

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

Citation Number: 6696		Date: November 16, 2017		
Elm Crest Retirement Community		Survey Dates: October 30, 2017- November 2, 2017		
2104 12 th Street Harlan, Iowa 51537				
		DS		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

58.28(3)e	<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)</p> <p>58.28(3) Resident safety.</p> <p>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 staff interviews and review of policy and procedures, the facility failed to provide adequate supervision to ensure against hazards during a wheelchair transfer (Resident #15). A staff person pushed Resident #15 in a wheelchair without the resident resting feet on the foot pedals. The staff member instructed the resident to lift feet during the transfer. The resident lowered her foot and propelled out of the wheelchair and onto the floor. This fall resulted in a fractured hip. The facility reported a census of 63 residents and the sample consisted of 10 residents reviewed.</p> <p>Findings include:</p> <p>1. Resident #15 had a Minimum Data Set (MDS) assessment with a reference date of 5/16/17. Resident #15 had a Brief Interview for Mental</p>	I	\$5,000 (Held in suspension)	Upon Receipt
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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).

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	<p>Status (BIMS) score of 4. A score of 4 represented the resident had a severe cognitive behavior. The MDS indicated Resident #15 required extensive assistance of 2 or more people with bed mobility, transfer and toilet use. The MDS indicated the resident usually used a wheelchair. Resident #15 had diagnoses that included depression, muscle weakness, altered mental status and pain.</p> <p>The Care Plan dated 5/24/17 identified Resident #15 had a focus area with activity of daily living (ADL) deficit due to Alzheimer's disease and muscle weakness. The interventions included and directed the staff that the resident required extensive assist for wheelchair (wc) locomotion upon request and able to self-propel wc within facility. The Care Plan identified another focus for a risk of falls. The interventions included and directed the staff to assure the resident's feet are placed on the wc pedals when staff are pushing the resident in the wc.</p> <p>The Progress Notes, written by Staff I, Licensed Practical Nurse (LPN), dated 6/20/17 at 7:55 p.m. identified documentation regarding falls. The notes identified the Certified Nursing Assistant (CNA) was called to the room. Resident #15 was on the floor in front of her wc on her left side. The CNA reported she pushed the resident in a wc</p>			
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	<p>and out of the bathroom; had washed and put on pajamas. The note indicated the resident put a foot on the floor and she fell forward out of the wc and landed on her left side and hit head on the floor. The left leg rotated outward and resident grimaces and voiced pain with movement of her left leg. The staff assisted the resident up into her wc and then transferred with 2 staff assistance and a gait belt to the bed. The resident continued to complain of left hip pain in bed and transferred to the hospital emergency room (ER).</p> <p>Record review of the hospital History and Physical dated 6/20/17, identified Resident #15 came into the emergency room after she fell out of the wc. The reported indicated the resident's x-ray highly suspicious for an intertrochanteric hip fracture and referred to orthopedics (branch of medicine dealing with bone injuries).</p> <p>Record review of the Orthopedic Consultation dated 6/21/17 identified the x-ray showed a minimally displaced anterior intertrochanteric fracture of the left hip.</p> <p>Record review of the hospital Discharge Summary dated 6/26/17 indicated the resident status post fracture of left hip. The summary identified the resident has dementia and advanced age as well as renal insufficiency,</p>			
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	<p>hypothyroidism (low thyroid function) and hypertension (elevated blood pressure). The resident transferred back to the facility for comfort cares for end of life secondary to failure to thrive, poor intake and poor urine output.</p> <p>A written statement by the Director of Nursing (DON) dated 6/23/17 identified Staff H, CNA stated she transferred Resident #15 into the wc with the gait belt and took her to the toilet with her feet on the pedals. After transferring resident back into the wc when finished, she turned the resident toward the beds. Staff H stated she did not put Resident #15's feet on the pedals. Staff H asked the resident to lift her feet and she did. They got as far as the first bed and she [the resident] started to lean forward and went to the floor. Staff H did not see the resident put her foot down [off of the foot pedals].</p> <p>Review of the document titled <u>Policy & Procedure for Transporting Residents in Wheelchair and Use of Wheelchair Pedals</u>, dated 6/21/17, directed the staff to always use wheelchair pedals, if you are pushing a resident in a wheelchair. The policy also documented if the resident needs assistance, place pedals on the wheelchair and put their feet on the pedals.</p> <p>On 10/31/17 at 2:00 p.m., Staff H CAN, was</p>			
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	<p>interviewed and stated she took Resident #15 to the bathroom using the wc. Staff H stated the foot pedals were locked in front of the wc but not down so the resident could use. Staff H confirmed the resident's feet were not on the wc pedals when she moved her out of the bathroom toward her bed. Staff H stated the resident held her feet up when being pushed but then dropped a foot to the floor and fell forward out of the wc. Staff H stated she should have flipped the foot pedals down as they were right there.</p> <p>On 11/2/17 at 7:55 a.m. the Director of Nursing was interviewed and stated her expectation for staff when pushing a wc is to use the foot pedals.</p> <p>Review of the Certificate Of Death, with a file date of 8/2/17, identified the date of death as 8/29/17. The physician listed the immediate cause of death as failure to thrive and the other significant condition listed is fall; hip fracture.</p> <p>FACILITY RESPONSE:</p>			
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