

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

<b>Citation Number:</b> <b>6967</b>		<b>Date:</b> <b>May 8, 2019</b>		
<b>Facility Name:</b> <b>Stratford Specialty Care</b>	<b>Survey Dates:</b> <b>4/18/19, 4/23-24/19</b>			
<b>Facility Address/City/State/Zip</b>  <b>1200 Highway 175 East</b> <b>Stratford, IA 50249</b>	<b>SB</b>			
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class</b>	<b>Fine Amount</b>	<b>Correction date</b>

<b>50.7(1)a(1)(2)</b>	<p><b>481—50.7 (10A,135C)</b> 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. a. "Major injury" shall be defined as any injury which:</p> <p>(1) Results in death; or  (2) Requires admission to a higher level of care for treatment, other than for observation;</p> <p><b>DESCRIPTION:</b></p> <p>Based on record review, staff interview and review of the facility's decision tool for reporting, the facility failed to follow their protocol and report a fall with fracture that required admission to the hospital and resulted in the residents death, for 1 of 4 residents reviewed for falls (Resident #1). The facility identified a census of 39.</p> <p>Findings include:</p> <p>The MDS (minimum data set) assessment tool dated 8/2/18 documented Resident #1 with diagnoses that included: heart failure, cirrhosis</p>	<b>II</b>	<b>\$500</b>	<b>UPON RECEIPT</b>
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Page 1 of 6

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>(liver damage), diabetes, Parkinson's disease and cancer. The MDS identified the resident with a BIMS (Brief interview for mental status) score of 8 which indicated moderate memory and cognitive impairment. The assessment further documented the resident received hospice care while a resident, experienced one fall with no injury, and the resident required the extensive assistance of one staff for bed mobility, transfer, and walking in room.</p> <p>A recent physical therapy discharge summary dated 7/31/18 revealed the resident discharged from PT with a recommendation to continue ambulating with the assistance of 1.</p> <p>A care plan addendum in place when the fall occurred (undated) identified the resident as assistance of one staff with transfers and functional mobility in room.</p> <p>Review of an Incident/Accident/Unusual Event form dated 8/4/18 at 9:41 AM prepared by Staff A, Registered Nurse (RN) documented Resident #1 walked from the bathroom with a Certified Nursing Assistant (CNA), when his legs buckled and staff lowered him to the floor. Observation showed the left hip with some bending while staff lowered the resident. The form further documented staff assessed the resident and he</p>			

Page 2 of 6

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	<p>transferred to the Emergency Room (ER) at a local hospital.</p> <p>Review of an ER Department Note dated 8/4/18 at 8:44 PM revealed they diagnosed the resident with an acute left femoral neck fracture (hip fracture). The resident admitted to the hospital with hospice services. The note further documented the family's wishes to control the resident's pain.</p> <p>A discharge document from the local hospital, dated 8/6/18 at 7:20 AM documented the resident admitted to the hospital after sustaining a fracture of the hip. The document further revealed the resident received pain medication and supportive care, and passed away two days later. The document stated identified the resident's death was referred to the coroner.</p> <p>An undated facility policy titled Decision to Report (Accident/Injury Q/A Decision Tool) Accident /Fall, directed staff to determine if:</p> <p>Resident involved in accident did not ambulate independently. Defined as: Without aide of another or aid of an assistive device, i.e., walker or wheelchair at the time of the fall.</p>			

Page 3 of 6

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	<p>And, the resident died as a result of the Accident or Fall. The document directed staff to report the fall/death to the Department of Inspections and Appeals (DIA).</p> <p>Or/And the resident admitted to the hospital or a higher level of care for treatment related to the injury, staff was directed to report the fall to the DIA.</p> <p>Review of a document printed by the facility, titled Online Abuse or Incident Reporting List, State of Iowa DIA revealed Resident #1's fall's with fracture was not reported.</p> <p>On 4/23/19 at 12:20 PM the Director of Nursing (DON) stated she consulted with the Corporate Nurse at the time of the fall and was informed Resident #1's fall with fracture and hospital admission was not reportable. The DON reviewed the on line reporting information and confirmed the facility did not report the fall to the State agency (Department of Inspections and Appeals). The DON further stated that she now reviewed the Decision to Report tool and after discussion with the new Corporate Nurse and the Corporate Divisional Director, determined the facility should have reported the resident's fall with fracture and admission to the hospital.</p>			

Page 4 of 6

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	<p>In an interview on 4/24/2019 at 3:15 PM the New Corporate Nurse Consultant stated she reviewed the reporting tool with the DON and confirmed that Resident #1 required staff assistance for transfers and sustained a fall during transfer that required admission to a higher level of care. The incident should have been immediately reported to the DIA. She further stated the resident's death would have also required the facility to report the fall.</p> <p>A "cremation permit by the medical examiner form" signed by the medical examiner on 8/6/18 identified the resident's cause of death as: traumatic fracture to the left hip due to traumatic fall.</p> <p><b>FACILITY RESPONSE:</b></p>			

Page 5 of 6

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