

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

Citation Number: #9025		AMENDED 2-18-21		Date: 11/10/20	
Facility Name: Regency Park Nursing & Rehab Center of Carroll		Survey Dates: 10/19-27/20			
Facility Address/City/State/Zip 500 East Valley Drive Carroll, IA 51401		SB			
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 record review and staff interviews, the facility failed to provide adequate supervision to ensure resident safety with the use of mechanical lift for transferring for 1 of 3 residents reviewed (Resident #1). Staff left the resident unsupervised when they left the resident in strapped in the lift at the bedside when they attempted to find help to transfer the resident. The resident slid from the bed to the floor suffering a compression fracture. The facility reported a census of 30 residents.</p> <p>Findings include:</p>	I	\$4,500 (Held In Suspension)	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: #9025		AMENDED 2-18-21		Date: 11/10/20	
Facility Name: Regency Park Nursing & Rehab Center of Carroll		Survey Dates: 10/19-27/20			
Facility Address/City/State/Zip 500 East Valley Drive Carroll, IA 51401		SB			
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date	

	<p>A Minimum Data Set (MDS) dated 1/21/20 assessed Resident #1 with a Brief Interview for Mental Status (BIMS) score of 8 (moderate cognitive impairment). The MDS documented the resident required extensive assistance with the help of two staff for bed mobility, transfers dressing and toileting. According to the MDS the resident had diagnosis that included: type 2 diabetes mellitus, diabetic retinopathy with macular edema, chronic obstructive pulmonary disease, and muscle weakness.</p> <p>A care plan updated on 11/12/19 identified Resident #1 with impaired mobility, a history of falls and an unsteady gait. The care plan directed staff to transfer the resident with a sit-to-stand lift with assistance of 2 staff. After 1/23/20 a care plan revision identified the resident used the Hoyer lift for all transfers.</p> <p>A Resident Incident Report dated 1/23/20 at 2:31 PM, revealed staff summoned Staff C, LPN (licensed practical nurse) to Resident #1's room because the resident fell. On 10/20/20 at 1:10, Staff C said when she entered the room she observed the resident still attached to the sit-to-stand mechanical lift. The resident held onto the sling that remained hooked up to the lift. The sling was fastened around the resident's chest</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: #9025		AMENDED 2-18-21		Date: 11/10/20	
Facility Name: Regency Park Nursing & Rehab Center of Carroll		Survey Dates: 10/19-27/20			
Facility Address/City/State/Zip 500 East Valley Drive Carroll, IA 51401		SB			
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date	

	<p>and her feet were on the platform with the lower legs strapped to the machine. Staff C stated the resident wore gripper socks and no shoes but she could not remember if the resident was dangling or if her bottom rested on the floor. Staff C said the resident hollered with pain.</p> <p>Staff C stated she moved the lift away from the bed and the brakes were not engaged. She stated she assisted staff to lower the resident enough to unhook the sling and they left the resident on the floor until the ambulance arrived. She said they took the resident's vitals while she laid on the floor, checked that her arms and legs were moving and another nurse came in and did the neurological assessment.</p> <p>Staff C stated that Staff F, CNA (certified nurse aide), told her she hooked the resident up to the sit-to-stand and when she stepped out into the hallway to holler for help, the resident slid off of the bed. The resident complained of pain in her back and her right knee, and transferred to the hospital for examination.</p> <p>On 10/22/20 at 11:30 AM, Staff B ADON (assistant director of nursing), remembered the incident occurred at the end of the day shift and she was asked for help with Resident #1. When</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: #9025		AMENDED 2-18-21		Date: 11/10/20	
Facility Name: Regency Park Nursing & Rehab Center of Carroll		Survey Dates: 10/19-27/20			
Facility Address/City/State/Zip 500 East Valley Drive Carroll, IA 51401		SB			
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date	

	<p>she entered the room, the resident was holding onto the sling and her bottom touched the floor. She said the resident's feet rested on the platform of the mechanical lift and she yelled in pain. Staff B said that they did not get her off the floor. Staff left the resident lay there until paramedics arrived. Staff B stated they used a Hoyer lift to get her off the floor and onto a cot with the help of the paramedics. She remembered the resident seemed anxious and kept saying that it was her fault.</p> <p>On 10/21/20 at 10:30 AM Staff F, CNA initially said she couldn't remember anything about the circumstances that led up to the fall. After further consideration, she stated she did remember hooking the sling to the mechanical lift and around the resident, and that she followed procedure. She stated the resident sat on the side of her bed when she attached the sling and the resident slid off the bed onto the floor when her back was turned. Staff F did not remember if the breaks had been engaged when she turned away from the resident and stepped outside the door to call for help. Staff F remembered she didn't have her walkie-talkie with her at the time. When asked if it was procedure for just one person to hook the resident to the lift, she said</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: #9025		AMENDED 2-18-21		Date: 11/10/20	
Facility Name: Regency Park Nursing & Rehab Center of Carroll		Survey Dates: 10/19-27/20			
Facility Address/City/State/Zip 500 East Valley Drive Carroll, IA 51401		SB			
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date	

	<p>that she probably should've had someone help with that step.</p> <p>In a follow up interview on 10/26/20 at 10:40 AM, Staff F stated that she received education to not turn away from a resident when hooked up to a mechanical lift. She acknowledged when she stepped out into the hallway, she briefly turned her back on the resident. When asked why she did that, she stated she needed help and she forgot her walkie-talkie. She said she received a disciplinary action for not having her walkie-talkie and for stepping away from the resident. She acknowledged all staff are required to carry the walkie-talkies at all times and she could not remember why she didn't have hers that day.</p> <p>Emergency Department (ED) physician documentation dated 1/23/20 revealed x-rays performed of the thoracic spine and knee. The ED documentation identified a new lumbar 1 compression fracture. The knee x-ray did not show fracture. The physician ordered the resident to return to the facility on bedrest with activity as tolerated. The resident should receive clear liquids for the 24 to 36 hours and increase as tolerated. The physician also ordered Bactrim DS (antibiotic) for a urinary tract infection twice a day and Tramadol 50 milligrams every 6 hours for</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: #9025		AMENDED 2-18-21		Date: 11/10/20	
Facility Name: Regency Park Nursing & Rehab Center of Carroll		Survey Dates: 10/19-27/20			
Facility Address/City/State/Zip 500 East Valley Drive Carroll, IA 51401		SB			
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date	

	<p>pain. The resident returned to the facility on 1/23/20 at 5:30 PM.</p> <p>The thoracic spine x-ray dated 1/23/20 identified a compression deformity near the thoracolumbar junction representing either a T12 or L1 fracture that appears new compared with lumbar spine films from 1/16/19.</p> <p>A Major Injury Determination Form signed by the physician 1/24/20 at 9:00 AM, indicated the injury sustained was not a major injury pursuant to 481 Iowa Administrative Code 50.7(1)(a)(3). The facility identified injuries of compression fractures to thoracic 12 and lumbar 1. The facility identified the circumstances causing the injury as: Resident hooked up to sit to stand and CNA went to check on help and the resident slid off the bed and landed on the floor.</p> <p>On 10/20/20 at 1:10 PM Staff C stated after the incident with Resident #1, the facility provided staff education on always having two people with the sit to stand lift, even with the attaching of the sling and make sure the buckles are secure around the chest and on the legs, and never leave the resident unattended while attached to the mechanical lift.</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: #9025		AMENDED 2-18-21		Date: 11/10/20	
Facility Name: Regency Park Nursing & Rehab Center of Carroll		Survey Dates: 10/19-27/20			
Facility Address/City/State/Zip 500 East Valley Drive Carroll, IA 51401		SB			
Rule or Code Section	Nature of Violation				

	<p>On 10/22/20 at 12:55 PM Staff E, CNA said that if she needed help with a transfer she would always wait for another aide or nurse to arrive before attaching the sling to a mechanical lift. She said that other than the incident with Resident #1, she did not know of any time when staff left a resident alone in a lift. She said that if she were to have knowledge of that, she would go to the charge nurse on duty.</p> <p>On 10/22/20 at 1:00 PM Staff L, CNA she said she always carried her walkie-talkie and called for assistance with lift transfers. She stated staff received education on use of lifts once a year in the skills competency. She said that other than the incident with Resident #1, she did not know of any situations where a resident was left alone while attached to the lift.</p> <p>On 10/22/20 at 2:00 PM Staff G, CNA said that she received education on the importance of not leaving a resident when he/she is hooked up to a lift.</p> <p>According to the operating manual for the sit to stand lift copyright 2014, staff were instructed to stay with the resident at all times when they are hooked up to the lift.</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: #9025		AMENDED 2-18-21		Date: 11/10/20	
Facility Name: Regency Park Nursing & Rehab Center of Carroll		Survey Dates: 10/19-27/20			
Facility Address/City/State/Zip 500 East Valley Drive Carroll, IA 51401		SB			
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date	

	<p>According to policy Safe Lifting and Movement of Residents, the facility would observe staff for competency in the use of mechanical lifts and observed periodically for adherence to policies and procedure regarding use of equipment and safe lifting techniques.</p> <p>An employee counseling/disciplinary report dated 1/23/20 revealed Staff F received a written warning that contained the instruction to always carry the walkie-talkie while at work and to never leave a resident unattended in a lift.</p> <p>The facility corrected the "G" level deficiency by 1/28/20 after they retrained and educated all nursing staff and issued disciplinary action to the involved staff. This resulted in past noncompliance for the facility.</p> <p>FACILITY RESPONSE:</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: #9025		AMENDED 2-18-21		Date: 11/10/20	
Facility Name: Regency Park Nursing & Rehab Center of Carroll		Survey Dates: 10/19-27/20			
Facility Address/City/State/Zip 500 East Valley Drive Carroll, IA 51401		SB			
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date	

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).