Citation Number: 6738					Date: Januar	y 12, 2018
Facility Name: Glenwood Resource Center			Survey Dates: December 18, 2017 and January 4, 2018			January 4,
Facility Address/City/State/Zip						
711 South Vine St Glenwood, IA. 51534		HL/CC	Investigat			
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
W249	conditions of participa Part 483, Subpart D effective October 3, 19 and incorporated as p these regulations is a Health Facilities Inspections and Ap Building, Des Moines, Classification of violat determined by the divided 481-Chapter 56, Fining fine to cite a facility. This rule is intended to Section 135C. 2(3). PROGRAM IMPLEMEN 483.440(d)(1) As soon as the interdi formulated a client's in client must receive a co program consisting of services in sufficient r support the achievem identified the individual DESCRIPTION: Based on interviews and failed to ensure staff pro as directed by the individ affected 1 of 1 sample of	tions is I, II, and III, ision using the provision in g and Citations," to enforce a o implement Iowa Code NTATION CFR(S) sciplinary team has ndividual program plan, each continuous active treatment i needed interventions and number and frequency to ent of the objectives		\$2000.	00	Upon Receipt

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Rule or Code Section	Nature	e of Violation	Class Fine Amount Correcti date			Correction date
	follows:					
	1. Record review on 12/	18/17 revealed the following:				
	documented Treatment transferred Client #1 to have the straps of the si- client's legs. The client his/her head on the wall TPM A yelled out for he Upon assessment, the r the left side of Client #1 size of an egg. No furth noted and no grimacing Neuro checks were orde TPM A documented on manager or department TPM A documented, "T into (his/her) wheelchair not crossed between (C slipped out of the sling, TPM caught (him/her) m the floor." b. An incident report, of Client #1 found with a re black and blue spot on h was ordered and Client fracture to the right fifth noted an incident the pr out of a sling and sustai	Atted 11/19/17 at 4:00 p.m., Program Manager (TPM) A his/her wheelchair and did not ling crossed between the slid out of the sling, bumped and was lowered to the floor. Ip and a nurse was notified. hurse noted a large bump to 's forehead about outer eye the her bruising or redness was was noted with movement. ered to continue, per protocol. the incident report as program head 11/19/17 at 4:28 p.m. PM was transferring (Client #1) . The straps of the sling were lient #1's) legs. (Client #1) hit (his/her) head on the wall. hid-fall and lowered (him/her) to lated 11/21/17, documented ed and swollen right foot with a his/her big toe. Mobile X-ray #1 was believed to have a metatarsal. The incident report evious day where Client #1 fell ned injuries. The nursing po of the right foot warm to				

Page 2 of 6

Facility Administrator

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).

touch, reddened and some edema, particularly at the

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Rule or Code Section	Natur	e of Violation				Correction date
	right great toe extended between the great toe a warmth noted to that are the bottom of the right fo (cm) x 5.0 cm starting a Client #1 appeared to ha area of bruising, particu The client showed no si when the foot was move assessments would com message was left on the c. A nursing assessment 11:01 p.m. noted, "Righ possible 0.3 cm diamete like area. The assessm symptoms of pain. Com were directed every four Continued record review included the following: a. Entry from Physician p.m., documented resul #1's right foot and ankle from today sclerosis in t suspicious of an impact otherwise unremarkable "possible fracture right f yesterday. Versus cont secondary to accidental noted Client #1 would so	nd second digit. No swelling or ea. Noted purple bruising to bot measured 5.0 centimeters t the base of the great toe. ave some swelling with the larly below the right great toe. gns or symptoms of discomfort ed. The nurse noted tinue each shift and a e non-urgent medical line. nt, completed 11/19/17 at t upper lip in the center is a er dark red/purple blood blister ent summary noted no signs or tinued neuro assessments r hours for 24 hours. v revealed Client #1's event log A, dated 11/21/17 at 2:10 ts from mobile x-ray of Client a. Findings noted, " x-ray he right fifth distal metatarsal ed nondisplaced fracture				

Page 3 of 6

Facility Administrator

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	51534   p.m., documented results from Client #1's orthopedics consultation. Physician A noted a diagnosis of fracture distal right fifth metatarsal. Treatment included a walking boot on Client #1's foot at all times, removed for bathing and orders to return in four weeks.   Additional record review revealed appointment report form, dated 12/19/178, from Client #1's four week return to orthopedics. The physician noted the fracture healed.   Client #1, 44 years old, had diagnoses including, but not limited to: profound intellectual disability, anemia, iron deficiency, hyponatremia, dystonic cerebral palsy, spastic quadriparesis, joint contractures and osteoporosis.   Record review on 12/18/17 revealed Client #1's physical nutritional management plan (PNMP), dated 11/21/17, Client #1 required EZWay dependent mechanical lift with sling #50341 and a one to two person assist.   Additional record review revealed EZWay Smart Lift operator's instructions included direction for use of the medium deluxe sling, used by Client #1 on 11/19/17. According to the instructions, the sling should be centered beneath the patient, then each sling leg placed under the patient's thigh. Excess sling leg should be placed over top of the patients respective thigh. When attaching the sling to the lift, the loops nearest the patients shoulders should be attached to the hanger bar hooks of the lift nearest each shoulder, using the same length and color loop strap on each					Page <b>4</b> of

Facility Administrator

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	A. 51534 Nature of Violation side. The sling lying over the left leg should be crossed over and attached to the hook of the hanger bar located on the right side of the patient. Next, the sling leg lying over the right leg is crossed over and attached on the hook of the hanger bar located on the left side of the patient using the same length and color of loop strap. When interviewed on 12/18/17 at 4:00 p.m., Treatment Program Manager (TPM) A stated she attempted to completed the transfer to the wheelchair by herself. Client #1 hit the wall and slid out of the EZWay lift. She stated she caught Client #1 as he/she fell, but he/she bumped his/her head and face against the wall while sliding to the floor. She stated she immediately called for assistance and staff came to help get Client #1 back to the wheel chair. TPM A stated she realized she made a mistake by not crossing the leg sling, and this resulted in the fall and injuries. She stated she wasn't sure why, but she forgot to cross the sling legs. The nursing assessment revealed a bump on the head and later a bump/split lip, but did not reveal the right foot injury. Staff on the night shift noticed a swollen foot that had black and blue marks another nursing assessment was completed and Mobile was ordered STAT. She stated she made a mistake and failed to cross the sling around the legs to secure them which prevents the client from falling/sliding out of the lift. When interviewed on 12/19/17 at 1:00 p.m. Occupational Therapist (OT) A confirmed the expectation that staff should follow training provided for the EZWay lift. OT A explained the leg straps should be crossed when applied to the lift, to prevent					Page <b>5</b> of

Facility Administrator

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	the client from falling ou	ıt.				
	FACILITY RESPONSE	:				

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Page 6 of 6

Facility Administrator