

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

Citation Number: 6865		Date: October 17, 2018		
Facility Name: ManorCare Waterloo		Survey Dates: September 19, October 1-4, 2018		
Facility Address/City/State/Zip 201 West Ridgeway Avenue Waterloo, IA 50701		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 clinical record review, staff and resident interviews and observations the facility failed to ensure the safety of 1 of 5 residents reviewed (Resident #1). The facility failed to provide other interventions for Resident #1 who was at high risk for falls other than to remind the resident to use call light. The facility reported a census of 67.</p> <p>Findings include:</p> <p>According to the Minimum Data Set (MDS) dated 8/17/18 Resident #6 had diagnoses which included bowel obstruction, stroke, abnormal gait, cognitive communication deficit and Dementia. The resident had a BIMS score of 6 which indicated severe cognitive ability. The resident required supervision of 1 staff for transfers, ambulation and toilet use. The resident utilized a walker and wheelchair.</p>	I	\$6750.00 (Held in Suspension)	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>Review of the resident's care plan 6/14/18 Resident #1 had a self-care deficit evidenced by weakness with a history of a stroke. The plan identified the resident needed assistance to meet his activities of daily living and directed the staff to ambulate with assistance of 1 staff, gait belt and walker. The plan indicated the resident had a risk for falls due to recent falls and impaired mobility and directed staff to reinforce the need to call for assistance. The care plan failed to contain interventions for resident's refusal to utilize call light and wait for assistance.</p> <p>Review of the Manor Care Investigation Report dated 9/4/18, the staff found Resident #1 on the floor of his bathroom briefs around his ankles and a bowel movement in the toilet. The staff noted resident without pulse, started CPR and activated EMS. The resident was pronounced dead at a local emergency room.</p> <p>Review of local emergency room notes revealed the resident arrived at the emergency room on 9/4/18 at 7:17 a.m. with a head laceration from an unwitnessed fall. The physician documented the resident had a large laceration with large amount of blood on the face, large gash over left forehead measuring 7 centimeters.</p> <p>Review of a statement from Staff A-C.N.A. on</p>			
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	<p>9/4/18 revealed the resident was up to the bathroom by self that night and required the staff assistance to clean up. The statement revealed the staff checked on him during the night because and would find him up in the bathroom by himself several times that night.</p> <p>Review of a progress notes revealed the following:</p> <ol style="list-style-type: none"> 1. On 8/28/18 staff encouraged the resident to use their call lights for assist prior to transfers related to illness. 2. The Social Worker progress note dated 8/29/18 at 4:36 p.m. the resident had a BIMS of 6 which indicated severe cognitive ability, the resident alert but had trouble with recall. 3. Resident #1 had a fall while exiting the bathroom, lost their balance and landed on their buttocks without injuries. The staff assisted the resident into wheelchair with limited assistance of 2 staff and gibbon. 4. On 9/4 staff entered residents bathroom and found him on floor, bleeding from head and without vital signs. CPR started, resident expired at local emergency room. <p>Review of a Physical Therapy evaluation and Plan of care dated 9/2/18, the document indicated the resident had exacerbation of illness with decrease in functional mobility, reduced</p>			
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	<p>ability to safely to ambulate and described the resident as a high risk for falls. The functional assessment revealed the resident required contact guard assist with transfers.</p> <p>During an interview with Staff B-Physical Therapy Assistance (P.T.A.) on 10/2/18 at 2:10 p.m. revealed Resident #1 required assistance of 1 staff, with gait belt and walker. Staff knew he was non-complaint with waiting for assistance and use of call lights.</p> <p>During an interview with Resident #1's roommate on 10/2/18 at 3:09 p.m., the roommate stated the staff were constantly reminding him to use his call light and wait for help, but he just wouldn't wait.</p> <p>During an interview with Staff C-C.N.A. on 10/2/18 at 2:05 p.m., Staff C stated she got report from the night aide the morning of 9/4/18, she reported Resident #1 had been up a lot during the night on 9/3-9/4/18. The resident required assistance of 1 staff but he refused to use call light to get help.</p> <p>During an interview with A.R.N.P. on 10/1/18 at 10:05 a.m., resident #1 had a history of self-transfers and did as he chose. The A.R.N.P. indicated cause of death was cardiac arrest.</p>			
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	<p>During an interview with Staff D-RN Nurse Manager on 10/4/18 at 7:34 a.m., the manager stated the resident required assist of 1 staff and walker and he had a history of non-compliance with this. He would frequently get up without his walker. The care plan failed to identify interventions to prevent falls due to his non-compliance.</p> <p>FACILITY RESPONSE:</p>			
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