Citation Numb #7042	er:				Date: Septen	1ber 12, 2019
Facility Name: Accura Health	care Spirit Lake		Survey Dates:			
Facility Addres	ss/City/State/Zip		— August 21-27, 2019			
Spirit Lake, IA		MW/DC				
Rule or Code Section	Natur	re of Violation	Class Fine Amount Correcti date			Correction date
58.28(3)e	facility shall be response maintenance of a safe personnel. (III) 58.28(3) Resident s e. Each resident	t shall receive adequate gainst hazards from self, others,	1	\$3,750	0.00	UPON RECEIPT
	interviews the facility fa residents received ade	clinical record review, and iled to ensure one of three quate supervision to protect environment, (Resident #2).The us of 65 residents.				

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Facility Administrator

Findings include:

The Minimum Data Set assessment with a reference date of 7/4/19 for Resident #2 documented a score of 15 on the Brief Interview for Mental Status test which indicated no cognitive impairment. The resident had

respiratory failure, hip fracture, and left femur fracture.

diagnoses of Diabetes Mellitus, heart failure,

A PT (Physical Therapy)-Therapist Report dated 3/6/19 directed ambulation with CGA (Contact Guard

The resident had no falls since reentry.

Facility Name: Survey   Accura Healthcare Spirit Lake August   Facility Address/City/State/Zip August   1912 Zenith Avenue MW/DC	Dates: 21-27, 2019	
Rule or Code Nature of Violation Class   Section Section Section Section		rection late

Assist) of one to two staff.		
A Fall Risk Assessment dated 3/5/19 documented a		
score of 11 which indicated a moderate risk of falls.		
A facility incident report documented a witnessed fall on 3/15/19. The report documented Resident #2 was walking with Staff B, Physical Therapy Assistant (PTA) in the main hallway with a front wheeled walker and a gait belt. The report documented Staff B let go of the gait belt to put on the brakes of the wheelchair, when the residents knees buckled causing him to lose his balance and fall forward. Staff B reported the resident landed on his left elbow and left side, hitting his head on the wall. Staff C, Registered Nurse (RN) documented the resident complained of pain to the left knee with notable swelling.		
A PT Daily Treatment Note dated 3/15/19, electronically signed by Staff B, PTA documented: Resident #2 ambulated 30 feet twice, CGA with one staff with wheelchair follow for safety. At the end of the second ambulation the resident had a fall. The resident reported he needed to sit down. Therapist let go of the gait belt to put on brakes on wheel chair. Resident's knees then buckled and he lost his balance falling forward. The resident landed on his left elbow and left side.		
A Major Injury Determination form dated 3/15/19 and signed by emergency room physician documented the resident was ambulating with therapy with assist of one and with a gait belt, lost balance and fell on left		

Facility Administrator

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1912 Zenith Av Spirit Lake, IA		MW/DC				
Rule or Code Section	Natur	e of Violation				Correction date
	The physician indicated resident sustained was Review of the Emergen documented Resident # fracture, and directed kn weight bearing until can specialist. Review of the 4/2/19 ort Resident #2 to remain in weeks, with no weight be A Fall Scene Investigati completed by Staff D, R documented the followin working with physical th assist of one with gait b Physical therapy let go wheelchair. The report been educated on the p with resident with wheel In a phone interview on Clinical Director confirm education on 4/2/19 foll confirmed would expect at all times with Contact	cy Room Report dated 3/15/19 f2 was seen for a left tibial nee immobilizer on and non- a follow up with orthopedic thopedic consultation directed n hinged knee brace for 4 bearing. we Report, signed as Registered Nurse on 3/18/19 ng conclusion: Resident herapy in main hallway with elt and front wheeled walker. of resident to put the brakes on documented therapy staff had proper technique while working lchair use. 8/26/19 at 4:32 PM, Staff E, hed had provided in-service owing review of the fall. Staff E t hand to remain on the gait belt				

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Facility Administrator

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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Facility Addres	ss/City/State/Zip			15( 21-27, 20	010	
Spirit Lake, IA		MW/DC				
Rule or Code Section	Natur	e of Violation	Clas	_	Mount	Correction date

following the fall. Staff F confirmed would expect PTA doing assist of one with gait belt, when the resident reported needing to sit down, to keep hold of the bait		
belt while positioning the wheelchair. Further stated, would not have expected to release hold on the gait belt. Staff F provided a written statement dated 3/18/19		
that documented she had reviewed the fall with Staff B immediately after the fall on 3/15/19. The written statement documented she had completed staff		
education about using assistance of 2 staff if resident is feeling weak or not transferring easily. Educated on always holding on to the gait belt, and locking the brakes from standing on the side of the wheelchair		
rather than letting go of the gait belt and going around the chair to lock the other brake.		
Interview with Staff B, PTA on 8/27/19 at 9:49 AM revealed Staff B does not routinely work at this facility. Staff B confirmed walking in hallway with Resident #2, using a gait belt and wheelchair to follow. Recalled the resident stated needed to take a break. Staff B stated she let go of the gait belt to place the brakes on the wheelchair. Staff B stated she knew her hand was to be on the gait belt at all times.		
In an interview on 8/27/19 at 10:04 AM, Resident #2 stated he remembered when he broke his left lower leg. Stated he was walking with therapy and getting stronger. He stated he started feeling weak and needed to sit down. She let go of my gait belt and I fell and broke my leg.		
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FACILITY RESPONSE:		

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Date