DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IA0138	A. BUILDING: _____ B. WING _____	C 04/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STRATFORD SPECIALTY CARE	1200 HIGHWAY 175 EAST STRATFORD, IA 50249

(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) COMPLETE DATE
L 000	Initial Comments Correction Date 4/25/19 An investigation of Complaint 81823-C completed on April 24, 2019 resulted in a State only deficiency. Complaint 81823-C was not substantiated. See Code of Federal Regulations (42CFR) Part 483, Subpart B-C.	L 000		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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N 101 SS=D	50.7(1) 481- 50.7 (10A,135C) Additional notification. 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): 50.7(1) Of any accident causing major injury. a. " Major injury " shall be defined as any injury which: (1) Results in death; or (2) Requires admission to a higher level of care for treatment, other than for observation; or (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. b. The following are not reportable accidents: (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 (2) Spontaneous fractures; or (3) Hairline fractures. This Statute is not met as evidenced by: 50.7 481-50.7 (10A,135C) Additional notification. The director or the director's designee shall be notified	N 101		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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N 101	Continued From page 1 within 24 hours, or the next business day, by the most expeditious means available (I,II,III): 50.7(1) Of any accident causing major injury. a. "Major injury" shall be defined as any injury which: (1) Results in death; or (2) Requires admission to a higher level of care for treatment, other than for observation; DESCRIPTION: 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. Findings include: The MDS (minimum data set) assessment tool dated 8/2/18 documented Resident #1 with diagnoses that included: heart failure, cirrhosis (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. 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.	N 101		

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N 101	Continued From page 2 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. 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 transferred to the Emergency Room (ER) at a local hospital. 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. 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. An undated facility policy titled Decision to Report (Accident/Injury Q/A Decision Tool) Accident /Fall, directed staff to determine if: Resident involved in accident did not ambulate	N 101		

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N 101	Continued From page 3 independently. Defined as: Without aide of another or aid of an assistive device, i.e., walker or wheelchair at the time of the fall. 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). 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. 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. 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. 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	N 101		

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N 101	Continued From page 4 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. 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. FACILITY RESPONSE: [redacted]	N 101		

N 101 The director or the director's designee shall be notified within 24 hours, or the next business day, by the most expeditious means available.

The facility denies that the alleged facts as set forth constitute a deficiency under interpretations of Federal and/or State law. Preparation and/or execution of this plan of correction does not constitute an admission or agreement by this provider of the truth of the facts alleged or conclusions set forth in this statement of deficiencies. The plan of correction is prepared and /or executed solely because it is required by the provision of federal and/or state law.

The facility's credible allegation of compliance date is 4/25/2019; this allegation of compliance does not constitute guilt, but that the facility is in compliance will all areas cited in the Statement of Deficiencies.
Submitted by Jessica Walker, LNHA

Preparation and/or execution of the Plan of Correction including all statements herein does not constitute an admission or agreement by this provider to the accuracy of the facts alleged or conclusions set forth in the Statement of Deficiencies. The Plan of Correction is prepared and/or executed solely because it is required by the provisions of federal and/or state law.

This is the facility's credible allegation of compliance for prefix tag N 101; this allegation does not constitute guilt, but that the facility is in compliance with prefix tag N 101.

N 101 The director or the director's designee shall be notified within 24 hours, or the next business day, by the most expeditious means available.

1. No additional steps necessary for current residents.

2. Audits on any other residents who would be affected by a non-reported event.

3. Continue to monitor each event for nature of self report for three months.

4. Will report findings and review at each QA for three months.

5. Decision Reporting Tree given to Director of Nursing on 4.24.19. See attachment.

Date of Compliance: 04/25/2019

See prior page(s) for the Plan of Correction.