

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

FC5562		Fine amt reduced by 35% to \$325 on October 6, 2014, pursuant to Iowa Code section 135C.43A. <i>etc.</i>	Date: August 26, 2014	
Risen Son Christian Village		Survey date: July 31, August 11-12, 2014		
3000 Risen Son Boulevard Council Bluffs, Iowa 51503				
Ds/ss/ks				
		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><b>DESCRIPTION:</b></p> <p>Based on record review and staff and family interviews, the facility failed to notify the Iowa Department of Inspections and Appeals of an accident causing major injury which required hospitalization and a higher level of care for treatment (Resident #4). The facility identified a census of 94 residents.</p> <p>Findings include:</p> <p>1. Resident #4 had a Minimum Data Set (MDS) assessment, with a reference date of 7/20/14. The MDS identified Resident #4 had diagnoses that included non-Alzheimer's dementia, glaucoma, arthritis, osteoporosis and lumbago (pain in the lower back). The assessment revealed the Resident did not have a BIMS (brief interview for mental status) due to cognitive deficits. The MDS reflected the resident used a walker and wheelchair for mobility and required one staff person to supervise the resident when ambulating in the resident's room, corridor or on and off of the unit. The resident required limited assistance of 1 staff person for transferring.</p> <p>The Care Plan, initiated on 5/2/14 identified the resident</p>	II	\$600	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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FC6662		Date: August 26, 2014
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	<p>had impaired cognitive function/dementia or impaired thought processes in regards to dementia. The approach interventions directed staff that the resident needed supervision.</p> <p>The Care Plan identified a problem with activities of daily living related to impaired mobility and incontinence and hard of hearing. The problem was initiated on 4/29/14. The approach interventions reflected the resident could ambulate with a walker and 1-2 staff to assist the resident and used a wheelchair with staff assistance to propel.</p> <p>The Progress Notes dated 7/20/14 at 2:32 p.m. reflected Resident #4's Wanderguard was located on the resident's walker. An alarm sounded and staff responded at the time of the accident. Resident #4 laid on the street side of the side walk. The resident had 2 wheels of the walker on the sidewalk. The vehicle van began to back up and the van hit the side of the resident's walker with the sliding door. The resident went down to the ground and hit the back of head and right walker on the cement. A staff person applied pressure to the back of the head until an ambulance arrived. The resident was transferred to the emergency room and due to head trauma was later sent to another hospital for evaluation and treatment.</p> <p>The Iowa Department of Transportation Investigation Report revealed the van was backing up in a parking lot at slow speed and struck a pedestrian. As a result of the impact, the pedestrian fell down and struck her/his head on the pavement. The pedestrian was walking, utilizing a walker, next to the side walk on the parking lot side of the curb.</p>	

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

FC5552		Date: August 26, 2014		
Risen Son Christian Village		Survey date: July 31, August 11-12, 2014		
3000 Risen Son Boulevard				
Council Bluffs, Iowa 51503	Ds/ss/ks			
		Class	Fine Amount	Correction Date
<p>The hospital emergency room report dated 7/20/14 at 2:20 p.m. revealed upon arrival to the hospital, the resident was semi-alert and noted to have a laceration to the posterior [back] of the head. The resident vomited copious amounts. The resident voiced non-descriptive neck pain and bleeding from the right elbow laceration. The physician admitted the resident into the intensive care unit for neurological monitoring. The resident wore a C collar brace for the neck area.</p> <p>The Progress Notes dated 7/23/14 at 10:41 p.m. reflected the resident was readmitted into the facility on 3:30 p.m. from the hospital with a diagnosis of a T-12 (Thoracic Vertebra) fracture.</p> <p>On 8/11/14 at 2:23 PM, Staff AA, certified nursing assistant (CNA) was interviewed and confirmed Resident #4 did not have a Wanderguard on and stated "oh no that's very bad." Staff AA stated Resident #4 got outside unattended and was backed into by a car.</p> <p>On 8/11/14 at 2:25 PM the facility Director of Nursing (DON) confirmed Resident #4 wandered outside the facility unattended by staff and a van backed into him/her. The DON stated Resident #4 was transported to an area hospital and admitted to the ICU (Intensive Care Unit). On 8/11/14 at 4:20 p.m. the DON stated the facility did not report the incident to the Department of Inspections and Appeals because the patient could ambulate independently.</p> <p>On 8/11/14 at 4:22 PM the facility Administrator confirmed the facility did not report the incident to the Department of Inspections and Appeals because the resident ambulated</p>				

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	independently outside and the van that struck Resident #4 was not owned by the facility so they [the facility] determined the facility was not culpable.  FACILITY RESPONSE:			

Facility Administrator

Date

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