

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/26/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165508	<input checked="" type="checkbox"/> MULTIPLE CONSTRUCTION A BLDG B WING	(X3) DATE SURVEY COMPLETED C 09/06/2018
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NAME OF PROVIDER OR SUPPLIER MARTIN HEALTH CENTER, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 420 EAST 11TH STREET CEDAR FALLS, IA 50613
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(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) COMPLETION DATE
F 000 ✓KJK 10/4/18	INITIAL COMMENTS Correction date 9/26/18	F 000	The statements made on this Plan of Correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein. To remain in compliance with all federal and state regulations, the facility has taken or will take the actions set forth in the following Plan of Correction.	
F 689 SS=G	The following deficiency relates to the investigation of mandatory #77140. See code of Federal Regulations (45 CFR) Part 483, Subpart B-C. Complaint #75348 & #77914 was not substantiated. Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on clinical record review, observation and staff interviews the facility failed to provide adequate supervision and assistance when staff transferred one of three residents without the use of two staff (Resident #1) which resulted in a laceration. The facility reported a census of 74 residents. Findings include: 1. Resident #1 most recently admitted to the facility on 4/10/2017 with an original admission on 7/19/2012. The MDS (Minimum Data Set) dated 8/3/2018	F 689	The Plan of Correction constitutes the facility's credible allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date indicated. Regarding F689, Resident #1 has since been discharged. All residents of Martin Health Center will be transferred according to their care plan. At the time of the incident, employees were educated during huddles regarding the importance of following care plans. Staff A has not been employed at the nursing center since the time of the incident. Audits will take place three times per week for four weeks, weekly for four weeks and periodically thereafter by the directors of nursing or designee. Reports will be given with the Quality Assurance committee quarterly and more often as needed.	9/26/2018

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE 10/4/18

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER MARTIN HEALTH CENTER, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 420 EAST 11TH STREET CEDAR FALLS, IA 50613		
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F 689	<p>Continued From page 1</p> <p>revealed the resident had moderately impaired cognitive skills for daily decision making and long and short term memory impairment, required extensive assistance of two staff to transfer from one surface to another, dress and use the toilet. The MDS reported she had diagnoses including depression, atrial fibrillation, reflux, renal insufficiency, thyroid disorder and dementia. She had one fall since the prior assessment without injury, one deep tissue injury.</p> <p>The Care Plan identified the resident had a risk for alteration in skin integrity related to weakness and physical limitations. It directed staff to administer treatments as ordered and monitor for effectiveness, float heels as tolerated, monitor labs and nutritional status. The resident had a skin tear to the left lower extremity hitting on wheel chair during transfer and a skin tear to the right wrist on 3/28/2018 during transfer. It directed staff to identify causative factors and eliminate when possible, if skin tear occurs, treat per facility protocol and notify family and physician, wheel chair requires padding to connecting areas for the leg rests to be kept in place, keep skin clean and dry. It instructed staff to apply tubi-grip to bilateral upper extremities as resident allows added on 3/29/2018. Use caution during transfers to prevent striking arms, legs and hands against any sharp or hard surface added on 7/29/2017. The Care Plan directed staff to transfer with the assistance of 2 staff, a gait belt and wheeled walker initiated on 5/17/2017 and revised on 8/15/2018.</p> <p>The Care Sheet dated 6/1/2018 directed staff to use 2 assist and a gait belt to transfer and ambulate the resident, tubi-grips to upper and lower extremities at all times as tolerated and</p>	F 689			

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NAME OF PROVIDER OR SUPPLIER MARTIN HEALTH CENTER, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 420 EAST 11TH STREET CEDAR FALLS, IA 50613		
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F 689	Continued From page 2 reproach if combative. Physician's Orders dated 6/5/208 ordered staff to cleanse area to right lateral calf, apply Bacitracin and cover with bandage daily. Nurse's Notes dated 6/5/2018 revealed Staff B, LPN (Licensed Practical Nurse) documented she was called to the resident's room by Staff A CNA who stated the resident leg was cut. Staff B found the resident seated on the edge of the bed with soaked paper towels applied to the right calf and blood dripped down the leg and pooled on the floor. Staff called the physician and received an order to send the resident to the emergency room due to being unable to close the laceration at the facility due to the size and depth. The wound assessment dated 6/5/2018 revealed the resident had a 10 cm (centimeter) by 5 cm by an undetermined depth laceration to the right lateral calf. Wound measurements estimated at time of injury due to needing to apply pressure to area to control bleeding. Area was red with noticeably ecchymosis. The Unity Point Health Emergency Department notes dated 6/5/2018 included: The patient presented to the ER with laceration to lateral aspect of right calf due to a fall at the nursing home. Staff reported they attempted to steri-strip and could not get bleeding under control. Per nurse, the patient is supposed to be assisted by two people when ambulating, but only one person ambulated her and that led to the patient falling. Physical Exam: 8 cm laceration to the lateral right lower leg that was arching, but slicing with straight wound edges, extending into the subcutaneous fat with no deeper structures	F 689			

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F 689	<p>Continued From page 3 visible. No deep sutures necessary.</p> <p>Observation on 8/31/2018 at 11:30 a.m. revealed the resident seated in the room in the recliner with feet up and a call light within reach. The wheeled walker sat near the resident. Two staff transferred the resident with a gait belt from the recliner to the wheel chair using extensive assistance. She wore Derma-Savers and blue boots on her lower extremities.</p> <p>On 9/4/2018 at 10:45 a.m. revealed a healed scar on her right lower, lateral calf and she wore Derma-Savers and blue boots on lower extremities.</p> <p>During an interview by phone on 9/4/2018 at 12:10 p.m. and in person on 9/6/2018 at 2:05 p.m. Staff A, CNA (Certified Nurse's Aide) revealed on 6/5/2018 at approximately 6:45 p.m. she prepared Resident #1 for bed. The resident suffered from skin tears so her arms and legs are to be protected. Staff A provided the resident with upper body care and pushed the wheel chair to the bed. Staff A put a gait belt on the resident and transferred the resident to the bed. The resident had no Derma-Savers on her legs. When Staff A transferred the resident to the bed, the resident gasped. Staff A lifted up the resident's pants and saw a laceration. Staff A called the nurse and two staff came. Staff A revealed she knew the resident required two staff to transfer but had seen other staff transfer the resident with one assist. Staff A indicated she had transferred the resident alone before even though the Care Sheet said two assist. When Staff A received training, she knew to go by the Care Plan. At the time the facility used resident Care Sheets and Resident #1 required assistance of two and a gait</p>	F 689		
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NAME OF PROVIDER OR SUPPLIER MARTIN HEALTH CENTER, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 420 EAST 11TH STREET CEDAR FALLS, IA 50613		
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