Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

FC#6421	**Fine amount reduced by 35% to $325.00 on January 31, 2017 pursuant to Iowa Code Section 135C.43A**		**Date: January 20, 2017**
Harmony House		**Survey dates: January 5,10, 2017**	
2950 West Shaulis Road			
Waterloo, Iowa 50701	**Ds/kk**		

		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. (III) **58.28(3)** *Resident safety.* *e.* Each resident shall receive adequate supervision to ensure against hazard from self, others, or elements in the environment. (I,II, III) **DESCRIPTION:** Based on record review and staff interviews, the facility failed to provide adequate supervision when preparing Resident #2 for a mechanical lift transfer which resulted in a fall from the bed. The fall resulted in a head injury which required 8 staples to close the wound. The sample consisted of 4 residents and the facility identified a census of 58 residents. Findings include: The Care Plan for Resident #2 identified the resident had diagnosis including traumatic brain injury, tracheostomy (opening in trachea to help breath, C-1 (cervical spine) fracture, and neurogenic bladder (dysfunction of the bladder). Review of the Minimum Data Set (MDS) assessment form dated11/16/16, Resident #2 had severe cognitive impairments for decision making. The assessment also indicated Resident #2 required total staff assistance for bed mobility, transferring, dressing, eating and hygiene and	**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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	bathing. Documentation in the Care Plan identified the resident as totally dependent on staff for repositioning and turning in bed every two hours, and as necessary and directed staff to use the mechanical lift with two staff members when transferring Resident #2 due to his/her total dependence on staff. Documentation in a facility incident report dated 12/17/16 indicated at about 9:15 a.m. staff were called to Resident #2's room where he/she was noted lying on the floor in a supine position (on back) with his/her back and lower limbs resting on the mechanical legs of the Hoyer lift (mechanical lift). The staff person noted bleeding from the back of the head. The notation identified the staff assessed Resident #2 and telephoned 911 (for emergency care). The nurse's Progress Notes dated 12/17/16 indicated Resident #2 returned to the facility at 2:30 p.m. from the emergency room where 8 staples were placed in the resident's head [to close a wound]. During an interview on 1/5/17 at 1:50 p.m. Staff A (certified nursing assistant) stated he had been getting Resident #1 ready to get up for the day and completed dressing Resident #2 and placed the Hoyer sling under Resident #2. Staff A stated the side rail closest to the resident was in a down position. Staff A stated he attached the sling to the			

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	Hoyer lift and the corner nearest Resident #2's right shoulder didn't quite reach, so Staff A stated he pulled a little on the sling and Resident #2 slid off the bed and landed on the floor. During an interview on 1/10/17 at 12:23 p.m. Staff B (certified nursing assistant) stated she always kept the side rail(s) up when assisting a resident to dress, and place a Hoyer sling, for resident safety. During an interview on 1/10/17 at 12:28 p.m. Staff C (certified nursing assistant) stated she also kept the side rail(s) up while dressing a resident and preparing them for a Hoyer transfer. Staff C stated she also placed a pillow between the side rail and the resident to protect against potential injury. During an interview on 1/10/17 at 12:31 p.m. Staff D stated due to her stature, she kept the side rail(s) down while placing the sling but put the side rail(s) back up prior to connecting the sling to the Hoyer. According to documentation in the Care Plan, a new intervention was added on 12/19/16 which indicated the Care Plan was reviewed and staff education provided that directed staff to have the side rails up when repositioning Resident #2 in bed. **FACILITY RESPONSE:**			

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