

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

<b>FC#5414</b>		<b>Fine amounts reduced by 35% to \$325 for each violation on June 6, 2014, pursuant to Iowa Code section 135C.43A.</b>		<b>Report sent: April 8, 2014</b>
<b>Monroe Care Center</b>		<b>Amended on June 17, 2014, pursuant to informal conference held on 6/4/14.</b>		<b>Survey dates: March 10-13, 2014</b>
<b>120 N. 13<sup>th</sup> Street</b>				
<b>Albia, Iowa 52531</b>		<b>Ds/dw/mw</b>		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
<b>50.7(1)a(2)</b>	<p><b>50.7(10A,135C) Additional notification.</b> The director of 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><b>50.7(1)</b> Of any accident causing major injury</p> <p>a. "Major injury" shall be defined as any injury which:</p> <p><b>(2)</b> Requires admission to a higher level of care for treatment, other than for observations.</p> <p><b>DESCRIPTION:</b></p> <p>Based on record review and staff interview, the facility failed to report an accident which required admission to a higher level of care for treatment (Resident #10). The facility reported a census of 56 residents and the sample consisted of 14 residents.</p> <p>1. Resident #10 had an annual MDS (Minimum Data Set) assessment with a reference date of 4/24/13. The assessment identified the resident with the following diagnoses: Non-Alzheimer's Dementia, orthostatic hypotension, peripheral vascular disease and a fracture. The resident scored 10/15 on the Brief Interview for Mental Status (BIMS). A score of 10 reflected the resident had a moderate cognitive impairment. The MDS coded the resident with no moods or behaviors present. The MDS reflected the resident required limited staff assistance for bed mobility, transfers, ambulation both in and out of the room, dressing, toileting needs, personal hygiene, and required extensive staff assistance for bathing. The MDS identified the resident with functional limitation in range of motion on one side for the upper extremity. The MDS noted the resident with 2 falls with no injuries and 1 fall with an injury, although not major</p>	<b>II</b>	<b>\$500</b>	<b>Upon Receipt</b>

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>since the previous assessment.</p> <p>The resident care plan reviewed on 2/20/13 identified the resident with a history of syncopal (fainting) episodes which placed the resident at risk for falls. The care plan interventions included and directed staff to ensure the resident's glasses were on, assist with activities of daily living as needed, will attend rehabilitation 5 - 7 times each week, assist as needed with toileting, ambulate with walker and I assist, Dycem (to prevent sliding) to the recliner chair seat, check orthostatic blood pressure readings twice a month, and medicate for pain as needed or requested.</p> <p>Review of the nursing note dated 6/10/13 at 8:35 p.m. revealed the nurse was summoned to the resident's room per the CNA (Certified Nursing Assistant) and the LPN (Licensed Practical Nurse). The LPN stated she heard the resident fall in the room. The nurse entered the room, and found the resident in the doorway flat on back. The resident stated he/she fell onto the left hip which appeared shortened and externally rotated. The resident could not move leg upon request and complained of tenderness over the left hip joint when palpated. The staff placed the resident onto a back board for safety, phoned the physician, and requested transport per ambulance to a local hospital. A nursing note dated 6/10/13 at 10:40 a.m., reflected the family notified the facility that the resident had sustained a left hip fracture and the resident would have surgery to pin the hip within the next day or two.</p> <p>A diagnostic Radiology report dated 6/10/13 of the left hip gave the following impression: Acute fracture involving the left femoral neck. The resident returned to the facility on 6/14/13 following surgical repair of the hip</p>				

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	<p>(hemiarthroplasty).</p> <p>On 3/13/14 at 11:20 a.m. the DON (Director of Nursing) was interviewed and stated she thought the alarm had sounded at the time of the fall. The DON stated the nursing staff tended to be more prone to document if an alarm didn't sound. The DON confirmed she had not reported the fall with injury to the Department of Inspections and Appeals and had not had the resident's physician complete a major injury determination form following the fall.</p> <p><b>FACILITY RESPONSE:</b></p>			

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Facility Administrator

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