

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

PRINTED: 06/19/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165466	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/19/2019
NAME OF PROVIDER OR SUPPLIER RISEN SON CHRISTIAN VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 3000 RISEN SON BOULEVARD COUNCIL BLUFFS, IA 51503		
(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	INITIAL COMMENTS Correction Date <u>6-7-19</u> An investigation regarding complaint 81353-C and 82055-C and facility reported incident 81353-C. Complaint 81353-C was substantiated. Facility reported incident 81778-I and complaint 82055-C were not substantiated.	F 000			
F 689 SS=G	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §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 §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 clinical record reviews, facility policy review, and interviews, the facility failed to assure each residents received adequate supervision and assistance to prevent accidents for 1 of 5 resident records reviewed (Resident #4). On 2/4/19, Staff B attempted to turn Resident #4 in bed without another staff member present to assist as required. In the process, the resident sustained a fracture of the right humerus. The facility identified a census of 78 residents. Findings include: 1. The Minimum Data Set (MDS) assessment	F 689			

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

TITLE

(X6) DATE

06/07/2019

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 689	<p>Continued From page 1</p> <p>tool dated 1/25/19, documented diagnoses that included non-Alzheimer's dementia, heart failure, chronic obstructive pulmonary disease (COPD) and cardiomyopathy for Resident #4. The same MDS documented a Brief Interview of Mental Status (BIMS) score of 7, which indicated the resident displayed moderately impaired cognition. The MDS also documented the resident required extensive assistance of two persons for bed mobility, transfers, dressing, toilet use and personal hygiene, and had no limitations of functional range of motion of shoulder, elbow, wrist or hand.</p> <p>The care plan problem initiated 1/30/13 identified the resident required assistance with completion of activities of daily living (ADL's) and directed staff to use 2 persons to assist with bed mobility.</p> <p>The Progress Notes entry completed by Staff A, licensed practical nurse (LPN) on 2/4/19 at 7:20 PM documented a Staff B, a certified nursing assistant (CNA), in the process of rolling the resident in bed heard a "pop" sound from the resident's right shoulder. Assessment revealed the resident would not move the right arm and complained of pain. Staff A administered pain medication to the resident and obtained an order for x-rays of the shoulder. The Radiology Report dated 2/4/19 at 10:22 PM documented an oblique proximal right humerus shaft fracture with malalignment on the right.</p> <p>During interview on 3/21/19 at 2:05 PM, Staff A stated Staff B reported to her he heard a "pop" when he rolled the resident over in bed. She asked Staff B if he had used a turn sheet to move the resident and he stated he had, but she really did not think he had, and he turned the resident</p>	F 689			

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F 689	<p>Continued From page 2</p> <p>without assistance of another CNA. Staff A stated she educated all CNA's on duty that evening to use a draw sheet when turning and repositioning residents in bed.</p> <p>During interview on 3/21/19 at 6:15 PM, Staff B stated he rolled the resident in bed in order to change his incontinent brief when he heard a "pop" sound. He stated he pushed on the resident's right shoulder to turn him and he did not use a draw sheet on the resident's bed. He turned the resident by himself and did not know what the resident's care plan directed. He stated he had turned this resident, as well as other residents, without a draw sheet and never had an issue.</p> <p>During interview on 3/21/19 at 4:15 PM Staff C, CNA, stated the resident required assistance of only 1 staff to turn in bed, but might require 2 if the resident was tired. She stated staff have been instructed to turn residents in bed with the use of a draw sheet, but had witnessed other employee not use them. She stated she had witnessed Staff B turn the resident by pushing on him with one hand, and stated she had also done this in the past.</p> <p>During an interview on 3/22/19 at 10:50 AM, the administrator, and the former director of nursing (DON), stated she instructs CNA's to use a draw sheet to turn or reposition residents in bed. She would also expect staff utilize the number of assistants to perform tasks as directed by the resident's care plan.</p> <p>The facility's Positioning the Resident policy revised 10/21/11 directed the following:</p>	F 689			

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F 689	<p>Continued From page 3</p> <p>10. To turn resident on side:</p> <p>a. put the rail up on the far side of the bed</p> <p>b. grasp the edge of the pad and gently roll the resident to the side. adjust shoulders, hips and knees and ankles for comfort</p> <p>d. support with pillows as necessary. Note: be sure the resident is not lying on the arm.</p> <p>During interview on 3/27/19 at 12:34 PM the resident's primary care physician stated he reviewed the resident's medical file and noted the resident had a bone scan on 2011 that showed the resident had osteoporosis. He stated the resident also had a history of prostate cancer and could maybe have has some metastatic cancer in his bones, but no testing had been done to determine this. He reported he did not consider the fracture to be a major injury.</p> <p>During interview on 4/19/19 at 9:47 AM the resident's orthopedic physician stated he consulted with the resident's primary care physician and reviewed an x-ray completed 2/26/19 which showed the fracture of the right humerus had no signs of healing. He stated the resident had multiple medical conditions and advanced age which can complicate healing of fractures and did not consider the fracture to be a major injury. He stated the resident was not a candidate for surgical repair and suggested the conservative treatment, as previously ordered, of keeping the right arm in a sling for support.</p>	F 689			

Risen Son Christian Village Plan of Correction

It is the policy of Risen Son Christian Village to follow all federal, state and local guidelines, laws and statutes. This plan of correction is not to be construed as an admission of deficient practice by the facility manager, employee, agents or other individuals. The response to the alleged insufficient practice cited in this statement does not constitute agreement with the insufficiency. The preparation, submission and implementation of this plan of correction will serve as credible allegation of compliance.

F-689

1. *What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?*

Education with demonstration and return demonstration was completed with the CNA regarding the deficient practice after the fracture occurred. The CNA is no longer employed with our facility. The resident no longer resides in the facility.

2. *How will you identify other resident having the potential to be affected by the same deficient practice?*

The facility completed a review of residents' bed mobility in their ADL care plans to identify other residents having the potential to be affected by the alleged deficit practice.

3. *What measures have/will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?*

Between February 12th to May 14th, direct care staff (C.N.A.'s and Nurses) were re-educated on the proper protocol for turning /positioning when assisting with bed mobility and following the plan of care for each resident on the amount of assistance to provide.

4. *How will you monitor the corrective action(s) to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?*

Nurse Managers will complete 4 random observations of bed mobility per week for 4 weeks, then 3 observations a week for 4 weeks, then 2 observations a week for 2 weeks, then random observations weekly for 2 weeks. The DON will report on the status of the turning/positioning audits to the QA/QAPI committee. Based on the DON's report, the committee will make recommendations for further actions or need for continued/increased auditing as deemed necessary to attain and maintain compliance.

Completion Date: June 7, 2019, with observations on-going

