

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 6510		Date: April 24, 2017		
Facility Name: Kahl Home for the Aged and Infirm		Survey Dates: March 15-16, April 7,12, 2017		
Facility Address/City/State/Zip 6701 Jersey Ridge Road Davenport, Iowa 52807		DS		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

56.6 + 58.28(3)e	<p>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.</p> <p>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)</p> <p>DESCRIPTION:</p> <p>Based on record review and interviews with staff and resident, the facility failed to provide adequate supervision and an assistive device in order to mitigate the risk of an accident (Resident #1). The sample consisted of 4 residents and the facility reported a census of 111 residents. Staff A directed Resident #1 to stand and grab the bar. Staff A did not apply the gait belt to prevent a fall</p>	I	\$15,000 (\$5,000 X 3 Trebled)	Upon Receipt
--------------------------------	---	---	-----------------------------------	--------------

Page 1 of 6

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

Citation Number: 6510		Date: April 24, 2017		
Facility Name: Kahl Home for the Aged and Infirmed		Survey Dates: March 15-16, April 7,12, 2017		
Facility Address/City/State/Zip 6701 Jersey Ridge Road Davenport, Iowa 52807		DS		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	<p>and turned to check the wheelchair. The resident fell, fracturing the left hip and left shoulder. The resident required hip surgery to repair the fractured hip and the left shoulder required an immobilizer device.</p> <p>Findings include:</p> <p>1. According to the Admission Record dated 3/15/17, Resident #1 had diagnoses including a stroke which affected the resident's right non-dominant side, arthritis and chronic pain.</p> <p>Resident #1 had a MDS (Minimum Data Set) assessment with a reference date of 2/16/17. The MDS identified the resident had no cognitive impairments and required extensive assistance of 1 staff member with transfers and toilet use. The Minimum Data Set assessment dated 2/16/17 revealed Resident #5 had no cognitive impairments. Resident #1 required extensive assistance of one staff member with transfers, walking in room and corridor, personal hygiene and toilet use. The MDS indicated the resident had problems with balance during transitions and walking and only able to stabilize with staff assistance.</p> <p>The Care Plan Summary dated 12/15/16 directed the staff to provide assistance of one [staff</p>			

Page 2 of 6

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

Citation Number: 6510		Date: April 24, 2017		
Facility Name: Kahl Home for the Aged and Infirm		Survey Dates: March 15-16, April 7,12, 2017		
Facility Address/City/State/Zip 6701 Jersey Ridge Road Davenport, Iowa 52807		DS		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	<p>person] with a gait belt and a hemi walker for all transfers.</p> <p>The Incident/Accident Report dated 3/2/17 at 8:30 p.m. identified Staff A observed Resident #1 fall. Resident #1 reported "I fell. I was holding onto the bar." Resident #1 had two skin tears on the left arm and a hematoma to the forehead and the back of the head. The report indicated Staff A received directed about the need for a gait belt and to be used at all times.</p> <p>The Progress Notes dated 3/2/17 at 11:22 p.m. indicated at 8:25 p.m., the certified nursing assistant approached the registered nurse and they went to the resident's room. The resident laid on floor with arm under body. The blood pooled onto the floor from the resident's face. The nurse cleansed the wounds. The nursing assistant had been getting resident ready for bed at the time of the incident. The resident did not have a gait belt on but did have skid slipper socks on feet. The nurse administered Tylenol (analgesic) for the pain. The staff placed the resident in the shower due to blood from hair. The resident voiced complaints of pain in left arm from the elbow to the fingers and around left knee. The resident was transferred to the hospital at 10:10 pm.</p> <p>According to the Intake Information sheet dated</p>			

Page 3 of 6

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

Citation Number: 6510		Date: April 24, 2017		
Facility Name: Kahl Home for the Aged and Infirm		Survey Dates: March 15-16, April 7,12, 2017		
Facility Address/City/State/Zip 6701 Jersey Ridge Road Davenport, Iowa 52807		DS		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	<p>3/7/17, the facility made a self-report on 3/3/17 at 11:46 a.m. On 3/2/17 at 8:30 p.m., the staff had Resident #1 on the toilet. The staff transferred Resident #1 off the toilet without a gait belt. The resident was admitted to the hospital for a fractured hip and shoulder.</p> <p>The physician's History and Physical/Discharge Consults record, dated 3/7/17) indicated the resident had discharge diagnosis including left femoral neck fracture (hip), left humeral head fracture (shoulder), acute blood loss anemia (not unusual after hip surgery), and paroxysmal atrial fibrillation (irregular heart beat periodically).</p> <p>The Progress Notes dated 3/7/17 at 3:17 p.m. indicated the resident readmitted into the facility.</p> <p>On 3/16/17 at 9:10 a.m. Resident #1 was interviewed and stated the nursing assistant [Staff A] did not use a gait belt and informed her/him that she would not let the resident fall. The resident stated Staff A did not use a gait belt when she transferred her/him to the toilet either. Resident #1 stated she had her own gait belt on the back of the wheelchair.</p> <p>The facility provided staff training on 3/7/17 for 16 direct care staff. The training consisted of and directed staff that whenever transferring a</p>			

Page 4 of 6

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

Citation Number: 6510		Date: April 24, 2017		
Facility Name: Kahl Home for the Aged and Infirm		Survey Dates: March 15-16, April 7,12, 2017		
Facility Address/City/State/Zip 6701 Jersey Ridge Road Davenport, Iowa 52807		DS		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	<p>resident, and have hands on the resident, the staff needs to use a gait belt for all transfers. The training instructed the staff to always look at the Care Plan Summary and make sure it is followed. The training informed the staff audits on transfers and gait belts would be completed.</p> <p>Staff A was interviewed on 3/15/17 at 4:58 p.m. Staff A stated there were 2 nursing assistants during the shift and usually have 3 aides. Staff A stated she knew she had a lot to get done. Staff A stated the incident occurred in the resident's bathroom. Staff A stated she had the resident stand up to grab the bar and the resident did not wear a gait belt. Staff A stated she turned to get the wheelchair in place and had her hand on the resident's back. The resident fell to her/his left side and hit head on the door frame. Staff A stated she saw blood and yelled for help. Staff A stated she had felt rushed with only 2 nursing assistant that night working.</p> <p>An interview on 4/12/17 at 12:40 p.m. the Administrator reported an expectation of staff to follow the Care Plan Summary card at all times. The Administrator stated the expectation is for all staff to use a gait belt for all hands on transfers.</p> <p>FACILITY RESPONSE:</p>			

Page 5 of 6

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

Citation Number: 6510		Date: April 24, 2017		
Facility Name: Kahl Home for the Aged and Infirmed		Survey Dates: March 15-16, April 7,12, 2017		
Facility Address/City/State/Zip 6701 Jersey Ridge Road Davenport, Iowa 52807				
DS				
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

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).