| Citation Numb | on Number: 6715 Date: Dece 2017 | | | ecember 14, | | |
|---|---|---|----------|-----------------------------|--------|-----------------|
| Blair House | | | Survey [| Dates: N | ovembe | r 13-15, 2017 |
| 1212 Indian Hills Drive Burlington, Iowa 52601 | | | | | | |
| | | DS | | | | |
| Rule or Code Section | Nature | e of Violation | Class | Fine A | mount | Correction date |
| 58.19(2)j | residents. The reside facility shall provide following required in 24-hour direction of ancillary coverage as 58.19(2) Medication as j. Provision of accurate intervention for all residents expression of accurate intervention for all residents, emotional, or DESCRIPTION: Based on record revision interviews, the facility assessment and times residents reviewed (Richard residents reviewed (Richard reported a census of 5 voiced complaints of itextremity and displayed independently ambulated census of 51 residents. Findings include: Resident #3 had a Minassessment with a refit The MDS identified the second requirements. | ursing services under the qualified nurses with s set forth in these rules: and treatment. The assessment and timely idents who have an onset of nich represent a change in physical condition. (I, II, III). The www, and resident and staff failed to provide accurate by intervention for 1 of 3 desident #3). The facility increased pain in her lower and a decreased ability to ate. The facility reported a | | \$4,000 (Held i suspe | | Upon Receipt |

Fig. 11. Advis to London

Facility Administrator

Date

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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 lowa Code section 135C.43A (2013).

| 715 | | | Date: E 2017 | December 14, |
|--|---|--|--|--|
| | | Survey [| Dates: Novembe | r 13-15, 2017 |
| rive 2601 | | | | |
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| Natur | e of Violation | Class | Fine Amount | Correction date |
| - | · · · · · · · · · · · · · · · · · · · | | | |
| | | | | |
| | | | | |
| resident had no cognitive impairment. When | | | | |
| /sical/occupational | therapy, the resident | | | |
| | | | | |
| | | | | |
| | ` | | | |
| | , . | | | |
| sical therapy depa | artment on 10/17/17. The | | | |
| | | | | |
| Record review of a document titled Confidential | | | | |
| revealed the staff found the resident | | | | |
| | | | | |
| resident could mo | ove all extremities without | | | |
| | ` ` ' | | | |
| area. The nurse r | notified the physician and | | | |
| | Naturated osteoporosis, specified abnormal kiety and depressional Status (BIMS) ore of 13 out of 15. ident had no cognitted on 9/15/17 fysical/occupational uired limited assisbility, activities and view of the Care Peded assistance wing) initially but was ependently ambulationally but was ependently and was to dident Report date ealed the staff four cord review of a decident Report date ealed the staff four chroom floor, in a season her feet. Note resident could more iculty, had pain with a reported she had area. The nurse in | Nature of Violation Steed osteoporosis, unsteadiness on feet, specified abnormalities of gait and mobility, kiety and depression. The Brief Interview for intal Status (BIMS) indicated the resident had a ore of 13 out of 15. A score of 13 identified the ident had no cognitive impairment. When mitted on 9/15/17 for skilled care including vsical/occupational therapy, the resident juired limited assistance of 1 staff member for bility, activities and hygiene cares view of the Care Plan identified the resident eded assistance with ADLs (activities of daily initially but was deemed able to ependently ambulate in the facility pod eighborhood) with a wheeled walker by the vsical therapy department on 10/17/17. The ident's goal was to be discharged from the ility to return to home after strengthening. | Nature of Violation Class The definition of Class The Action of Specified abnormalities of gait and mobility, siety and depression. The Brief Interview for intal Status (BIMS) indicated the resident had a ore of 13 out of 15. A score of 13 identified the ident had no cognitive impairment. When mitted on 9/15/17 for skilled care including visical/occupational therapy, the resident juired limited assistance of 1 staff member for bility, activities and hygiene cares wiew of the Care Plan identified the resident eded assistance with ADLs (activities of dailying) initially but was deemed able to ependently ambulate in the facility podighborhood) with a wheeled walker by the visical therapy department on 10/17/17. The ident's goal was to be discharged from the illity to return to home after strengthening. Cord review of a document titled Confidential ident Report dated 11/4/17. The document ealed the staff found the resident on the hroom floor, in a sitting position, with regular its on her feet. Nursing documentation noted resident could move all extremities without iculty, had pain with range of motion (ROM), deported she had continuous pain to the right area. The nurse notified the physician and | Nature of Violation Class Fine Amount Class The Amount Class The Amount Class The Amount The A |

Facility Administrator Date

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|---|--|---|----------|-----------|-----------------|--------------------|
| Blair House | | | Survey I | Dates: No | vember | 13-15, 2017 |
| 1212 Indian Hills Drive Burlington, Iowa 52601 | | | | | | |
| | | DS | | | | |
| Rule or Code Section | Natur | e of Violation | Class | Fine An | nount | Correction date |
| | A Care Plan intervent the resident wore pro ambulating. Review of a Confiden 11/7/17 identified the the floor next to the copain in the mid right ut to go to the emergency physician was called ER. Nursing docume on the right hand- 3rd in the mid upper right the incident report did performed. Record review of a Did dated 11/7/17 identified possible periprosthetist that occurs around the a total hip replacement greater trochanter (but the end of the thigh be Report dated 11/17/1 had a severely displated mid humeral diaphy.) A computed tomography | tial Incident Report dated staff found the resident on hair. The resident reported apper arm and she requested by room (ER) for x-rays. The and the resident sent to the and the resident sent to the antation noted an abrasion I, 4th, 5th knuckle and pain arm. The nurse completed I not document ROM was a capable fracture (a broken bone of the components or implants of the components or implants of the components of the right one). A second Radiology revealed the resident also ced fracture at the proximal | | | | |

______ Facility Administrator Date

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| Survey Dates: November 13-15, 2017 | Citation Number: 6715 | | | | Date: I 2017 | December 14, |
|---|-----------------------|---|--|----------|-----------------|----------------|
| Rule or Code Section Periprosthetic fracture of the proximal right femur with possible extension to the trochanter and a displaced fracture through the proximal right humerus. The Progress Notes (nurse's notes) documented the following entries of assessing the resident's complaints of pain and location of pain. Additional documentation noted the resident's complaints were treated with analgesics (pain medication Tylenol and tramadol) with good relief. 10/8/17- Resident had complaints of (c/o) pain. 10/10/17- c/o back pain 10/11/17- c/o back pain with good relief. 10/13/17- c/o back pain with good relief. 10/14/17- c/o back pain with good relief. 10/15/17- c/o back pain and headache 10/17/17- c/o back pain and headache 10/17/17- c/o of pain all over 11/3/17- c/o of abdominal pain | Blair House | | | Survey I | Dates: Novembe | er 13-15, 2017 |
| Rule or Code Section Periprosthetic fracture of the proximal right femur with possible extension to the trochanter and a displaced fracture through the proximal right humerus. The Progress Notes (nurse's notes) documented the following entries of assessing the resident's complaints of pain and location of pain. Additional documentation noted the resident's complaints were treated with analgesics (pain medication Tylenol and tramadol) with good relief. 10/8/17- Resident had complaints of (c/o) pain. 10/9/17- c/o R shoulder pain and low back pain. 10/10/17- c/o back pain 10/11/17- c/o back pain 10/13/17- c/o back pain with good relief. 10/13/17- c/o back pain with good relief. 10/13/17- c/o back pain and headache 10/17/17- c/o back pain and headache 10/17/17- c/o of pain all over 11/3/17- c/o of abdominal pain | | | | | | |
| Code Section Periprosthetic fracture of the proximal right femur with possible extension to the trochanter and a displaced fracture through the proximal right humerus. The Progress Notes (nurse's notes) documented the following entries of assessing the resident's complaints of pain and location of pain. Additional documentation noted the resident's complaints were treated with analgesics (pain medication Tylenol and tramadol) with good relief. 10/8/17- Resident had complaints of (c/o) pain. 10/9/17- c/o Back pain 10/10/17- c/o back pain 10/11/17- c/o back pain 10/12/17- c/o back pain 10/13/17- c/o back pain with good relief. 10/13/17- c/o back pain not pain to pain 10/15/17- c/o back pain and headache 10/17/17- c/o back pain and headache 10/17/17- c/o back pain 10/30/17- c/o of pain all over 11/3/17- c/o of abdominal pain | Dula er | | DS | | Fine Amount | Correction |
| with possible extension to the trochanter and a displaced fracture through the proximal right humerus. The Progress Notes (nurse's notes) documented the following entries of assessing the resident's complaints of pain and location of pain. Additional documentation noted the resident's complaints were treated with analgesics (pain medication Tylenol and tramadol) with good relief. 10/8/17- Resident had complaints of (c/o) pain. 10/9/17- c/o R shoulder pain and low back pain. 10/10/17- c/o back pain 10/11/17- c/o back pain 10/12/17- c/o back pain 10/12/17- c/o back pain 10/13/17- c/o back pain with good relief. 10/14/17- c/o back pain. 10/15/17- c/o back pain and headache 10/17/17- c/o back pain 10/30/17- c/o of abdominal pain | Code | Natur | e of Violation | | | |
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| the following entries of assessing the resident's complaints of pain and location of pain. Additional documentation noted the resident's complaints were treated with analgesics (pain medication Tylenol and tramadol) with good relief. 10/8/17- Resident had complaints of (c/o) pain. 10/9/17- c/o R shoulder pain and low back pain. 10/10/17- c/o back pain 10/11/17- c/o back pain 10/12/17- c/o headache. 10/13/17- c/o back pain with good relief. 10/14/17- c/o back pain and headache 10/15/17- c/o back pain and headache 10/17/17- c/o back pain 10/30/17- c/o of pain all over 11/3/17- c/o of abdominal pain | | with possible extension to the trochanter and a displaced fracture through the proximal right | | | | |
| | | The Progress Notes (nurse's notes) documented the following entries of assessing the resident's complaints of pain and location of pain. Additional documentation noted the resident's complaints were treated with analgesics (pain medication Tylenol and tramadol) with good relief. 10/8/17- Resident had complaints of (c/o) pain. 10/9/17- c/o R shoulder pain and low back pain. 10/10/17- c/o back pain 10/11/17- c/o back pain 10/12/17- c/o back pain with good relief. 10/14/17- c/o back pain. 10/15/17- c/o back pain and headache 10/17/17- c/o back pain 10/30/17- c/o of pain all over | | | | |
| of the bathroom. Assessment revealed the resident was able to move all extremities. Resident does report hip pain (usual constant, not new). Resident able to walk with no problem. 11/5/17- (Staff G, RN) Resident declined coming | | of the bathroom. Ass resident was able to r Resident does report new). Resident able | ressment revealed the move all extremities. hip pain (usual constant, not to walk with no problem. | | | |

| Facility Administrator | Date |
|------------------------|------|

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| Blair House | | | Survey I | Dates: N | lovembe | r 13-15, 2017 |
| 1212 Indian Hills Drive Burlington, Iowa 52601 | | | | | | |
| | | DS | | | | |
| Rule or Code Section | Natur | e of Violation | Class | Fine A | Amount | Correction date |
| | | with complaint of pain in | | | | |
| | bilateral lower extrem hurt since her fall (preusing wheeled walker this AM. Resident state her to ER (emergian management. The pain with non-verbal sexistent. 11/5/17-(Staff G, RN) for lunch, eating fair in complains of pain in right hip. Asker restroom, this nurse coinitially made no effort | | | | | |
| | own, explained that resident had to assist and step by step directions were required. The resident eventually made it to the restroom and back with (SBA) stand by assist. 11/6/17- (Staff G, RN) Continues neuro checks with normal findings. Reports worsened lower extremity pain than usual. Requests to remain in room and reports she cannot walk to meals. However, resident up in room with steady gait and more pain than usual. Resident requests to | | | | | |
| | · | sual. Resident requests to orts she cannot walk to | | | | |

Facility Administrator Date

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| | | DS | | | | | |
| Rule or Code Section | Natur | e of Violation | Class | Fine A | Amount | Correction date | |
| | | | | 1 | | | |
| | meals. PCP (primary with no new orders. | care physician) aware of fall | | | | | |
| | 11/7/17- (Staff K, LPN) Resident continues to complain that she is in pain and requires pain meds and assistance with all cares. Resident again unwilling to attempt to even sit up but did after being walked through it. Noted that resident walked to restroom, with staff present, with a limp in the right leg, but on return to bed she walked with a limp on the left side. Later, this writer observed resident ambulated self around bed and to restroom independently with good gait and without limp. | | | | | | |
| | 11/7/17- Resident found seated on floor beside chair. Resident complained of discomfort in right upper arm. Able to move all other extremities. Small amount redness to right mid back, tiny abrasions to 3rd, 4th, 5th fingers on right hand. Stood with assist of two and gait belt and returned to bed. | | | | | | |
| | fall and resident's req 11/7/17- Called son w resident's friend trans 11/17/17- local hospit | ho agreed to have | | | | | |

______ Facility Administrator _____ Date

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| | | DS | | | | |
| Rule or Code Section | Natur | e of Violation | Class | Fine A | Amount | Correction date |
| | identified Resident #3 (analgesic) and Tram between 9/30/17 and identified the resident Tylenol and 17 doses given for the administ medications were ger and back pain 2 times back pain 1 time, sho abdominal pain 1 time On 11/13/17 at 1:45 F Practical Nurse (LPN) she found Resident # recliner on 11/7/17. The resident would easeated in the chair wi front of her. It appears had stood up from the reach the wheeled was floor. The LPN stated rotator cuff injury in he complained of pain in also complained of rights in the falls on 11/4/17 at typically would keep to | adol (analgesic) doses 11/4/17. Documentation received 17 doses of of Tramadol. The reasons ration of the pain neralized pain 11 times, foot s, back pain15 times, low ulder pain 1 time and e. PM, Staff I, Licensed) was interviewed and stated 3 sitting on the floor by the The LPN stated occasionally t breakfast in her room while th the over-the-bed table in red to the LPN the resident e chair, pivoted to the side to alker, and sat down on the d the resident had a prior | | | | |

Facility Administrator Date

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| 1212 Indian Hills Drive Burlington, Iowa 52601 | | | | | | |
| Burnington, lov | va 5200 i | DS | | | | |
| Rule or | T | | | Fine Ar | mount | Correction |
| Code Section | Natur | e of Violation | Class | i ilie Ai | illount | date |
| | | | • | | | |
| | complaining of back president had arthritis | pain. The LPN stated the "all over". | | | | |
| | Aide was interviewed Mondays/Thursdays was scheduled shower day Monday 11/6 and ask wanted a shower. Shoresident said somethi and "she could not stabath. On 11/14/17 at 1:00 F | were the resident's ys. Staff H worked on ted the resident if she the vaguely recalled the the ng about "hurting her foot" and" and refused to have a PM Staff C, CNA, was | | | | |
| | with the resident. He frequently complain s | ated he worked frequently stated the resident would pecifically of back pain and casionally pain all over. | | | | |
| | complain about pain a time. The resident wo Tylenol and Tramado ask for it. Staff G stat and had pain complai and ambulation ability complaints. Staff G c entry on 11/5/17 at 10 | d Resident #3 would usually all over, all day long, all the buld keep track of when the I could be given and would ted the resident was "whiny" ints when her body language | | | | |

Facility Administrator Date

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| | | DS | | | |
| Rule or Code Section | Natur | e of Violation | Class | Fine Amou | t Correction date |
| | | s complained of pain. Staff | | | |
| | morning without diffice resident remained in the lower extremity pain. On 11/6/17 regarding no new orders". The referring to the initial of physician of the resident stated the physician of the resident of the resident stated the physician of the resident of the resident of the physician with information of the physician of the physici | AM the Director of Nursing ed and stated the resident's ed when the resident was ome water on the bathroom d the resident was oulation with a wheeled was noted she had regular | | | |
| | DON was non-commi asked if an injury had | tion after the 11/4/17 fall the ttal in her response. When resulted from the fall on it was possible the injury | | | |

_______Facility Administrator ______ Date

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| 1212 Indian Hills Drive Burlington, Iowa 52601 | | | | |
| | DS | | | |
| Rule or Code Natu Section | Nature of Violation | | | Correction date |
| On 11/14/17 at 9:45 interviewed and she questions appropriate recent falls, the residence Resident #3 was insigned and hip months ago when she was trying bathroom. She state | ture of Violation Class Fine Amount uted to the resident's fall on cated it was possible. 5 AM Resident #3 was ne initially answered simple cately. When discussing her sident became quite confused. Insistent that she broke her arm of and her most recent fall was ng to clean water up in the cated she had shoulder pain at cannot recall if she had back cast. | | | Page 10 of 1 |

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| Rule or Code Section | Natur | e of Violation | Class | Fine A | mount | Correction date |
| 56.6(1) | 56.6(1) Treble fines to the director of the di | -56.3(135C) for any ent class I or class II within any 12-month was issued for the same plation occurring within | I | \$11,25 (treble \$3750 (Held i suspe | d- x 3) n | Upon Receipt |
| 58.28(3)e | 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 hazards from self, others, or elements in the environment. (I,II, III) DESCRIPTION: | | | | | |
| | Based on observation resident, family and s failed to provide adeq appropriate intervention 3 residents (Resident suffered a hip dislocation) | taff interviews, the facility | | | | |

Facility Administrator Date

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| | | DS | | | | |
| Rule or Code Section | Natur | e of Violation | Class | Fine Amount | Correction date | |
| | from falling and keep the resident safe. The facility reported a census of 51 residents. Findings include: Resident #4 had a Minimum Data Set (MDS) assessment with a reference date of 9/28/17. The MDS identified the resident had diagnoses that included non-Alzheimer's dementia and | | | | | |
| | Parkinson's Disease and scored 3/15 points possible on the Brief Interview for Mental Status (BIMS) cognitive assessment which indicated a severely impaired cognitive status. The resident required extensive assistance of 1 staff member for bed mobility, transfers to and from bed and chair, ambulation, toileting, and personal hygiene. The resident's balance was unsteady for all activities and could stabilize during transfers only with staff assistance. The resident did not need assistance for locomotion and self-propelled a wheelchair throughout the facility. A Fall Risk assessment completed upon admission and revised 9/23/17 noted the resident had a prior history of falls and was considered to be a fall risk. | | | | | |
| | The Care Plan, initiate resident's impaired m staff to assist the resident | | | | | |

Facility Administrator Date

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| | wheeled walker and 1 staff member. An additional intervention was added to the Care Plan after the resident experienced a fall while attempting to self-transfer from the wheelchair while alone in the room (on 8/15/17) and suffered an abrasion on the right elbow. The new intervention directed staff not to leave Resident #4 in his wheelchair in the bedroom unsupervised. Record review of a Confidential Incident Report dated 9/17/17 revealed the resident was found on the floor by staff and did not have any injuries. The Care Plan did not reflect any new interventions placed for the resident. Record review of a Confidential Incident Report dated 10/17/17 revealed the resident was found | | | | | |
| | on the bathroom floor apparently tried to sel resident was sent to tafter staff assessmen shortening/rotation of The resident was diag and, because of a colhematoma (bleeding from the local hospital hospital. The resident and returned to the face | in front of the toilet after he lif-transfer off the toilet. The he local emergency room t due to left hip pain and the left lower extremity. gnosed with a dislocated hip neern of a possible sub-dural in brain); he was transferred I to a higher level of care at did not have a head injury incility on 10/19/17 with a A new intervention was | | | | |

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| Rule or Code Section | Natur | e of Violation | Class Fine Amount Correction date | | | Correction date |
| | | | | 1 | | |
| | initiated and staff wer resident while he was | e directed to remain with the on the toilet. | | | | |
| | Record review of a Confidential Incident Report dated 11/12/17 revealed the resident was found sitting on the bathroom floor in front of the toilet after he had self-propelled into the room without staff knowledge, self-transferred onto the toilet, had a bowel movement, and attempted to self-transfer off the toilet. The resident complained of back pain but staff did not identify any injuries during post-fall assessment. | | | | | |
| | During an interview on 11/13/17 at 12:45 PM with Staff A, Registered Nurse (RN) she stated she worked on 10/17/17 when the resident dislocated the left hip. The RN assessed the resident, notified the physician, and sent the resident to the emergency room. The RN stated the resident would frequently attempt to self-transfer on to and off the toilet and staff tried to keep the resident busy and within eye sight to prevent this. On 11/13/17 at 2:30 PM Staff B, Certified Nurse Aide (CNA) was interviewed and stated the resident's compliance with staff requests and use of the call light varied. Prior to 10/17/17, staff had | | | | | |
| | of the call light varied. Prior to 10/17/17, staff had been told not to leave the resident in the wheelchair alone in his room because of frequent attempts to self-transfer. On 10/17/17 Staff B | | | | | |

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 lowa Code section 135C.43A (2013).

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| Blair House | | | C I | | Date: December 14, 2017 | | | |
|---|---|----------------|------------------------------------|-------------|----------------------------|--|--|--|
| | | | Survey Dates: November 13-15, 2017 | | | | | |
| 1212 Indian Hills Drive Burlington, Iowa 52601 | | | | | | | | |
| | | DS | | | | | | |
| Rule or Code Section | Nature | e of Violation | Class | Fine Amount | Correction date | | | |
| re to lighe Si wus we le se to tri we it O in production me ca we own R | Found the resident seated on the toilet and realized the resident had self-transferred onto the toilet. Staff B told the resident to put on the call light when he was finished because he needed help to transfer. Staff B went on break and told Staff F the resident was in the bathroom and would call when finished. The resident did not use the call light and tried to transfer off the toilet without help. The resident fell and dislocated his left hip. Staff B stated since the resident could self-propel the wheelchair with ease it was difficult to watch the resident all the time. She stated they tried to keep the resident's door closed but he was able to open the door and would even close it behind him sometimes. On 11/14/17 at 1:00 PM Staff C, CNA, was interviewed and stated Resident #4 could self-propel his wheelchair and open the bedroom door. The CNA stated staff were told to keep a close eye on him but was not instructed to monitor the resident 1:1. The CNA stated the resident could be non-compliant with using the call light for help and would attempt self-transfer when he needed to use the bathroom. On 11/14/17 at 1:45 PM Staff E, housekeeping, was interviewed and stated she observed Resident #4 self-propel into his/her room alone while she was cleaning the dining room. She | | | | Page 15 of 1 | | | |

Facility Administrator Date

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| Citation Number: 6715 | | | Date: December 14, 2017 | | | |
|------------------------------------|--|------------------------|------------------------------------|-------------|-----------------|--|
| Blair House | | | Survey Dates: November 13-15, 2017 | | | |
| 1212 Indian Hil Burlington, lov | | | | | | |
| | | DS | | | | |
| Rule or Code Section | Natur | e of Violation | Class | Fine Amount | Correction date | |
| | | knowledge the resident | | | | |
| | was not to go in the room alone so she told one of the CNAs immediately. She stated the CNA headed towards the room. During an interview on 11/14/17 at 12:30 PM with Staff F, CNA, the CNA stated staff tried to keep the door closed and tried to keep Resident #4 busy but it was difficult to watch the resident all the time because he/she could easily self-propel the wheelchair. On 11/14/17 at 8:45 AM the Director of Nursing (DON) was interviewed and stated prior to 10/12/17, Resident #4 could be alone in his room when in bed or in the recliner. The resident was not to be alone in the wheelchair in the room because of his attempts to self-transfer. The DON agreed it was difficult for staff to monitor him constantly because the resident was able to self-propel in the wheelchair. After the 10/12/17 fall, the intervention was to have staff stay with the resident while seated in the bathroom to prevent self-transfers. Since the 11/12/17 fall the resident is to be transferred into a recliner in the day room so staff can more easily see him. On 11/13/17 at 1:00 PM Resident #4's spouse was interviewed and stated the resident had multiple falls at home prior to coming to the facility. The spouse stated she has witnessed | | | | | |
| | | | | | | |
| | | | | | | |

Date

Facility Administrator

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| Citation Number: 6715 | | | | | Date: D | ecember 14, |
|---|--|----------------|------------------------------------|---------|---------|-----------------|
| Blair House | | | Survey Dates: November 13-15, 2017 | | | |
| 1212 Indian Hills Drive Burlington, Iowa 52601 | | | | | | |
| _ | | DS | | | | |
| Rule or Code Section | Naturo | e of Violation | Class | Fine Am | ount | Correction date |
| | Nature of Violation him attempt to self-transfer into the bathroom but has never seen the resident self-transfer off the toilet. The spouse stated though he/she had doubts as to whether the resident really understood how to use the call light and she has entered the room before and had seen the resident alone in the wheelchair in his room. On 11/13/17 at 1:00 PM Resident #4 was interviewed and stated it is hard for him to ask others for help. Resident #4 stated he would forget he needs help and forgets to use the call light because he is used to getting up on his own. The resident stated he is "getting better about asking for help now". FACILITY RESPONSE: | | | | | |

Facility Administrator Date

Page 17 of 17

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