

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/26/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165152	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/10/2017
NAME OF PROVIDER OR SUPPLIER HARMONY HOUSE HEALTH CARE CENT			STREET ADDRESS, CITY, STATE, ZIP CODE 2950 WEST SHAULIS ROAD WATERLOO, IA 50701		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS ✓KK 1/24/17 Correction date <u>1/20/17</u> The following deficiency relates to the investigation of complaint #64773. (See code of federal regulations (42CFR) Part 483, Subpart B-C) F 323 SS=D 483.25(d)(1)(2)(n)(1)-(3) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES (d) Accidents. The facility must ensure that - (1) The resident environment remains as free from accident hazards as is possible; and (2) Each resident receives adequate supervision and assistance devices to prevent accidents. (n) - Bed Rails. The facility must attempt to use appropriate alternatives prior to installing a side or bed rail. If a bed or side rail is used, the facility must ensure correct installation, use, and maintenance of bed rails, including but not limited to the following elements. (1) Assess the resident for risk of entrapment from bed rails prior to installation. (2) Review the risks and benefits of bed rails with the resident or resident representative and obtain informed consent prior to installation. (3) Ensure that the bed's dimensions are appropriate for the resident's size and weight. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the	F 000			
F 323		F 323			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

01/26/2017

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 323	<p>Continued From page 1</p> <p>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.</p> <p>Findings include:</p> <p>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 dated 11/16/16, Resident #2 had severe cognitive impairments for decision making. The assessment indicated Resident #2 required total staff assistance for bed mobility, transferring, dressing, eating and hygiene and bathing.</p> <p>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.</p> <p>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</p>	F 323			

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F 323	<p>Continued From page 2</p> <p>the staff assessed Resident #2 and telephoned 91 (for emergency care).</p> <p>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].</p> <p>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 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.</p> <p>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.</p> <p>During an interview on 1/10/17 at 12:28 p.m. Staff C (certified nursing assistant/program 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.</p> <p>During an interview on 1/10/17 at 12:31 p.m. Staff D (program assistant) 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</p>	F 323			

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F 323	<p>Continued From page 3 connecting the sling to the Hoyer.</p> <p>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.</p>			F 323			



January 25, 2017

Plan of Correction related to Harmony House complaint #64773 completed 1/10/2017.

Preparation and implementation of the plan of correction should not be construed as an admission of the deficiencies cited. This plan of correction is prepared solely because it is required under federal or state law.

FOO January 20, 2017

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)

For the required Plan of Correction the facility submits the following:

1. The facility follows the lift manufacturer instructions via skills checklist when training staff to use the lift. The facility will add to the training instructions to leave the side rails up, for those residents that have side rails, until the sling is securely fastened to the lift machine.
2. Resident #2 care plan was updated to include leaving side rails up until the sling is securely fastened to the lift machine.
3. Staff were re-educated on 12/17/2016 of above. Ongoing education and training of above will be completed during initial orientation and periodic audits.
4. Random audits (including Resident #2) by a nurse or program assistant will be completed weekly for one month then quarterly. The results of the audits will be reviewed as part of our ongoing quality assurance process and the frequency of the audits thereafter will be based on outcomes and subsequent recommendations.