

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

AMENDED on 10/3/17 with fine held in suspension and payment of \$1,300 returned due to CMP issuance

Citation Number: 6512	Fine amount reduced by 35% to \$1,300.00 on May 8, 2017 pursuant to Iowa Code Section 135C.43A	Date: April 25, 2017
Facility Name: Northcrest Specialty Care	Survey Dates: April 10-12, 2017	
Facility Address/City/State/Zip 2001 Heath Street Waterloo, IA 50703	HL	
Rule or Code Section	Nature of Violation	Class Fine Amount Correction date

58.28(3)e	481- 58.28(3) Resident safety. e. Each resident shall receive adequate supervision to protect against hazards from self, others, or elements in the environment. (I, II, III) DESCRIPTION: Based on clinical record review, facility protocol and interviews, the facility failed to ensure one (1) of five (5) residents received adequate supervision to protect against hazards in the environment. Record review, facility protocol review and staff interviews revealed Resident #2 required the use of a personal safety alarm, pressure alarm at all times, and staff to encourage gripper socks or shoes on at all times due to fall risk. On 3/15/17, staff left Resident #1 in bed with pressure alarm in place, but failed to confirm alarm box turned on and functioning and placed socks on resident were not gripper socks. Resident #2 stood, fell and sustained a subdural hematoma (collection of blood outside the brain) and required admittance to the hospital. The facility reported a census of 92 residents. Findings include: The Minimum Data Set (MDS) assessment with a reference date of 2/14/17 for Resident #2 documented a score of 7 of 15 on Brief Interview for Mental Status (BIMS) test which indicated severe cognitive impairments. According to the MDS, the resident required the extensive assistance of one staff for transfers, dressing, and walking in room/walking in corridor. The MDS further identified the resident	I	\$2000.00 Held in Suspension	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; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

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

**AMENDED on 10/3/17 with fine held in suspension and payment
of \$1,300 returned due to CMP issuance**

Citation Number: 6512	Fine amount reduced by 35% to \$1,300.00 on May 8, 2017 pursuant to Iowa Code Section 135C.43A	Date: April 25, 2017
Facility Name: Northcrest Specialty Care	Survey Dates: April 10-12, 2017	
Facility Address/City/State/Zip 2001 Heath Street Waterloo, IA 50703	HL	
Rule or Code Section	Nature of Violation	Class Fine Amount Correction date

	required limited assistance of one staff for bed mobility personal hygiene and toilet use. A balance during transition and walking test identified the resident as not steady and only able to stabilize with staff assistance when walking, turning around, and surface to surface transfers. The resident had diagnoses that included non-Alzheimer's dementia, Diabetes Mellitus, anxiety and depression. The resident had had experienced two or more falls with no injury since admission or reentry or prior assessment. Review of the Risk Assessment for Falls dated as completed on 2/13/17 identified the following risks for falls: intermittent confusion, three or more falls in past three months, chair bound, decreased muscular coordination, required use of assistive devices for gait/balance, medication use, and predisposing diseases. The Risk Assessment for Falls documented a score of 18, a score of 10 or more represented a high risk for falls. The Resident Care Plan with a problem onset date of 8/29/2014 identified a potential for injury related to fall history. The Care Plan identified a goal of no injury sustained from fall with a target date of 5/17/17. The approaches directed staff to use a pressure alarm in bed and wheelchair dated 11/18/16, encourage gripper socks or shoes all times-as able dated 11/25/16, monitor resident frequently with rounds dated 3/8/17. The Care Plan identified the following recent falls: 3/8/17-self transfer, found on floor in room 3/7/17-found on floor at foot of bed 2/27/17-fall found in doorway			
--	--	--	--	--

Facility Administrator

Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

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

**AMENDED on 10/3/17 with fine held in suspension and payment
of \$1,300 returned due to CMP issuance**

Citation Number: 6512	Fine amount reduced by 35% to \$1,300.00 on May 8, 2017 pursuant to Iowa Code Section 135C.43A	Date: April 25, 2017
Facility Name: Northcrest Specialty Care	Survey Dates: April 10-12, 2017	
Facility Address/City/State/Zip 2001 Heath Street Waterloo, IA 50703	HL	
Rule or Code Section	Nature of Violation	Class Fine Amount Correction date

	1/30/17-fall bathroom 1/25/17-fall out of recliner in room 1/15/17-fall activity room 1/4/17-fall self- transfer A timeline of falls for Resident #2 identified the following: a). On 10/18/16 a personal alarm was added after the resident had fallen in his/her room while attempting to use the bathroom unassisted. b). On 11/24/16, gripper/shoes after the resident had fallen in the bathroom. c). On 1/30/17, a pressure alarm added after resident had fallen on bathroom floor. Resident #2 had used the resident unassisted. A fall incident report dated 3/15/17 at 6:35 a.m. documented Staff A, licensed practical nurse, (LPN) observed Resident #2 laying on floor on back at the foot of bed. Noted socks were not gripper socks, alarm not sounding, and the residents head laid in a large amount of blood. The nurse assessed the resident and noted an approximately 2 cm laceration (tearing of skin) over a golf ball size hematoma (lump from collection of blood) on the left side of the residents head. Staff transferred the resident to the hospital Emergency Room for evaluation and treatment. The hospital provider note dated 3/17/17 at 1:10 p.m. documented Resident #2 arrived at hospital with an intracranial bleed after being found down at the nursing home. When the emergency medical staff			
--	--	--	--	--

Facility Administrator

Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

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

**AMENDED on 10/3/17 with fine held in suspension and payment
of \$1,300 returned due to CMP issuance**

Citation Number: 6512	Fine amount reduced by 35% to \$1,300.00 on May 8, 2017 pursuant to Iowa Code Section 135C.43A	Date: April 25, 2017
Facility Name: Northcrest Specialty Care	Survey Dates: April 10-12, 2017	
Facility Address/City/State/Zip 2001 Heath Street Waterloo, IA 50703	HL	
Rule or Code Section	Nature of Violation	Class Fine Amount Correction date

	arrived (at the nursing home), the resident already had blood coagulated in his/her laceration identifying he/she may have been down for some time. A laceration was noted to the back of the head, EMS transported to a local hospital and a CT scan of the resident's brain was positive for a subdural hematoma. The resident discharged back to the nursing home in stable condition on 3/17/17. During an interview on 4/12/17 at 11:11 a.m. Staff A, LPN, confirmed on 3/15/17 she heard Resident #2's roommate yell for help, she entered the room and observed Resident #2 on the floor at the foot of the bed, laid on back, with blood noted all around the resident's head. Staff A noticed the bed pressure alarm was not sounding and noted the socks the resident was wearing were not non-skid socks. Staff A reported she called for help, and requested Staff B, CNA (Certified Nurse Aide) check the alarm. Staff A reported she was informed by Staff B the alarm was not on. Staff A stated it is an expectation that all alarms are checked at the beginning of the shift during walking rounds, clarified that the day shift began at 6 a.m. Staff A revealed on 3/15/17 staff failed to complete walking rounds because of lack of staffing. Staff A further clarified that the resident was to have a pressure alarm on at all times when in bed and was to wear non-skid socks and but was found to be wearing socks that were not non-skid. In an interview on 4/12/17 at 12:20 p.m. Staff B, CNA confirmed on 3/15/17, Staff A, LPN requested she			
--	---	--	--	--

Facility Administrator

Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

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

**AMENDED on 10/3/17 with fine held in suspension and payment
of \$1,300 returned due to CMP issuance**

Citation Number: 6512	Fine amount reduced by 35% to \$1,300.00 on May 8, 2017 pursuant to Iowa Code Section 135C.43A	Date: April 25, 2017
Facility Name: Northcrest Specialty Care	Survey Dates: April 10-12, 2017	
Facility Address/City/State/Zip 2001 Heath Street Waterloo, IA 50703	HL	
Rule or Code Section	Nature of Violation	Class Fine Amount Correction date

	check the resident's bed pressure alarm after Resident #2 was discovered on the floor. Staff B confirmed the alarm was not sounding when she entered the room. Stated the alarm monitor was attached to the bed side rail and the monitor was connected to the pad pressure alarm. Stated she assumed the alarm was not on because it was not sounding. Staff B demonstrated on the actual alarm removed from the resident's room that the on/off button is not easily visible, and stated she did not have her glasses on so could not see. Clarified that she would normally test a pad pressure alarm by putting pressure on the pad, releasing and listening for audible alarm but confirmed she failed to test the resident's alarm after the fall. In a phone interview on 4/12/17 at 4:00 p.m. Staff C, CNA, confirmed she had assisted the resident to toilet at 5:30 a.m. on 3/15/17 and returned the resident to bed. Confirmed the alarm was in place attached to the side rail. Confirmed failed to complete walking rounds to check alarms during shift. Review of an Internal Investigation Witness Statement dated 3/15/17 documented staff D, CNA responded to questions from the Director of Nursing (DON). Staff D, CNA reported to work at 6:00 a.m. on 3/15/17. Staff D responded that she had not checked alarms when came in to work and failed to complete walking rounds to check alarms because she was answering call lights. In an interview on 4/12/17 at 2:45 p.m. the Administrator stated has always been an expectation			
--	---	--	--	--

Facility Administrator

Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

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

**AMENDED on 10/3/17 with fine held in suspension and payment
of \$1,300 returned due to CMP issuance**

Citation Number: 6512	Fine amount reduced by 35% to \$1,300.00 on May 8, 2017 pursuant to Iowa Code Section 135C.43A	Date: April 25, 2017
Facility Name: Northcrest Specialty Care	Survey Dates: April 10-12, 2017	
Facility Address/City/State/Zip 2001 Heath Street Waterloo, IA 50703	HL	
Rule or Code Section	Nature of Violation	Class Fine Amount Correction date

	that staff check alarms are in place and functioning at the beginning of every shift in addition need to check alarm every time alarm put in use. Confirmed staff failed to check alarms on 3/15/17. Clarified following the residents fall have implemented measures to monitor and hold staff accountable. FACILITY RESPONSE:			
--	--	--	--	--

Facility Administrator

Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (2013).