

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

Citation Number: 6879				
Facility Name: Sioux Center Health Royale Meadows		Survey Dates: October 29-November 1, 2018		
Facility Address/City/State/Zip 1400 7th Avenue SE Sioux Center, IA 51250		MW		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

58.28(3)ef	<p>56.6 (135C) Treble and double fines. 56.6(1) Treble fines for repeated violations. The director of the department of inspections and appeals shall treble the penalties specified in rule 481—56.3(135C) for any second or subsequent class I or class II violation occurring within any 12-month period, if a citation was issued for the same class I or class II violation occurring within that period and a penalty was assessed therefor.</p> <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>f. Residents shall be protected against physical or environmental hazards to themselves. (I, II, III)</p> <p>DESCRIPTION:</p> <p>Based on observation, clinical record review, and staff interviews, the facility failed to ensure residents received adequate supervision to protect against accidents. Clinical record review and staff interviews revealed the facility failed to provide a safe method of transfer for Resident #64. Resident #64 fell and sustained non-displaced fractures of the bones in the left and</p>	I	\$5000 (treble \$15,000) (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>right feet when staff failed to use a gait belt during transfer. Clinical record review and resident and staff interviews additionally revealed the facility failed to evaluate the ability of Resident #50 to safely operate a power mobility device in the facility which resulted in a fall with major injury to Resident #29, when struck by Resident #50 while operating the mobility device. The facility reported a census of 66 residents.</p> <p>Findings include:</p> <p>1. The Minimum Data Set (MDS) assessment with a reference date of 4/27/18 for Resident #64 identified a Brief Interview for Mental Status (BIMS) score of 14 indicative of intact cognition. According to the MDS, the resident required the extensive assistance of one staff for transfers, bed mobility and personal hygiene, toilet use and dressing. A balance during transition and walking test identified the resident as not steady but able to stabilize without staff assistance when moving from a seated to standing position. The MDS further identified no functional limitation in range of motion on both lower and upper extremities. The resident had diagnosis that included osteoarthritis, diabetes and hypertension. The MDS further identified the resident normally used a wheelchair (manual or electric) mobility device.</p>			
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	<p>A resident note dated 7/5/18 at 9:54 AM documented CNA (Certified Nursing Assistant) transferred resident from bed to commode, resident lost her balance and her left arm slipped on the armrest and the CNA lowered her to the ground. Gaitbelt was not utilized.</p> <p>A provider notification note communicated the resident had a fall 7/5/18 at 7:05 AM, the resident complains of middle right foot pain. The physician documented Left foot 3rd -5th distal intratarsal fracture, and Right for 2nd metatarsal fracture. Resident returned to the facility with an order for no weight bearing on either foot re-X-ray in one month</p> <p>A Radiology report dated 7/5/18 diagnosed: a nondisplaced fracture of the left distal 3rd, 4th and 5th metatarsals (foot bones) and nondisplaced fracture of the proximal metaphysis first distal phalanx (foot bones). A document titled Care Practice Standards directed gait belt will be used for all assistive transfers and ambulation as a safety measure. The fall care plan for the resident dated as initiated on 12/16/16 directed assist of one with walker for all transfers/ambulation,</p>			
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	<p>A Fall Risk Assessment dated 4/30/18 documented the resident scored 15, a score of 10 or more indicated a high risk for falls and identified gait belt as a safety device.</p> <p>A document titled 2018 Staff Feedback documented Staff B, CNA educated on 7/5/2018 to use gait belt for all transfers and documented on 8/6/2018 staff in-service included discussion of gait belt expectations.</p> <p>In an interview on 10/29/18 at 2:30 PM the Director of Nursing (DON) confirmed the staff failed to use a gait belt when the resident transferred on 7/5/18 which resulted in a fall with injury. The DON confirmed facility expectation to use a gait belt with all assist transfers for safety and to prevent falls.</p> <p>2. The Minimum Data Set (MDS) assessment with a reference date of 9/28/18 for Resident #50 identified a Brief Interview for Mental Status (BIMS) score of 15 indicative of intact cognition. According to the MDS, the resident required the limited assistance of one staff for transfers, bed mobility and personal hygiene and independent for walk in room and locomotion on and off the unit. A balance during transition and walking test identified the resident as not steady but able to</p>			
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	<p>stabilize without staff assistance when walking and turning around and facing the opposite direction while walking. The MDS further identified functional limitation in range of motion on both sides for upper extremities. The resident had diagnosis that included osteoarthritis, anxiety and hypertension. The MDS further identified the resident normally used the following mobility devices: a walker and wheelchair (manual or electric).</p> <p>An event note dated 10/23/18 at 10:50 AM documented facility staff witnessed Resident #29 walking back from an activity and was hit from behind by Resident #50 driving an electric scooter. Resident #29 fell to the floor hitting her left side, the resident was seen in the emergency room due to her injuries where an X-ray report dated 10/23/18 revealed a pelvic fracture.</p> <p>In an interview on 10/30/18 at 9:44 AM the Director of Nursing (DON), stated the facility had failed to evaluate Resident #50's ability to safely operate the power mobility device prior to the incident on 10/23/18, and further stated the facility failed to have a policy that addressed assessment of resident ability to safely operate a power mobility device. The DON clarified the facility only assessed ability if need identified. The</p>			
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	<p>DON admitted that after the incident she had been made aware that Resident #50 had previously run into to the wall with power mobility device which required repair by maintenance, but confirmed this had not been reported or investigated. The DON further stated the power mobility device had been removed from the resident until settings on mobility device were adjusted, and the resident was evaluated with the new settings. Further interview with the DON on 10/30/18 at 2:30 PM revealed she had further questioned staff and was now aware that on 10/12/18 Resident #50 had been observed running into a nurse's foot at the flu clinic, and had also become aware staff had observed the resident running into table legs at the dining table. The DON stated would have expected staff to report these observations and concerns when made aware of or witnessed. Additionally, the DON confirmed aware Resident #50 had purchased a new mobility device on 6/7/18 and again admitted the resident had not been assessed for ability to safely operate new equipment and acknowledged facility responsibility to determine to provide a safe environment for residents. The DON provided a proposed policy that would require assessment of residents ability to safely operate power mobility devices, this had not been formally approved,</p>			
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	<p>however the DON stated had now assessed Resident #19 and Resident #40 who also have power mobility devices at the facility.</p> <p>A care plan intervention dated as initiated 11/28/16 directed Resident #50 used an electric wheelchair independently outside the room for longer distances.</p> <p>In an interview on 10/30/18 at 9:05 AM Resident #50 stated she had an accident with her scooter last week and the facility had taken away. Reported she would need to go to therapy to be evaluated for safety before can get back. Stated she had run into another resident on the way back from an activity when the other resident stopped in front of her and she couldn't get stopped in time.</p> <p>A PT (Physical Therapy) evaluation dated 10/24/18 documented a visit for assessment of scooter safety. The evaluation documented the resident had run into another resident causing that resident to fall resulting in a fracture. The evaluation identified a safety concern after tested the residents reaction time, specifically: 1 second response time from a stop to command to go, however a 3 second response time when the</p>			
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	resident was in motion and given the command to stop until the scooter actually stopped. FACILITY RESPONSE:			
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