

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

FC#6423		Date: January 24, 2017		
Wesley Acres		Survey dates: December 23, 29-30, January 3-5, 2017		
3520 Grand Avenue				
Des Moines, Iowa 50312				
		Class	Fine Amount	Correction Date
56.6(1) +	481-56.6 (135C) Treble and double fines. 56.6(1) Treble fines for repeated violations. The director of the department of inspections and appeals shall treble the penalties specified in rule 481-56.3(135C) for any second or subsequent class I or class II violation occurring within any 12-month period, if a citation was issued for the same class I or class II violation occurring within that period and a penalty was assessed therefor.	I	\$15,000 (Trebled \$5000 x3) Held in suspension	Upon Receipt
58.28(3)e,f	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) f. Residents shall be protected against physical or environmental hazards to themselves. (I, II, III). DESCRIPTION: Based on record review and staff and physician interviews, the facility failed to provide adequate nursing supervision to prevent accidents and failed to protect residents from environmental hazards for 1 of 1 closed resident record reviewed (Resident #1). The facility identified a census of 67 residents. The second floor door, leading to the stairs, had a disabled alarm. The facility disabled the alarm do to a screeching sound. The door's magnetic lock			

Facility Administrator

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	<p>alarm on the door could not be heard throughout the 2nd floor. The staff pagers did not always alert staff when the magnetic door or stairwell door opened. The 2nd floor had 6 residents wearing Wanderguard devices and 3 of the 6 residents lived in the hallway near the stairwell exit door which placed the residents at further risk for leaving by way of the stairwell 2nd floor door. Resident #1 was found sitting on the floor landing, a few steps down from the east stairwell door. The resident's wheelchair rested on the landing too.</p> <p>Findings include:</p> <p>1. Resident #1 had a Minimum, Data Set (MDS) assessment with a reference date of 11/27/16 which documented diagnoses that included psychotic disorder, history of falls, hearing loss, scoliosis (curvature), dysarthria (speech disorder), osteoporosis (loss of bone density), muscle weakness and difficulty walking. The same MDS documented the resident had short and long term memory loss, unclear speech, exhibited physical behaviors and wandered 1-3 days of the assessment period. The MDS indicated Resident #1 required extensive assistance for transfers, unable to ambulate, not steady and only able to stabilize with staff assistance when moving from a seated to standing position and surface-to-surface transfer. The resident utilized a wheelchair for mobility, had experienced 2 falls without injury and 1 with injury since the last MDS (completed no greater than every 92 days).</p>			

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	<p>The Elopement Risk Assessment dated 10/12/16 documented a score of 4. A score of 2 or greater identified the resident to be at risk for an elopement and precautions must be initiated. The Fall Risk Assessment dated 10/15/16 documented a score of 10. A score of 10 or greater identified the resident at a high risk for falling.</p> <p>The care plan problem dated 1/22/16 identified the resident required extensive assistance with activities of daily living and unable to walk and required 1 assist to stand, pivot and transfer. The resident utilized a wheelchair for mobility which s/he could move independently. The care plan intervention dated 10/2/16 identified the resident as noted to wander on to other hall ways and into other resident's rooms and difficult to redirect. Staff placed a Wanderguard bracelet on the resident's left ankle.</p> <p>The Nurse's Notes entry dated 12/3/16 at 2010 (8:10 PM) completed by Staff E, registered nurse (RN), documented the east stairwell alarm sounded in a low audible tone. Staff E could not locate Resident #1 in the hallway. Staff E located the resident sitting on the landing down the steps from the east stairwell door with his/her back against a step with the resident's wheelchair resting under the open window. The resident attempted to stand up from the floor. The Nurse's Notes entry dated 12/3/16 at 2020 (8:20 PM) documented the resident observed to have a bruise on the right hip and the left side of the forehead, a red area mid-back over the spine and abrasions to the left</p>			

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	<p>shoulder and on and below the left knee. The resident was transported to the hospital at 2027 (8:27 PM).</p> <p>The hospital physical exam report dated 12/4/16 at 5:49 AM documented the resident's active problems as a right pleural effusion (fluid in the space between the lung and the chest cavity) and a traumatic compression fracture of T 11 (thoracic vertebra #11) and a tiny subdural hematoma (bleeding outside the brain).</p> <p>The resident returned to the facility on 12/4/16. The Initial Nursing Assessment form dated 12/4/16 documented the resident had a reddened area over the lower spine which measured 3 centimeters (cm x [by] 1 cm, an abrasion on the left knee which measured 1 cm x 3 cm, and an abrasion on the left shoulder which measured 2 cm x 1.2 cm, a bruise on the right lower back which measured 2.5 cm x 2.5 cm and a bruise on the left temple which measured 2 cm x 3 cm.</p> <p>On 12/29/16 at 5:45 PM, Staff E (Registered Nurse) was interviewed and stated she came out of a resident's room around 7:45 PM on 12/3/16 and observed a resident with his/her hands on the bar to the open east hall stairwell door. Staff E responded to the door and moved this resident away from the door. Staff E stated the door alarm sounded but it was very low and she could not hear it until she reached the second resident room adjacent to the stairwell door. Staff E stated she could not recall the code to reset the alarm so she called security personnel to do so. Staff E stated she checked the</p>			

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	<p>hall and room of Resident #1 and could not locate him/her. Staff E returned to the door, looked through the glass window, and observed Resident #1 sitting on the landing at the bottom of the stairs at approximately 7:55-8:00 PM. Staff E stated she observed Resident #1 move all his/her extremities and reaching for the railing in order to get up. Staff E yelled for help and Staff A and D, certified nursing assistants (CNA's) responded.</p> <p>Staff E stated the door alarm did not alert on her pager. After the incident, she checked the pagers of all staff on duty on 2nd floor (another nurse and 4 CNA's), as well as the pagers in the box at the desk that were on and not in use, and none of them showed an alert for the east hall stairwell door. Staff E stated the on-call nurse called her and asked about the door alarm as her phone showed the east hall alarm sounded, but Staff E stated the call came after the resident had been located and awaiting transport to the hospital.</p> <p>On 12/29/16 at 10:31 PM, Staff C, CNA, was interviewed and stated she was assigned to Resident #1's hallway on 12/3/16 on the 2 PM-10 PM shift. Staff C stated she did not hear the door alarm sound while in another resident room at the opposite end of the hall. Staff C stated that Staff E checked her pager after the incident and the door alarm had not alerted her pager.</p> <p>On 12/29/16 at 2:26 PM, Staff A (CNA) was interviewed and stated she was assigned to the opposite hall on 12/3/16 during the 2 PM-10 PM</p>			

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	<p>shift. She did not hear the door alarm sound on the other hallway. Staff A stated the door alarms used to be really loud but were not at the time of the incident. Staff A stated Staff E checked her pager after the incident and it did not alert her pager. Staff A stated her pager goes off all the time and when providing resident care she cannot always pull it out of her pocket to check it. Staff A stated [the pager] had no differentiation in vibration or sound of the pager between call lights and alarms.</p> <p>On 12/29/16 at 2:35 PM, Staff D (CNA) was interviewed and stated she had been assigned to the opposite hall on the 2 PM-10 PM shift on 12/3/16. She had been assisting a resident's spouse with a task when she heard Staff E yelling for help. She and Staff A responded to Staff E's call for help at the end of the opposite hall. Staff D stated she could not hear the door alarm sounding and did not check her pager. Staff D stated her pager goes off constantly, but stated the door alarms are now really loud and can hear them sound on both halls and even in the dining room.</p> <p>On 12/29/16 at 2:04 PM, Staff B, RN, was interviewed and stated he was the charge nurse on the opposite hall on the 2 PM-10 PM shift on 12/3/16. He stated he never heard the door alarm sound and his pager never registered a door alarm alert. Staff E stated security personnel told him after the incident that some of the door alarm audible level had been shut off because were very loud and the new call light system had the door alarms linked to the pagers.</p>			

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	<p>On 12/30/16 at 1:15 PM, the maintenance supervisor was interviewed and stated the magnetic alarms on the stairwell doors are not super loud but may be able to hear them [alarms] about halfway down each hallway. The audible on the large alarm boxes had been disabled because nursing staff complained they were too loud and would wake up the residents.</p> <p>On 12/30/16 at 4:15 PM the security guard on duty on 12/3/16, scheduled on the 2 PM-10 PM shift stated the previous administrator had directed the large box alarm be turned off as it startled residents because of the loudness. The magnetic lock still sounded but in a very low tone and he had concerns staff would not be able to hear the alarm on the doors when necessary. Observation at the east hall door at 4:35 PM revealed the security guard disabled the loud alarm box and opened the door. The magnetic lock sounded very faintly and could not hear it past the first set of resident rooms adjacent to the stairwell door. The security guard stated the loud alarm boxes were enabled on all the stairwell doors on 12/3/16 after the incident occurred and the facility has additionally installed Wanderguard alarms on these doors.</p> <p>The Device Activity Report for the east stairwell door for 12/3/16 documented the door alarm activated at 7:42 PM and sounded for 23 minutes and 47 seconds before staff responded.</p> <p>On 12/28/16 at 3:30 PM the Administrator was</p>			

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<p>interviewed and stated at the time of the incident, the pagers carried by the staff on a hall would alert approximately 8 seconds into the 15 second delay before the door would open on the hall. The pager would then beep or vibrate every minute. After 5 minutes the alert would then be sent to the CNA's on the opposite hall and continue to beep or vibrate every minute. After 10 minutes the alert would be sent to the charge nurse pager and beep or vibrate every minute and 15 minutes after the alarm activated the alert would be sent to management staff phones. On 12/3/16 after the incident, staff adjusted the system to activate on-duty nursing staff pagers and department head phones immediately and will alert every 15 seconds until response.</p> <p>The Administrator stated the loud alarm boxes had been disabled at some undetermined time but were reactivated on 12/3/16 after the incident. Facility management staff came to the facility and checked all pagers and door alarms and found them functional. The Administrator stated on-duty staff did not report their pagers failure to alert on 12/3/16 and felt that unusual as all staff on duty were disciplined regarding failure to respond to the door alarm alert on their pagers.</p> <p>On 12/23/16 at 10:40 a.m., the resident's physician was interviewed. The physician stated the resident had expired in the facility on 12/9/16 but did not die as a result of the fall.</p> <p>FACILITY RESPONSE:</p>				

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