

**Iowa Department of Inspections and Appeals
Health Facilities Division
Citation**

FC#5366	Fine amount reduced by 35% to \$325.00 on March 14, 2014, pursuant to Iowa Code section 135C.43A (2013)	Date Sent: February 17, 2014		
Fountain West Health Care Center		Survey dates: January 21-23, 27-28, 2014, February 3, 2014		
1501 Office Park Road	Surveyor: Marla Ryerkerk			
West Des Moines, Iowa 50265	ds/pg/mw			
		Class	Fine Amount	Correction date
50.7(1)a(2)	<p>481-50.7(10A, 135C) Additional notification. The director or the director's designee shall be notified within 24 hours, or the next business day, by the most expeditious means available (I, II, III).</p> <p>50.7(1) Of any accident causing major injury.</p> <p>a. "Major injury" shall be defined as any injury which:</p> <p>(2) Requires admission to a higher level of care for treatment, other than for observation;</p> <p>DESCRIPTION:</p> <p>Based on record and document review, observation, and resident and staff interviews, the facility failed to report a major injury which required an admission to a higher level of care for 1 of 5 residents reviewed. Resident # 3 fell and sustained a right hip fracture on 12/11/13 and required admission to a hospital and surgery. The facility reported a census of 100 residents.</p> <p>Findings include:</p> <p>Review of the Admission Record document dated 1/31/14, identified Resident # 3 had diagnoses which included a femur fracture and unspecified anemia. The Minimum Data Set (MDS) assessment, with a reference date of 11/14/13, reflected Resident #3 could transfer independently but no longer walked and needed the limited assistance of one staff member to locomote (move from one location to another). The resident used a wheelchair. Additionally, the resident's BIMS (Brief Interview for Mental Status) score was 13. A score of 13 identified the resident as mildly cognitively impaired.</p> <p>Resident # 3's 12/11/2013 3:43 a.m. Progress Notes documented the staff found Resident # 3 lying on the room floor with the his/her left leg extended (straight) and the resident's right leg bent. The resident was yelling out in pain. The resident was independent with</p>	II	\$500	UPON RECEIPT

Facility Administrator _____

Date _____

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or withdraw your request for formal hearing, and (2) pay the penalty, the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (Supp. 2009).

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	<p>the assist of a wheelchair.</p> <p>Review of the Progress Note dated 12/11/13 at 8:50 a.m. reflected, Resident # 3 was admitted to the hospital with a peri- prosthetic (around the replaced hip joint) fracture of the right femur. The 12/16/13 hospital Physician Discharge Summary revealed Resident # 3 was admitted and discharged with a closed right peri-prosthetic fracture. The resident had an ORIF (open reduction, internal fixation- surgical repair of a fracture).</p> <p>On 1/23/14, at 8:58 a.m., Resident # 3 stated she/he did not remember the circumstances of the fall. On 1/27/14, at 3:35 p.m., observation revealed Resident #3 sitting in his/her wheelchair. The chair had antiroll bars present.</p> <p>During an interview on 1/27/14, at 1:45 p.m., the facility Director of Nursing (DON) stated the facility did not report Resident # 3's 12/11/13 fall to the Department since the resident was independent in their room at the time of the fall. On 1/28/14, at 8:45 a. m., the DON reported the facility had not completed an incident report since the resident was sent to the hospital.</p> <p>FACILITY RESPONSE:</p>			

Facility Administrator

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