

**Iowa Department of Inspections and Appeals**  
**Health Facilities Division**  
**Citation**

<b>Citation Number:</b> <b>6826</b>		<b>Date:</b> <b>July 24, 2018</b>		
<b>Facility Name:</b> <b>Sioux Center Health Royale</b> <b>Meadows</b>		<b>Survey Dates:</b> <b>June 26-29, 2018</b>		
<b>Facility Address/City/State/Zip</b>				
1400 7 <sup>th</sup> Avenue SE Sioux Center, IA 51250	MW			
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

<b>58.28(3)e</b>	<p><b>58.28(3) Resident safety.</b></p> <p>e. Each resident shall receive adequate supervision to protect against hazards from self, others, or elements in the environment. (I, II, III)</p> <p><b>DESCRIPTION:</b></p> <p>Based on record review, observation, staff interview and policy review the facility failed to always put new interventions in place to prevent further falls and injury for 2 of 4 residents reviewed. (Resident #1 &amp; #4) The facility identified a census of 68 current resident.</p> <p>Findings include:</p> <p>1. According to the MDS (minimum data set) dated 12/8/17 Resident #4 had diagnoses that included hypertension, anxiety disorder, spinal stenosis, atrial fibrillation and hypothyroidism. The MDS identified the resident had a BIMs (brief interview for mental status score of 7 which indicated severe cognitive impairment. The MDS identified the resident required limited assistance with bed mobility, transfers, ambulation, dressing and toilet use. According to the MDS the resident occasionally incontinent or urine.</p>	I	<b>\$4750</b>	<b>UPON RECEIPT</b>
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Facility Administrator

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	<p>The care plan dated 7/3/17 directed staff to do the following interventions for fall risk:</p> <ul style="list-style-type: none"> <li>a. Restorative therapy.</li> <li>b. Assess the environment to provide clutter free environment.</li> <li>c. Encourage use of call light and wait for assistance.</li> <li>d. Monitor for fatigue or other risk factors.</li> <li>e. Keep call light in reach when in room.</li> <li>f. Front wheeled walker for all ambulation/transfers.</li> <li>f. Wheelchair as needed.</li> <li>g. Transfer and ambulation: Assist of 1 with front wheeled walker. Frequently non-compliant and will self-rise.</li> </ul> <p>Review of the Fall Risk Assessment dated 12/11/17 revealed the resident had a fall risk total score of 24 which indicated the resident at a high risk.</p> <p>Review of the Radiology Diagnostic Imaging report dated 12/20/17 revealed the resident had a fractured right hip.</p> <p>Review of the List Resident Notes dated 7/29/17 at 10:30 AM revealed the resident came out of the bathroom and stated she had been dizzy and</p>			

Page 2 of 9

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	<p>lost her balance. The roommate turned her call light on for assistance. Range of motion within normal limits, hit her head on the bathroom door and no new skin issues noted. Assisted to her feet with a gait belt and assistance of 2.</p> <p>Review of the document identified toilet schedule dated 12/19/17, Tuesday night revealed the resident checked, remained dry and turned at 12:00 AM and 2:00 AM. At 4:00 AM the resident had a fall and moderate bowel movement.</p> <p>Review of the Resident Change In Care Plan dated 11/16/18 revealed the resident intervention no shoes and use gripper socks.</p> <p>Review of the List Resident Notes dated 8/21/17 at 12:24 PM revealed the CNA had been bring the resident from the dining room to the chair in her bedroom. The chair slid out as she sat down and caused her to hit the floor with her bottom. Denies hitting her head or additional pain. Intervention included to have maintenance to check chair for stability.</p> <p>Review of the List Resident Notes dated 8/25/17 at 3:49 PM revealed the resident found on the floor. Attempted to toilet self without using her call light. Denied pain or hitting her head. Intervention</p>			

Page 3 of 9

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	<p>encourage resident to ask for assistance.</p> <p>Review of the List Resident Notes dated 11/12/17 at 4:55 AM revealed staff found the resident on the floor by her bed. The resident stated she had been on her way back to bed from going to the bathroom. Her walker in the bathroom. She denied hitting her head. Vital signs and range of motion within normal limits. The resident assisted up with a gait belt and assist of 2 and transferred back to bed without difficulty. Intervention to wear gripper socks at night, staff check on her during 4:00 AM rounds and remind her to call for assistance to the bathroom.</p> <p>Review of the List Resident Notes dated 11/13/17 at 4:16 AM revealed Resident ambulated with the CNA on the way back from the bathroom with staff assistance and a gaitbelt and fall occurred. The CNA stated the resident had been along side of the bed and lost her footing, stumbled and then proceeded to let go of her walker. The CNA unable to prevent the fall. CNA stated the resident's ambulation very unsteady at the time of the fall. Intervention to have therapy assess for safe transfers/ambulation due to 2nd fall in 24 hours and care plan updated to use standard as needed for gait instability/difficulty with transfers.</p>			

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	<p>Review of the List Resident Notes dated 12/20/17 at 4:00 AM revealed CNA reported to nurse that resident on the floor in the bathroom. The resident stated she had been trying to sit on the toilet and slid to the floor. Resident cannot straighten her right leg due to pain and left range of motion within normal limits. The resident brought up to the toilet with a gait belt and assistance of 2 due to the resident stated she had to go to the bathroom. Intervention included to check on the resident during rounds for toileting. At 4:30 AM County dispatch notified and at 4:52 AM the resident transferred by ambulance.</p> <p>Review of the Patient Care System dated 11/13/17 revealed the PTA assessed the resident due to recent falls. The assessment revealed the resident took small steps and needed cues. The resident also required moderate assist of staff to move from sit to stand position.</p> <p>Review of the Nurses Notes dated 11/20/17 at 8:07 AM revealed the post fall assessment completed for falls on 11/12/17 and 11/13/17. No major injury received from either fall. The resident denied any new pain/discomfort from falls. Range Of Motion and activity within normal limits for the resident. The resident bears full weight and ambulation with 1 assist and walker per usual. All</p>			

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	<p>fall interventions reviewed and will initiate gripper socks when not wearing shoes and have Physical Therapy to assess for safe ambulation/transfers.</p> <p>Dated 12/20/17 revealed the resident on the floor in the bathroom. The resident stated she had been trying to sit on the toilet when she slid to the floor. The resident denied hitting her head, vital signs taken. The resident unable to straighten her right leg due to pain and left range of motion within normal limits. The resident brought up to toilet with a gait belt and assist of 2 due to she stated she had to go to the bathroom. Intervention included to check on the resident during rounds for toileting.</p> <p>During an interview with Staff D, CNA on 6/28/17 at 2:10 PM she stated the resident did get up on her own quite a lot and go to the bathroom. Sometimes the resident called for help on the call light.</p> <p>When interviewed on 6/29/18 at 6:00 AM Staff E reported when the resident's call light came on she was in another room assisting another resident. She stated she finished with the resident whom was a slow walker. She waited until the resident walked back to bed and she gave her the call light. She then went to the resident's room</p>			

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	<p>and found the resident on the floor in her bathroom. And called the nurse to come to the Pod. She further stated the resident had gotten up on her own several times and she found her walking or already in the bathroom. She stated the resident always wore gripper socks and had them that night.</p> <p>During an interview with Staff F, RN (Registered Nurse) on 6/29/18 at 7:50 AM she stated the facility looks at the cause of a fall. If needed they re-educate staff. If interventions are there and working and followed but not to full extent staff re-educated. She stated if new interventions are made for a resident or a change, it goes on the resident change in care plan sheet. Staff sign off that they are aware and educated. She further stated the MDS coordinator responsible to update the care plan with the new interventions. She stated the facility had 4 Pods (halls) and 1 CNA scheduled per Pod on the night shift (10:00 PM to 6:00 AM) and one (1) nurse on the night shift who help when a CNA calls for assistance.</p> <p>2. According to the MDS dated 5/11/18 Resident #1 had diagnoses that included Alzheimer's Disease, schizophrenia and depression. The MDS identified the resident had a BIMs score of 11 which indicated moderately impaired cognition.</p>			

Page 7 of 9

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	<p>According to the MDS the resident required extensive assistance with bed mobility and extensive assistance with transfers, ambulation, dressing and toilet use.</p> <p>The care plan dated 1/19/17 directed staff to transfer the resident with 2 to 3 staff assistance and use a wheelchair for distances from one place to another. Do not leave unattended in the wheel chair. Transfer to other chair.</p> <p>Observation on 6/28/18 at 8:05 AM revealed the resident sat in the wheelchair in the dining area. Staff G pushed the resident to the lounge area for a distance of approximately 20 feet. The resident held his feet up off the floor with his ankles crossed. At 9:45 AM the resident requested to lay down. Staff G and Staff B, CNA transferred him from the recliner to the wheelchair. The resident appeared to have difficulty holding his feet above the floor. Staff B grabbed his pant leg and held his feet up while Staff G pushed the wheelchair to his room.</p> <p>Review of the Policy and Procedure titled Falls Prevention and Interventions dated 4/14 directed staff to do the following:</p> <ul style="list-style-type: none"> <li>a. Initial Fall Follow-up completed.</li> <li>b. Fall Risk Assessment filled out.</li> </ul>			

Page 8 of 9

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	<p>c. Fall Care plan reviewed.  d. Appropriate intervention put in place.  e. Interdisciplinary team reviews falls and intervention on first week day following incident and request Physical therapy referral as appropriate.  f. Post Fall huddle completed.</p> <p><b>FACILITY RESPONSE:</b></p>			

Page 9 of 9

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