

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

Citation Number: 6864					Date: October 12, 2018
Facility Name: Titonka Care Center		Survey Dates: September 17-20, 2018			
Facility Address/City/State/Zip 312 First Avenue NW Titonka, Iowa 50481		MW			
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date	

58.28(3)e	<p>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)</p> <p>DESCRIPTION:</p> <p>Based on resident record review, staff interview and facility record review the facility failed to ensure each resident received adequate supervision and assistance devices to prevent accidents for one resident, (Resident #13). The facility reported a census of 31 residents.</p> <p>Findings include:</p> <p>According to the Minimum Data Set with assessment reference date 6/16/17 Resident #13 had a BIMS score of 10, moderately impaired cognitive skills for daily decision making, and had diagnosis of dementia. The resident was non-ambulatory and required extensive assist of two staff for transfer. Resident #13 was frequently incontinent of bowel and bladder.</p> <p>The Nurses Notes dated 6/28/17 had a late entry for 6/27/17 that documented while on an activity</p>	I	\$3000	UPON RECEIPT
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Facility Administrator

Date

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).

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	<p>outing to Smith Lake Staff C Registered Nurse (RN) and the Activity Director attempted to transfer Resident #13 to the toilet with gait belt. As the resident was being pivoted her knees gave out and the resident was slowly lowered to the floor between the toilet and wheelchair with legs flexed and weight on her left hip, not sitting on her ankles or feet. The resident complained of pain but did not holler out in extreme pain. A full assessment was not done as not able to due to the resident's position. The resident did move bilateral legs with minimal pain. Staff C, the activity director and the maintenance man positioned a Hoyer sling under the resident and she was assisted up and positioned in the wheelchair. The resident did not complain of pain during the transfer. The resident was wheeled in her wheelchair to the shelter house and ate lunch and took her medication. The resident sat quietly with no complaints of pain. At 1:00 p.m. the resident returned to the facility and was taken to her room. Staff C reported the incident to the Charge Nurse. An assessment of the resident legs was completed with no bruising, swelling redness or deformity noted. At 6:20 p.m. the resident stated she felt sick and did not want her supper. The resident's husband took her back to her room and staff transferred her to bed via</p>			
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	<p>Hoyer lift. A registered nurse assessed the resident at 7:00 p.m. and found a large bruise to the right lower leg and a slightly swollen left ankle, warm and tender to the touch and red/pink in color. At 7:30 p.m. the resident was transferred by ambulance to the hospital. At 11:30 p.m. the hospital called and the resident was being transferred to another hospital to see an orthopedic doctor.</p> <p>The History and Physical Final Report dated 6/29/18 noted the resident had a left distal tibia and fibula fractures. The X-rays were discussed with the patients family and conservative treatment recommended due to the patient being non-ambulatory and concerns with poor bone quality and wound healing. The family and patient were in agreement and the resident was placed into a well padded plaster cast.</p> <p>A Therapy Alert dated 8/5/16 noted Resident #13 was a hoyer lift for all transfers.</p> <p>Resident #13's Care Plan with target goal date of 6/26/17 included the intervention; care giver assist of 2 for repositioning and hoyer transfers.</p> <p>During interview on 9/18/18 at 11:40 a.m. Staff C stated she was out with activity at Smith Lake.</p>			
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	<p>She helped take Resident #13 to the bathroom with the Activity Director. During pivot transfer the resident stopped bearing weight and they lowered her to the floor easily with gait belt. She does not recall her complaining of pain. She did an assessment as able, doesn't think she saw anything. Staff C had Maintenance staff come in and the three of them lifted Resident #13 into the wheelchair, she could not recall if they used a sling or gait belt with this transfer. She did not recall any complaints of pain with that transfer. When returned to the facility she reported to the charge nurse what happened and that the resident should be assessed. Staff C did not recall how the resident transferred prior to incident at the lake, she works at the facility prn, maybe two times a month.</p> <p>During interview on 9/18/18 at 1:10 p.m. the Activity Director stated Resident #13's family saw the outing on the activity calendar and thought it would be a good idea for the resident to go. The resident had gone on other outings but not any that long. This was fishing and lunch then to return to the facility. The resident had been saying over and over she had to go to the bathroom, the nurse (Staff C) made the decision to pivot transfer into the bathroom. They used a gait belt and the two of them stood her up and</p>			
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	<p>when they were pivoting her she kept saying I can't stand, the resident stopped bearing any weight and they put her down easily. It was so long ago but does not recall her complaining of any pain, just remembered her saying over and over that she could not stand when they were pivoting her. She did not think the resident was assessed until they returned to the facility. At this time they were trying to figure out how to get her up off the floor, the resident was able to straighten out her legs. The Maintenance Man came and helped them. They completely lifted her up and placed her in the wheelchair. Then they went and ate lunch. The resident did not appear uncomfortable. They came back to the facility after the meal. She told facility staff what happened and the charge nurse assessed her. The Activity Director stated she did wonder to herself what they would do if the resident needed to go to the bathroom when they were out but did not say anything to anyone. She does not usually work on the floor and does not routinely transfer Resident #13.</p> <p>Review of facility records showed Staff C and the Activity Director were issued verbal counseling on 6/27/17 for not following resident #13's Care Plan for transfers.</p>			
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	<p>During interview on 9/18/18 at 1:30 p.m. the Administrator stated Resident #13 went on the activity because her husband wanted her to go. The facility had asked their daughter and she agreed if her Dad wanted her to go she should go. He stated he does not think the thought of toileting the resident out of the facility was even thought about.</p> <p>During interview on 9/19/18 at 8:15 a.m. the ADON stated at the time of the incident the facility did not have a policy in place for residents requiring hoyer transfers and going out of facility for activities.</p> <p>The facility provided a policy titled Resident Outings created June 28, 2017, to ensure:</p> <ul style="list-style-type: none"> a. Resident's safety on planned outings. b. Ensure resident's needs are met and Care Plans followed during planned outings. <p>FACILITY RESPONSE:</p>			
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58.11(3)	<p>58.11(3) <i>Employee criminal record checks, child abuse checks and dependent adult abuse checks and employment of individuals who have committed a crime or have a founded abuse.</i> The facility shall comply with the requirements found in Iowa Code section 135C.33 as amended by 2013 Iowa Acts, Senate File 347, and rule 481—50.9(135C) related to completion of criminal record checks, child abuse checks, and dependent adult abuse checks and to employment of individuals who have committed a crime or have a founded abuse. (I, II, III)</p> <p>50.9(3) <i>Requirements for employer prior to employing an individual.</i> Prior to employment of a person in a facility, the facility shall request that the department of public safety perform a criminal history check and the department of human services perform child and dependent adult abuse record checks of the person in this state.</p> <p>DESCRIPTION:</p> <p>Based on personnel file review and staff interview, the facility failed to do a criminal history and abuse registry check on 2 of 5 staff prior to hire (Staff D and Staff E). The facility reported a census of 31 residents.</p>	II	\$500	UPON RECEIPT
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	<p>Findings include:</p> <p>1. An Employees Hired Since 6/12/17 form provided by the facility documented Staff D Certified Nursing Assistant (CNA) hired 7/11/17.</p> <p>Staff D's personnel file showed the Single Contact License and Background Check (SING) not completed until 7/17/17.</p> <p>2. An Employees Hired Since 6/12/17 form provided by the facility documented Staff E CNA hired 8/1/17.</p> <p>Staff E's personnel file showed the Single Contact License and Background Check (SING) not completed until 8/15/17.</p> <p>During an interview on 9/19/18 at 1:55 p.m. the Office Manager stated normally they interview, do the criminal checks, then hire. She confirmed Staff D and Staff E were hired on the dates indicated on the new hire list and they did not have record of criminal or adult abuse record checks prior to hire. She could not say why the 2 staff had the checks after hired.</p> <p>FACILITY RESPONSE:</p>			
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