Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 6728	**Fine amount reduced by 35% to $4,387.50 on January 16, 2018 pursuant to Iowa Code Section 135C.43A.**	**Date:** **December 28, 2017**
Facility Name: **Elm Heights Care Center**		**Survey Dates:** **December 11-19, 2017**
Facility Address/City/State/Zip **1203 South Elm Street** **Shenandoah, IA 51601**		
	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 record review, staff and resident interviews, the facility failed to provide adequate supervision to protect one (1) of three (3) residents from hazards (Resident #2). Record review revealed Resident #2 had dementia and required assistance with waking/transfers. On 10/5/17, staff failed to provide supervision and assistance with transfers/ambulation to Resident #2 when she attempted to stand and fell and fracturing her hip. Staff interviews revealed some staff were unaware Resident #2 was at risk for falls. The facility reported a census of forty three (43) residents. Findings include: The Minimum Data Set (MDS) assessment dated 8/29/17 identified dementia and persistent mood disorder for Resident #2's diagnoses. The MDS assessment revealed Resident #2 required a walker	**I**	**$6,750.00**	**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 (2015).

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 6728	**Fine amount reduced by 35% to $4,387.50 on January 16, 2018 pursuant to Iowa Code Section 135C.43A.**	**Date:** **December 28, 2017**
Facility Name: **Elm Heights Care Center**		**Survey Dates:** **December 11-19, 2017**
Facility Address/City/State/Zip **1203 South Elm Street** **Shenandoah, IA 51601**		
	HL	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	and/or wheelchair for mobility. Resident #2's assessment identified she required staff assistance to stabilize her balance when walking or when moving from a seated to standing position. Resident #2 required extensive assistance of two staff for most ADLs (activities of daily living) including when transferring or walking. The MDS documented Resident #2 had at least one fall within the two to six month period before being admitted to the facility. According to the MDS, Resident #2 had both long and short term memory problems, inattention, severely impaired cognitive skills for daily decision making, sometimes understood others and they rarely understood her. The Care Plan dated 9/5/17 noted Resident #2 had dementia that affected her cognition, communication abilities, and she required assistance with making all decision. Her care plan revealed she required assistance of 1 to 2 staff and a gait belt when ambulating and for ADLs (including transferring). The 9/6/17 Care Plan indicated Resident #2 had been considered a high risk for falls related to 2 falls she had in July prior to admission. The Care Plan noted Resident #2 required 1 to 2 staff and a gait belt for transfers.			

_____ _____

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 (2015).

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 6728	**Fine amount reduced by 35% to $4,387.50 on January 16, 2018 pursuant to Iowa Code Section 135C.43A.**	**Date:** **December 28, 2017**
Facility Name: **Elm Heights Care Center**		**Survey Dates:** **December 11-19, 2017**
Facility Address/City/State/Zip **1203 South Elm Street** **Shenandoah, IA 51601**		
	HL	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	The Care Plan also documented that Resident #2 sustained a fractured right hip as a result of a 10/6/17 fall. The Care Plan noted a new intervention (10/5/17) for staff not to leave Resident #2 unsupervised in the dining room. The document titled "Morse Fall Scale" dated 8/24/17 revealed Resident #2 had been considered a high risk for falls based on the score of 105; (a score of 45 or higher identified the resident at High Risk for falls.) Resident #2's gait was described as weak, impaired when rising from chair, cannot walk unassisted. An Incident Review dated 9/26/17 at 4:00 p.m. identified a CNA (certified nurses' assistant) entered Resident #2's room and found her lying on the floor. According to the document, nobody witnessed the fall and noted Resident #2 had been confused/disoriented prior to the fall. The Nurses' Note for the above fall dated 9/26/17 at 4:30 p.m. indicated Resident #2 had been found lying on her side at the foot of her recliner. The foot rest was elevated and recliner tipped forward, appears the resident scooted forward in chair causing it to tip.			

_____ _____

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 (2015).

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 6728	**Fine amount reduced by 35% to $4,387.50 on January 16, 2018 pursuant to Iowa Code Section 135C.43A.**	**Date:** **December 28, 2017**
Facility Name: **Elm Heights Care Center**		**Survey Dates:** **December 11-19, 2017**
Facility Address/City/State/Zip **1203 South Elm Street** **Shenandoah, IA 51601**		
	HL	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	An Incident Review dated 10/5/17 at 4:40 p.m. revealed a staff member found Resident #2 on "her bottom leaning over" in the dining room a few feet away from her wheelchair. The Review indicated nobody knew what happened or how the resident fell because nobody witnessed the fall. According to the document, Resident #2 had been alert, disoriented and on fall alert prior to the incident. According to the document, Resident #2 had been sent to ER for an evaluation per facility van. The nursing home received a call later stating resident had been admitted to the hospital for a right hip fracture. A Nurses' Note dated 10/5/17 at 5:17 p.m. indicated Resident #2 fell in the dining room. According to the document, staff did not know what happened because nobody witnessed the fall and Resident #2 could not tell them what happened. The author noted Resident #2's ROM (range of motion) seemed normal so they transferred her into the wheelchair and transported her to the nurses' station for further evaluation. The nurse indicated Resident #2 started to show nonverbal signs of right knee pain with movement. A "Diagnostic Imaging Results Review" dated 10/5/17 at 7:22 p.m. indicated Resident #2 sustained a right			

_____ _____

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 (2015).

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 6728	**Fine amount reduced by 35% to $4,387.50 on January 16, 2018 pursuant to Iowa Code Section 135C.43A.**	**Date:** **December 28, 2017**
Facility Name: **Elm Heights Care Center**		**Survey Dates:** **December 11-19, 2017**
Facility Address/City/State/Zip **1203 South Elm Street** **Shenandoah, IA 51601**		
	HL	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	hip fracture. The hospital report dated 10/6/17 revealed Resident #2 returned to the floor from surgery at 2:04 p.m., and her blood pressure began to drop, with blood pressure reading from 40-80/20-50. Resident #2 passed away on 10/6/17. An interview on 12/13/17 at 10:30 a.m. with Staff C, RN revealed she had been summoned to the dining room about 5:00 p.m. The RN said she saw Resident #2 lying on the floor with her head on someone's lap. Staff C said Resident #2 had been sitting at the table for supper, stood up and fell to her "bottom." The RN said she did not believe any staff members were actually in the dining room to see what happened. Staff C said Resident #2 was non-verbal and could not tell her what happened or if she had any pain. According to the RN, they transferred Resident #2 into the wheelchair after her assessment revealed the resident had normal ROM. Once they took her to the nurses' station and further assessed her, Staff C said Resident #2 started to grab one of her knees and nodded yes when the nurse asked her if she had pain. Staff C said they sent the resident to ER because she also noticed redness and swelling in her knee.			

_____ _____

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 (2015).

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 6728	**Fine amount reduced by 35% to $4,387.50 on January 16, 2018 pursuant to Iowa Code Section 135C.43A.**	**Date:** **December 28, 2017**
Facility Name: **Elm Heights Care Center**		**Survey Dates:** **December 11-19, 2017**
Facility Address/City/State/Zip **1203 South Elm Street** **Shenandoah, IA 51601**		
	HL	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	An interview on 12/13/17 at 10:40 a.m. with the Dietary Supervisor revealed that she and Staff B, Dietary Aid were in the kitchen. According to the supervisor, Staff B looked into the dining room from the kitchen window and said "I see feet". The Dietary Supervisor said they both went to the dining room and saw Resident #2 lying on the floor next to a different table than the one she usually sat at. The Supervisor said Resident #2's wheelchair remained at her usual table, so she assumed the resident had gotten up and fallen. The Dietary Supervisor said Resident #2's body was kind of twisted; lying on her back/right hip. The Dietary Supervisor said she put her hand under Resident #2's head to comfort/steady her head while someone else paged the nurse. The Supervisor said she had not noticed any apparent injuries. The Supervisor said she did not know how long Resident #2 had been in the dining room before she fell. The Dietary Supervisor said she really did not know who else was in the dining room because she primarily focused on Resident #2. The Supervisor said they would leave ambulatory residents unattended in the dining room, but now they try and have the dining room supervised whenever residents are in there. When asked, the Supervisor said Resident #2 had not been ambulatory before the			

_____ _____

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 (2015).

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 6728	**Fine amount reduced by 35% to $4,387.50 on January 16, 2018 pursuant to Iowa Code Section 135C.43A.**	**Date:** **December 28, 2017**
Facility Name: **Elm Heights Care Center**		**Survey Dates:** **December 11-19, 2017**
Facility Address/City/State/Zip **1203 South Elm Street** **Shenandoah, IA 51601**		
	HL	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	incident. According to the Supervisor, dietary staff would only have known which residents were non ambulatory based on previous observations and how familiar they were with each resident. The Dietary Supervisor said they did not have a written policy about dining room supervision, but it is their protocol to supervise it now since Resident #2's fall with fracture. According to the Supervisor, they never had any problems with anyone falling in the dining room prior to that. The Supervisor said she could not ensure resident safety when they are left unsupervised. According to the Dietary Supervisor, although they do their best to keep them safe, they cannot be by the residents' sides 24 hours a day and 7 days a week. An interview on 12/13/17 at 11:05 a.m. with Resident #5 revealed she had been in the dining room when Resident #2 fell. According to the resident, no staff members were supervising the dining room at the time when Resident #2 stood up from a seated position and fell very hard. An interview on 12/12/17 at 1:07 p.m. with Staff A, CNA revealed she saw Resident #2 lying on the floor with her head on Staff B, Dietary Aid's lap when she arrived to the dining room. Staff A said she did not			

_____ _____

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 (2015).

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 6728	**Fine amount reduced by 35% to $4,387.50 on January 16, 2018 pursuant to Iowa Code Section 135C.43A.**	**Date:** **December 28, 2017**
Facility Name: **Elm Heights Care Center**		**Survey Dates:** **December 11-19, 2017**
Facility Address/City/State/Zip **1203 South Elm Street** **Shenandoah, IA 51601**		
	HL	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	think any staff members were present when the fall occurred. Staff A said they serve supper about 5:00 p.m. The CNA said she did not know what time Resident #2 arrived to the dining room, but she typically started transporting residents about 4:30 p.m. Staff A said she tried to bring the residents at risk for falling last so they were not left unsupervised for very long. Staff A admitted that she did not know Resident #2 was a fall risk. According to Staff A, they did not know if the resident hit her head because she could not say and nobody saw the fall. An interview on 12/14/17 at 10:20 a.m. with Staff D, CNA revealed what she understood about Resident #2's transfer status and the facility's policy on dining room supervision. Staff D said their policy is to not leave anyone in the dining room unsupervised if they are a known fall risk. When asked how she knew which residents were fall risks, Staff D said those residents' rooms are labeled with a star on their door. Staff D said Resident #2 was not a fall risk as far as she knew. The CNA said she did not know that Resident #2 had fallen a couple times before being admitted to the facility. Staff D also denied knowing that Resident #2 had fallen in the facility another time before she fell and broke her hip. Staff D reported			

_____ _____

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 (2015).

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 6728	**Fine amount reduced by 35% to $4,387.50 on January 16, 2018 pursuant to Iowa Code Section 135C.43A.**	**Date:** **December 28, 2017**
Facility Name: **Elm Heights Care Center**		**Survey Dates:** **December 11-19, 2017**
Facility Address/City/State/Zip **1203 South Elm Street** **Shenandoah, IA 51601**		
	HL	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	when they had transferred Resident #2 prior to this, she would not even stand with us (staff), or stand on her own. An interview on 12/14/17 at 11:05 a.m. with Staff B, revealed they start serving supper about 5:00 p.m. When asked, Staff B said the CNAs typically start transporting the residents to the dining room for supper about 4:30 p.m. Staff B said as far as she knew, they did not bring them in any particular order. The Dietary Aid said she did not know what time Resident #2 arrived to the dining room the night she fell and broke her hip. Staff B said other residents were in the dining room at the time of the fall, but she did not remember who. Staff B said she had been in the kitchen about 4:45 p.m. when she looked and saw someone's feet in a position that indicated they had fallen. Staff B said she and the Dietary Supervisor went into the dining room and saw Resident #2 lying on the floor. According to Staff B, the Dietary Supervisor went over and held Resident #2's hand and asked her if she was OK. Staff B said the resident shook her head yes. The Dietary Aid said she did not notice any signs of blood or other obvious signs of injury. When asked if the dining room was being supervised at the time of the			

_____ _____

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 (2015).

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 6728	**Fine amount reduced by 35% to $4,387.50 on January 16, 2018 pursuant to Iowa Code Section 135C.43A.**	**Date:** **December 28, 2017**
Facility Name: **Elm Heights Care Center**		**Survey Dates:** **December 11-19, 2017**
Facility Address/City/State/Zip **1203 South Elm Street** **Shenandoah, IA 51601**		
	HL	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	fall, Staff B said she did not notice because she only focused on attending to Resident #2's needs. Staff B said there are times when dietary staff supervises the residents. When asked, Staff B said she would not have known which residents were fall risks and which ones were not. Staff B said she assumed that anyone would be at risk of falling. Staff B said "I don't know" when asked how residents' safety could be ensured when they leave the dining room unsupervised. Staff B said she really did not know Resident #2, she only recognized her from meal service. The Dietary Aid said she had no idea whether or not Resident #2 had been a fall risk. According to Staff B, she did not know what the policy said about supervising the dining room before the incident. The Dietary Aid said the policy they implemented after Resident #2's fall indicates that someone should be supervising the residents in the dining room. An interview on 12/14/17 at 12:50 a.m. with the DON (director of nursing) revealed she did not know what time they took Resident #2 to the dining room or how long she went unsupervised before she fell and broke her hip. The DON said normally they took the residents to the dining room for supper between 4:30 and 5:00 p.m. The DON said Resident #2 might have had			

_____ _____

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 (2015).

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 6728	**Fine amount reduced by 35% to $4,387.50 on January 16, 2018 pursuant to Iowa Code Section 135C.43A.**	**Date:** **December 28, 2017**
Facility Name: **Elm Heights Care Center**		**Survey Dates:** **December 11-19, 2017**
Facility Address/City/State/Zip **1203 South Elm Street** **Shenandoah, IA 51601**		
	HL	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	liquids already served to her, but most of the time she had to either be fed or have someone prompt her to eat. The DON said they did not have a dining room supervision protocol prior to this incident, but now someone has to be supervising the dining room whenever residents are in there. **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 (2015).