Citation Numb 6982	er:			Date: May 28	, 2019
Facility Name: Sunrise Hill Ca		-	Survey I May 11,		
Facility Addres	ss/City/State/Zip		inay 11,	2013	
Traer, Iowa 50	675				
Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date

1		1	· · · · · · · · · · · · · · · · · · ·
58.28(3)e	<ul> <li>58.28(3) Resident safety.</li> <li>e. Each resident shall receive adequate supervision to protect against hazards from self, others, or elements in the environment. (I, II, III)</li> <li>DESCRIPTION:</li> <li>Based on observation, clinical record review and staff interviews the facility failed to ensure safety devices in place at all times and ensure safe transfer techniques used for 2 of 6 residents reviewed with a history of falls. (Resident #44 and #64) The facility reported a census of 67.</li> <li>Findings include:</li> <li>1. The Minimum Data Set (MDS) assessment reference dated 10/16/18 revealed Resident #64 required extensive assistance with all transfers and mobility. The MDS identified the resident walked in room with extensive assistance of two staff. The assessment documented the resident had a history of falls and experienced two falls since admission. The MDS identified active diagnoses of difficulty walking, osteoarthritis, and diabetes mellitus. The Brief Interview for Mental</li> </ul>	\$6250	UPON RECEIPT
			Page 1 of

Page 1 of 13

Facility Administrator

Date

Citation Numb 6982	er:			Date: May 28	, 2019
Facility Name: Sunrise Hill Ca		-	Survey May 11,		
Facility Addres	ss/City/State/Zip			2019	
Traer, Iowa 50	675				
Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date

The resident's care plan dated 10/25/18 identified the resident as a fall risk. The care plan informed the staff the resident had fluctuating cognitive ability, is impulsive and personal alarms in place for the resident's safety. The care plan directed the staff to ensure placement and functioning of alarms at all times, answer sounding alarms promptly and to encourage the resident to use his call light to make needs known. The care plan revealed Resident #64 attempted to self transfer from his recliner to wheelchair and staff implemented a pull tab alarm on 10/25/18. A document titled Fall Risk Evaluation dated 10/25/18 revealed the resident received a score of 20 which indicated he had a high risk for falls. Review of Progress notes dated 10/25/18 at 7:04 a.m. revealed a CNA called Staff O-RN into the resident's room, the CNA reported having difficulty assisting the resident to sit up at the side of the bed requiring assist of 2 to sit up, the CNA also reported to the nurse the resident kept sliding out of bed and required assistance back into wheelchair with the use of a Hoyer Lift (mechanical lift). Review of Progress notes dated 10/25/18 at 12:50 p.m. the staff reported the resident self		1	· · · · · · · · · · · · · · · · · · ·
12:50 p.m. the staff reported the resident self	the resident as a fall risk. The care plan informed the staff the resident had fluctuating cognitive ability, is impulsive and personal alarms in place for the resident's safety. The care plan directed the staff to ensure placement and functioning of alarms at all times, answer sounding alarms promptly and to encourage the resident to use his call light to make needs known. The care plan revealed Resident #64 attempted to self transfer from his recliner to wheelchair and staff implemented a pull tab alarm on 10/25/18. A document titled Fall Risk Evaluation dated 10/25/18 revealed the resident received a score of 20 which indicated he had a high risk for falls. Review of Progress notes dated 10/25/18 at 7:04 a.m. revealed a CNA called Staff O-RN into the resident's room, the CNA reported having difficulty assisting the resident to sit up at the side of the bed requiring assist of 2 to sit up, the CNA also reported to the nurse the resident kept sliding out of bed and required assistance back into wheelchair with the use of a Hoyer Lift		
			Page <b>2</b> of

Page 2 of 13

Facility Administrator

Date

Citation Nun 6982	nber:				ate: ay 28,	, 2019
Facility Name: Sunrise Hill Care Center Facility Address/City/State/Zip			Survey May 11,			
909 6 <sup>th</sup> Stree <sup>t</sup> Traer, Iowa						
Rule or Code Section	Natur	e of Violation	Class	Fine Amo	unt	Correction date
	Review of Progress no p.m. revealed the staff floor on his right side, I wheelchair. The reside bathroom but didn't ma complained of discomf noted in the progress r complaint for the reside the resident back into I mechanical lift then inte continued to complain not have signs or symp time. A fall/incident report da revealed Resident #64 room, he leaned over t floor and fell out of becon interventions which con of the call light and to w A fall/incident report da Resident #64 experien bathroom. The resider bathroom and slid off t fall interventions which	bw difficult the transfer was. Attes dated 10/25/18 at 6:50 found Resident #64 on the leaning against his ent stated he went to the lake it back. The resident fort in his knees and staff notes this is a normal ent. The staff transferred his wheelchair via o bed. Resident #64 of knee discomfort but did btoms of an injury at the ated 10/18/18 at 6:45 a.m. experienced a fall in his to pick up something off the d. The staff provided fall nsisted of education on use wait for help. ated 10/25/18 at 6:50 p.m.				

Page 3 of 13

Facility Administrator

Date

Citation Numb 6982	er:			Date: May 28	, 2019
Facility Name: Sunrise Hill Ca		-	Survey I May 11,		
Facility Addres	ss/City/State/Zip			2019	
Traer, Iowa 50	675				
Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date

 F		
A Progress note dated 10/26/18 at 7:07 a.m. revealed the staff transferred the resident a local emergency room for evaluation for possible right fractured knee from fall on 10/25/18.		
Review of a progress note dated 10/26/18 at 10:17 a.m. revealed Staff N-LPN/ADON placed a call to the local emergency room, the staff reported the resident had a fractured right femur.		
Review of a progress note dated 10/28/18 at 11:30 a.m. revealed the facility received a call from the local hospital, they reported the resident experienced a serious medical issue during the surgical repair of the hip on 10/27/18. The surgeon could not complete the hip repair and placed the resident on a ventilator. The Primary Care Physician ordered the resident to return to the facility and placed on Hospice services. The resident transferred back to the facility on 10/29/18.		
Review of the Progress Notes dated 11/8/18 at 7:24 a.m. Resident #64 expired.		
A document titled Fall Risk Evaluation dated 10/25/18 revealed the resident received a score of 20 which indicated he had a high risk for falls.		
		Page 4 of 1

Page 4 of 13

Facility Administrator

Date

Citation Nur 6982	mber:				Date: May 28,	, 2019	
Facility Add	Care Center ress/City/State/Zip		Survey May 11,		<u> </u>		
909 6 <sup>th</sup> Stree Traer, Iowa							
Rule or Code Section	Natur	e of Violation	Class		Amount	Correction date	
		/est nursing report dated staff initiated a pull tab 4 on that day.					
	dated 10/25/18 revealed	sident's bed and a personal					
	diagnosis of a displace						
	D-Agency Certified Nu Resident #64 into a dir	acility investigation B revealed Staff C and Staff Irses Aides transferred ning room chair during the ed to put the pull tab alarm					
	D-Agency CNA verified evening staff found Re reported being assigne evening. Staff D ackno resident utilized alarms in the resident's room	esident #64 on the floor, she ed to Resident #64 that					

Facility Administrator

Date

Page 5 of 13

Citation Num 6982	ber:				Date: May 28,	, 2019
Facility Name Sunrise Hill C Facility Addre		-	Survey — May 11,		1	
909 6 <sup>th</sup> Street Traer, Iowa 5						
Rule or Code Section	Natur	e of Violation				Correction date
	Staff D stated she show the resident to make si Staff D assisted the resident to make si Staff D assisted the resident alarm on at the time of During an interview on CNA at 3:25 p.m. she took care of Resident # 10/25/18. Staff C state #64 up for supper he d and had no idea he she verified at the time of the resident did not have a During an interview on 2:52 p.m. she verified si 10/25/18. Staff E state around lunch time on 1 transfer the resident di stated Staff G-LPN cor an alarm for the reside thought walking rounds and second shift that d tell second shift the resident. During an interview on	e resident did not have an the fall. 5/9/19 with Staff C-Agency verified she worked and #64 on the evening of ed when she got Resident lid not have an alarm on ould have an alarm. Staff C he fall on 10/25/18 the an alarm on. 5/9/19 with Staff E-CNA at she worked first shift on ed the tab alarm initiated 10/25/18 due to the self d earlier in the day. Staff E mmunicated they initiated ent. Staff E said she s were done between first lay but did not specifically				

Page 6 of 13

Facility Administrator

Citation Num 6982	nber:				Date: May 28,	, 2019
Facility Nam Sunrise Hill Facility Addr			Survey May 11,			
909 6 <sup>th</sup> Street Traer, Iowa						
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	resident while he sat in she remembered puttin around the window cra During an interview on 5:05 p.m. stated she h judgment to start the p #64. Staff G stated she the alarm and the expe	pull away alarm on this n his recliner. She stated ng the strap for the alarm ank. 15/9/19 with Staff G-LPN at ad decided per her nursing pull away alarm on Resident to told first shift she initiated ectation is for first shift to cond shift and communicate				
	the Director of Nursing internal investigation of put the pull away alarn stated she could not id did not place the alarm are expected to follow	oncluded the staff failed to n on the resident. She lentify a final result of who n. The DON stated that staff the care plans.				
	Resident #44 had diag dementia, multiple scle anxiety disorder. The had moderately impair	ent dated 3/14/19 revealed proses non-Alzheimer's erosis (MS), diabetes, and MDS indicated the resident red cognition, and required of two staff for transfers.				
	The Care Plan, revised	d on 4/23/19 recorded				

Page 7 of 13

Facility Administrator

Citation Nur 6982	nber:				Date: May 28,	, 2019
	ne: Care Center ress/City/State/Zip		Survey Dates: May 11, 2019			
909 6 <sup>⊪</sup> Stree Traer, Iowa						
Rule or Code Section	Natur	e of Violation	Class	Fine /	Amount	Correction date
	assistance for all cares included use an EZ sta discretion for safety. The physician's orders	iagnosis of MS and needed s. The staff directives and or Hoyer lift per nursing dated 4/18/19 revealed an apy evaluation for transfers.				
		had MS, dementia, l left hand contracture. PT e a Hoyer lift when the				
	a. On 4/18/2019 at 9:4 physician for PT/OT ex	6 p.m., per PT at Medicare				
	The Rehab to Nursing 4/23/19 revealed Resid assistance with a Hoye	•				
	Agency CNA, and Stat the resident's room an transfer Resident #44	5/9/19 at 1:22 p.m., Staff I, ff H, Agency CNA, entered d reported they planned to into bed. Resident #44 sat nair. Staff H questioned				

Facility Administrator

Date

Page 8 of 13

Citation Number: 6982			Date: May 28	, 2019
Facility Name: Sunrise Hill Care Center		Survey May 11,		
Facility Address/City/State/Zi 909 6 <sup>th</sup> Street	ip		2013	
Traer, Iowa 50675				
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

why someone removed the Hoyer sling from under the resident. Staff H placed a mesh sling behind the resident's back, then pulled the leg straps under the resident's legs. After they attached the sling straps to the lift, Staff H and Staff I attached the sling straps to the mechanical lift . Staff H took the remote and raised the resident up above the wheelchair using the mechanical lift. Resident #44 said "I'm falling". Staff H looked under the resident and said the sling wasn't under the resident properly, then lowered the resident back into the wheelchair, and stated they needed to use a different sling. Resident #44 slid down in the wheelchair with her bottom near the edge of the wheelchair seat. At 1:29 PM, Staff H stated she didn't like how the resident sat in the wheelchair and requested Staff I to help her pull the resident up. Staff H and Staff I reached under the resident and pulled the resident up in the wheelchair. At 1:33 PM, Staff H removed the mesh sling under the resident and placed a light blue sling behind the resident's back, then attempted to push the sling under the resident's legs. Staff H had the resident lean forward and tucked the sling down lower on her back. Staff I brought a Maxi Move mechanical lift into the resident's room and asked if staff needed anything. Staff H told the DON there	
wasn't a sling under the resident and questioned	Page <b>9</b> of

Page 9 of 13

Facility Administrator

Date

Survey Dates May 11, 2019	:		
May 11. 2019	Survey Dates:		
- <b>,</b> ,	2019		
Fine Class	e Amount	Correction date	
-		Class Fine Amount	

	how staff had transferred the resident earlier. The DON stated she had to check the care plan			
	as she thought they had upgraded her transfer but then returned to the room and told the CNA's			
	the resident required a Hoyer for all transfers,			
	then left the room. Staff H and Staff I attached			
	the sling straps to the metal buttons on the Maxi			
	Move mechanical lift. Staff H pulled the leg			
	straps between the resident's legs and attached			
	the lower straps to the Maxi Move buttons with			
	much effort. Staff H took the remote and raised			
	the resident up with the mechanical lift,			
	transferred the resident to the bed, and then lowered the resident into bed. Staff H and Staff I			
	started to remove the sling straps from the			
	mechanical lift when the resident yelled "ouch".			
	The bar on the mechanical lift struck the			
	resident's right arm. Staff H apologized to the			
	resident, then removed the sling under the			
	resident.			
	On 5/9/19 at 1:22 PM, Staff I, agency CNA, and			
	Staff H, agency CNA, reported they were			
	assigned to West Hall but came and helped staff			
	in the 200 hall. Staff I reported she had only			
	worked a few shifts at the facility and not familiar with the residents.			
	During an interview 5/9/19 at 1:55 PM, Staff H			
	reported she had a "cheat sheet" with information			
<u> </u>	· ·		Page <b>10</b> of	13

Page 10 of 13

Facility Administrator

Date

Citation Num 6982	ıber:	Date: May 28, 201			, 2019	
Facility Name: Sunrise Hill Care Center Facility Address/City/State/Zip 909 6 <sup>th</sup> Street Traer, Iowa 50675		-	Survey May 11,		1	
Rule or Code Section	Natur	e of Violation	Class Fine Amount Correcti date			Correction date
	about the residents on her assigned hall (hall 300), but didn't have a cheat sheet for the 200 hall because she was assigned to work the 300 hall that day. Staff H stated if she was not familiar with the resident cares needed or how to use equipment, she just figured it out. Staff H reported she worked as agency staff and had received one day of orientation when she worked her first shift at the facility. The orientation entailed review of emergency procedures, such as if had a fire, and the location of supplies. Staff H acknowledged nobody showed her how to use the resident care equipment such as the mechanical lifts.					

In an interview 5/11/19 at 9:14 AM, the MDS Coordinator reported a care meeting held with therapy on 4/23/19, and therapy recommended staff used a Hoyer lift when they transferred Resident #44.

In an interview 5/11/19 at 10:16 AM, Staff M, Physical Therapist, reported a PT evaluation completed on Resident #44 on 4/22/19. Staff M reported they recommended staff used a Hoyer lift for all transfers on Resident #44 because she had a decline in status. Staff M reported she had provided staff education on transfers for all staff a year ago. Staff M stated the staff education pertaining to transfers included agency staff.

Page 11 of 13

Facility Administrator

Date

Citation Numb 6982	er:			Date: May 28	, 2019
Facility Name: Sunrise Hill Ca		-	Survey I May 11,		
Facility Addres	ss/City/State/Zip		inay 11,	2013	
Traer, Iowa 50	675				
Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date

1		1	1	· · · · · · · · · · · · · · · · · · ·
	In a skill set for "Hoyer Lift, EZ Lift and EZ stand" transfers revealed the following procedural steps: a. Bring Hoyer to bedside. b. Roll resident onto his/her side away from the attendant c. Place wider seat of sling under the resident's thighs, so the lower edge of the seat is in under the knees d. Place narrow part of sling just above the small of the back. e. Roll resident toward attendant and pull slings through, like positioning a draw sheet. f. Position seat sling, elevate head of bed to facilitate placing the back piece. g. Attach S hooks of the chains to the loops on the seat hangers, attach ends of the chains to the swivel bar hooks, attach S hooks on the back in the links as required. Check to see S hooks are hooked all of the way into the chains and the seat is close to the knees for safety. h. Check chains and S hooks to ensure they are properly positioned. i. Position wheelchair and lock brakes. Once resident lifted and cleared from the bed, grasp steering handles and move resident over the chair, then lower the resident slowly and guide his/her descent. j. Detach the S hooks from the seat and back, and remove the chains and back.			
				Page <b>12</b> of <b>1</b>

Page 12 of 13

Facility Administrator

Citation Numb 6982	er:			Date: May 28	, 2019
Facility Name: Sunrise Hill Ca			Survey May 11,		
Facility Address/City/State/Zip 909 6 <sup>th</sup> Street					
Traer, Iowa 50	675				
Rule or				Fine Amount	Correction
Code	Natur	e of Violation	Class		date
Section					

FACILITY RESPONSE:		

Page 13 of 13

Facility Administrator

Date