

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

Citation Number: 6498		Date: April 5, 2017		
Facility Name: Lantern Park Specialty Care		Survey Dates: March 20-23, 2017		
Facility Address/City/State/Zip 2200 Oakdale Road P.O. Box 5720 Coralville, Iowa 52241				
DS				
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

58.28(3)e + 58.19(1)i	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) <i>Resident safety.</i> e. Each resident shall receive adequate supervision to ensure against hazard from self, others, or elements in the environment. (I, II, III) 481-58.19(135C) Required Nursing services for residents. The resident shall receive and the facility shall provide as appropriate, the following required nursing services under the 24-hour direction of qualified nurses with ancillary coverage as set forth in these rules: 58.19(1) Activities of daily living. i. Mobility (assistance with wheelchair, mechanical lift, or other means of locomotion); (I, II, III) DESCRIPTION: Based on observation, record review, staff and resident interviews and review of manufacturer's operational manual, the facility failed to provide adequate supervision and use appropriate assistive devices when transferring a resident with a mechanical stand lift (Resident #5). The sample consisted of 5 residents and the facility	I	\$4,000 (Held in suspension)	Upon Receipt
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Facility Administrator

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	reported a census of 85 residents. Findings include: 1. Resident #5 had a quarterly MDS (Minimum Data Set) assessment with a reference date of 12/29/16. The MDS indicated the resident scored a BIMS (Brief Interview for Mental Status) of 15. A score of 15 represented the resident had no cognitive problems. The MDS identified Resident #5 had diagnoses including high blood pressure, diabetes, stroke, anxiety, seizure disorder, and depression. The MDS indicated the resident required extensive assistance of two staff members for bed mobility, transfers, and toilet use. The MDS indicated the resident had an impairment of one side of the body, both upper and lower extremities. The Care Plan with the goal dates of 1/13/17 and 4/12/17 identified the resident at risk for falls due to left sided hemiplegia (paralysis), and a seizure disorder. The Care Plan directed two staff members to transfer the resident with the stand lift, and to use a strap under the resident's buttocks. The Care Plan identified a problem with the resident at risk for injury related to seizure			
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	disorder, hemiplegia and a fractured left tibia. The approaches directed 2 staff members to use a mechanical EZ stand for transfers. A form titled, Physical Therapy Recommendation for Restorative/Functional Maintenance Program, dated 6/27/16, directed two staff members to use the stand lift with a strap under the [resident's] buttocks when transferring from the bed or wheelchair or traveling to and from the bathroom. A Physical Therapy Evaluation & Plan of Treatment, with a start of care dated 6/27/17, documented that the resident had flaccid muscle tone to the left extremity. The evaluation indicated the resident had poor standing balance, and unable to shift weight. The Physical Therapy Evaluation impression indicated the resident presented with difficulty in stand lift transfers due to fatigue intermittently; this date the resident stood excellent, however benefits from the caregiver training could improve safety with transfer consistency. The manufacturer's operator's instructions titled, <u>The EZ Way Stand Operator's Instructions</u>, revised on 3/11/09, directed the following: On page 7, additional accessories are available			
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	as a seat trap, and stand support strap. The operator's instructions documented the seat strap to be used for additional lower body support, and can be used for transferring or ambulation. The directions indicated the stand support strap is used for additional lower body support and effective in helping patients stand in an upright position. The resident's Care Plan lacked description of which strap should be used. The Incident/Accident/Unusual Occurrences Form dated 1/21/17 at 7:30 p.m. indicated a Certified Nurse's Aide (CNA) reported Resident#5 had difficulty with transfers in the stand lift. The form documented the resident had difficulty with weight bearing and gripping of the handle during a transfer. The form indicated the resident complained of left shoulder pain on a scale of 10 out of 10 with movement, but no pain with palpation. The form documented absence of redness, warmth or swelling to the left upper extremity. Observation on 3/20/17 at 12:01 p.m. identified the resident's bed up against the window in the room. The approximate distance from the toilet to the bed measured 25 feet. On 3/21/17 at 10:30 a.m. Resident#5 was			
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	interviewed and stated the CNAs transferred her on 1/21/17, like they always did with the EZ stand, strap under my arms. Resident#5 reported that his/her arms just started to hurt, she yelled, and a nurse came in and told the CNAs to stop. Resident#5 reported no problems with transfer before. During an interview on 3/21/17 at 12:26 p.m. Staff B, CNA reported the resident sat on the toilet and Staff A, CNA assisted with the transfer. Staff B stated Staff A, CNA assisted with the transfer and the resident had straps around the legs and under the arms and hung onto the lift with one hand. Staff B stated the resident had a stroke with paralysis of the left arm and could not hang onto the lift. Staff B stated the resident was up in the lift and out the bathroom door, when the resident reported his/her arm hurting. Staff B reported that she and Staff A put the resident in a chair outside of the bathroom door and then Staff A left to get the nurse. Staff B stated Staff C, Registered Nurse, performed an assessment of the resident. Staff B stated the resident wanted to try and stand again, and the resident complained of pain again. Staff B stated she put the resident down and the resident wanted to try again. Staff B stated Staff C provided education to the resident why they should use the Hoyer (another type of			
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	lift) and the resident refused. Staff B stated they tried again and the resident made it to the bed. On 3/21/17 at 2:44 p.m. Staff A was interviewed and stated Staff A helped her transfer Resident #5 out of the bathroom. Staff A stated the resident went up in the lift, and complained of loss of strength, and said he/she couldn't stand well, so they put the resident in a chair. Staff A stated the nurse assessed the resident, and the resident refused to use the Hoyer lift. Staff A stated the resident voiced of hand hurting. Staff A reported the resident wanted to use the EZ stand, and was able to get to the bed after two attempts. Staff A reported they use a Hoyer lift now with the resident. The resident wears an arm sling at all times now. On 3/21/17 at 11:10 a.m. Staff C, Registered Nurse, was interviewed and stated Staff A and Staff B were present when the resident could not grab onto the EZstand lift. Staff C stated the resident could not grab the lift with either hand very well and she told the CNAs to stop the transfer. Staff C stated the resident refused the Hoyer lift on 1/21/17. On 3/23/17 at 11:52 a.m. Staff C, Registered Nurse, was interviewed and stated the staff did not use a lift that went under the resident's			
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	buttocks. Staff C stated the facility does have buttock slings. On 3/23/17 at 11:56 a.m. Staff B, CNA was interviewed and stated they did not use a buttock sling on the resident when the resident fell, only the shoulder sling. Staff B stated the facility had two mechanical lift options [with the EZ stand] which is the buttock sling or the shoulder sling. Staff B stated the facility did have butt slings. On 3/23/17 at 12:06 p.m. Staff A, CNA reported that with the transfer of the resident they used a shoulder strap, leg strap, but not a strap that went under the buttocks [seat strap]. On 3/23/17 at 12:10 p.m. Staff D, CNA was interviewed and stated the facility has about four seat slings, and showed the surveyor three of them. The seat slings appeared to be new. On 3/24/17 at 10:11 a.m. the resident's primary care physician was interviewed and stated the resident had a history of osteopenia (bone density), and experienced shoulder fractures in the past. The resident's primary care physician could not say if the use of the seat sling would have prevented the fracture. The x-ray report dated 1/21/17 identified a			
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	proximal humeral (upper arm) neck fracture with transverse orientation. The area showed minimal displacement and the clavicle (collar bone) appeared intact. The report documented osteopenia had been present. A Clinic Note dated 2/3/17 documented the physician evaluated the resident for a left proximal humerus fracture. The note documented the resident was given a sling but it had not been terribly comfortable. The note indicated the resident had taken Tylenol and ibuprofen for pain but neither had been helpful. Review of the MAR (Medication Administration Record), identified medication given as needed for pain. The resident requested Ibuprofen 600 milligrams on the following dates and times: 1/21/17 at 9:00 p.m., 1/24/17 at 8:50 p.m., 1/27/17 at 3:30 p.m., 1/27/17 at 1:30 a.m., 1/29/17 at 8:20 a.m., 1/29/17 at 5:45 p.m., 2/1/17 at 6:15 p.m., and 2/26/17 at 11:30 p.m. for left arm and shoulder pain. FACILITY RESPONSE:			
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