Citation Number: 6737		Fine amount reduced by 35% to \$2600.00 on February 5, 2018 pursuant to Iowa Code Section 135C.43A.			: ary 10, 2018
Facility Name:		Survey Dates:			
Ruthven Comm	nunity Care			er 14-16, 29-3	•
Center			December 1, 5 and 15, 2017.		
•	ss/City/State/Zip				
2701 Mitchell S					
Ruthven, IA. 5	1358	HL			
				T	.
Rule or				Fine Amour	t Correction
Code	Nature	e of Violation	Class		date
Section					

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)	I	\$3000.00	Upon Receipt
AND	AND			
58.28(3)f	f. Residents shall be protected against physical or environmental hazards to themselves. (I, II, III) [ARC 1398C, IAB 4/2/14, effective 5/7/14]			
	DESCRIPTION:			
	Based on record review, observation, interviews with staff & resident, and policy review, the failed to provide adequate nursing supervision to protect 2 of 11 residents from injury/physical environmental hazards. (Residents #4 & #3) The facility identified a census of 34 current residents.			
	Findings include:			
	1. According to the Minimum Data Set (MDS) assessment dated 8/9/17 Resident #4 had diagnoses that included peripheral vascular disease, depression, chronic obstructive pulmonary disease, atrial fibrillation, osteoarthritis and chronic venous			

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Facility Administrator

Date

Citation Number 6737	er:				Date: January	y 10, 2018
Facility Name: Ruthven Community Care Center				er 14-16	5, 29-30, 2 and 15, 20	•
Facility Address/City/State/Zip 2701 Mitchell Street Box O Ruthven, IA. 51358		HL				
Rule or Code Section	Nature	e of Violation	Class Fine Amount Correction date			Correction date
	extremity. The MDS ided (brief interview for ment indicated intact cognition resident required extens mobility, transfers, dress. The care plan dated 12/following due to risk for a. A pad placed along the protect legs from injury. b. Educated to take care avoid bumping self on for room repositioned. c. Educated to take care self to prevent skin area d. Follow provider order skin. e. Educated to pay atterwell and soft cloths provided in the self control of the self changed shoes we get and soft clother provided in the self changed shoes we get in the self changed by the dieta of extra protein at meals of extra protein at meals and soft clother in the self-self changed by the dieta of extra protein at meals and self-self-self-self-self-self-self-self-	28/16 directed staff to do the injury for very fragile leg skin: he frame of my bed to help when motating in room to urniture and nursing stand in when rubbing and itching at as. Is with care of legs and overall antion to clean and dry areas wided. Worn. It is well to maximize the standard of the second of th				

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Facility Administrator

Date

Citation Numb	er:				Date: January	y 10, 2018
Facility Name: Ruthven Comr Center			Novemb	Survey Dates: November 14-16, 29-30, 2017; December 1, 5 and 15, 2017.		
Facility Address/City/State/Zip 2701 Mitchell Street Box O Ruthven, IA. 51358		HL				
Rule or Code Section	Nature	e of Violation	Class	Fine A	mount	Correction date
	footwear whenever possible. Instructed to pay attemprevent trauma. I. Juven per dietitians or m. Notify medical doctorarise. Review of the Fall Risk revealed the resident has indicated the resident and Review of the Points Of the resident's bathroom following: a. Use bed pan for toiled her to turn her only. Docusing your hands. Review of the MAR date revealed the resident re (milligram) daily 11/1/17. Review of the Physician dated 11/6/17 revealed.	rition to what she is doing to orders, rif any concern regarding skin assessment dated 11/8/17 and a score of 15 which moderate risk for falls. Care dated 11/14/17 posted in directed staff to do the ting and use a turn sheet under not roll her from side to side and 11/1/17 through 11/30/17 ceived Coumadin 5 mg through 11/5/17. Nursing Communications the resident's INR was 6.4. old Coumadin 2 days and then				

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Facility Administrator

Date

Citation Numb	er:				Date: January	y 10, 2018
Facility Name: Ruthven Community Care Center				er 14-1	6, 29-30, 20 and 15, 20	
Facility Address/City/State/Zip 2701 Mitchell Street Box O Ruthven, IA. 51358						
·		HL				
Rule or Code Section	Natur	e of Violation	Class Fine Amount Correcti date			Correction date
	12:05 AM regarding the CNAs were in the reside her to the toilet. The reswith the EZ- stand lift. The resident up in the lift had been dripping onto nurse walked into the rolegs as the CNAs lower wheelchair. Staff lifted the approximate 5 to 6 inchealf that had been squir pressure had been apported CNA held pressure while medication room to get the wound. A decision of the hospital due to contrat 9:12 PM. At 9:20 PM ambulance arrived at the resident to the hospital returned to the facility a wound start telling staff pedals off the wheelchather. The resident's leg of foot peddle where it contral the skin tear. Orders in Bacitracin, Telfa and president to the facility and president to the skin tear.	the pant leg to see an and the pant leg to see an and the pant leg to the outer left the dependence of the pant leg to the leg the nurse went to the leg the nurse went to the bandage supplies to bandage made to have the resident go to inued bleeding and 911 called family notified. At 9:25 PM the leg facility and transported the lat 9:40 PM. The resident to make sure and take her foot air before they try and move subbed up against the top of the enected to the chair and caused cluded: change dressing daily, lessure dressing times 7 days. In and been 5.5. Coumadin on				

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Facility Administrator

Date

Citation Numb	er:				ate: inuary 10, 2018
Facility Name: Ruthven Community Care Center				Dates: per 14-16, 29 er 1, 5 and 1	
Facility Address/City/State/Zip 2701 Mitchell Street Box O Ruthven, IA. 51358		HL			
Rule or Code Section	Nature	e of Violation	Class Fine Amount Correction date		
	11/7/17 revealed the resextremity left skin avulsi the resident struck her I dressing with Bacitracin to dress daily until heald (centimeter) linear avuls. The depth less than 2 m. During an interview with 10:30 AM she stated sh transfer with another CN they forgot to take the wwheelchair. The residen lifting her. They saw a la lowered her back to the not have the ace wraps Staff tried to stop the ble 911. b.) Review of the Incide revealed the nurse called.	rgency department) note dated sident presented with a lower ion. The injury occurred when eg on the furniture. A pressure and Telfa applied and orders ed. The area measured 7 cm sion separated by 2 cm gap. In (millimeters). In Staff O, CNA on 11/16/17 at the assisted the resident to NA (11/7/17). She further stated wheelchair pedals off the lat mentioned it as they were arge amount of blood and wheelchair. The resident did on due to she just had a bath. eeding and the nurse called			

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Facility Administrator

Date

Citation Numb	er:				ate: anuary	/ 10, 2018
Facility Name: Ruthven Community Care Center				Dates: per 14-16, 2 er 1, 5 and		
Facility Address/City/State/Zip 2701 Mitchell Street Box O Ruthven, IA. 51358		HL				
Rule or Code Section	Nature	e of Violation	Class Fine Amount Correction date		Correction date	
	under her legs. Staff pur leg and applied pressure stop. Staff placed a pillo a large bump on her for oriented the entire time. Review of the Progress PM revealed the skin not to the resident's room. In the floor with the wheeled were in the foot rests. A gathering under her legs where the blood had be towels under and around the bleeding appeared to under her head and not forehead. The resident through out. The ambulators and head injury. The mergency room at appears of the ED Note resident fell at the facility assistance to void and lenjuries identified: a. Yesterday's laceration	Notes dated 11/8/17 at 9:03 ofte at 9:03 PM the nurse called The resident had been lying on chair tipped on her and the legs large pool of blood had been. Staff were unable to see en coming from. Staff placed dithe leg to apply pressure and to stop. Staff placed a pillowed a large bump on her remained alert and oriented ance called due to the blood are resident transported to the proximately 9:50 PM. dated 11/8/17 revealed the y. She had been waiting to get ost her balance. The following				

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Facility Administrator

Date

Citation Numb	er:	Date: January 10, 2			
Facility Name: Ruthven Community Care Center				Dates: er 14-16, 29-3 er 1, 5 and 15	
Facility Address/City/State/Zip 2701 Mitchell Street Box O Ruthven, IA. 51358		HL			
Rule or Code Section	Nature	e of Violation			t Correction date
	burn. b. 7 cm laceration, linear oriented. c. 7 cm laceration, linear transversely oriented. d. 14 cm by 7 cm gaping defect, over right knee, bone depth. No joint extensive expenses and the forehead measured 8 cm f. Left ankle bruising, sw During the hospitalization transfusion and underwellacerations. During an interview with 11:30 AM she stated she had been on break arout to break around 6:30 Pt called for assistance for went to assist. Staff M with the restroom and she has staff and she would have the other resident and I call lights. She saw the	ove the right eye on the m by 3.5 cm. velling. on the resident received blood			

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Facility Administrator

Date

Citation Numb	er:	Date: January 10, 2			y 10, 2018	
Facility Name: Ruthven Community Care Center				Dates: per 14-16, 2 er 1, 5 and		
Facility Address/City/State/Zip 2701 Mitchell Street Box O Ruthven, IA. 51358		HL				
Rule or Code Section	Nature	e of Violation	Class Fine Amount Correction date			Correction date
	on the floor on her stom her hand. Blood had be The wheelchair had been pedals were under her stoke wheelchair up so it of for assistance and slid a nurse tried to find the blook She further stated only and normally have 3 CN Additional Interviews: During an interview with 12:00 p.m., she reported her and stated it took stoke reported 2 hours must how she was on the she knew, she was on the buring an interview with at 110 AM she stated thouse wounds and had been so night[11/7/17] before for She stated she had a color and never had a reporter.	n Resident # 4 on 11/15/17 at d waiting for staff to come help aff forever. Resident #4 nave passed and the next thing he floor. In the ER Physician on 11/28/17 e resident had so many				

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Facility Administrator

Date

Citation Numb	er:	Date: January 10,			y 10, 2018	
Facility Name: Ruthven Community Care Center				er 14-16	s, 29-30, 2 nd 15, 20	
Facility Address/City/State/Zip 2701 Mitchell Street Box O Ruthven, IA. 51358						
		HL				
Rule or Code Section	Nature	e of Violation	Class Fine Amount Correction date		Correction date	
	12/1/17 at 11:30 AM he factors prior to the accid Coumadin. She now hat There is still a chance for the resident bed ridden factors. Review of the Major Injunity 11/15/17 revealed the Properties a major injunity Administrative Code. During an interview with 6:00 AM she stated she the EZ stand lift (11/7/17 pedal had still been on a residents leg. They saw immediately. She grabb pressure. She continued EMTs came. The other OK to leave the wheelch stated she was on duty another resident that ha into Assisted living. She room and ran to the resident her head and her	Staff M, CNA on 11/16/17 at assisted with a transfer using 7). She stated 1 wheelchair and must have caught the				

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Facility Administrator

Date

Citation Numb	er:	Date: January 10, 2			y 10, 2018	
Facility Name: Ruthven Community Care Center				Dates: per 14-16, per 1, 5 an		
Facility Address 2701 Mitchell S Ruthven, IA. 5						
		HL				
Rule or Code Section	Nature	e of Violation	Class Fine Amount Correction date			Correction date
	see the injuries. She statalked to her until the arrolled her onto a sling. In the resident's pants off a further stated the resident toilet and she had told help. She did not know the fall. During an interview with 2:00 PM she stated she so went in to do the treawalked into her room ar EZ stand and staff were wheelchair. She pulled bleeding all over. She he the area and went to ge pressure applied, it still resident to the hospital. pedals on during the trawheelchair pedals shou transfers. She stated the CNAs had told her it woon.	e resident had told her she the uld be fine to leave the pedals				
	Observation on 11/15/1	7 at revealed Staff I, CNA and ne resident with toilet use. Staff				

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Facility Administrator

Date

Citation Numb	er:	Date: January 1		y 10, 2018		
Facility Name: Ruthven Community Care Center				Dates: er 14-16, er 1, 5 ar		
Facility Address/City/State/Zip 2701 Mitchell Street Box O Ruthven, IA. 51358		HL				
Rule or Code Section	Nature	e of Violation			Correction date	
	under the resident to as pad had been under the staff. Staff handled the riside and placed their had unclothed hip. Staff did when handling the resident when handling the resident #3 had diabetes mellitus, Parking disorder, history of falling MDS identified the resident required expression with ambulation. The MI fall with no injury since the care plan updated a larm shortened to allow attempt to self transfer. personal alarm prior to self transfer.	S (minimum data set) dated diagnoses that included nson's disease, psychotic g and muscle weakness. The lent had a BIMs (brief interview of 11 which indicated airment. According to the MDS tensive assistance with bed bilet use and limited assistance DS identified the resident had 1 the prior assessment.				

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Facility Administrator

Date

Citation Numb	er:				Date: January	y 10, 2018
Facility Name: Ruthven Community Care Center				er 14-10	6, 29-30, 2 and 15, 20	•
Facility Address/City/State/Zip 2701 Mitchell Street Box O Ruthven, IA. 51358						
		HL				
Rule or Code Section	Natur	e of Violation			Correction date	
	the Activities Director yet. The resident in the bath per staff. Alarm attached The resident had prope extremities times 4 with transferred with the ass. Review of the Hospital I dated 9/22/17 revealed fibular fracture, closed, resident admitted for a service of the Major Injury. Review of the Major Injury. Review of the Progress AM revealed staff arrive after Activities directors resident had been squal bathroom with both feet touching the floor. The resident had lowered resident had complaints	History of Present Illness report the resident had a right distal minimally displaced. The urinary tract infection. The ury Determination Form dated ury sustained is not a major. Notes dated 9/22/17 at 11:40 and in the resident's room quickly summoned for help. The titing in the corner of the rangled under her buttocks not resident had been holding onto the corners of the bathroom. Intact. Staff attempted to lift her				

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Facility Administrator

Date

Citation Numb	er:				Date: January	y 10, 2018
Facility Name: Ruthven Comr Center			Survey Dates: November 14-16, 29-30, 2017; December 1, 5 and 15, 2017.		•	
Facility Address/City/State/Zip 2701 Mitchell Street Box O Ruthven, IA. 51358		HL				
		nL				
Rule or Code Section	Nature	e of Violation	Class	Fine A	Amount	Correction date
	allow her legs to stretch and noises subsided an longer having discomfor her wheelchair by a Hoyresident choose to go to facial grimacing noted a 9/23/17 at 2:38 PM staff returned to the facility a with staff driver. Review of the medical refailed to document furth following the fall or transcorption. During an interview with 11/15/17 at 10:10 AM staff cand the resident in the land her left leg turned upon and the Hoyer lift. At so the resident in her reclires saw the resident the resident's wheelchair are substantial to the resident the resident the resident's wheelchair are substantial to the resident the resident's wheelchair are substantial to the resident the reside	the dining room for lunch. No and no longer moaning. On a focumented the resident to the transfer to the facility er assessment of the resident after to the facility. In the Activity Director on the stated she had been in her aroommate told her the she went to the residents room to be the went to the residents room to the bar ander her. She yelled for help tom. She went to get more help time, after noon, she saw there and she denied pain. When the alarm box had been on the and the string remained in tact.				

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Facility Administrator

Date

Citation Numb	er:				Date: Januar	y 10, 2018
Facility Name: Ruthven Community Care Center				Dates: per 14-16 per 1, 5 a		•
Facility Address/City/State/Zip 2701 Mitchell Street Box O Ruthven, IA. 51358						
		HL				
Rule or Code Section	Natur	e of Violation			Correction date	
	11/15/17 at 8:30 AM shiresident's room and the the floor. She complaint her body was sore. The wheelchair and staff ad noon medications. The During an interview with nursing assistant) on 11 she went to the residen the bathroom holding of been way down, to her twisted under her. They and lowered her to the ankle pain. The transfer a lift. The alarm box stil She further stated she before and the string justing sound. Review of the Policy and Assessment and Preve staff to do the following:	ssment, the fall risk will be s risk is high, resident				

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Facility Administrator

Date

Citation Numb	er:				ate: anuary	y 10, 2018
Facility Name: Ruthven Community Care Center				Dates: per 14-16, 2 per 1, 5 and		
Facility Address 2701 Mitchell S Ruthven, IA. 5						
		HL				
Rule or Code Section	Natur	e of Violation	Class	Fine Amo	ount	Correction date
	resident's condition and into place and update the continuous and change necessary/or reviewed quarter. d. The resident/family we care plan process. e. Resident's at risk will aware of the increased f. Falls/Incident reports.	monitored for effectiveness of ges will be made as deemed and updated at least every vill be included as part of the be identified, so staff are need for monitoring. will be reviewed in the Quality educated and responsibilities sk residents as needed.				

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Facility Administrator

Date

Citation Number	er:			Date: January	y 10, 2018	
Facility Name: Ruthven Comm Center	nunity Care		Novembe	Survey Dates: November 14-16, 29-30, 2017; December 1, 5 and 15, 2017.		
Facility Addres 2701 Mitchell S Ruthven, IA. 51		HL				
Rule or Code Section	Nature	e of Violation	Class	Fine Amount Correction date		

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Facility Administrator

Date

Citation Number 6737	er:				nte: nuary 10, 2018
Facility Name: Ruthven Comm Center				Dates: per 14-16, 29 per 1, 5 and	
2701 Mitchell S					
Ruthven, IA. 51	1358	HL			
Rule or Code Section	Natur	e of Violation	Class	Fine Amo	unt Correction date
58.18(4)	from qualified staff fo nurse call system. (II, considered as no long	nall provide prompt response r the resident's use of the III) (Prompt response being ger than 15 minutes.)	II	\$500.00	Upon Receipt
[ARC 1398C, IAB 4/2 DESCRIPTION:		14, effective 5/7/14]			
	staff, the facility failed to manner for 2 residents	v, interviews with residents and coanswer call lights in a timely reviewed (Residents # 4 & #8). census of 34 current residents.			
	Findings include:				
	that included peripheral chronic obstructive pulr fibrillation, osteoarthritis hypertension with ulcer extremity. The MDS ide (brief interview for men- indicated intact cognition	17 Resident #4 had diagnoses I vascular disease, depression, monary disease, atrial s and chronic venous and inflammation of lower entified the resident had a BIMs tal status) score of 15 which on. According to the MDS the sive assistance with bed			
					Page 17
Facil	ity Administrator	1	Date		
our request for	formal hearing, and (3)	of the citation, you (1) do not re pay the penalty; the assessed ection 135C.43A (2015).			

Citation Numb	er:				Date: January	y 10, 2018
Facility Name: Ruthven Comr Center			Survey Dates: November 14-16, 29-30, 2017; December 1, 5 and 15, 2017.		•	
Facility Address/City/State/Zip 2701 Mitchell Street Box O Ruthven, IA. 51358		HL				
Rule or Code Section	Nature	e of Violation	Class	Fine Am	nount	Correction date
	Review of the Fall Risk revealed the resident a Review of the Incident rather nurse called to the rather lying on the floor with water footrest. A large pool of legs. Staff put towels un applied pressure and blaced a pillow under he bump on her forehead. The entire time. Review of the Progress PM revealed the skin not to the resident's room. The floor with the wheeled were in the foot rests. A gathering under her legs where the blood had be towels under and aroun the bleeding appeared to under her head and not	assessment dated 11/8/17 ad a score of 15 which moderate risk for falls. eport dated 11/8/17 revealed esident's room. The resident heelchair tipped on her, legs in blood had been under her ider and around the leg and eeding appeared to stop. Staff er head and noticed a large The resident alert and oriented Notes dated 11/8/17 at 9:03 on the at 9:03 PM the nurse called The resident had been lying on chair tipped on her and the legs large pool of blood had been staff were unable to see en coming from. Staff placed dithe leg to apply pressure and to stop. Staff placed a pillow				

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Facility Administrator

Date

Citation Numb	er:				Date: January	y 10, 2018
Facility Name: Ruthven Community Care Center			Survey Dates: November 14-16, 29-30, 2017; December 1, 5 and 15, 2017.		•	
Facility Address/City/State/Zip 2701 Mitchell Street Box O Ruthven, IA. 51358		HL				
Rule or Code Natur Section		e of Violation	Class	Fine An	mount	Correction date
	loss and head injury. The emergency room at appears and the ED Note resident fell at the facility assistance to void and less hospitalization the resident underwent surgical. During an interview with 11:30 AM she stated should been on break arout to break around 6:30 Phy called for assistance for went to assist. Staff M will have the restroom and she has staff and she would have the other resident and I call lights. She saw the had forgotten she had it so went to the room right on the floor on her stom her hand. Blood had been pedals were under her stom the wheelchair had been pedals were under her stom the wheelchair up so it compared to the pedals were under her stom the wheelchair up so it compared to the pedals were under her stom the wheelchair up so it compared to the pedals were under her stom the wheelchair up so it compared to the pedals were under her stom the wheelchair up so it compared to the pedals were under her stom the pedals wer	dated 11/8/17 revealed the y. She had been waiting to get ost her balance. During the ent received blood transfusion				

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Facility Administrator

Date

Citation Numb	er:			Date: Janua	ry 10, 2018
Facility Name: Ruthven Community Care Center				Dates: er 14-16, 29-30 er 1, 5 and 15,	
Facility Address/City/State/Zip 2701 Mitchell Street Box O Ruthven, IA. 51358		HL			
Rule or Code Section	Nature	e of Violation	Class	Fine Amount	Correction date
	She further stated only and normally have 3 CN During an interview with 6:00 AM she stated she assisted another resided door and into Assisted I resident's room and ran resident had been face a pillow under her head the wheelchair pedals. Sout and the resident had stated the resident had she had told her she han not know how long it han the land stated it took streported an hour must have she was on the land told heart failure, disorder and depression resident had a BIMS (Billow).	a Staff M, CNA on 11/16/17 at was on duty on 11/8/17. She nt that had gone out the front iving. She heard a call for the to the resident's room. The down on the floor. Staff placed and her legs were tangled in She helped get the wheelchair d been bleeding. She further put the call light on to toilet and d to go get some help. She did d been prior to the fall. a Resident # 4 on 11/15/17 at d waiting for staff to come help aff forever. Resident #4 nave passed and the next thing			

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Facility Administrator

Date

Citation Numb	er:				Date:	
6737					Januar	y 10, 2018
Facility Name: Ruthven Community Care Center			Survey Dates: November 14-16, 29-30, 2017; December 1, 5 and 15, 2017.			
Facility Address 2701 Mitchell S Ruthven, IA. 5						
Rutiiveii, iA. 3	1330	HL				
Rule or Code Section	Nature	e of Violation	Class	Fine A	mount	Correction date
	The care plan dated 9/2 encourage the resident transfers, but has the rigas wants to be independed as wants to be independed. During an interview with 2:30 PM she stated does be greater than 15 minus. The waiting had caused with embarrassment. Ostated the staff do turn of will come back later free for staff to come back. During an interview on #8 stated she had the costaff had told her they no back. She then stated so to return and turned the assistance.	16/17 directed staff to to have assist of 1 with ght to ask for or refuse assist dent at times. 1 Resident #8 on 11/16/17 at as use the call light and it can utes at times a half an hour. 2 incontinence and she did cry in 11/30/17 at 11:30 AM she off the call light and state they quently. It can take a long time 11/16/17 at 2:30 p.m., Resident all light on for assistance and eeded help and would come he waited for an hour for staff				

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Facility Administrator

Date

Citation Numb				Date: Janu	ary 10, 2018
Facility Name: Ruthven Community Care Center				Dates: per 14-16, 29-30 per 1, 5 and 15,	
Facility Address/City/State/Zip 2701 Mitchell Street Box O Ruthven, IA. 51358		HL			
Rule or Code Section	Nature	e of Violation	Class	Fine Amount	Correction date
	greater than 15 minute a. 11/7/17; 5:32 AM- 33 25 minutes 29 seconds, seconds. b. 11/8/17; 7:18 AM-24 17 minutes 5 seconds, 9:34 AM 19 minutes 16 31 seconds, 9:23 PM 22 35 minutes, 52 seconds c. 11/14/17; 6:15 AM-19 PM-27 minutes 27 seconds d 11/15/17; 6:14 AM 17 18 minutes 57 seconds, seconds. During an interview with on 12/1/17 at 11:40 AM mixture of high school s 4:00 PM instead of 2:00 DON planed to be on the	minutes 51 seconds, 8:57 AM- , 9:21 PM 17 minutes 51 minutes 21 seconds, 7:41 AM 8:36 AM 22 minutes 7 seconds, seconds, 9:08 PM 27 minutes 2 minutes 41 seconds, 9:55 PM 6:0 minutes 41 seconds, 2:34 ands, 11/14/17- 6:38 PM 28 minutes 53 seconds, 1:26 PM , 6:22 PM-34 minutes 10 of the (DON) Director of Nursing she stated staffing includes a students that may come in at 10 PM. The Nurse Manager and 12 PM. The Nurse Manager and 13 e floor prior to the students bey are out there and do what			

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Facility Administrator

Date

Citation Number	er:			Date: January	y 10, 2018
Facility Name: Ruthven Comm Center	nunity Care		Survey Dates: November 14-16, 29-30, 2017; December 1, 5 and 15, 2017.		
Facility Address/City/State/Zip 2701 Mitchell Street Box O Ruthven, IA. 51358		HL			
Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date

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Facility Administrator

Date

Citation Number: 6737				Date Jan	: ıary 10, 2018
Facility Name: Ruthven Community Care Center			Survey Dates: November 14-16, 29-30, 2017; December 1, 5 and 15, 2017.		
Facility Address/City/State/Zip 2701 Mitchell Street Box O Ruthven, IA. 51358		HL			
Rule or Code Section	Nature	e of Violation			t Correction date
50.7 (1)a(2)	481—50.7(10A,135C) Additional notification. The director or the director's designee shall be notified within 24 hours, or the next business day, by the most expeditious means available (I,II,III): 50.7(1) Of any accident causing major injury. a. "Major injury" shall be defined as any injury which: (2) Requires admission to a higher level of care for treatment, other than for observation; or			\$500.00	Upon Receipt
	DESCRIPTION: Based on record review, staff interview and policy review, the facility failed to report to the Department of Inspections and Appeals (DIA) a fall experienced by Resident #4 which resulted in hospitalization for 1 of 11 residents reviewed. The facility identified a census of 34 current residents. Findings include: 1. According to the MDS (minimum data set) assessment dated 8/9/17, Resident #4 had diagnoses that included peripheral vascular disease, depression, chronic obstructive pulmonary disease, atrial fibrillation, osteoarthritis and chronic venous hypertension with ulcer and inflammation of lower extremity. The MDS identified the resident had a BIMs (brief interview for mental status) score of 15 which				

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Facility Administrator

Date

Citation Numb	er:				Date: January	y 10, 2018
Facility Name: Ruthven Community Care Center			Survey Dates: November 14-16, 29-30, 2017; December 1, 5 and 15, 2017.			
Facility Address/City/State/Zip 2701 Mitchell Street Box O Ruthven, IA. 51358		HL				
Rule or Code Section	Nature	e of Violation	Class	Fine A	Amount	Correction date
	indicated intact cognition resident required extension mobility, transfers, dress assist as she requests where the resident on the use assist as she requests where the resident had been I wheelchair tipped on he rests. A large pool of block her leg. Staff were unable been coming from. Staff around the leg to apply appeared to stop. Staff and noted a large bump remained alert and orier ambulance called due to injury. The resident transform at approximately Staff and noted to the nursi from the hospital. Review of the ED (emer 11/8/17 revealed the resident resident resident resident revealed the resident revealed the resident resident revealed the resid					

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Facility Administrator

Date

Citation Number: 6737					Date: January	y 10, 2018
Facility Name: Ruthven Community Care Center			Survey Dates: November 14-16, 29-30, 2017; December 1, 5 and 15, 2017.			
Facility Address/City/State/Zip 2701 Mitchell Street Box O Ruthven, IA. 51358		HL				
Rule or Code Section	Naturo	e of Violation	Class			Correction date
	had been waiting to get assistance to void and lost her balance. The following injuries identified: a. Yesterday's laceration about 4 cm long, not bleeding. 14 cm by 7 cm oval skin tear, not bleeding over left knee, no depth, basically a second degree burn. b. 7 cm laceration, linear, mid left shin, transversely oriented. c. 7 cm laceration, linear, anterior proximal right thigh, transversely oriented. d. 14 cm by 7 cm gaping laceration, deep with large defect, over right knee, not to periosteum but close to bone depth. No joint exposed. e. Large hematoma above the right eye on the forehead measured 8 cm by 3.5 cm. f. Left ankle bruising, swelling. During the hospitalization the resident received blood transfusion and underwent surgical repair of lacerations. Review of the Major Injury Determination Form dated 11/15/17 revealed the Physician believed the injury sustained is a major injury pursuant to the lowa Administrative Code. The incident was not reported to the Department. During interview on 12/5/17 at 1:30 PM, the Administrator stated the incident on 11/8/17 did not get					

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Facility Administrator

Date

Citation Numb	er:			Date: Januar	y 10, 2018
Facility Name: Ruthven Community Care Center			Survey Novemb Decemb		
Facility Address/City/State/Zip 2701 Mitchell Street Box O Ruthven, IA. 51358		HL			
Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date
		n the doctor, received the and missed the reporting date.			

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Facility Administrator

Date