PRINTED: 12/10/2019 FORMAPPROVED DMB NO: 0938-0391

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '	IPLE CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		165326	B. WNG_		111	C / <b>2</b> 6/2019
	ROVIDER OR SUPPLIER			STREET ADDRESS. CITY, STATE, ZIP CODE 800 NORTH DAVIS STREET BLOOMFIELD, IA 52537		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORRECTION  (EACH CORRECTIVE ACTION SHOUL)  CROSS-REFERENCED TO THE APPROF	) BE	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS		F	000		
5	The following deficier mandatory #86235 at 86207-A.	ncy relates to investigation of and complaints #85418 and e of Regulations (42-CFR)				Account to the contract of the
F 689 SS=G	CFR(s): 483.25(d)(1) §483.25(d) Accidents The facility must ensi	ards/Supervision/Devices (2)	F	689		
	as free of accident has §483.25(d)(2)Each re supervision and assis accidents. This REQUIREMENT by: Based on record rev facility failed to provid transfers for 1 of 5 sa	esident receives adequate stance devices to prevent  is not met as evidenced riew and staff interviews, the de the proper assistance with ampled (Resident #1) which to bruising. The facility				
		imum Data Set assessment ident #1 had diagnoses of				
	dementia, stroke, dia congestive heart fails	abetes mellitus and ure. Resident #1 had short				
1	$\rho$ $\omega$	SUPPLIER REPRESENTATIVE'S SIGNATURE		d ministrator	12	(X6) DATE

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.

Event ID: 3FPR11

FORM CMS-2567(02-99) Previous Versions Obsolete

Facility ID: IA0631

If continuation street Page 1 of 8

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 '	LE CONSTRUCTION	(X3) DATE COMP	SURVEY
		165326	B. WNG		1	C <b>26/2019</b>
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 800 NORTH DAVIS STREET BLOOMFIELD, IA 52537	1 1"	20/20/15
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 689	and long-term memor total staff assistance to total staff assistance to total staff assistance of the Care Plan update Resident #1 directed assistance of two staff According to the Late 9/17/19 at 4:30 p.m., Aide summoned her to Nurse Aide reported so Resident #1 from her Nurse Aide walked be position Resident #1 if #1 slid forward and two assessed Resident #1 redness or swelling. #1's knees and she congrimaced. At 7:48 p.r. Tylenol suppository for During an interview of Staff A (Nurse Aide) so assisted Resident #1 stated Resident #1 relift, but her partner was else. Staff A transferr Staff A stood in front of her arms under Resident held onto Staff A's arm not use a gait belt. Retook a step as she pivedge of the wheelchal moved behind Reside chair and before she decorded assistance of two staff and before she decorded assistance of two staff and before she decorded assistance of two staff as and the context of the context	y impairments and required with transfers, dressing, all hygiene.  ed on 8/7/19 revealed the staff to provide if with a total mechanical lift.  Entry Progress Note dated Staff B documented a Nurse of Resident #1's room. The she pivot transferred bed to her wheelchair. The shind the wheelchair. Resident wisted her knees. Staff B 1's knees and saw no Staff B palpated Resident complained of pain and m., Staff administered a pain.  In 11/20/19 at 1:00 p.m., tated on 9/17/19 she up for supper. Staff A quired a total mechanical is busy helping someone and Resident #1 by herself. Of Resident #1 and wrapped lent #1's arms. Resident #1 ins. Staff A stated she did esident #1 stood and maybe roted and sat down onto the irr. Staff A stated she ent #1 to pull her up in the could, Resident #1 fell	F 68	9		
	Staff A lifted Resident	nd onto her knee, twisting it. #1 off the floor by lifting f A stated she then reported				

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	***************************************	TIPLE CONSTRUCTION NG		ATE SURVEY IMPLETED
		165326	B. WING _			C 11/26/2019
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 800 NORTH DAVIS STREET BLOOMFIELD, IA 52537		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (  (EACH CORRECTIVE ACTIVE)  CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 689	the incident to Staff B returned to work follow May to August 2019 at total mechanical lift we During an interview of Staff B (Registered Now Staff B (Registered Now Staff A reported she at Resident #1 by herse wheelchair. Staff A stated she was required a total mechasisedent #1 slid forw. Staff A stated she was required a total mechasises Resident #1 ever hit that assessed Resident #1 staff B failed to document in the staff B failed to documen	wing maternity leave from and Resident #1 required a then she returned.  In 11/19/19 at 1:19 p.m., urse) stated Staff A sident #1's room. Staff B if sitting in her wheelchair. If from the bed into her tated as she pivoted ther down on the wheelchair, and and twisted her knees. If an	F6	689		

STATEMENT OF DEFICIENCIES

(X1) PROVIDER/SUPPLIER/CLIA

PRINTED: 12/10/2019 FORM APPROVED OMB NO. 0938-0391

(X3) DATE SURVEY

AND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDI	NG		COMP	PLETED
							С
		165326	B. WNG_			11/	26/2019
NAME OF P	ROVIDER OR SUPPLIER			STR	EET ADDRESS, CITY, STATE, ZIP CODE		
DI COMEI	ELD CADE CENTED			800	NORTH DAVIS STREET		
BLOOMFI	ELD CARE CENTER			BLC	DOMFIELD, IA 52537		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIM DEFICIENCY)		(X5) COMPLETION DATE
F 689	left knee during cares Resident #1 guard an swollen without redne notified the Nurse Pra  According to the Prog 8:40 a.m., the Nurse #1 had left knee pain an x-ray. At 9:45 a.m results negative for fra  The Radiology Repor indicate bone density component of total kn of the patella or even	grimaced and guarded her s. Staff C observed d rub her knee. Knee ess or bruising. Staff C actitioner.  gress Notes dated 9/18/19 at Practitioner noted Resident and swelling and ordered and, Resident #1's x-ray acture.	F	589			
	11/21/19 at 2:05 p.m. Nursing (ADON) state from a pivot transfer vito a total mechanical two. The ADON state to decline and one da #1 in the shower it was bear weight to transfer when implementing a she updates the Care information along to the ADON verified the act typed on 9/30/19. The informed her on 9/18/legs and had pain. Shad a pivot transfer, to cause her leg pain. nurse practitioner and	19/19 at 12:51 p.m. and the Assistant Director of ed changed Resident #1 with assistance of two staff lift transfer with assist of ed Resident #1 had started by while assisting Resident as evident, she could not er safely. The ADON stated change in transfer status Plan and passes the the nurse for report. The curacy of the statement she e ADON stated Staff C 19 Resident #1 guarded her taff C reported Resident #1 but unaware what happened Staff C then called the I received orders for an ation. The ADON stated at					

(X2) MULTIPLE CONSTRUCTION

MANG OF PROVIDER OR SUPPLIER   BLOOMFIELD CARE CENTER		OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	PLE CONSTRUCTION		(X3) DATE COMP	SURVEY LETED
BLOOMFIELD CARE CENTER  (PAI) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG)  FREDLATORY OR IS: DENTIFYING INFORMATION)  F 689  Continued From page 4 this time she did not observe any bruising, but noted some slight swelling to the knees and lower extremities. The ADON stated Staff C stated she had only heard a runor that staff transferred Resident #1 improperly. On 9/23/19, the staff informed the ADON that Resident #1's condition had changed over the weekend and now had significant bruising to her lower legs.  During an interview on 11/19/19 at 4.55 p.m., the Director of Nursing (DON) stated she returned to work on Friday, 9/20/19, and several staff reported Resident #1 had pain in her legs. The DON stated she assessed Resident #1 and found no bruising or disconfort. On Monday, 19/23/19 there was a significant change in condition and Resident #1 was wisbly uncomfortable. That same day the DON and the Administrator visited with Resident #1's daughler who was upset. The DON stated she initiated an investigation and interviewed Staff B on 9/24/19, Istaff B stated two aides transferring Resident #1 and she slipped out of her wheelchair as she was attempting to pull her up from behind. The DON stated she did not initially know Resident #1 reported Action to the transferring that week she had also spoken to Staff. A. Staff A stated "they" got her up and she slipped out of the wheelchair as she was attempting to pull her up from behind. The DON stated she did not initially know Resident #1 reported a total mechanical lift. On Friday, 9/27/19, the Corporate Nurse visited and Staff A re-enact the transfer. Staff A falled to see the total mechanical lift as directed by the Care Plan. The facility terminated Staff A.			165326	B. WING_				_
FREEN TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  F 689  Continued From page 4 this time she did not observe any bruising, but noted some slight swelling to the knees and lower extremities. The ADON stated Staff C stated she had only heard a rumor that staff transferred Resident #1 improperly. On 19/23/19, the staff informed the ADON that Resident #1 improperly. On 19/23/19, the staff informed the ADON that Resident #1 is condition had changed over the weekend and now had significant bruising to her lower legs.  During an interview on 11/19/19 at 4:55 p.m., the Director of Nursing (DON) stated she returned to work on Friday, 9/20/19, and several staff reported Resident #1 had pain in her legs. The DON stated she assessed Resident #1 and found no bruising or discoloration at the time and no pain or discomfort. On Monday, 9/23/19 there was a significant change in condition and Resident #1 was visibly uncomfortable. That same day the DON and the Administrator visited with Resident #1's daughter who was upset. The DON stated she initiated an investigation and interviewed Staff B on 9/24/19. Staff B stated two aides transferring Resident #1 and she slipped out of her wheelchair as she was attempting to pull her up from behind. The DON stated she did not initially know Resident #1 required a total mechanical lift. On Friday, 9/27/19, the Corporate Nurse visited and Staff A re-enact the transfer. Staff A failed to use the total mechanical lift as directed by the Care Plan. The facility terminated Staff A.					800 NORTH DAVIS STREET			
this time she did not observe any bruising, but noted some slight swelling to the knees and lower extremities. The ADON stated Staff C stated she had only heard a rumor that staff transferred Resident #1 improperly. On 9/23/19, the staff informed the ADON that Resident #1's condition had changed over the weekend and now had significant bruising to her lower legs.  During an interview on 11/19/19 at 4:55 p.m., the Director of Nursing (DON) stated she returned to work on Friday, 9/20/19, and several staff reported Resident #1 had pain in her legs. The DON stated she assessed Resident #1 and found no bruising or discoloration at the time and no pain or discomfort. On Monday, 9/23/19 there was a significant change in condition and Resident #1 was visibly uncomfortable. That same day the DON and the Administrator visited with Resident #1's daughter who was upset. The DON stated she initiated an investigation and interviewed Staff B on 9/24/19. Staff B stated two aides transferring Resident #1 and she slipped out of her wheelchair, but did not hit the floor, so Staff B did not fill out an incident report. The DON stated sometime during that week she had also spoken to Staff A. Staff A stated "they" got her up and she slipped out of the wheelchair in this proposed in the pain of the pain	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP	HOULD BI		COMPLETION
According to the Progress Note dated 9/18/19 at 4:30 p.m., Staff B documented Resident #1 had a light bruise under her left knee and darker	F 689	this time she did not of noted some slight swe extremities. The ADO had only heard a rum Resident #1 improper informed the ADON thad changed over the significant bruising to During an interview of Director of Nursing (Director of Nursing (D	beserve any bruising, but belling to the knees and lower on stated Staff C stated she or that staff transferred by. On 9/23/19, the staff that Resident #1's condition to weekend and now had ther lower legs.  In 11/19/19 at 4:55 p.m., the DON) stated she returned to 19, and several staff that pain in her legs. The bessed Resident #1 and found that artion at the time and no on Monday, 9/23/19 there are in condition and only uncomfortable. That and the Administrator visited anyther who was upset. The sted an investigation and in 9/24/19. Staff B stated two sident #1 and she slipped, but did not hit the floor, so an incident report. The eduring that week she had a. Staff A stated "they" got and out of the wheelchair as the pull her up from behind. In did not initially know a total mechanical lift. On corporate Nurse visited and cansfer. Staff A failed to use lift as directed by the Care minated Staff A.	F 6	89			

	ž	ID HUMAN SERVICES MEDICAID SERVICES				F	ITED: 12/10/2019 ORM APPROVED
TATEMENT (	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION	(X3) (	NO. 0938-0391 DATE SURVEY COMPLETED
		165326	B. WING				C <b>11/26/2019</b>
NAME OF P	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		71720/2010
				۱,	800 NORTH DAVIS STREET		
BLOOMFI	ELD CARE CENTER				BLOOMFIELD, IA 52537		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 689	knee.  According the Progree 6:53 a.m., the Nurse may transferred instead of onset of symptoms. It is supported by the Nurse Practitione two plus pitting edemic ecchymosis (bruising) swelling to the left knew thighs and hips. The additional x-rays of leright knee, femur, hip	ss Notes dated 9/20/19 at Practitioner visited ag and bruising in bilateral an, and limited movement. have been standing/pivot lift transferred just prior to K-ray of left knee done we. Has swelling, bruising, a worse since yesterday. Ar noted Resident #1 had a (swelling), right ankle with b, left calf with ecchymosis, we with possible effusion. With palpation of knees, Nurse Practitioner ordered aft femur, hip and pelvis and and pelvis.  By Report dated 9/20/19 of and left femur and right knee	F	689			
	10:47 a.m., Staff D (R documented Resident Physician notified and additional pain medicapain. At 2:07 p.m., St Resident #1's room.	t #1's Primary Care I orders obtained for ations for Resident #1's leg					

According to the Progress Notes dated 9/23/19 at 1:39 p.m., the Nurse Practitioner documented Resident #1 had continued knee pain, bruising to

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	C (X3) DATE SURVEY	
		165326	B. WING			1	/26/2019
	ROVIDER OR SUPPLIER ELD CARE CENTER			80	REET ADDRESS, CITY, STATE, ZIP CODE 10 NORTH DAVIS STREET LOOMFIELD, IA 52537		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 689	Continued From pag	ne 6	F	689			
	swelling and bruised	sterior knees, right foot arch. The Nurse an x-ray of the right foot.					
		ed 9/24/19 of right foot fractures or dislocations. No clogy.					
	8:00 a.m. by the DO	ss notes dated 9/25/19 at N, the DON notes Resident T scan that afternoon.					
	4:25 p.m. by Staff B, returned to facility fo a family member cla	ss notes dated 9/25/19 at Staff B notes Resident #1 Illowing a CT scan and notes ims resident has muscle sels the facility has lied to her her mother's injury.					i
	exam osteopenia wit suspected fracture, femur. Impression:	red 9/25/19 notes reason for th history of fall and CT scan of pelvis and left negative CT study of the for evidence of occult					
	6:00 p.m. by Staff B, with some facial grin not as much as prev remains edematous	gress Notes dated 9/26/19 at Staff B notes Resident #1 nacing with movement, but iously noted. Right foot and bruising on right leg is ne yellow coloration noted.					
	3:28 p.m. by the ADO to bilateral extremitie assessment, there a	egress Notes dated 9/27/19 at ON, the ADON notes bruising es still present upon are no new areas of concern, a stages of color and healing.					

PRINTED: 12/10/2019 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION  NG		(X3) DATE COMP	
		165326	B. WING_			(	
NAME OF P	ROVIDER OR SUPPLIER	100020	10:::::::	STREET ADDRESS, CITY, STATE, ZIP CODE		11/2	26/2019
BLOOMFI	ELD CARE CENTER			800 NORTH DAVIS STREET			
				BLOOMFIELD, IA 52537			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC (DENTIFYING INFORMATION)	(D PREFI) TAG		SHOULD BE		(X5) COMPLETION DATE
F 689	Primary Care Physiciaware of the total ext September. He under result of an improper reported Resident #1 November and believe due to a myocardial istated given the time	on 11/20/19 at 2:29 p.m., the ian indicated he was not tent of Resident #1's injury in erstood the injury was the transfer. The Physician had a quick decline in wed her cause of death was infarction. The Physician between the injury and her ieve the injury had any	F	389			

Ph: (641) 664-2699 • Fax: (641) 664-292

Date submitted: December 18th, 2019

Plan of correction related to survey completed November 26, 2019.

Preparation and implementation of the plan of correction should not be construed as an admission of the deficiencies cited. This plan of correction is prepared solely because it is required under federal or state law.

F000 Correction Date: December 10, 2019

#### F 689 Free of Accident Hazards/Supervision/Duties

The facility ensures that the resident environment remains as free of accident hazards as is possible: and that each resident receives adequate supervision and assistance devices to prevent accidents.

For the required plan of correction the facility submits the following:

- 1. Nursing staff received 1:1 re-education by the Director of Nursing on 9/27/19 instructing nurses to document "falls" and "near falls" on "incident report" forms/notes instead of "health status notes" in the electronic record. On 9/17/2019 p.m. following the occurrence the evening Charge Nurse documented the incident in a "health status note" along with a range of motion and pain examination on the resident in Resident #1's electronic record which also automatically appeared on the "24 hour shift report." On 9/18/2019 a.m. the day Charge Nurse notified the daughter and physician of the previous evening occurrence per facility policy.
- 2. The Evening and Day Charge nurses were provided one on one re-education by the Director of Nursing on facility standards for completing incident report forms in the electronic health record. Direct caregiver staff was provided re-education by the Director of Nursing and Rehabilitation Department of Proper Transfer Techniques on 10/08/2019, 10/23/2019, 10/28/2019. Following the October re-education inservice's Certified Nurse Aide Mechanical Lift Competencies were performed and supervised by the Director of Nursing, the Assistant Director of Nursing and Charge Nurses through November. On December 10, 2019 a follow up Proper Transfer Technique in-service was held for direct caregiver staff by the Director of Nursing and the Rehabilitation Department.
- 3. The Director of Nursing or designee will perform audits of Incident Reporting and proper transfer techniques monthly for 3 months. The results of the audits will be reviewed as part of our on-going quality assurance process and the frequency of audits monthly thereafter will be based on outcomes and subsequent recommendations.

24-hour Skilled Nursing ● Rehab-to-Home ● Independent & Assisted Living ● Physical, Occupational and Speech Therapy
Integrated Mental Health Program ● Respite Care - Short-Term & Hourly Care ● Restorative Program ● Hospice Suites ● Medicare/Medicaid



Citation Numb	er: 7069				Date: Decem	ber 10, 2019
Facility Name: Bloomfield Ca			Survey I		er 18 - 26	. 2019
800 North Dav		MW JS				,
Bloomfield, IA	52537					
Rule or Code Section	Natur	e of Violation	Class	Fine Amount		Correction date
58.28(3)e	28(3)e  481—58.28(135C) Safety. The licensee of a nursing facility shall be responsible for the provision and maintenance of a safe environment for residents and personnel. (III)  (III)  58.28(3) Resident safety				00	Upon Receipt
	58.28(3) Resident safet	'y				
		eceive adequate supervision to from self, others, or elements I, III)		- DAG -		
	DESCRIPTION:					
	facility failed to provious transfers for 1 of 5 sa	ew and staff interviews, the ide the proper assistance with mpled (Resident #1) which the bruising. The facility 60.				
	Findings include:					
	dated 10/31/19, Residentia, stroke, dial heart failure. Residential memory impairments	nimum Data Set assessment dent #1 had diagnoses of betes mellitus and congestive int #1 had short and long-term and required total staff fers, dressing, toilet use and				
Mancy	Newma-	12/18	2019			Page 1 of
	lity Administrator	D. D.	ate			

Citation Number	er: 7069				ate: ecemb	er 10, 2019
Facility Name: Bloomfield Car	re Center		Survey D	ovember 1	8 - 26,	2019
Facility Addres	s/City/State/Zip	MW JS			·	
800 North Davi Bloomfield, IA						
Rule or Code Section	Natur	e of Violation	Class	Fine Amo	ount	Correction date
	a gait belt. Resident as step as she pivoted and the wheelchair. Staff Resident #1 to pull he she could, Resident #1 and onto her knee, two Resident #1 off the floating for the floating for the floating maternity 12019 and Resident #1 lift when she returned During an interview of Staff B (Registered Not summoned her to Resident #1 Staff A reported she Resident #1 by herse wheelchair. Staff A #1 and sat her down #1 slid forward and to stated she was aware mechanical lift and duthe floor. Staff B st	on 11/19/19 at 1:19 p.m., lurse) stated Staff A sident #1's room. Staff B sitting in her wheelchair.				

Page	3	ΟĬ	17

**Facility Administrator** 

Date

Citation Numb	er: 7069				Date: Decem	per 10, 2019
Facility Name: Bloomfield Ca			Survey [		er 18 - 26	2010
Facility Addres	ss/City/State/Zip	MW JS	,	ovemb	51 10 <b>- 2</b> 0	, 2019
Bloomfield, IA						
Rule or Code Section	Natur	e of Violation	Class	Fine A	Mount	Correction date
	the care plan. Later the guarded her right kneed document the incident failed to share what he coming nurse.  During an interview of Staff C (Registered Nother morning of 9/18/1) was complaining of knowledge of the implient Resident #1 twisting Staff C stated it was we to complain of pain, so Practitioner and receive Staff C stated a day of improper transfer injuranced during cares. Staff C document Resident #1 grimaced during cares. Staff C	on 11/19/19 at 3:40 p.m., urse) stated during report on 9 she was told Resident #1 nee pain. Staff C had no proper transfer that resulted up her knee the day before. For yourseld for Resident #1 to she contacted the Nurse and an order for an x-ray. The solution is solution, which is solution in the solution of the solution in the solution is solution. The solution is solution in the solution in the solution in the solution in the solution is solution. The solution is solution in the solution is solved in the solution in				

Page 4 of 11

**Facility Administrator** 

Date

Citation Number: 7069					Date: Decemb	er 10, 2019	
Facility Name: Bloomfield Car	re Center		Survey Dates:  November 18 - 26, 2019				
Facility Addres	ss/City/State/Zip	MW JS			•		
800 North Davi Bloomfield, IA					-		
Rule or Code Section	Natur	e of Violation	Class Fine Amount			Correction date	
	8:40 a.m., the Nurse I #1 had left knee pain x-ray. At 9:45 a.m., I negative for fracture.  The Radiology Report indicate bone density component of total kneeds the patella or even an acute bone fragment effusion.  In an interview on 11 11/21/19 at 2:05 p.m. Nursing (ADON) star from a pivot transfer to a total mechanical two. The ADON star decline and one day the shower it was evinweight to transfer saft implementing a chan updates the Care Plan along to the nurse for the accuracy of the star in the shower of the star in the star in the shower of the star in t	Practitioner noted Resident and swelling and ordered an Resident #1's x-ray results  It dated 9/18/19 of left knee lateral to femoral nee prosthesis may be part of old bone fragment. An seems unlikely with no joint  19/19 at 12:51 p.m. and the Assistant Director of ted changed Resident #1 with assistance of two staff lift transfer with assist of ted Resident #1 had started to while assisting Resident #1 in dent, she could not bear fely. The ADON stated when ge in transfer status she hand passes the information report. The ADON verified tatement she typed on stated Staff C informed her					

Page 5 of 1	1
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Citation Num	ber: 7069				Date: Decemb	per 10, 2019
Facility Name: Bloomfield Care Center			Survey		er 18 - 26,	, 2019
800 North Day Bloomfield, I		MW JS				
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	pain. Staff C reported transfer, but unaware leg pain. Staff C then and received orders for medication. The ADO not observe any bruiss swelling to the knees ADON stated Staff C rumor that staff transfi improperly. On 9/23/ADON that Resident over the weekend and bruising to her lower  During an interview of Director of Nursing (I work on Friday, 9/20/reported Resident #1 DON stated she assess no bruising or discolopain or discomfort. Of was a significant charm #1 was visibly uncom DON and the Adminite #1's daughter who was a significant was was a significant was was a significant charm #1 was visibly uncom DON and the Adminite #1's daughter who was a significant was was a significant who was a si	lent #1 guarded her legs and had lorted Resident #1 had a pivot ware what happened to cause her then called the nurse practitioner lers for an x-ray and pain ADON stated at this time she did bruising, but noted some slight less and lower extremities. The laff C stated she had only heard a transferred Resident #1 19/23/19, the staff informed the lent #1's condition had changed and now had significant				Page 6 o
Fac	ility Administrator	Da	ite			raye <b>0</b> 0

Citation Number: 7069					Date: Decemb	per 10, 2019	
Facility Name: Bloomfield Care Center			Survey Dates:  November 18 - 26, 2019			2019	
Facility Address/City/State/Zip 800 North Davis St		MW JS	14046111D61 10 - 20, 2013				
Bloomfield, IA							
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date	
	transferring Resident wheelchair, but did no not fill out an inciden sometime during that Staff A. Staff A state slipped out of the who attempting to pull her stated she did not init required a total mech 9/27/19, the Corporat re-enact the transfer. mechanical lift as dir facility terminated St According to the Progression of the Prog	rup from behind. The DON ially know Resident #1 anical lift. On Friday, the Nurse visited and Staff A Staff A failed to use the total ected by the Care Plan. The aff A.  gress Note dated 9/18/19 at cumented Resident #1 had a releft knee and darker pect of right leg and under the ess Notes dated 9/20/19 at					

Page 7 of 11

**Facility Administrator** 

Date

Citation Numb	per: 7069				Date: Decemb	per 10, 2019
Facility Name Bloomfield Ca			Survey Dates: November 18 - 26, 2019			2019
Facility Addre 800 North Dav Bloomfield, IA		MW JS				
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	yesterday was negative and complains of pair Nurse Practitioner no pitting edema (swelling ecchymosis (bruising swelling to the left kn Resident #1 winced we thighs and hips. The additional x-rays of learning to the Radiological to the Radiological to the Radiological pelvis, right on 9/20/19 revealed in abnormalities.  According to the Programment of the Programment of the Resident notified and orders of medications for Resident, Staff D summon	and pelvis.  The primary Care Physician of tained for additional pain lent #1's leg pain. At 2:07 ned to Resident #1's room.				

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 lowa Code section 135C.43A (2013).

Date

**Facility Administrator** 

1

Citation Number: 7069  Facility Name: Bloomfield Care Center  Facility Address/City/State/Zip  800 North Davis St Bloomfield, IA 52537		MW JS	Date: December 10, 2  Survey Dates: November 18 - 26, 2019			
Rule or Code Section		e of Violation	Class	Fine A	mount	Correction date
	Resident #1 had contibilateral legs and post swelling and bruised ordered an x-ray of the Radiology report date indicate no obvious fracute right foot pathodacute for a CT sean. By Staff B, Staff returned to facility for a family member clais strain-twisting and feabout the origins of hadiology report date exam osteopenia with fracture, CT scan of Impression: negative	ed 9/24/19 of right foot ractures or dislocations. No clogy.  s notes dated 9/25/19 at 8:00 e DON notes Resident #1 can that afternoon.  s notes dated 9/25/19 at 4:25 f B notes Resident #1 collowing a CT scan and notes ims resident has muscle cels the facility has lied to her				

Page 9 of 11

**Facility Administrator** 

Date

Facility Address/City/State/Zip  800 North Davis St Bloomfield, IA 52537  Rule or Code Section  According to the Progress Notes dated 9/26/19 at 6:00 p.m. by Staff B, Staff B notes Resident #1 with some facial grimacing with movement, but not as much as previously noted. Right foot remains edematous and bruising on right leg is dark purple with some yellow coloration noted.  According to the Progress Notes dated 9/27/19 at 3:28 p.m. by the ADON, the ADON notes bruising to bilateral extremities still present upon assessment, there are no new areas of concern, bruising is in various stages of color and healing.  During an interview on 11/20/19 at 2:29 p.m., the		per 18 - 26,	
Rule or Code Section  According to the Progress Notes dated 9/26/19 at 6:00 p.m. by Staff B, Staff B notes Resident #1 with some facial grimacing with movement, but not as much as previously noted. Right foot remains edematous and bruising on right leg is dark purple with some yellow coloration noted.  According to the Progress Notes dated 9/27/19 at 3:28 p.m. by the ADON, the ADON notes bruising to bilateral extremities still present upon assessment, there are no new areas of concern, bruising is in various stages of color and healing.  During an interview on 11/20/19 at 2:29 p.m., the	lass Fine		0
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Primary Care Physician indicated he was not aware of the total extent of Resident #1's injury in September. He understood the injury was the result of an improper transfer. The Physician reported Resident #1 had a quick decline in November and believed her cause of death was due to a myocardial infarction. The Physician stated given the time between the injury and her death, he did not believe the injury had any bearing on her decline or death.  FACILITY RESPONSE:			Page <b>10</b> o

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 lowa Code section 135C.43A (2013).

Date

**Facility Administrator** 

Citation Number: 7069				Date: Decemb	per 10, 2019		
Facility Name: Bloomfield Care Center Facility Address/City/State/Zip 800 North Davis St		MW JS	Survey I		: nber 18 - 26, 2019		
Bloomfield, IA 52537					Correction		
Code Section	Nature	of Violation	Class	Fine Amount	date		
			i				
					Page 11		
Facility Ad	ministrator		Date				