

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

Citation Number: #8097		Date: September 10, 2020		
Facility Name: Pearl Valley of Sutherland		Survey Dates: August 20-31, 2020		
Facility Address/City/State/Zip 506 East 4th Street Sutherland, IA 51058		MW/DC		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

58.28(3)e	<p>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)</p> <p>58.28(3) Resident safety.</p> <p>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 observation, record review, and staff interview, the facility failed to provide adequate supervision to prevent accidents for 1 of 4 residents reviewed (Resident #4). The facility reported a census of 26 residents.</p> <p>Findings include:</p> <p>According to the Minimum Data Set (MDS) assessment, dated 7/1/20, Resident #4 scored 15 on the Brief Interview for Mental Status (BIMS) indicating no cognitive impairment. The resident depended on staff for transfers, and diagnoses included a stroke.</p> <p>The Care Plan revised 3/11/20, identified the</p>	I	\$4000.00	UPON RECEIPT
------------------	--	----------	------------------	-------------------------

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).

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

Citation Number: #8097		Date: September 10, 2020		
Facility Name: Pearl Valley of Sutherland		Survey Dates: August 20-31, 2020		
Facility Address/City/State/Zip 506 East 4th Street Sutherland, IA 51058		MW/DC		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>resident at risk for further functional decline in activities of daily living (ADL's) performance related to mobility impairment and obesity. The interventions included transferring with assist of 2 and a sit to stand lift during the day shift only, and transfer with the total mechanical lift and assist of 2 during the evening and overnight shift.</p> <p>An Incident/Accident Report dated 8/18/20 at 9:05 a.m., documented during a transfer from the bed to the wheelchair, the 600 pound total mechanical lift tipped over with the resident in the air, hitting her head on the sink and the lift landed on top of her.</p> <p>The Nurse's Notes dated 8/18/20 at 9:00 a.m. documented during a transfer from bed to the wheelchair with 2 assist and the total mechanical lift, the lift tipped over sideways with the resident in the air and fell. The resident hit her head on the sink vanity and the lift fell on top of her. No visible injuries noted, but unable to obtain blood pressure. The resident transported to the hospital at 9:30 a.m. to assess potential injuries. The resident complained of head and back pain before transport. At 1:30 p.m. the resident returned to the facility with orders for neuro checks every 2 hours until 8 p.m., then every 4 hours until follow up Computed Tomography (CT) scan the following day.</p>			
--	--	--	--	--

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).

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

Citation Number: #8097					Date: September 10, 2020
Facility Name: Pearl Valley of Sutherland		Survey Dates: August 20-31, 2020			
Facility Address/City/State/Zip 506 East 4th Street Sutherland, IA 51058		MW/DC			
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date	

	<p>An Emergency Department (ED) Physician Note dated 8/18/20 documented the resident presented following a fall at the nursing facility while being transferred in the mechanical lift and the lift tipped over. The resident stated her head hit the sink and she had pain in her arm. The character of symptoms described pain and tingling and the degree 10 out of 10. The relieving factor none. The impression of the CT scan of the head included a focal hyperdensity at the superior margin of the encephalomalacia (softened area of brain) which represented a small focus of acute hemorrhage or calcification. The impression included traumatic hematoma of the right forearm, acute head injury without loss of consciousness, and pain in the right arm. Follow up included repeat CT scan the following day. The ED report dated 8/18/20 documented the resident received a head injury. It did not appear serious at the time. Headaches and vomiting were common following a head injury. After injuries such as this most problems occurred within 24 hours, but side effects could occur up to 7-10 days after the injury.</p> <p>A CT scan done 8/19/20 and compared to 8/18/20 revealed a 4 mm hyperdense focus of the right frontal lobe superior to the known encephalomalacia less pronounced than prior CT</p>			
--	---	--	--	--

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).

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

Citation Number: #8097		Date: September 10, 2020		
Facility Name: Pearl Valley of Sutherland		Survey Dates: August 20-31, 2020		
Facility Address/City/State/Zip 506 East 4th Street Sutherland, IA 51058		MW/DC		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>suggesting interval decrease/improvement in tiny focus of intraparenchymal hemorrhage (bleeding within the brain). Additional short term follow-up CT could be obtained in 1 week.</p> <p>A Patient Care Report dated 8/18/20 during transfer back to the facility documented the resident's chief complaint headache and swelling, with the headache improved, and swelling still present.</p> <p>The Nurse's Notes dated 8/20/20 at 11:50 p.m. documented the resident reported pain from the fall, otherwise no other noted injuries.</p> <p>In an Investigation Statement Summary dated 8/18/20 Staff B, Certified Nursing Assistant (CNA) documented during a transfer to the wheelchair the hoyer (total mechanical lift) tipped on another employee and herself. The statement included she determined the cause of the incident due to hoyer transfer on carpet.</p> <p>In an Investigation Statement Summary dated 8/18/20 Staff A, CNA documented the hoyer tipped. She determined the cause of the incident hoyer transfer on carpet, hard to move on carpet.</p> <p>In an Investigation Statement Summary dated 8/18/20 Staff C, documented she walked in after</p>			
--	--	--	--	--

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).

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

Citation Number: #8097		Date: September 10, 2020		
Facility Name: Pearl Valley of Sutherland		Survey Dates: August 20-31, 2020		
Facility Address/City/State/Zip 506 East 4th Street Sutherland, IA 51058		MW/DC		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>the incident. She documented the cause of the incident the carpet with a question mark.</p> <p>In an Investigation Statement Summary dated 8/18/20 Staff E, CNA documented staff called for help. When she got to the resident's room the resident laid on the floor hooked up to the hooyer tipped on it's side. She determined the cause of the incident carpet with hooyer caused difficulty to maneuver.</p> <p>In an Investigation Statement Summary dated 8/18/20 Staff F, documented when called to the resident's room, the resident laid on the floor with the hooyer. She determined the cause of the incident lack of space to move and carpeted floors.</p> <p>In an Investigation Statement Summary dated 8/18/20 Staff D, Licensed Practical Nurse documented she was called to the resident's room because the hooyer lift tipped over during a transfer from the bed to her wheelchair. The resident laid on the floor with her head against the sink vanity and the hooyer lift laying on top of her. The statement documented no visible open injury, but an egg sized red area to the back of the head. The resident complained of pain to her head and back. She determined the carpeting in the room made transfers extremely difficult and dangerous,</p>			
--	--	--	--	--

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).

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

Citation Number: #8097		Date: September 10, 2020		
Facility Name: Pearl Valley of Sutherland		Survey Dates: August 20-31, 2020		
Facility Address/City/State/Zip 506 East 4th Street Sutherland, IA 51058		MW/DC		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>and the room too small for the resident.</p> <p>During an observation 8/25/20 at 8:40 a.m. Staff C, demonstrated how the lift (used in the transfer with the resident) worked to open and close the base (the lift was out of service and the wheels were removed from the lift). She said the back wheels of the lift could lock but that did not lock the base open.</p> <p>During an interview on 8/24/20 at 10:20 a.m. Staff A, Certified Nursing Assistant (CNA) stated she assisted with the transfer when the lift tipped over. She said Staff B, CNA operated the lift. They had the resident (raised) up. The back wheels of the lift were locked and the base spread to it's widest point. Staff A stated she tried to get one of the resident's legs on each side of the bar and the resident facing Staff B so they could transfer the resident to the wheelchair. Staff A stated they did not have enough room to maneuver and the room had carpet. She said the base did close when the lift tipped. She said she told the Administrator numerous times the resident had too much stuff to share a room, and she told the Administrator the lift nearly tipped prior to this incident a number of times. She said no one ever did anything about it. She said it was unsafe to transfer the resident in that environment.</p>			
--	--	--	--	--

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).

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

Citation Number: #8097					Date: September 10, 2020
Facility Name: Pearl Valley of Sutherland		Survey Dates: August 20-31, 2020			
Facility Address/City/State/Zip 506 East 4th Street Sutherland, IA 51058		MW/DC			
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date	

	<p>During an interview on 8/24/20 at 12:19 p.m. the Director of Nursing (DON) stated being aware staff felt doing a lift (transfer) in the tight quarters of the room and with the carpet made it unsafe.</p> <p>During an interview on 8/24/20 at 2:20 p.m. Staff B stated she operated the lift when it tipped over with the resident. She said they needed a big amount of space to pull the lift away from the bed, and it was extremely difficult on the carpet. She said she told the Administrator multiple times (the transfer) was not safe on the carpet. She said they pulled the resident away from the bed and turned her. They got her leg over and the lift toppled over. She said the resident had so much stuff. She told the Administrator about the safety concerns.</p> <p>During an interview on 8/24/20 at 3 p.m. Staff C, CNA stated she had assisted with transfers with the total mechanical lift in the resident's previous room (the resident moved after the incident). She said with the resident's and the roommate's stuff they had little room to maneuver and extreme difficulty moving the lift on the carpet. She said she told the Administrator multiple times it was unsafe transferring the resident (with the lift) for those reasons. She said the Administrator said the resident had to have a roommate.</p>			
--	---	--	--	--

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).

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

Citation Number: #8097		Date: September 10, 2020		
Facility Name: Pearl Valley of Sutherland		Survey Dates: August 20-31, 2020		
Facility Address/City/State/Zip 506 East 4th Street Sutherland, IA 51058		MW/DC		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>During an interview on 8/24/20 at 3:25 p.m. the Housekeeping Supervisor stated they had talked about putting the resident in a room with linoleum to aide in transfers, or a room by herself, but the Administrator said they could not. The 200 hall had linoleum floors, but was the quarantine hall and the resident had to have a roommate.</p> <p>During an interview on 8/25/20 at 10:45 a.m. the Administrator stated they did not feel the incident with the lift was a lift malfunction. She said they had that lift since July 2018, and they use them in other facilities without problems. She didn't know what caused the incident, but thought maybe the room was too crowded. She said the resident wanted a private room and could not have one. She said they did change the resident's roommate to a resident who slept in the recliner and did not have a bed for more room (8/2/20). She said after the incident they were going to remove extra stuff from the room (but the resident moved to the quarantine area with no carpet, in a room by herself after evaluated in the ED).</p> <p>During an interview on 8/25/20 at 10:58 a.m. Staff B stated after the resident had a change in roommates (with resident who slept in the recliner) it remained too crowded and she still felt unsafe with the lift transfers. She said too</p>			
--	---	--	--	--

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).

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

Citation Number: #8097		Date: September 10, 2020		
Facility Name: Pearl Valley of Sutherland		Survey Dates: August 20-31, 2020		
Facility Address/City/State/Zip 506 East 4th Street Sutherland, IA 51058		MW/DC		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>crowded and hard to maneuver on the carpet. She said she reported her concerns to the Administrator after the move.</p> <p>During an interview on 8/25/20 at 11:04 a.m. Staff C stated after the room change with the resident who slept in the recliner she still felt the room too crowded for safe transfers and at that point she went to the DON.</p> <p>During an interview on 8/25/20 at 11:12 a.m. the Housekeeping Supervisor stated the resident had a change of roommate with a resident who slept in the chair, but it did not solve the problem. Even without the other bed in the room they had too much in the room and in the way. She said the concern for safe transfers remained. She said they fought really hard for the resident to have her own room.</p> <p>During an interview on 8/25/20 at 11:18 a.m. the DON stated after the resident had a change in roommates with a resident who slept in the recliner, staff continued to voice concern for the resident's transfers, citing it was too crowded and difficult on the carpet. She said she had numerous conversations with the Administrator about the concerns but she said they could do nothing. They were not using the sit to stand lift for the resident.</p>			
--	--	--	--	--

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).

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

Citation Number: #8097		Date: September 10, 2020		
Facility Name: Pearl Valley of Sutherland		Survey Dates: August 20-31, 2020		
Facility Address/City/State/Zip 506 East 4th Street Sutherland, IA 51058		MW/DC		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>During an interview on 8/25/20 at 11:56 a.m. the resident stated all she knew was they picked her up with the lift and it tipped over. She said they did not have enough room to get around and the carpet may have been a problem. She said she did hit her head and it remained sore.</p> <p>During an interview on 8/25/20 at 1:10 p.m. Staff D stated she worked the day of the fall. She said the CNA's told her they were trying to get the resident's legs around the bar and the lift tipped. Staff D called 911 because the resident hit her head and it was a significant fall. The resident reported being very uncomfortable and complained of her back and head hurting. She said due to the resident's size the lift did not roll very well on the carpet. The CNA's talked daily about the lift transfers not being safe for the resident because it was very cramped. She said they needed more space for a safe transfer. She said she did relay this to the DON.</p> <p>During an interview on 8/26/20 at 8:20 a.m. a customer service representative of the lift company stated she had never heard of one of these lifts tipping over. She questioned if there were other complicating factors.</p>			
--	--	--	--	--

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).

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

Citation Number: #8097		Date: September 10, 2020	
Facility Name: Pearl Valley of Sutherland		Survey Dates: August 20-31, 2020	
Facility Address/City/State/Zip 506 East 4th Street Sutherland, IA 51058		MW/DC	
Rule or Code Section	Nature of Violation	Class	Fine Amount
			Correction date

	FACILITY RESPONSE:			
--	---------------------------	--	--	--

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).

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

Citation Number: #8097		Date: September 10, 2020		
Facility Name: Pearl Valley of Sutherland		Survey Dates: August 20-31, 2020		
Facility Address/City/State/Zip 506 East 4th Street Sutherland, IA 51058		MW/DC		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

--	--	--	--	--

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).