

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

Citation Number: 7039		Date: September 4, 2019		
Facility Name: Grandview Healthcare		Survey Dates: July 31, 8/1, 8/19 & 20, 2019		
Facility Address/City/State/Zip 800 Fifth Street SE Oelwein, IA 50662		MW		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

58.28(3)e	<p>58.28(3) Resident safety. e.Each resident shall receive adequate supervision to protect against hazards from self, others, or elements in the environment. (I, II, III)</p> <p>DESCRIPTION:</p> <p>Based on clinical record review and staff interview, the facility failed to ensure one of eight resident reviewed received adequate supervision and assistance to prevent accidents. (Resident #1)</p> <p>Findings include:</p> <p>1. Resident #1 entered the facility on 6/7/17, with diagnoses of dementia, history of falls, abnormal posture and abnormal gait.</p> <p>The Minimum Data Set (MDS) assessment dated 4/4/19, documented the resident had severe cognitive impairment, required extensive staff assistance with transferring, bed mobility, ambulation, bathing and toilet use and required limited assistance with personal hygiene.</p>	I	\$3000	UPON RECEIPT
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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>The facility developed "Home Therapy Program" dated 4/9/19, directing staff to ambulate the resident to and from meals and activities with a front wheeled walker, gait belt and the assistance of two staff.</p> <p>The individual plan of care identified a focus area of activities of daily living (ADL's) indicating the resident required assistance with personal cares and mobility related to diagnoses of dementia and fractures in the past. The plan of care directed staff to ambulate the resident to/from meals and activities with front wheeled walker, gait belt and assistance of two staff.</p> <p>Nurse notes dated 5/19/19 at 8:45 p.m., documented a nurse was called to the resident's room and found the resident laying on their back with their feet towards the window and head towards the door. The resident was holding their right wrist complaining it was broken and hurt really bad. The resident was alert but confused. Upon asking the CNA (certified nurse aide) what happened, the CNA stated they were walking back to the bed when all of a sudden the resident yelled "whoa" and fell backwards. The CNA stated their hand slipped from the gait belt when the resident fell. The CNA was able to prevent her from hitting her head but unfortunately not the fall. The CNA stated the resident was steady when</p>			
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	<p>she was walking the resident to the restroom and back to bed.</p> <p>Nurse notes dated 5/20/19, indicated the resident sustained a fall which resulted in a right wrist fracture. The resident was sent to the hospital for surgical repair of the right wrist.</p> <p>During interview on 8/20/19 at 10:10 a.m., Staff A, CNA stated the resident was in bed and requested to use the restroom. Staff A stated the resident did not have slipper socks on so she put slipper socks on prior to ambulation and assisted the resident to the restroom and the resident did not have any difficulty with ambulation. Staff A stated she and the resident were almost to the bed when the resident said "whoa" and fell backwards. Staff A stated at the time of the incident she was unaware the resident was to be assisted by two staff. Staff A stated she was unaware of the "home therapy sheet" or how to access the resident care plan on the I-pad until after the incident. Staff A stated she went by what other CNA's told her about the resident's and they all indicated the resident was a one person assist to transfer.</p> <p>During interview on 8/20/19 at 9:14 a.m., Staff B, CNA stated she was aware the resident had been changed to a two staff transfer just shortly prior</p>			
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	<p>to the fall, (maybe just a few days before). Staff B stated she was aware because the care plan coordinator alerted and informed staff working that day.</p> <p>During interview on 8/20/19 at 9:31 a.m., Staff C, licensed practical nurse, LPN stated she thought the resident required one staff to assist with transfers prior to the fall.</p> <p>During interview on 8/20/19 at 9:40 a.m., Staff D, registered nurse, RN stated the resident required two staff assistance with transfers prior to the fall. Staff D stated this information would have been on the resident's care plan in the room and it was the staff's responsibility to check the care plans.</p> <p>During interview on 8/20/19, the Administrator stated reminders were put in the staff newsletter for at least four days following the incident reminding staff that resident ambulation and transfer status can change and should be verified on the care plans. The director of nursing stated on 5/20/19 one on one education was provided with staff that worked on the wing where the resident resided. In addition, all staff were educated on how to access transfer status on any resident in the facility.</p>			
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	<p>The director of nursing indicated changes in a resident's care was passed along in report and available on "Point Click Care" for all staff to access and added the facility has about ten I-pads for staff to use and update themselves on the resident's plan of care.</p> <p>FACILITY RESPONSE:</p>			
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