine HCl Oral Tablet 10 mg (milligrams) Give 1 tablet by mouth one time a day for runny nose/congestion.			

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, Appeals, and Licensing
Health & Safety Division
Citation

Citation Number: #10839			**Report date:** July 18, 2025
Facility name: Heritage Specialty Care		**Survey dates:** July 9, 2025 – July 12, 2025	
Facility address: 200 Clive Dr. SW			
City: Cedar Rapids, IA 52404	**JS**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
	b. Meloxicam Oral Tablet 15 mg Give 1 tablet by mouth one time a day for Inflammation. c. Sertraline HCl Oral Tablet 50 mg Give 1 tablet by mouth one time a day related to Anxiety Disorder (side effects can include feeling sleepy or tired). d. Vitamin D3 Oral Tablet 125 mcg (micrograms) Give 1 tablet by mouth one time a day related to Vitamin D Deficiency. e. Lamotrigine Oral Tablet Give 100 mg by mouth two times a day related to Epilepsy. (Side effects can include dizziness, difficulty with balance, coordination). f. Magnesium Oxide Oral Tablet Give 400 mg by mouth two times a day for Supplementation (Side effects can include dizziness, heart arrhythmia - abnormal heart rhythm). g. Prednisolone Acetate Ophthalmic Suspension 1% Instill 1 drop in both eyes two times a day for Inflammation. h. Risperdal Oral Tablet 4 mg Give 4 mg by mouth two times a day related to Schizoaffective Disorder. (Side effects can include: drowsiness, dizziness). i. Topiramate Oral Tablet 100 Give 1 tablet by mouth two times a day related to Epilepsy (Side effects can include: dizziness, tiredness and fatigue).			

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, Appeals, and Licensing
Health & Safety Division
Citation

Citation Number: #10839			**Report date:** July 18, 2025
Facility name: Heritage Specialty Care		**Survey dates:** July 9, 2025 – July 12, 2025	
Facility address: 200 Clive Dr. SW			
City: Cedar Rapids, IA 52404	**JS**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
	j. Buspirone HCl Oral Tablet 15 mg Give 1 tablet by mouth three times a day related to Anxiety Disorder (Side effects can include: dizziness and fatigue). k. Acetaminophen Tablet 325 mg Give 2 tablets by mouth four times a day for elevated temperature; pain. A review of Resident #2's MARs revealed Resident #2 also received the following: a. Amlodipine Besylate Oral Tablet 10 mg Give 1 tablet by mouth one time a day related to Essential Hypertension. b. Ascorbic Acid Tablet 500 mg Give 1 tablet by mouth one time a day related to unspecified severe protein-calorie malnutrition. c. Aspirin 81 Oral Tablet Chewable 81 mg Give 1 tablet by mouth one time a day related to Peripheral Vascular Disease. d. Bupropion HCl Oral Tablet Give 300 mg by mouth one time a day related to Major Depressive Disorder. e. Cholecalciferol Oral Tablet 50 mcg (2000 UT) Give 1 tablet by mouth one time a day related to unspecified severe protein-calorie malnutrition. f. Clopidogrel Bisulfate Oral Tablet 75 mg Give 1 tablet by mouth one time a day related to Peripheral Vascular Disease.			

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, Appeals, and Licensing
Health & Safety Division
Citation

Citation Number: #10839			**Report date:** July 18, 2025
Facility name: Heritage Specialty Care		**Survey dates:** July 9, 2025 – July 12, 2025	
Facility address: 200 Clive Dr. SW			
City: Cedar Rapids, IA 52404	**JS**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
	g. Ferrous Sulfate Tablet 325 mg Give 1 tablet by mouth one time a day for supplementation Iron Deficiency. h. Fluconazole Oral Tablet 100 mg Give 5 tablets by mouth one time a day for infection. i. Furosemide Oral Tablet 20 mg Give 1 tablet by mouth one time a day related to Chronic Systolic Congestive Heart Failure. j. Lactobacillus Rhamnosus Oral Capsule Give 1 capsule by mouth one time a day for at high risk for diarrhea. l. Pantoprazole Sodium Oral Tablet Delayed Release 40 mg Give 1 tablet by mouth one time a day related to GERD (Gastro-Esophageal Reflux Disease). m. Polyethylene Glycol 3350 Powder Give 17 grams by mouth one time a day for constipation. n. Sennosides-Docusate Sodium Tablet 8.6-50 mg Give 1 tablet by mouth one time a day for Constipation. o. Tamsulosin HCl Oral Capsule 0.4 mg Give 2 capsules by mouth one time a day for urinary retention. p. Venlafaxine HCl ER Oral Capsule Extended Release 24 Hour 150 mg Give 1 capsule by mouth one time a day related to Anxiety Disorder. q. Fluticasone-Salmeterol Inhalation Aerosol Powder Breath Activated 250-50 mcg/act 2			

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: #10839				**Report date:** July 18, 2025
Facility name: Heritage Specialty Care		**Survey dates:** July 9, 2025 – July 12, 2025		
Facility address: 200 Clive Dr. SW				
City: Cedar Rapids, IA 52404	**JS**			

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
	puffs inhale Orally two times a day related to COPD (Chronic Obstructive Pulmonary Disease). r. Levetiracetam Oral Tablet 250 mg Give 1 tablet by mouth two times a day for seizure. s. Magnesium Oxide Oral Tablet 400 mg Give 1 tablet by mouth two times a day for hypomagnesemia. t. Metoprolol Tartrate Oral Tablet 50 mg Give 1 tablet by mouth two times a day related to Essential Hypertension. u. Ziprasidone HCl Oral Capsule 40 mg Give 1 capsule by mouth two times a day related to Anxiety Disorder. v. Gabapentin Capsule 300 mg Give 1 capsule by mouth three times a day for phantom limb syndrome. w. Acetaminophen Tablet 325 mg Give 2 tablets by mouth every 4 hours as needed for Elevated Temperature; Pain. Do not exceed maximum dose of 3000 mg daily. (had already received Resident #7's 650 mg of Acetaminophen). A review of the Facility Progress Notes revealed the following: 5/23/25 at 9:05 AM			

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, Appeals, and Licensing
Health & Safety Division
Citation

Citation Number: #10839			**Report date:** July 18, 2025
Facility name: Heritage Specialty Care		**Survey dates:** July 9, 2025 – July 12, 2025	
Facility address: 200 Clive Dr. SW			
City: Cedar Rapids, IA 52404	**JS**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
	Medication error occurred. Resident notified of medication error. No known allergies to medicine given. Vital signs taken at 9:00 AM 110/60, temperature 98.2, heart rate 70, respiratory rate 14, oxygen saturation 90% on room air. Resident alert. 5/23/25 at 10:00 AM Reassessed during bladder scan. Alert, lethargic, but able to arouse. Able to communicate back to nurse that he understands he is getting a bladder scan. Oral fluids offered. Physician Assistant notified of medication error and ordered to monitor and send to the hospital if level of consciousness becomes worse. 5/23/25 at 12:00 PM Increased lethargy, blood pressure 99/54, heart rate 66, respiratory rate 12 and oxygen saturation 88% on room air. Pupils constricted with increased confusion noted when he spoke. Sent to the hospital per ambulance. Family notified of resident being sent to the hospital. A review of the Hospitalist Note dated 5/23/25 had documentation of the following: Presented on 5/23/25 with a recent bilateral BKA (below the knee amputation) with unintentional medication ingestion. Per report he received both his home medications in the			

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, Appeals, and Licensing
Health & Safety Division
Citation

Citation Number: #10839			**Report date:** July 18, 2025
Facility name: Heritage Specialty Care		**Survey dates:** July 9, 2025 – July 12, 2025	
Facility address: 200 Clive Dr. SW			
City: Cedar Rapids, IA 52404	**JS**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
	morning as well as medications that are supposed to be given to another resident. Management included: a. ICU for close hemodynamic monitoring b. Telemetry, monitor QTC and QRS. c. Received sodium bicarb in Emergency Department, per discussion with nursing and poison control, poison control recommended sodium bicarb infusion as well as potassium, target Magnesium greater than 2, Potassium level greater than 4. d. Will review with pharmacy and hold home offending medications until safe to resume. On 5/28/25, The Care Plan identified Resident #2 with the problem of being at risk for adverse reaction related to polypharmacy. He takes multiple medications with black box warnings. He had a recent accidental medication administration episode. The Care Plan had the following interventions: a. Monitor for possible signs and symptoms of adverse drug reaction: falls, weight loss, fatigue, incontinence, agitation, lethargy, confusion, agitation, depression, poor appetite, constipation, gastric upset. b. Review pharmacy consult recommendations, and follow up as indicated.			

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, Appeals, and Licensing
Health & Safety Division
Citation

Citation Number: #10839			**Report date:** July 18, 2025
Facility name: Heritage Specialty Care		**Survey dates:** July 9, 2025 – July 12, 2025	
Facility address: 200 Clive Dr. SW			
City: Cedar Rapids, IA 52404	**JS**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
	In an interview on 6/9/25 at 11:38 AM, Resident #2's Family Member reported the following: a. The nursing home did call her to report that he had received another resident's medications. They let the doctor know, he said to keep an eye on him. b. Later he developed a rash and had trouble breathing. c. He was later admitted to the hospital and stayed for four days. In an interview and observation on 6/10/25 at 7:50 AM, Resident #2 reported he had been given someone else's medication. The pills looked identical, but they gave him the wrong ones. The nurse asked him what his name was and called him by the right name. They sent him to the hospital and kept him for 4 days. After he received those other medications, he got more sleepy and the nurse said his pupils were pinpoint. Resident #2 sat up in bed and appeared to be awake and alert, wearing a clean hospital gown with a wound vac in place to the left stump (he had bilateral amputations below the knee) and an indwelling catheter in a dignity bag below the bladder level. He was properly positioned and appeared comfortable.			

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, Appeals, and Licensing
Health & Safety Division
Citation

Citation Number: #10839			**Report date:** July 18, 2025
Facility name: Heritage Specialty Care		**Survey dates:** July 9, 2025 – July 12, 2025	
Facility address: 200 Clive Dr. SW			
City: Cedar Rapids, IA 52404	**JS**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
	In an interview on 6/10/25 at 2:04 PM, Staff E, RN reported the following: a. Before administering meds to a resident, the nurse or CMA (Certified Medication Aide) should make sure you have the right resident, use identifying data such as birth date, picture, and have them verbally confirm their information is correct if they are able to do that, check right dose, route, medicine, time and reason they are taking it and right documentation. b. On 5/23/25 at 9:05 AM she recalled Staff G, RN reported she made a medication error. Staff G called the physician assistant right away. He told her to continue to monitor him, take his vitals and if he has increasing lethargy or stupor or difficult to arouse. Call him if worsening. c. When Staff E entered the room after lunch, for a dressing change, Resident #2 was difficult to arouse. His color was normal, respirations were a little lower than his usual, but not alarmingly low. He was in the hospital for at least 5 or 6 days. d. The error could have been prevented by slowing down and double checking and making sure you have the right person to start with. She would take the card and compare to the MAR (Medication Administration Record) and do each med that way twice.			

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, Appeals, and Licensing
Health & Safety Division
Citation

Citation Number: #10839			**Report date:** July 18, 2025
Facility name: Heritage Specialty Care		**Survey dates:** July 9, 2025 – July 12, 2025	
Facility address: 200 Clive Dr. SW			
City: Cedar Rapids, IA 52404	**JS**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
	e. Typically, when assigned to give meds on the skilled unit, at the most there are 30 residents. Recently we have 15 to 18 residents in the skilled unit. In an interview on 6/10/25 at 1:50 PM, Staff F, CNA reported the following: on 5/23/25 after lunch, Resident #2 looked sleepy. She was not sure what caused that. He wasn't really responding to us when we would call out his name. She reported it to the nurses right away. In an interview on 6/10/25 at 2:42 PM, Staff G, RN reported the following: a. Before administering medications to a resident, the nurse/CMA should follow the 5 rights of administration, right dose, time, route, patient, medications. b. In May 2025 (she could not recall the exact date, but remembered she wrote it on her statement for the incident report), she accidentally gave Resident #2 another resident's (Resident #7's) medications before breakfast. c. She had to give medications to 13 residents that day. d. There were a lot of call lights on, there was only one nurse (Staff G) and one CNA and the second nurse did not arrive until 8:00 AM. She			

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: #10839			**Report date:** July 18, 2025
Facility name: Heritage Specialty Care		**Survey dates:** July 9, 2025 – July 12, 2025	
Facility address: 200 Clive Dr. SW			
City: Cedar Rapids, IA 52404	**JS**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
	wanted to catch up with med pass and give pain meds when she arrived. e. At 8:30 AM, she went to do a bladder scan on him and noticed he was pretty lethargic, we did a sternal rub, he was talking, he said when EMS (Emergency Medical Services) came to pick him up, he didn't want to go to the hospital, but he had trouble staying awake. Then I notified the provider, the physician assistant who was on call. The EMTs (Emergency Medical Technicians) arrived before lunch and took him to the hospital. f. The error could have been prevented if she did not let all the distractions overwhelm her. She should have gone through the 5 rights and she should have notified the provider immediately when she made the mistake. If you are the nurse on the floor, you are considered the charge nurse. In an interview on 6/12/25 at 9:57 AM, the Director of Nursing reported he felt the cause of the above medication error was due to human error, complicated by the failure to properly identify the correct resident prior to administration of medication. 2. The Minimum Data Set dated 5/28/25 identified Resident #3 as cognitively intact with			

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, Appeals, and Licensing
Health & Safety Division
Citation

Citation Number: #10839			**Report date:** July 18, 2025
Facility name: Heritage Specialty Care		**Survey dates:** July 9, 2025 – July 12, 2025	
Facility address: 200 Clive Dr. SW			
City: Cedar Rapids, IA 52404	**JS**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
	a BIMS (Brief Interview for Mental Status) score of 14 and had the following diagnoses: Coronary Artery Disease, Heart Failure, and Diabetes Mellitus. The MDS also identified Resident #3 as independent with all activities of daily living. On 6/6/25, the Care Plan identified Resident #3 with the problem of having Diabetes Mellitus and provided signs and symptoms of hypo/hyperglycemia, however, it failed to direct staff to double check the amount of insulin to be administered. During an observation of a medication pass, Resident #3 received the wrong dose of insulin. On 6/10/25 at 12:45 PM, Staff J, RN drew up Aspart Insulin 12 units. Upon entering Resident #3's room, she informed her that her blood glucose was 213 and she had insulin for that. Staff J administered 12 units of Aspart insulin to Resident #3. A review of the June 2025 Medication Administration Record revealed an order for Novolog (Aspart) Insulin Inject 15 units subcutaneously in the afternoon related to Type 2 Diabetes Mellitus with lunch. Hold if lunch is not eaten.			

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, Appeals, and Licensing
Health & Safety Division
Citation

Citation Number: #10839			**Report date:** July 18, 2025
Facility name: Heritage Specialty Care		**Survey dates:** July 9, 2025 – July 12, 2025	
Facility address: 200 Clive Dr. SW			
City: Cedar Rapids, IA 52404	**JS**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
	Novolog (Aspart) Insulin Inject as per sliding scale: Inject as per sliding scale: if 150 - 199 = 1 unit; 200 - 249 = 2 units; 250 - 299 = 3 units; 300+ Notify provider, subcutaneously three times a day for Diabetes. Administer even if the patient is NPO (Add to pre-meal insulin) In an interview on 6/12/25 at 10:25 AM, Staff J, RN reported the following: a. She did admit she drew up 13 units b. She could not recall if the order was supposed to be for 15 units. c. She worked the dementia wing that morning and had to work long term care in the afternoon. This makes it difficult when they switch halls in the middle of the shift. In an interview on 6/12/25 at 11:00 AM, the DON verified the correct amount of insulin that Resident #3 should have received on 6/10/25 at 12:45 PM should have been Aspart a total of 15 units for the scheduled dose and an additional 2 units for the sliding scale. The total amount that should have been given should have been 17 units.			

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, Appeals, and Licensing
Health & Safety Division
Citation

Citation Number: #10839			**Report date:** July 18, 2025
Facility name: Heritage Specialty Care		**Survey dates:** July 9, 2025 – July 12, 2025	
Facility address: 200 Clive Dr. SW			
City: Cedar Rapids, IA 52404	**JS**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
	A review of the Facility Policy titled: Administering Medications dated as last revised April 2019 had documentation of the following: a. As required or indicated for a medication, the individual administering the medication records in the resident's medical record: aa. The date and time the medication was administered; bb. The dosage; cc. The route of administration; dd. The injection site (if applicable); ee. Any complaints or symptoms for which the drug was administered; ff. Any results achieved and when those results were observed; and gg. The signature and title of the person administering the drug. b. Medications ordered for a particular resident may not be administered to another resident, unless permitted by State law and facility policy, and approved by the Director of Nursing Services.			
58.19(2)j	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	**Class I**	**$7,000.00**	**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, Appeals, and Licensing
Health & Safety Division
Citation

Citation Number: #10839			**Report date:** July 18, 2025
Facility name: Heritage Specialty Care		**Survey dates:** July 9, 2025 – July 12, 2025	
Facility address: 200 Clive Dr. SW			
City: Cedar Rapids, IA 52404	**JS**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
	direction of qualified nurses with ancillary coverage as set forth in these rules: 58.19(2) Medication and treatment. j. 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) **Description:** Based on record review, family and staff interview, and facility policy review, the facility failed to properly assess and intervene after administration of a rapid acting insulin (without consuming the meal) to 1 of 3 residents reviewed with orders for insulin (Resident #1). This resulted in the resident becoming unresponsive with a blood glucose of 25 and being sent to the hospital. The facility reported a census of 118 residents. Findings include: The Minimum Data Set dated 5/29/25 identified Resident #1 as severely cognitively impaired with a BIMS (Brief Interview for Mental Status) score of 0 and had the following diagnoses: Heart Failure, Urinary Tract Infection, and			

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, Appeals, and Licensing
Health & Safety Division
Citation

Citation Number: #10839			**Report date:** July 18, 2025
Facility name: Heritage Specialty Care		**Survey dates:** July 9, 2025 – July 12, 2025	
Facility address: 200 Clive Dr. SW			
City: Cedar Rapids, IA 52404	**JS**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
	Diabetes Mellitus. The MDS identified Resident #1 was dependent on staff assistance for most activities of daily living with the exception of eating and oral hygiene. Observations of Resident #1 could not be completed as she was still hospitalized during the investigation. On 5/17/25, the Care Plan identified Resident #1 with the problem of using insulin/hypoglycemic medications related to diabetes and directed staff to monitor blood glucose as ordered. The Care Plan failed to direct staff on the need to observe for signs of hypoglycemia (low blood sugar) or hyperglycemia (high blood sugar), or list actions to take if the resident presented signs of either one. A review of the Incident Report dated 6/4/25 at 3:30 PM revealed the following: Incident Description: Resident had her lunch at bedside table, the Nurse asked the resident to eat and uncovered her food for her then proceeded to administer her ordered insulin and SSI (sliding scale insulin) prior to the resident eating. Resident later found to be hypoglycemic with a blood sugar ranging from 25-35 prior to			

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, Appeals, and Licensing
Health & Safety Division
Citation

Citation Number: #10839			**Report date:** July 18, 2025
Facility name: Heritage Specialty Care		**Survey dates:** July 9, 2025 – July 12, 2025	
Facility address: 200 Clive Dr. SW			
City: Cedar Rapids, IA 52404	**JS**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
	EMS arrival. Facility notified of allegation of abuse made by the Hospital for Neglect related to hypoglycemic occurrence. Level of Consciousness: Comatose (Un-arousable to verbal or physical stimuli) <u>Statements by staff:</u> Staff I, CNA (written 6/9/25) I brought the residents tray in her room. I know she will only eat if she is sitting up but the resident kept refusing to get up stating she needed a minute and she just woke up. I helped readjust her in bed and helped sit her up. I place the food in front of her and verbally prompted the resident. Staff B, RN (written 6/9/25) I reported for my shift and began preparing for it and someone called to us to check on Resident #1. We walked in and she was not responding, checked her vital signs and were stable but not waking up so I told Staff A, RN to get the glucometer to check her blood sugar, it was 25. I sent the CMA for Staff C, LPN/ADON and she got the Glucagon for me and I administered it. Follow up blood sugar was 35. Staff A, RN (written 6/9/25) I first saw the resident in the daytime, she was talkative and responded to questions. I administered her AM			

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, Appeals, and Licensing
Health & Safety Division
Citation

Citation Number: #10839			**Report date:** July 18, 2025
Facility name: Heritage Specialty Care		**Survey dates:** July 9, 2025 – July 12, 2025	
Facility address: 200 Clive Dr. SW			
City: Cedar Rapids, IA 52404	**JS**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
	insulin. Around lunch time when she was due to get more insulin I gave her the insulin when she had her tray in front of her. I verbally told her to eat and opened the plate for her, I also told Staff I, CNA to make sure she ate and that they did not pick up her tray to give her more time to eat. I was not able to check on the resident again myself due to assisting other residents. I followed after Staff B, RN into Resident #1's room as I was gathering the supplies to check blood sugar. The blood sugar was 25 and Staff B administered the Glucagon. EMS came and assisted taking the resident. A review of the Progress Notes revealed the following: 6/4/25 at 2:51 PM Vital signs completed and within normal limits. No significant changes noted or reported. The resident resting in bed with eyes closed. 6/4/25 at 4:09 PM Unresponsive. Vital signs documented were dated and timed 6/4/25 at 9:17 AM. Blood glucose at 3:30 PM was 35. The Progress Note did not have documentation of the initial blood glucose of 25 as identified in the Incident Report, or what time the ambulance arrived and transported the resident to the hospital.			

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, Appeals, and Licensing
Health & Safety Division
Citation

Citation Number: #10839			**Report date:** July 18, 2025
Facility name: Heritage Specialty Care		**Survey dates:** July 9, 2025 – July 12, 2025	
Facility address: 200 Clive Dr. SW			
City: Cedar Rapids, IA 52404	**JS**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
	There was no documentation on 6/4/25 from 3:53 AM until 2:51 PM. A review of the June 2025 Medication Administration Records and Physician Orders had documentation of the following: a. Insulin Lispro Injection Solution Inject 5 unit subcutaneously three times a day, scheduled as AM, Mid-Morning, and PM. b. On 6/4/25, doses for AM and Mid-morning were signed out as given c. Insulin Lispro Injection Solution (Insulin Lispro) Inject as per sliding scale: if blood glucose 150 - 200 = give 2 units; 201 - 250 = 4 units; 251 - 300 = 6 units; 301 - 350 = 8 units; 351 - 400 = 10 units; 401 - 450 = 12 units > 450 Notify provider., subcutaneously three times a day for diabetes. d. On 6/4/25 AM blood glucose was 205 and received 4 units. On 6/4/25 the mid-morning blood glucose was 192 and received 2 units. e. There was no documentation to show Glucagon was given. A review of the Hospitalist note dated 6/4/25 at 7:24 PM had documentation of the following: Today patient received 17 units Humalog around 11:30 AM upon receiving her lunch meal. She did not eat any of this meal. Her son			

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, Appeals, and Licensing
Health & Safety Division
Citation

Citation Number: #10839			**Report date:** July 18, 2025
Facility name: Heritage Specialty Care		**Survey dates:** July 9, 2025 – July 12, 2025	
Facility address: 200 Clive Dr. SW			
City: Cedar Rapids, IA 52404	**JS**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
	came in around 3:30 PM and noted she was minimally responsive. Blood sugar was found to be 25. Brought to the ER per EMS. Glucose 37. In an interview on 6/10/25 at 11:24 AM, Staff A, LPN reported the following: a. On 6/4/25, before Resident #1 was sent to the hospital, Staff A administered 5 units of her scheduled insulin and an additional 2 units for sliding scale (for a total of 7 units). b. She administered the insulin at 12:30 PM. Lunch was served at 12:00 and when she administered the insulin, her lunch was still untouched. Staff A reminded Resident #1 that her lunch was there and she needed to eat. She was awake and alert at that time. c. Staff A did not see Resident #1 after she administered the above insulin. d. Staff A had already given report to the oncoming shift, Staff B, RN when another staff member reported Staff A should check on Resident #1. Staff A went to the room after 3:00 PM. Staff B was in the room checking her vital signs. e. She could not recall if Resident #1 was alert or lethargic. When Staff A checked her blood sugar, it was 26. She asked Staff C, ADON if			

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, Appeals, and Licensing
Health & Safety Division
Citation

Citation Number: #10839			**Report date:** July 18, 2025
Facility name: Heritage Specialty Care		**Survey dates:** July 9, 2025 – July 12, 2025	
Facility address: 200 Clive Dr. SW			
City: Cedar Rapids, IA 52404	**JS**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
	she could find some Glucagon. Staff B gave Resident #1 the Glucagon. f. Afterward, Staff A left the room to call 911 while Staff B and Staff C stayed with the Resident #1 until the ambulance arrived. In an interview 6/10/25 at 11:40 AM, Staff B, RN reported the following: a. The process at the facility is to administer insulin with or after the meals. b. When a resident has a blood glucose below 50 and if non-responsive, the nurse should give Glucagon, check the blood sugar again after 15 minutes. c. If the resident is still unresponsive after Glucagon, the nurse should call the ambulance. d. She could not recall if Resident #1 had a history of refusing meals. e. On 6/4/25, Staff B was scheduled to work second shift. When she arrived to Resident #1's room, she was non-responsive. She grabbed her stethoscope and checked her vitals which were all normal. When she checked her blood sugar it was 25. After that she gave her Glucagon and she called the ambulance. Her color was pale pink and her skin was clammy. She tried calling out her name, rubbed her chest and she was still unresponsive.			

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, Appeals, and Licensing
Health & Safety Division
Citation

Citation Number: #10839			**Report date:** July 18, 2025
Facility name: Heritage Specialty Care		**Survey dates:** July 9, 2025 – July 12, 2025	
Facility address: 200 Clive Dr. SW			
City: Cedar Rapids, IA 52404	**JS**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
	f. After she gave the Glucagon, the ambulance was already at the facility. g. If a resident does not eat after insulin was given, she would check her again after 20 minutes. She could not recall when Staff A gave the insulin or when Resident #1 was checked again. h. Staff B saw Resident #1 last at 3:10 PM. In an interview on 6/10/25 at 11:58 AM, Staff C, LPN/ADON reported the following: a. The process at the facility is to administer insulin normally with meals, unless the doctor orders it differently. b. She could not recall when Resident #1's insulin was ordered to be given. c. If a resident has a blood glucose below 50 and is unresponsive, the nurse should give Glucagon IM (intramuscularly). d. Resident #1 did have a history of refusing to eat, but she does better if the staff help her sit up in the chair. e. Before Resident #1 was sent to the hospital on 6/4/25, Staff C was in her office when Staff A reported Resident #1's blood sugar was 27. They both ran to Resident #1's room and she was unresponsive with her son at the bedside. Her skin was clammy.			

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, Appeals, and Licensing
Health & Safety Division
Citation

Citation Number: #10839			**Report date:** July 18, 2025
Facility name: Heritage Specialty Care		**Survey dates:** July 9, 2025 – July 12, 2025	
Facility address: 200 Clive Dr. SW			
City: Cedar Rapids, IA 52404	**JS**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
	f. Staff B tried to rub her chest to wake her up. She moved her head, but never opened her eyes. Staff C then ran to get the Glucagon which she gave to Staff B to administer. They rechecked her blood sugar afterward and it was only 30. g. Staff C ran to get another Glucagon from Station 1's E-kit, however, by the time she arrived to the room, the paramedics were already there. h. If she knew the resident did not eat lunch after she gave the insulin, she would expect the nurse to recheck Resident #1 within 15 to 30 minutes. She was not sure if Staff A had rechecked Resident #1 after she gave the insulin. i. The nurse should have checked the resident's blood sugar before giving the insulin, recheck the resident after giving the insulin within 15 to 20 minutes. If the blood sugar is still low and the resident is awake, give the resident some snacks or milk. This should be documented in the nurse's notes. In an interview on 6/10/25 at 10:04 AM, the resident's family member reported the following: a. When he came to visit Resident #1, she was incoherent, she did not open her eyes, she was cold to the touch. Her left arm and face was			

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, Appeals, and Licensing
Health & Safety Division
Citation

Citation Number: #10839			**Report date:** July 18, 2025
Facility name: Heritage Specialty Care		**Survey dates:** July 9, 2025 – July 12, 2025	
Facility address: 200 Clive Dr. SW			
City: Cedar Rapids, IA 52404	**JS**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
	cold. She was unresponsive and had agonal breathing. (he is a CPR instructor). She had no concept of anything. She was lying on her back which is unusual, she likes to sleep on her side. There was no color to her at all. When he came in it was about 3:20 PM. b. When he arrived, the nurses said they couldn't get her to wake up after they gave her insulin before she ate her lunch. They said it was given at 11:38 AM. And her orders were to give the insulin after her meal because they're supposed to count carbs. This is the standard for her. c. When the nurses arrived, all they did was check her blood sugar, no one checked her vital signs or checked her pupils. He performed a sternal rub to arouse her and had asked Staff D to clear her airway. Staff D left the room and did not return until 10 to 15 minutes later. d. He could not understand why she wasn't sitting up in the chair for lunch. She rarely refuses to eat when she's up in the chair. e. The nurses admitted that they didn't check on her for 4 hours. They did not do a post check on her. On 6/10/25 10:37 AM, in an attempt to contact the Medical Director, the Physician's Assistant answered the call. When asked if the above			

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, Appeals, and Licensing
Health & Safety Division
Citation

Citation Number: #10839			**Report date:** July 18, 2025
Facility name: Heritage Specialty Care		**Survey dates:** July 9, 2025 – July 12, 2025	
Facility address: 200 Clive Dr. SW			
City: Cedar Rapids, IA 52404	**JS**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
	incident could have been prevented, he responded his interaction with Resident #1 was that she was decisional and cognitively intact enough that she should have eaten after she was given her insulin. If the lunch tray was in front of her and she was cognitively intact, she would have been able to eat. He did not have any reason to suspect that she was cognitively compromised that time. In an interview on 6/10/25 at 3:08 PM, Staff D, CNA/CMA reported the following: a. When asked what are signs that she would need to report to the nurse if a resident has a low blood sugar would be pale skin, unresponsive, fruity breath, clammy skin. b. On 6/4/25, Resident #1 had been in bed all day, she received insulin before she had lunch and at 3:10 PM, Staff B and Staff D checked her blood sugar because she was unresponsive. They checked her vitals and they were fine, then we checked her blood sugar. Her blood sugar was 26. They gave her some type of shot for diabetic people when they have low blood sugar. Staff B tried calling her name, touching her arm, but she was not able to open her eyes or respond. She looked like she was in a deep sleep. She was pale, clammy.			

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, Appeals, and Licensing
Health & Safety Division
Citation

Citation Number: #10839			**Report date:** July 18, 2025
Facility name: Heritage Specialty Care		**Survey dates:** July 9, 2025 – July 12, 2025	
Facility address: 200 Clive Dr. SW			
City: Cedar Rapids, IA 52404	**JS**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
	c. Resident #1 usually will eat her meals when she sits up in her wheelchair. In an interview on 6/10/25 at 3:18 PM, Staff H, CNA reported the following: a. When asked what are signs that she would need to report to the nurse if a resident has a low blood sugar would be the resident would be sweating, dizzy, unresponsive. b. On 6/4/25, she recalled that the CMA/nurse gave Resident #1 her medications. Staff H brought in her lunch tray and Resident #1 said she did not want to eat. The next thing she remembered was they took her to the hospital. c. After she served her lunch tray, she did not see Resident #1 afterward as she was sent to work in another unit. d. Resident #1 usually does better and will eat if she's sitting up in a chair. In an interview on 6/11/25 at 8:46 AM, Staff I, CNA reported the following: a. When asked what are signs that she would need to report to the nurse if a resident has a low blood sugar, the resident would be unresponsive, not acting like usual, words sluggish, not moving how they should be, if food and drinks haven't been touched, skin pale and dry, drowsy.			

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, Appeals, and Licensing
Health & Safety Division
Citation

Citation Number: #10839			**Report date:** July 18, 2025
Facility name: Heritage Specialty Care		**Survey dates:** July 9, 2025 – July 12, 2025	
Facility address: 200 Clive Dr. SW			
City: Cedar Rapids, IA 52404	**JS**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
	b. Before Resident #1 was sent to the hospital on 6/4/25, she recalled she brought in her lunch tray between 11:00 AM to 12:00 PM. She was sitting up in bed. Her right arm was very swollen and she reported this to Staff A, RN. c. After she brings in a resident's room tray, she would usually check the resident within 30 minutes to an hour. She checked on Resident #1 again between 12:00 and 1:00 PM and she was sleeping again. She did not touch anything off her tray. She woke her up and asked if she was going to eat anything and told her she needs to eat because she's diabetic. She kept saying she was tired and was trying to get up. She was told you can't force the residents to do anything they didn't want to. She offered her multiple times to have her eat. I left her tray in her room and I helped dietary pick up the rest of the room trays. d. She did not go in there again after she picked up her room tray because there were a lot of call lights going off. When she left for the day, it was 2:20 PM, Resident #1 was still in her room sleeping. e. Resident #1 does better if she sits up in the chair. Staff I admitted she should have sat her up in the chair, maybe she would have eaten more. She did not think that was addressed on her Care Plan.			

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, Appeals, and Licensing
Health & Safety Division
Citation

Citation Number: #10839			**Report date:** July 18, 2025
Facility name: Heritage Specialty Care		**Survey dates:** July 9, 2025 – July 12, 2025	
Facility address: 200 Clive Dr. SW			
City: Cedar Rapids, IA 52404	**JS**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
	In an interview on 6/11/25 at 12:03 PM, the Director of Nursing reported the following: a. On 6/4/25, Staff A, RN gave Resident #1 scheduled Lispro 5 units and sliding scale Lispro 2 units and the amount she received after 11:30 was a total of 7 units of Lispro. For the entire day, she received a total of 16 units. b. Resident #1 did not eat her lunch after she was given the noon insulin. c. The order did not specify when to give the insulin, nursing judgement would be to administer it with meals. d. He was notified about the incident and arrived to her room at 3:30 PM and Staff B, RN had already given her Glucagon. e. He would have expected the nurse to recheck Resident #1 after giving insulin within 15 to 30 minutes afterward and would have expected her to chart that in the progress notes. f. When asked what he felt the cause of the error was, he reported, he did not think there was an error. The resident had requested her tray, she said she was going to eat, she had the food in front of her. She didn't eat. He would have expected the nurse to recheck the resident within 20 or 30 minutes. g. When asked if he thought the error could have been avoided, he reported he did not think			

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, Appeals, and Licensing
Health & Safety Division
Citation

Citation Number: #10839			**Report date:** July 18, 2025
Facility name: Heritage Specialty Care		**Survey dates:** July 9, 2025 – July 12, 2025	
Facility address: 200 Clive Dr. SW			
City: Cedar Rapids, IA 52404	**JS**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
	the nurse had sufficient reasoning to believe Resident #1 would refuse to eat her food. The facility policy titled: Management of Hypoglycemia dated as last revised November 2020 had documentation of the following: 1. For hypoglycemia (<54 mg/dL): a. Administer Glucagon (intranasal, intramuscular, or as provided); b. Notify the provider immediately; c. Remain with the resident; d. Place resident in a comfortable and safe place (bed or chair); e. Monitor vital signs; and f. Recheck blood glucose in 15 minutes (as above). 2. If a resident has hypoglycemia and is unresponsive: a. Administer Glucagon (intranasal, intramuscular if order to do so); b. Notify the provider immediately. c. Remain with the resident. d. Place resident in a comfortable and safe place (bed or chair); and e. Monitor vital signs. 3. Documentation			

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, Appeals, and Licensing
Health & Safety Division
Citation

Citation Number: #10839			**Report date:** July 18, 2025
Facility name: Heritage Specialty Care		**Survey dates:** July 9, 2025 – July 12, 2025	
Facility address: 200 Clive Dr. SW			
City: Cedar Rapids, IA 52404	**JS**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
	Document the resident's blood glucose before intervention. Note blood sugar after each administration of rapid-acting glucose and the follow-up blood sugar. Record the resident's level of consciousness before and after intervention. Document provider instructions. **FACILITY RESPONSE:**			

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 _____