Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: # 10316			**Date: April 22, 2024**
Facility Name: **Northbrook Healthcare & Rehabilitation Center**		**Survey Dates:** **April 8 – 10, 2024**	
Facility Address/City/State/Zip: **6420 Council St. NE** **Cedar Rapids, IA 52402**	**JS**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
58.28(3)e	**481—58.28(135C) Safety.** The licensee of a nursing facility shall be responsible for the provision and maintenance of a safe environment for residents and personnel. **58.28(3)** *Resident safety.* *e.* Each resident shall receive adequate supervision to protect against hazards from self, others, or elements in the environment. (I, II, III) **Description:** Based on observation, clinical record review, facility investigation report, and staff interviews, the facility failed to supervise 1 of 6 residents reviewed in order to prevent a fall with injury (Resident #4). The facility reported a census of 78 residents. Findings include: The MDS (Minimum Data Set) dated 12/14/2023 revealed Resident #4 had severely impaired cognitive abilities, required extensive assistance to transfer from one surface to another, and had a fall that resulted in a major injury. The resident had diagnoses including weakness, depression, and dementia. Resident #4's Care Plan identified she had a risk for falls due to confusion, deconditioning, gait/balance problems, incontinence, poor communication, unaware	**I**	**$5,000.00**	**Upon Receipt**

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Facility Administrator Date

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	of safety needs, and history of syncope initiated on 10/18/2019. The Care Plan directed staff to provide assistance with all transfers and ambulation initiated on 12/12/2023. The Care Plan identified the resident had an ADL (Activities of Daily Living) self-care performance deficit initiated 10/16/2019. It directed staff to transfer with the assistance of one staff and a 4 wheeled walker initiated 10/18/2019. The MAR (Medication Administration Record) revealed the resident received Tylenol 650 mg on Dec 13, 2023 at 7:00 A.M. The physician ordered Tylenol 650 mg four times a day for pain control on 12/13/2023. The resident continued to receive Tylenol 650 mg four times a day. The X-ray report dated 12/12/2023 revealed Resident #4 had an acute complete oblique (broken at an angle) fracture of the distal radius (one of the forearm bones) extending to the distal radial ulnar joint (left wrist) with minimal dorsal angulation of the distal fracture fragment. On 12/12/2023 the physician ordered a wrist splint to be worn at all times, except for bathing or showers, Tylenol 650 mg (milligrams) four times a day and repeat X-ray in four weeks.			

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	The X-ray report dated 1/15/2024 revealed a healing non-displaced fracture. In a Progress Note dated 12/12/2023 at 1:00 P.M., Staff G, RN documented the resident ambulated with the CNA, lost her balance and fell onto the floor towards the right side. The resident did not hit her head, and she complained of left wrist pain with no swelling or bruising noted at this time. Ice pack applied. The facility Incident/Accident Report dated 12/12/2023 at 1:00 P.M. completed by Staff G, RN revealed Resident #4 ambulated with a CNA, lost her balance and fell onto the floor on her right side without hitting her head. The resident complained of left wrist pain. Additional comments and/or steps to prevent recurrence: Use walker with ambulating. An additional comment added later stated: Gait belt for all transfers. The facility Self Report, submitted to DIA (Department of Inspections and Appeals) on 12/12/2023 by Staff M, the former DON (Director of Nursing) included: Accident with major injury in the main dining room. The resident ambulated in the main dining room with Staff I, CNA. The resident lost her balance and fell toward her right side. She did not hit her head. She complained of left wrist pain without bruising or			

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	swelling. The right middle finger had a light purple bruise. Corrective Action Description: Resident will use walker with ambulation. Staff I, CNA Witness Statement Summary: was ambulating with resident when resident lost her balance and fell toward her right side. Staff G, RN Witness Statement Summary: Resident was ambulating in dining room with CNA. Resident lost balance and fell forward toward her right side. She did not hit her head but complained of left wrist pain. No swelling or bruising to wrist. Light bruise to middle finger of right hand. Staff H, Care Plan Coordinator statement dated 4/10/2024: Gait belt education was provided by Staff right away through the communication binder (5-minute binder), through facility postings at nurses area, and covered in a subsequent nursing meeting. Staff L, Interim DON submitted a copy of communication from Staff M to all staff to read. "Gait belts are a part of your uniform. They must be used or reprimand will happen." Staff L indicated Staff M wrote the communication after Resident #4's fall. Staff M also posted a sign at the nurse's stations that read: "Attention all nursing staff. Gait belts are			

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	required as part of your uniform. You must have a gait belt on you at all times." Observation on 4/8/2024 at 12:13 P.M. revealed Staff N, CNA, assisted Resident #4 to the edge of her bed and applied a gait belt around her waist. Staff N assisted the resident to stand with the gait belt and the wheeled walker. Staff N held the gait belt and the resident used the wheeled walker to ambulate with a slow and steady gait to the dining room. The resident was cooperative and alert. On 4/10/2024 at 11:30 A.M., Staff A, Administrator reported working at the facility since January, 2024, and did not work at the facility when Resident #4 fell. She could only provide information that the previous administration reported on line since many of the investigative files were empty. On 4/10/2024 at 8:30 A.M., Staff G reported working on 12/12/2024 when Resident #4 fell. Staff I, CNA walked with the resident and Staff G did not see her in time to correct her. Staff G did not know the resident used a walker, and thought the resident required light contact assistance with ambulation. Staff G said the resident fell in the dining room and she did the investigation. Staff G did not recall seeing the resident with a gait belt on when she fell. All staff were educated to use gait belts. Signs were placed at the			

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	nurse's stations reminding staff they are to have gait belts as a part of the uniform and should be worn at all times. Staff G wrote "use walker with ambulating." Staff H updates the Care Plans. Staff need to use a gait belt with any resident that requires assistance with transfers or ambulation. Staff I had worked at the facility prior to that day. The facility provides new staff with cheat sheets telling them how each resident transfers. Everyone knows the gait belt policy, it is standard nursing practice. On 4/10/2024 at 8:56 A.M., Staff H, Care Plan Coordinator indicated any resident who transfers or ambulates with assistance requires the use of a gait belt. Staff H reviews each incident, makes sure there is an intervention in place and that it is care planned. When Resident #4 fell, the charge nurse's immediate intervention was to "use walker with ambulation." Staff H reviewed the incident and added "gait belt for all transfers." The former DON interviewed staff and the investigation determined Staff I did not use a gait belt when the resident fell. If Staff I had used a gait belt, she would have been able to grab it when the resident started to lose her balance. On 4/10/2024 at 10:00 A.M., Staff K, CNA reported working on 12/12/2023, however she had no recall of Staff I and no recall of Resident #4's fall. Staff K knew she needed to wear a gait belt at all times and use it			

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	with any resident who required assistance of one to transfer and ambulate. During a phone interview on 4/10/2024 at 10:30 A.M., Staff I reported working on 12/12/2023 when Resident #4 fell. That was her second day at the facility and her first with the resident. Staff I had no cheat sheet and did not know the resident. Staff I reported she walked with the resident from the bathroom to the dining room with a wheeled walker and a gait belt. Staff I held the resident's hand, and stood on her left side. Staff I said the resident also had one hand on the walker. The resident lost her balance and her hand slipped away from Staff I. It happened fast and the resident fell. It took a while for staff to come and assist. On 4/10/2024 at 9:10 A.M., Staff N, an agency CNA, reported working at the facility for a while. Staff N knew to use a gait belt with any resident who requires assistance to transfer. If she did not know how a resident transferred, she would ask. On 4/10/2024 at 9:00 A.M., Staff C, CNA reported working at the facility through an agency. Staff C knew she needed to use a gait belt if the resident required assistance to transfer, something she learned in CNA training. The facility Gait Belt (Use of) policy included:			

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	Purpose: To ensure the safety of the residents and staff when assisting with a transfer or ambulation a gait belt will be used. Procedure: 2. All residents who require assistance with transfers and do not require and electric lift will utilize a gait belt with all transfers. 10. The staff person will utilize safe transfer technique, moving with the resident, with the knees bent and a strong grasp on the transfer belt. **Facility Response:**			

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