

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

Printed: 06/02/2025  
Form Approved OMB  
No. 0938-0391

|  |  |  |   |
|--|--|--|---|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>165577  | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                           | (X3) DATE SURVEY<br>COMPLETED<br><br>11/21/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Green Hills Health Care Center   |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>2200 Hamilton Drive<br>Ames, IA 50014 |   |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |  |   |
| F 0684<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49698</p> <p>Based on record review, facility provided documents, and policy review the facility failed to ensure residents received care to prevent hospitalization by administering incorrect medications to 1 of 1 (Resident #8) resident reviewed. The facility reported a census of 44.</p> <p>Findings include:</p> <p>Review Resident #8's Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 4, indicating severe cognitive impairment. The MDS indicated the following diagnosis: Hypertension, Hyperlipidemia, Non-Alzheimer ' s Dementia, and Depression.</p> <p>Review of Functional Abilities and Goals assessment dated [DATE], indicated Resident #8 was dependent on assistance with toileting, showering, dressing, and transferring.</p> <p>Review of Resident #8's Census report indicated hospitalization on [DATE] and returning to the facility on [DATE].</p> <p>Review of Resident #8's Progress Notes revealed the following:</p> <p>On 9/1/24 at 3:09 PM: Notified at 1:00 PM by Medication Aide on duty that resident had possibly received the wrong medications. Upon assessment- this RN confirmed that the resident did receive another resident's medication instead of her own. Medications received included Losartan 50mg, Aspirin 325mg, Cetrizine 5mg, Mag Ox 400mg, Namenda 10mg, Metoprolol 25mg, Montelukast 10mg, Vitamin D3 5000 units, and Verapamil 240mg. Most pertinent was 50mg of Losartin, 25mg of short-acting metoprolol and 240mg Verapamil SR. Vital signs upon assessment: 119/81-52-97.0-19-97% RA. Phone call to on call provider and reviewed situation with him including what medications the resident was given vs. what should have been given. Will go ahead and place a one time order for Celexa 20mg by mouth and then resume medication as scheduled/ordered. Will monitor vital signs closely for an adverse effect. ARNP called and also updated on situation. Will monitor vital signs for the next 24 hours for any changes- Vital signs will be monitored every hour x 6 hours and then move to every 2 hours until 2:00 PM on 9/2/24.</p> <p>On 9/1/24 at 3:25 PM: Verbal order given by physician that if Resident #8 does become bradycardia with a defined parameters of heart rate below 50-then send to ED for further evaluation.</p> <p>(continued on next page)</p> |  |   |

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.

|  |                         |  |
|--|-------------------------|--|
| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER<br>REPRESENTATIVE'S SIGNATURE | TITLE                   | (X6) DATE  |
| FORM CMS-2567 (02/99)<br>Previous Versions Obsolete                      | Event ID:<br><br>165577 | Facility ID:<br><br>165577<br><br>If continuation sheet<br>Page 1 of 2 |

|  |  |  |   |
|--|--|--|---|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>165577  | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                           | (X3) DATE SURVEY<br>COMPLETED<br><br>11/21/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Green Hills Health Care Center   |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>2200 Hamilton Drive<br>Ames, IA 50014 |   |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |  |   |
| F 0684<br><br>Level of Harm - Minimal harm or<br>potential for actual harm<br><br>Residents Affected - Few                         | <p>On 9/2/24 at 1:04 AM: Resident admitted to hospital- diagnosis: accidental drug ingestion and bradycardia.</p> <p>Review of Hospital Admission documents dated 9/1/24 revealed at 1:00 PM on 9/1/24 Resident #8 was given the incorrect medications by staff at her care center. She received all of another resident's medication. The full list included: Losartan 50mg, Aspirin 325mg, Cetrizine 5mg, Mag Ox 400mg, Namenda 10mg, Metoprolol 25mg, Montelukast 10mg, Vitamin D3 5000 units, and Verapamil 240mg. Most pertinent was 50mg of Losartin, 25mg of short-acting metoprolol and 240mg Verapamil SR. Resident #8's vital signs were monitored closely throughout the day, on the evening of 9/1/24 Resident #8 developed bradycardia, heart rate had been between 41 and 48 beats per minute and her blood pressure had been 112-130/57-63.</p> <p>Review of Hospital Progress Note dated 9/2/24 at 10:38 AM indicated Resident #8's bradycardia due to meds. No symptoms, no pauses, no heart block. Resident #8 planned to discharge tomorrow (9/3/24) back to her Long Term Care facility.</p> <p>On 9/3/24 at 2:13PM, the Facility's Investigation indicated the following statement made by Staff H, CMA: I tried to give (another resident) his pills, but he refused. I put his pills in the med cart and would reapproach him later. I got Resident #8's pills ready, but she was still sleeping. So I put her meds back in the cart and went to break. Later, when I came back, Resident #8 was up and in her room. So, I went to give her the pills and took her blood pressure. I realized I grabbed the wrong pills when I opened the med cart and noticed Resident #8's pills were still in the med cart. I went to report to the charge nurse and told her what happened.</p> <p>Review of Oral Medication Administration Procedure Policy revised 4/20/18 indicated the following:</p> <ol style="list-style-type: none"><li>1. All medications are kept locked in the medication cart in labeled cards.</li><li>2. Utilize five rights of medications administration: right time, right resident, right medication, right route and right dosage.</li></ol> |  |   |