

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

PRINTED: 04/24/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165146	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/12/2017
NAME OF PROVIDER OR SUPPLIER KAHL HOME FOR THE AGED & INFIRMED		STREET ADDRESS, CITY, STATE, ZIP CODE 6701 JERSEY RIDGE ROAD DAVENPORT, IA 52807		
(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 Correction Date _____ The following information relates to the investigation of self-report #66707. See Code of Federal Regulations (42 CFR) Part 483, Subpart B-C.	F 000		
F 323 SS=G	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 interviews with staff	F 323		

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

TITLE

(X6) DATE

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>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 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 person] with a gait belt and a hemi walker for all transfers.</p>		F 323	

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F 323	<p>Continued From page 2</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 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</p>		F 323		

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F 323	<p>Continued From page 3</p> <p>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 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</p>	F 323		

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F 323	Continued From page 4 stated she had felt rushed with only 2 nursing assistant that night working. 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.		F 323		