

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

Citation Number: <b>6981</b>		Date: <b>May 28, 2019</b>		
Facility Name: <b>Iowa Veterans Home</b>		Survey Dates: <b>May 14, 2019</b>		
Facility Address/City/State/Zip  <b>1301 Summit Marshalltown, Iowa 50158</b>		<b>MW</b>		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

<b>58.28(3)e</b>	<p><b>58.28(3) Resident safety</b> e. Each resident shall receive adequate supervision to protect against hazards from self, others, or elements in the environment. (I, II, III)</p> <p><b>DESCRIPTION:</b></p> <p>Based on staff interviews and clinical record review the facility failed to implement measures to ensure adequate supervision to prevent falls and major injury for one of three residents reviewed. (Resident # 1) Record review and staff interview revealed Resident #1 required a condom catheter (external urine collection device) at bedtime to prevent the resident from getting out of bed unassisted. On 3/21/19 facility staff failed to place the condom catheter, which resulted in the resident standing unassisted and voiding on the floor. Resident #1 fell and sustained a fracture of the right hip. The facility reported a census of 437 residents.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) assessment dated 2/26/19 for Resident #1 identified a Brief Interview for Mental Status (BIMS) score of 9 indicative of</p>	<b>I</b>	<b>\$5250</b>	<b>UPON RECEIPT</b>
------------------	---	----------	---------------	---------------------


6/10/2019  
 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: <b>6981</b>					Date: <b>May 28, 2019</b>
Facility Name: <b>Iowa Veterans Home</b>		Survey Dates: <b>May 14, 2019</b>			
Facility Address/City/State/Zip  <b>1301 Summit Marshalltown, Iowa 50158</b>		<b>MW</b>			
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date	

	<p>moderately impaired cognition. According to the MDS, the resident required the extensive assistance of two staff for transfers, toilet use, dressing, personal hygiene, and bed mobility. A balance during transition and walking test identified the resident as not steady and only able to stabilize with staff assistance when moving from a seated to standing position, walking, turning around, moving on and off toilet and surface to surface transfer. The MDS further identified functional limitation in range of motion on one side for lower extremities. The resident had diagnosis that included arthritis, chronic pain due to trauma, and non-Alzheimer's dementia. The resident had experienced two falls with no injury and two falls with injury (not major injury) since admission or prior assessment.</p> <p>Review of the Fall Risk Assessment, dated 3/6/2019 identified the resident scored a total score of 13 which indicated the resident should be considered at high risk for potential falls.</p> <p>The Resident Care Plan, dated as printed on 3/21/19 directed staff: moon boots (soft pillowed boots that provide heel protection) on both feet as HS, staff to apply non-skid socks on both feet when in bed, and assist of one staff with transfers.</p>				
--	--	--	--	--	--

*Penny Little Bernudez*  
\_\_\_\_\_  
Facility Administrator

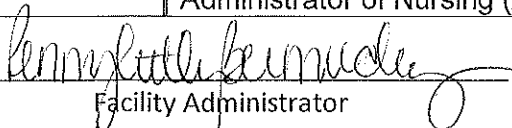
*6/10/2019*  
\_\_\_\_\_  
Date

**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: <b>6981</b>				
Facility Name: <b>Iowa Veterans Home</b>		Date: <b>May 28, 2019</b>		
Facility Address/City/State/Zip  <b>1301 Summit Marshalltown, Iowa 50158</b>		Survey Dates:  <b>May 14, 2019</b>		
		<b>MW</b>		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>An incident report dated 3/21/19 at 12:15 AM documented the resident was found on the floor with moon boots on, near his walker, urine on the floor, resident complained of right hip pain. The document further documented an adverse event occurred resulting in a need for transfer to a higher level of care.</p> <p>A progress note, titled Initial Fall Documentation dated 3/21/19 at 12:15 AM documented the resident was found by staff in his room on the floor, the resident had no incontinence brief on and had urinated on the floor, had moon boots on with slipper socks under, and was laying on his right hip. The resident was assessed as having right hip pain with external rotation and was transferred to local emergency room for evaluation and treatment. Contributing factors were identified as resident ambulatory with moon boots on and no incontinence brief.</p> <p>An order requisition form dated 3/21/19 documented the resident was inpatient for a closed fracture of the right hip. Nursing progress note dated 3/21/19 at 12:54 PM documented the resident had surgery to repair hip at a local hospital.</p> <p>In an interview on 5/8/19 at 10:15 AM the Administrator of Nursing (AON) provided an</p>			
--	---	--	--	--

  
Facility Administrator

6/10/2019  
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: <b>6981</b>		Date: <b>May 28, 2019</b>		
Facility Name: <b>Iowa Veterans Home</b>		Survey Dates: <b>May 14, 2019</b>		
Facility Address/City/State/Zip  <b>1301 Summit Marshalltown, Iowa 50158</b>		<b>MW</b>		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>overview of the investigation of the incident and revealed the evening shift failed to put on the condom catheter, and the night shift failed to check if the condom catheter was on when put on the moon boots. Further stated, the residents care plan directed staff to have moon boots over gripper socks when in bed. The AON explained that accountability rounds are shared rounds between the current shift and the oncoming shift to assure safety measures are in place and exchange information. Further explained that the investigation and video surveillance review revealed staff failed to assure all safety measures were in place and failed to exchange information during accountability rounds. A document provided by the AON documented a timeline of events as observed when reviewed surveillance recording. Stated would have expected staff to check that condom catheter was in place when completed rounds.</p> <p>In an interview on 5/8/19 at 2:50 PM the evening supervisor stated the investigation revealed Staff A, Certified Nursing Assistant (CNA) and Staff B, CNA failed to communicate who had cared for resident during the evening shift. Each had assumed the other had provided care, and neither had. The investigation further identified Staff C, CNA failed to check for incontinence brief or condom catheter when put on moon boots.</p>			
--	---	--	--	--

6/10/2019  
 \_\_\_\_\_  
 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: <b>6981</b>					Date: <b>May 28, 2019</b>
Facility Name: <b>Iowa Veterans Home</b>		Survey Dates: <b>May 14, 2019</b>			
Facility Address/City/State/Zip  <b>1301 Summit Marshalltown, Iowa 50158</b>		<b>MW</b>			
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date	

	<p>Additionally confirmed the condom catheter had been effective in keeping the resident from standing unassisted when in bed.</p> <p>In an interview on 5/13/19 at 1:38 PM Staff C, CNA confirmed Staff A and Staff B had not gone into the residents room during accountability rounds. Stated would have expected evening staff to report no incontinence brief, and no condom catheter as the resident was in bed. Confirmed the resident had underwear on when fell. Additionally stated, the care plan directed moon boots over slipper socks when in bed.</p> <p>In an interview on 5/13/19 at 4:05 PM Staff D, Registered Nurse (RN) confirmed care plan directed staff condom catheter at bedtime. Explained the resident often felt he had to go to the bathroom at night. Stated the resident had not been consistent in using the call light, and had previously tried to go himself. However, with the condom catheter in place, he would stay in bed. Staff D, RN confirmed the condom catheter was a fall precaution strategy.</p>				
--	---	--	--	--	--

*Penelope Bermudez*  
\_\_\_\_\_  
Facility Administrator

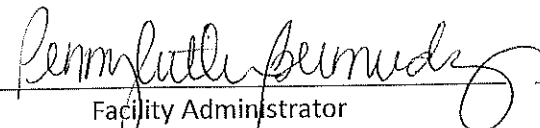
*6/10/2019*  
\_\_\_\_\_  
Date

**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**

<b>Citation Number:</b> 6981		<b>Date:</b> May 28, 2019		
<b>Facility Name:</b> Iowa Veterans Home		<b>Survey Dates:</b> May 14, 2019		
<b>Facility Address/City/State/Zip</b>  1301 Summit Marshalltown, Iowa 50158		MW		
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class</b>	<b>Fine Amount</b>	<b>Correction date</b>

	<b>FACILITY RESPONSE:</b>  Per citation: no plan of correction required.		Reduced fine \$3412.50 Internal Exchange transfer 05/31/2019	April 18, 2019
--	--	--	---	-------------------


6/10/2019  
 \_\_\_\_\_  
 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).



IET 671

IET053119100 1

PAGE: 1 of 2

**STATE OF IOWA  
INTERNAL EXCHANGE TRANSFER**

---

DOCUMENT NAME:

BFY:                    FY:                    PERIOD:                    DOCUMENT TOTAL: **\$3,412.50**                    CREATION DATE: **05-31-2019**

DOCUMENT DESCRIPTION:

**DIA-fine for fracture**

EXTENDED DESCRIPTION:

INITIATOR:                    **Provider/Seller**

ADDITIONAL INFO:

ENTERED BY:                    **joaks**

LAST USER:                    **joaks**

---



IET 671

IET053119100 1

PAGE: 2 of 2

STATE OF IOWA  
INTERNAL EXCHANGE TRANSFER

**1st PARTY**

LINE NBR: 1	EVENT TYPE: IN99	LINE AMOUNT: \$3,412.50
FUND 0001	DEPT 996	ORGN / SUB 4270
	APPR 0000	OBJIT / SUB
		REV / SUB 0649

**2nd PARTY**

LINE NBR: 1	EVENT TYPE: IN99	LINE AMOUNT: \$3,412.50
REF DOC:	REF VNDR LN: 0	REF ACTG LN: 0
SERVICE FROM: 05-31-2019	REF TYPE: PARTIAL	SERVICE TO: 05-31-2019
ACCT LINE DESC:		
DIA-fine for fracture		
FUND 0001	DEPT 671	UNIT / SUB 5246
	APPR V03	OBJT / SUB 2803
		REV / SUB