

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>165034</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/10/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>MANORCARE HEALTH SERVICES</b>		STREET ADDRESS, CITY, STATE, ZIP <b>201 WEST RIDGEWAY AVENUE WATERLOO, IA 50701</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0658  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Ensure services provided by the nursing facility meet professional standards of quality.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observations, clinical record review, and staff and resident interviews, the facility failed to follow physician's orders related to medication administration and failed to have trained personnel accessible to administer intravenous (IV) medications for 1 of 6 residents reviewed (Resident #3). The facility reported a census of 71 residents. Findings included: The Minimum Data Set (MDS) assessment tool dated 2/17/20, listed [DIAGNOSES REDACTED]. Brief Interview for Mental Status (BIMS) score was 15 which indicated no cognitive deficits. The MDS documented the resident required supervision for bed mobility, transfers, dressing, and toilet use. The care plan dated 2/10/20 failed to indicate Resident #3 required skilled nursing care which included administration of IV antibiotics. A review of the physician order dated 2/5/20 directed the staff to administer [MEDICATION NAME] 2 grams IV every 4 hours. Medication Administration Records (MARs) for the month of February 2020 indicated the staff failed to administer the antibiotic on 2/8/20 at 12:00 a.m. and at 4:00 a.m. During an interview on 6/9/20 at 3:20p.m., the Director of Nursing (DON) revealed that Staff A, Licensed Practical Nurse, (LPN) failed to administer the IV antibiotic to Resident #3 on 2/8/20 due to lack of certification to administer IV medication. Review of the staffing records for 2/7/20 night shift revealed Staff A, LPN, and Staff C, LPN, were working and neither were identified on the list of IV Certified Nursing Staff provided by the facility. The DON also reported that she was contacted by Staff A regarding the administration of the medication but was not available to come to the facility. A review of Progress Notes for February 2020 showed no evidence of physician notification regarding the medication not being administered as ordered on [DATE]. Further review of the Resident #3's Progress Notes revealed Staff B, Registered Nurse, (RN) administered the wrong medication to the resident on 2/14/20 without an adverse outcome. Review of an incident report dated 2/14/20 revealed Staff B, RN, administered a wrong IV medication to Resident #3 on 2/14/20 at 11:24 a.m. The incident report revealed Resident #3 did not experience any adverse effects from the incorrect medication. Staff B received re-education regarding proper medication administration. The facility policy Infusion of Intermittent Medication dated 1/09 directed the staff to be sure you have the right resident, right route, right dose, right time, and right medication listed as a special consideration.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE (X6) DATE	

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.