

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

PRINTED: 01/09/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165587		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/17/2018	
NAME OF PROVIDER OR SUPPLIER NORTHBROOK MANOR CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 6420 COUNCIL STREET NE CEDAR RAPIDS, IA 52402			
(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 MKC 1/9/19	INITIAL COMMENTS Correction date <u>1/15/18</u> The following deficiencies relate to the investigation of incident #79528 & complaint #79990. (See Code of Federal Regulations (42CFR) Part 483, Subpart B-C).			F 000			
F 677 SS=D	<p>Complaint #79903 was not substantiated.</p> <p>ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2)</p> <p>§483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on clinical record review and staff interview, the facility failed to offer at least 2 baths a week for one of three residents reviewed (Resident #2). The facility census was 70 residents.</p> <p>Findings include:</p> <p>1. The Minimum Data Set (MDS) assessment dated 11/20/18, documented Resident #2 had diagnoses of surgical repair of left hip and anxiety and required extensive assistance for transfers, walking and dressing.</p> <p>A Behavioral Observation Sheet dated 11/16/18, revealed family had concerns staff had not given the resident a bath since admission on 11/10/18. The charge nurse directed staff to give the</p>			F 677			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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(X6) DATE

01/09/2019

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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F 677	Continued From page 1 resident a bath at that time.	F 677			
F 689 SS=G	<p>During interview on 12/6/18 at 11:00 a.m., the assistant director of nursing stated after reviewing the bath records for the resident, the facility did not have further bathing documentation and it appears the resident went without a bath for 6 days after admission to the facility.</p> <p>Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2)</p> <p>§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</p> <p>§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 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, the resident did not walk but utilized a wheelchair for mobility. Resident #1</p>	F 689			

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F 689	<p>Continued From page 2 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 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</p>	F 689			

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F 689	<p>Continued From page 3</p> <p>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 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, from bed to chair. Staff C stated she 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</p>	F 689			

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F 689	<p>Continued From page 4</p> <p>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> <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</p>	F 689			

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F 689	<p>Continued From page 5</p> <p>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 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>	F 689			

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IA0837	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/17/2018
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

NORTHBROOK MANOR CARE CENTER

**6420 COUNCIL STREET NE
CEDAR RAPIDS, IA 52402**

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N 101	<p>50.7(1) 481- 50.7 (10A,135C) Additional notification.</p> <p>481-50.7 (10A,135C) Additional notification. The director or the director ' s designee shall be notified within 24 hours, or the next business day, by the most expeditious means available (I,II,III):</p> <p>50.7(1) Of any accident causing major injury.</p> <p>a. " Major injury " shall be defined as any injury which:</p> <p>(1) Results in death; or</p> <p>(2) Requires admission to a higher level of care for treatment, other than for observation; or</p> <p>(3) Requires consultation with the attending physician, designee of the physician, or physician extender who determines, in writing on a form designated by the department, that an injury is a " major injury " based upon the circumstances of the accident, the previous functional ability of the resident, and the resident ' s prognosis.</p> <p>b. The following are not reportable accidents:</p> <p>(1) An ambulatory resident, as defined in rules 481-57.1(135C), 481-58.1(135C), and 481-63.1(135C), who falls when neither the facility nor its employees have culpability related to the fall, even if the resident sustains a major injury; or</p> <p>(2) Spontaneous fractures; or</p> <p>(3) Hairline fractures.</p> <p>This Statute is not met as evidenced by: Based on clinical record review, staff and family interview, the facility failed to report an injury which required admission to the hospital for one</p>	N 101		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

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DEPARTMENT OF INSPECTIONS AND APPEALS

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

NORTHBROOK MANOR CARE CENTER

**6420 COUNCIL STREET NE
CEDAR RAPIDS, IA 52402**

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N 101	<p>Continued From page 1</p> <p>of five records reviewed (Resident #2). The facility census was 70 residents.</p> <p>Findings include:</p> <p>1. An Incident/Accident Reports dated 11/21/18 and 11/22/18, documented staff found Resident #2 on the floor in her room. Review of the 11/21/18 fall, the resident complained of left wrist and left foot pain. Review of the 11/22/18 incident, revealed the resident complained of left hip and left wrist pain.</p> <p>A local hospital report dated 11/23/18, documented the resident experienced a fall 2 days ago with the point of impact her left wrist, left knee and left hip. Hospital x-rays revealed the resident had a fracture left ring finger, left hip fracture, left wrist fracture and fracture of the distal end of the left femur and subsequently was admitted to the hospital for surgical repair.</p> <p>During interview on 12/17/18 at 10:09 a.m., the Director of Nursing admitted he failed to call the Department of Inspections and Appeals to report the falls with fractures that lead to a hospitalization.</p>	N 101		

N101

This facility denies that the alleged facts as set forth constitute a deficiency under interpretations of Federal and State law.

The preparation of the following plan of correction for this deficiency does not constitute and should not be interpreted as an admission nor an agreement by the facility of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction prepared for this deficiency was executed solely because provisions of State and Federal law require it.

Without waiving the foregoing statement, the facility states they will continue to report a resident injury which requires admission to the hospital. The DON has been reeducated on reporting requirements and facility expectations related to this task.

Compliance will be monitored by the facility's nursing management staff or designated representatives through periodic audits. The Administrator or designated representative will also audit compliance as part of the facility's quality assurance program.

Completion Date: January 4, 2019

F677

This facility denies that the alleged facts as set forth constitute a deficiency under interpretations of Federal and State law.

The preparation of the following plan of correction for this deficiency does not constitute and should not be interpreted as an admission nor an agreement by the facility of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction prepared for this deficiency was executed solely because provisions of State and Federal law require it.

Without waiving the foregoing statement, the facility states that with respect to Resident #2 and similarly situated residents the facility will continue to offer at least 2 baths a week. Nursing staff have been re-educated regarding the facility's policy for bathing and the facility's expectations relating to this care.

Compliance will be monitored by the facility's nursing management staff, or designated representatives through periodic audits. The Director of Nursing, Administrator, or designated representative will also audit compliance as part of the facility's quality assurance program.

Completion Date: January 15, 2019

F689

This facility denies that the alleged facts as set forth constitute a deficiency under interpretations of Federal and State law.

The preparation of the following plan of correction for this deficiency does not constitute and should not be interpreted as an admission nor an agreement by the facility of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction prepared for this deficiency was executed solely because provisions of State and Federal law require it.

Without waiving the foregoing statement, the facility states that with respect to Resident #1 and similarly situated residents the facility will continue to ensure that the resident environment remains as free of accident hazards as is possible. Nursing staff were re-educated regarding following care plan directives for appropriate transfers immediately after this incident. Further, written care flow sheets detailing resident needs for transfers have been developed and implemented. These resident specific flow sheets are available in a binder at each nurse's station. Staff were educated on the new flow sheets, where they are located and facility expectations relating to transfer safety when the flow sheets were implemented. The flow sheets are reviewed and updated by the MDS/Care plan coordinator immediately if significant changes in the resident's transfer abilities occur or on at least a quarterly basis. Nursing staff will be periodically re-educated on the care sheets and asked for input on their effectiveness.

Compliance will be monitored by the facility's nurse managers or designated representatives through periodic audits. The Director of Nursing, Administrator, or designated representative will also audit compliance as part of the facility's quality assurance program.

Completion Date: January 4, 2019