

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

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| Citation Number: 6892 | | Date: January 4, 2019 | | |
| Facility Name: Northbrook Manor Care Center | | Survey Dates: December 4-6, & 17/2018 | | |
| Facility Address/City/State/Zip 6420 Council Street NE Cedar Rapids, IA 52402 | | MW | | |
| Rule or Code Section | Nature of Violation | Class | Fine Amount | Correction date |

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| 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 observation, clinical record review, staff and resident interviews, the facility failed to appropriately transfer 1 of 5 residents reviewed (Resident #1). Resident #1 was transferred without the correct device and assistance resulting in bilateral femur fractures. The facility reported a census of 70 residents.</p> <p>Findings include:</p> <p>1. The Minimum Data Set (MDS) dated 8/2/18, Resident #1 had diagnoses which included Alzheimer's disease, renal disease, osteoporosis and muscle weakness. The resident required extensive assistance of 2 staff for bed mobility, transfers and toilet use,</p> | I | \$7000 | UPON RECEIPT |
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Facility Administrator

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| | <p>the resident did not walk but utilized a wheelchair for mobility. Resident #1 had severe cognitive ability.</p> <p>Review of the care plan dated 10/21/15 indicated the resident required assistance with activities of daily living due to her Alzheimer's disease and directed the staff to utilize 2 staff for repositioning, turning in bed, moving between surfaces and to utilize a Hoyer lift as needed for weakness.</p> <p>Review of a mobility/safety assessment dated 8/6/18, the assessment revealed the resident required assistance of 2 staff for transfers, position changes and toilet use.</p> <p>Review of a Nurses Notes dated 10/25/18 at 6:30 a.m. Staff A documented she was informed from the overnight staff they noticed swelling and bruising on the previous evening shift. Staff A assessed the resident at 7:20 a.m. and noted swelling and purple bruises to the resident's right knee and minimal swelling to the resident's left knee, the resident exhibited signs and symptoms of pain during the assessment. At 9:10 a.m. Staff A</p> | | | |
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| | <p>contacted the physician and orders were obtained for portable x-ray to the knees. The resident had a series of x-rays completed to both knees at 11:30 a.m. The Nurses Notes indicated the family denied surgical intervention and placed the resident on Hospice services, the resident passed away on 10/28/18.</p> <p>Review of the incident/accident report dated 10/25/18 revealed the resident had irregular sized purple bruise on the inner and back of right and left knees. The knees are swollen and slightly red, the resident exhibited symptoms of pain and grimacing with movement.</p> <p>Review of an x-ray report dated 10/25/18 revealed the resident had acute distal femoral fracture of her right leg and acute fracture of the distal femoral diaphysis of the left leg.</p> <p>Review of the Major Injury Determination form dated 10/25/18, Resident #1's physician determined after reviewing the circumstances of the incident it was determined the resident sustained a major injury and would not return</p> | | | |
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| | <p>to previous functioning ability.</p> <p>During an interview with Staff B-C.N.A. on 12/5/18 at 5:10 pm, the staff stated she worked the evening shift on 10/24/18. Early in her shift at about 4:00-5:00 p.m. she went to get Resident #1 up for her evening meal. At that time Staff B noted both of her legs were swollen and didn't look normal. Staff B notified the Medication Aide on the unit who contacted the nurse for the back hall. Staff B stated on the evening shift they always utilize a Hoyer lift for the resident because she cannot stand well. Staff B stated she did not get any report of an injury or fall from the day shift staff on 10/24/18.</p> <p>During an interview with Staff C-C.N.A. on 12/5/18 at 5:20 p.m., the staff stated she worked the evening shift on 10/24/18 with Staff B. Staff C stated when she rolled the resident to do cares she noted a bruise on the back of the resident's legs, she indicated both areas around her knees were swollen. Staff C stated on the evening shift they always use a Hoyer lift to move the resident about, form bed to chair. Staff C stated she</p> | | | |
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| | <p>did not get any report of an injury or fall from the day shift on 10/24/18.</p> <p>During an interview with Staff D-Certified Mediation Aide on 12/5/18 at 5:30 p.m., the C.N.A. stated she worked the previous evening shift on 10/23/18 and Resident #1 did not have swelling or discoloration to her knees. Staff D stated the evening shift always utilize a Hoyer lift to get the resident up from bed or wheelchair because she feels it safer for the resident.</p> <p>During an interview with Staff E-R.N. on 12/5/18 at 11:08 a.m. Staff E stated he worked the evening shift on 10/24/18 and was called to assess the knees/legs of Resident #1. Upon assessment Staff E noted bruising on the resident's inner thighs and faint discoloration, he stated both knees appeared to be swollen and discolored. Staff E traced around the redness with a marker to be able to further assess in the discoloration/swelling increased in size. Staff E directed the staff to keep the resident in bed. Staff E failed to document or notify the physician of the findings of his assessments.</p> | | | |
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| | <p>During an interview with Staff G-R.N., Staff G stated she worked the night shift on 10/24/18 into the morning of 10/25/18. She stated she assessed the resident's legs and noted her right leg was reddened but didn't notice any bruising, she reports looking at the residents legs twice that shift during rounds. The resident experienced symptoms of pain when the staff moved her to do cares on her. When she received report at the beginning of her shift she was aware of the swollen knees but no injury or trauma reported to her.</p> <p>During an interview with Staff H-C.N.A. on 12/6/18 at 2:30 p.m., Staff H stated she was responsible for Resident #1 on the day shift of 10/24/18. She stated she worked with an Agency aide-Staff I on that day. Staff H stated she used a two person transfer with a gait belt to transfer the resident from bed to her wheelchair for breakfast and after breakfast she utilized a Sara Lift (a Sara Lift is a mechanical lift, the resident is to hang on to handle bars and stand up on the lift platform. If unable to stand pressure is put on the resident's knees and back until the staff can lower the resident back down onto a firm</p> | | | |
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| | <p>surface) to lift the resident up into the air to complete cares so the resident could attend an activity. Staff H stated she has worked at the facility for 4.5 years and reports she didn't have anything to look at to describe how the resident is to transfer from surface to surface. Staff H stated Staff I assisted her with the Sara Lift and the cares. Staff H stated later in the afternoon she placed a gait belt around the resident stood her up by herself and pivoted her to her bed.</p> <p>During an interview with Staff I-Agency C.N.A. on 12/5/18 at 9:17 a.m., Staff I stated she did not assist Staff H with a transfer for Resident #1 on 10/24/18 using a Sara Lift on 10/24/18.</p> <p>During an interview with Resident #1's physician on 12/6/18 at 10:17 a.m., the physician stated the resident had a bilateral injury force across both knees, in the same location. It is his opinion the resident sustained bilateral broken legs from the use of a Sara Lift.</p> <p>FACILITY RESPONSE:</p> | | | |
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