DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IA0607	A. BUILDING: _____ B. WING _____	C 02/28/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNION PARK HEALTH SERVICES	2401 EAST EIGHTH STREET DES MOINES, IA 50316

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 101 SS=D	50.7(1) 481- 50.7 (10A,135C) Additional notification. Corrected 3/24/18 481-50.7 (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: (1) Results in death; or (2) Requires admission to a higher level of care for treatment, other than for observation; or (3) Requires consultation with the attending physician, designee of the physician, or physician extender who determines, in writing on a form designated by the department, that an injury is a " major injury " based upon the circumstances of the accident, the previous functional ability of the resident, and the resident ' s prognosis. b. The following are not reportable accidents: (1) An ambulatory resident, as defined in rules 481-57.1(135C), 481-58.1(135C), and 481-63.1(135C), who falls when neither the facility nor its employees have culpability related to the fall, even if the resident sustains a major injury; or (2) Spontaneous fractures; or (3) Hairline fractures. This Statute is not met as evidenced by: Based on observations, record review, facility protocol, and family and staff interviews, the facility failed to report a fall that resulted in a	N 101		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

POC accepted 3/28/18 pm.

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N 101	Continued From page 1	N 101		

fracture which required hospitalization and surgery to to repair for one of three residents reviewed (Resident #1). The facility reported a census of forty-eight residents.

Findings include:

According to the Minimum Data Set (MDS) assessment tool dated 11/10/17, Resident #1 had diagnoses of orthostatic hypotension (decreased blood pressure with repositioning), cerebral vascular accident (stroke), muscle weakness, unsteadiness on feet and lack of coordination. The MDS also documented the resident's BIMS (Brief Interview for Mental Status) score as 7 of 15, which indicated the resident displayed severe cognitive impairment. The MDS revealed Resident #1 required extensive assist of two staff for transfers, did not ambulate (walk), and could independently propel his wheelchair throughout the facility.

A document titled DON (Director of Nursing) Communication dated 9/7/17 directed staff to transfer Resident #1 with assist of 2 staff to pivot transfer or use EZ Stand (mechanical sit to stand device) PRN (as needed).

A Health Status Note dated 12/21/17 at 2:37 p.m. and authored by Staff A, LPN documented Resident #1 stood with assist of two while the physician assessed his buttocks and groin area. According to the nurse, Resident #1's right leg became caught under him after he became weak and had to be assisted to the floor. The nurse documented the physician wanted the resident sent to ER after she assessed his leg.

The Clinical Transfer Report documented Resident #1 sustained a mildly displaced oblique

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N 101	Continued From page 2 fracture of the distal fibula, a comminuted, mildly displaced fracture of the medial malleolus, a fracture if the posterior malleolus, and a widening of the tibiotalar joint consistent with ligamentous injury. The report revealed the hospital admitted the resident on 12/21/17 at 12:01 p.m. after being seen in the ER due to a fall with a right ankle fracture. The Operative/Procedure Report dated 12/22/17 documented the physician surgically repaired the fractures on the outside of the right ankle on 12/22/17, but not the fracture on the inside of the ankle due to poor health and minimal ambulatory needs. A Health Status Note dated 12/23/17 at 5:37 p.m. revealed the facility readmitted Resident #1 after he was hospitalized for right ankle repair (ORIF, open reduction internal fixation). An interview on 2/27/18 at 1:35 p.m. with Staff A revealed she and the physician assisted Resident #1 to stand in front of his wheelchair using a gait belt and the walker in front of him so the physician could assess the skin on his buttocks. Staff A said Resident #1 could no longer bear weight at that time, so they assisted him to the floor as he started to drop because they were unable to guide him back into his wheelchair. Staff A said Resident #1 broke his right leg from the weight of his body on top of it as it got "tangled up" under him. An interview on 2/27/18 at 12:20 p.m. with the Administrator revealed the facility did not report the fracture Resident #1 sustained in the 12/21/17 fall because the doctor determined it was not a major injury. When asked, the Administrator submitted a document titled	N 101		

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N 101	Continued From page 3 Accident/Fall Reporting Flow sheet they follow to decide if an injury should be reported to the DIA (Department of Inspections and Appeals). Question #3 instructed the facility to report if a resident had to be admitted to the hospital as a consequence of an accident. Another interview with the Administrator on 2/28/18 at 10:30 a.m. revealed Resident #1 went to the ER on 12/21/17, had surgery (ORIF), and returned on 12/23/17. The Administrator said they were told that he was admitted for observation related to the fracture and not actually admitted inpatient for the surgery. A subsequent interview on 2/28/18 at 3:45 p.m. with the Administrator revealed she called Iowa Methodist Medical Center to clarify whether Resident #1 had been admitted for observation vs. inpatient surgery and recovery. According to the Administrator, the hospital informed her Resident #1 was admitted on 12/21/17, and discharged on 12/23/17. A telephone interview with an employee of Iowa Methodist Medical Center on 2/28/18 at 3:55 p.m. revealed staff evaluated Resident #1 in the ER on 12/21/17 at 12:01 p.m., admitted him as an inpatient at 6:24 p.m., and discharged him back to the facility on 12/23/17 at 3:15 p.m.	N 101		

Please accept this plan of correction as the facility's credible allegation of compliance as of March 24, 2018. The preparation of the following plan of correction does not constitute admission or agreement by the provider of truth or alleged violations or conclusions set forth in the statement of deficiency. The plan of correction is prepared and/or executed solely because it is required by provision of federal/state law. Without waiving the foregoing statement, the facility states:

Union Park Health Service staff have been re-educated in regards to 481-50.7(10A,135C) Additional notification. 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.

Union Park Health Services will contact Medical Records directly at any hospital where services are provided to obtain admitting status of a resident. The facility will no longer obtain admitting status verification from hospital nurses or Social Workers.

The facility will continue to follow reporting requirements as stated in Chapter 50 and 58.