

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

Citation Number: #9083		Date: April 6, 2021		
Facility Name: Manorcare Health Services-Utica Ridge		Survey Dates: March 16 – March 25, 2021		
Facility Address/City/State/Zip 3800 Commerce Blvd Davenport, IA 52807		MW, VW, TAG		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

58.23(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. 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, family and staff interviews the facility failed to safely transfer a resident with a mechanical lift for 1 of 3 residents reviewed (Resident #1) resulting in an injury to the resident. The facility identified a census of 77 residents.</p> <p>Findings include:</p> <p>1. Resident #1's Minimum Data Set (MDS) assessment dated 1/13/21 showed the required extensive to total assistance of two staff for all cares, bed mobility, transfers and toileting. The resident did not ambulate. The assessment showed the resident had a Brief Interview for Mental Status (BIMS) of 12 indicating the resident had mildly impaired cognitive skills. The MDS also identified the resident with diagnoses of Cerebrovascular Accident (CVA), Non-</p>	CLASS I	\$6,500 (Held In Suspension)	UPON RECEIPT
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	<p>Alzheimer's dementia, hemiplegia or hemiparesis, osteoporosis, osteoarthritis and muscle weakness.</p> <p>The Care Plan initiated on 5/19/14 showed the resident with a self-care deficit related to assistance with bed mobility, transferring, and toileting. The Care Plan noted a diagnosis of left hemiplegia. The intervention revised on 7/24/19 for this concern stated the resident required 2:1 assist with transfers using a mechanical lift (device used to move resident when not able to do manually) with activities of daily living. The Care Plan with an initiation date of 3/21/16 also had an intervention directing staff may have Hoyer pad in wheelchair per patient request. Noted an intervention dated 4/11/17 the resident prefers Hoyer sling to stay under patient while in wheelchair. The Care Plan failed to provide any recommendations for using a Sara Lift (mechanical stand lift). The Urinary Incontinence Care Plan directed staff to use a Hoyer Lift for toileting upon resident request.</p> <p>The last Physical Therapy (PT) evaluation the facility provided dated 4/18/17 indicated the resident was total dependence for transfers without attempts to initiate, resident utilized a Hoyer Lift prior to evaluation and currently.</p> <p>On 3/23/21 at 2:30 p.m., the Administrator provided a Hospital Note from PT dated 11/2/20 stating a reason not to provide additional therapy and states per prior PT evaluation this year Resident #1 is a long term</p>			
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	<p>care resident and has used a mechanical Hoyer lift for transfers for approximately 5 years.</p> <p>The Kardex (Reference Nursing Staff utilize) with a date as of 2/16/21 directed the staff to provide 2:1 assist with transfers using mechanical lift. Resident may have Hoyer pad in wheelchair per request. Please use toileting sling with Hoyer to allow patient to use toilet upon resident's request.</p> <p>The Nurse Progress Notes for Resident #1 dated 2/12/21 at 7:31 p.m. documented resident states "I fell in the bathroom today after 4:00 p.m. and I am having pain on my right arm and shoulder". The Nurse spoke with the Certified Nursing Assistants (CNA's) who transferred the resident and they stated no fall occurred for the resident during the transfer. The Progress Notes failed to document the type of mechanical lift utilized for the resident.</p> <p>An X-ray report dated 2/12/21 at 10:10 p.m. documented suggestion of an acute moderately displaced fracture of the proximal right humerus surgical neck with moderate angulation; recommend surgical consultation.</p> <p>The Nurse Progress Note dated 2/12/21 10:47 p.m., Resident #1 up in wheelchair and is able to make needs known. Noted purplish bruising to right upper arm and purplish bruise to right upper shin. Moderate swelling top right wrist. X-ray report concludes acute moderate displacement to proximal right humerus.</p>			
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	<p>Medical doctor notified of x-ray report and will arrange for surgical consult on Monday. Pain medication administered and positioned for comfort.</p> <p>The Nurse Progress Note dated 2/13/21 at 1:18 p.m., stated Resident #1 continues on post fall neuro check and within normal limits. Resident #1 has complained of right arm pain and as needed medication was administered per order. Bruising to upper right arm and breast present. Range of motion altered in right upper extremity.</p> <p>During an interview on 3/22/21 at 3:00 p.m. with staff B, Certified Nursing Assistant (CNA) stated she assisted Staff A, CNA on 2/12/21 to transfer Resident #1 with the Sara Lift in the bathroom. Nothing unusual was noted with the transfer. The Kardex in Point of Care (electronic charting record) has the transfer status listed. Staff B, CNA stated it will depend on the resident and if the Kardex says to use a mechanical lift we can use a Hoyer Lift or Sara Lift. The CNA determines at the time of the transfer which one to use.</p> <p>During an interview on 3/22/21 at 4:00 p.m., Staff A, CNA stated they used a Sara Lift to transfer Resident #1 on 2/12/21 and she was a resident who could use a Hoyer Lift or a Sara Lift. The staff verify the transfer status on the Kardex.</p> <p>During an interview on 3/22/21 at 4:25 p.m., Staff C, CNA stated the resident transfer status is on the</p>				
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	<p>Kardex in the Resident Profile of Point of Care. If the Kardex states mechanical lift, a CNA should ask the nurse and never make the decision of which type of lift to utilize. It should say Hoyer or Sara Lift, all types of lifts should be on the Kardex for transfer status. Staff C remarked that Resident #1 was a Hoyer Lift and had been for some time. Resident #1 was not able to bear weight.</p> <p>During an interview on 3/22/21 at 4:35 p.m., Staff D, Licensed Practical Nurse (LPN) stated the Care Plan should specify if resident is a Hoyer Lift or a Sara Lift and a CNA should never make the decision on their own which one to use. Staff D reported Resident #1's transfer status was a Hoyer Lift due to she was dead weight. Staff D stated that at any time helping another CNA to transfer the resident it was with a Hoyer.</p> <p>During an interview on 3/23/21, the Rehabilitation Director stated the last PT evaluation was 4/18/17 for Resident #1 and has not been seen since her status was unchanged to warrant services from therapy. The last evaluation stated her transfer status was dependent, required max assist and with total dependence of a Hoyer Lift.</p> <p>During an interview on 3/23/21 at 8:30 a.m., Staff E, CNA reported the Care Plan will state if a resident is a Hoyer or Sara Lift. Staff E stated that Resident #1 was a Hoyer Lift and never transferred with a Sara Lift. She was a Hoyer Lift and it said it on the Care Plan. Staff E remarked if the Care Plan said only</p>				
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	<p>mechanical lift, she would clarify this with a Supervisor before using a different lift.</p> <p>During an interview on 3/23/21 at 8:45 a.m. with Staff F, CNA stated the facility provided education regarding mechanical lifts. She stated they teach the Kardex tells staff how to transfer a resident and it will always differentiate if a Sara Lift and a Hoyer Lift is to be utilized. If it stated only mechanical lift, Staff F would ask the nurse to clarify and no residents here vary from one lift or the other we use the lift it states on the Care Plan.</p> <p>During an interview on 3/23/21 at 9:00 a.m., Staff G, Registered Nurse (RN), Unit Manager states the staff look at the Kardex on the computer for transfer status, this comes from Therapy and is updated by the Nurse Manager. If it states transfer with a mechanical lift could mean a Hoyer Lift or a Sara Lift but staff need to clarify with the Nurse. Resident #1 was a Hoyer Lift. Staff G reported would not use a Sara Lift for the resident, we have slings available for the Hoyer Lift to use on the toilet.</p> <p>During an interview on 3/23/21 at 1:25 p.m., Staff H, CNA stated a resident's transfer status is always on the Kardex and will specify if should use a Hoyer or Sara Lift. Resident #1 was a Hoyer Lift, as not able to bear weight and Staff H reported would never use a Sara Lift to transfer her.</p>				
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	<p>During an interview on 3/23/21 at 2:15 p.m., Staff I, LPN stated he was the nurse on duty when Resident #1 stated she fell. Staff I went to the room and Resident #1 said she fell while being transferred in the bathroom. Staff I questioned the CNA and they said they did not drop her from the lift. Staff I then asked the resident again and she would not let Staff I assess her. Staff I did report the resident was an assist of 2 with a Hoyer Lift and had a Hoyer sling in her room and used the Hoyer all the time.</p> <p>During an interview with a family member on 3/23/21 at 11:00 p.m., the family member stated Resident #1 not able to bear weight. She had been using a Hoyer Lift since she moved to a room downstairs at the facility about 5 years ago.</p> <p>During an interview on 3/23/21 at 2:30 p.m., the Director of Nursing (DON) stated she would expect a resident be a Hoyer transfer if this is what PT recommends. The DON also stated would expect the Unit Managers to know the residents transfer status and update the Care Plan/Kardex accordingly.</p> <p>During an interview on 3/23/21 at 4:30 p.m., the Administrator states the Care Plan should document which type of lift should be used for a resident and staff should follow the Care Plan for which lift to use.</p> <p>The facility provided a policy titled Transfer: Bed-Chair/Wheelchair dated 1/2011 which noted for</p>				
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	<p>transfers requiring mechanical lift, please refer to manufacturer guidelines for use.</p> <p>The facility provided a policy titled Mechanical Lift last updated 4/2019 directing staff to verify transfer assist needed per Kardex. Obtain additional assistance and needed equipment as indicated. Use of a mechanical lift requires a second caregiver.</p> <p>The undated Instruction Manual for the Sara Lift 3000 states in the Patient/Resident assessment section of the safety instructions recommend that facilities establish regular assessment routines. Caregivers should assess each resident/patient according to the following criteria prior to use:</p> <ul style="list-style-type: none"> a. Patient/Resident sits in a wheelchair. b. Patient/Resident is able to partially bear weight on at least one leg. c. If the Patient/Resident does not meet these criteria an alternative equipment /system shall be used. 				
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	FACILITY RESPONSE:			
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