Citation Numb #5629	er:]		Date: 3-8-22	
Facility Name: Salem Lutheran Home			Survey [2/16-24/2		
Facility Address/City/State/Zip 2027 College Avenue Elk Horn, IA 51531					
		SB			
Rule or Code Section	Natu	e of Violation	Class	Fine Amount	Correction date

56.1(1) 58.28(3)e	 481—56.6(135C) Treble and double fines. 56.6(1) Treble fines for repeated violations. The director of the department of inspections and appeals shall treble the penalties specified in rule 481—56.3(135C) for any second or subsequent class I or class II violation occurring within any 12-month period, if a citation was issued for the same class I or class II violation occurring within that period and a penalty was assessed therefor. 481—58.28(135C) Safety. The licensee of a nursing facility shall be responsible for the provision and maintenance of a safe any irresponse. 	1	\$15,000 (Treble Fine) (Held In Suspension)	Upon receipt
	 provision and maintenance of a safe environment for residents and personnel. (III) 58.28(3) <i>Resident safety</i>. e. Each resident shall receive adequate supervision to protect against hazards from self, others, or elements in the environment. (I, II, III) 			
	DESCRIPTION: Based on observations, record review and staff interviews, the facility failed to prevent accidents and hazards for 1 of 4 residents reviewed. Resident #47 fell in a parking lot of a local gas station when staff failed to ambulate the resident			Page 1 of 8

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).

Citation Numb #5629	er:			Date: 3-8-22	
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Rule or Code Section	Natu	re of Violation	Class	Fine Amount	Correction date

with a gait belt as the resident walked on uneven ground. The resident transported to the hospital and admitted to ICU (intensive care unit) after scans showed a subdural hematoma from the fall. The facility reported a census of 53 residents.		
Findings include:		
1. A Minimum Data Set (MDS) dated 10/5/21 assessed Resident #47 with a Brief Interview for Mental Status (BIMS) score of 10 (moderate cognitive impairment). The resident required extensive assistance of one staff for bed mobility and toileting. Transfers and locomotion required the limited assistance of one staff.		
The care plan updated on 4/27/21, identified Resident #47 with a self-care performance deficit related to diabetic neuropathy. The care plan revealed the resident at risk for falls and alteration in activity related to loss of lower limb and he was learning to balance and walk with prosthetic leg. The care plan directed staff to provide stand by assist with a gait belt and walker and to ensure a safe environment.		
An incident report dated 10/28/21 at 2:18 PM revealed Staff F Licensed Practicing Nurse was summoned to a local gas station. The facility van driver stopped at a local gas station and allowed		Page 2 of 8

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Citation Number: #5629					Date: 3-8-22	
Facility Name: Salem Luthera			Survey I 2/16-24/2			
Facility Addre 2027 College Elk Horn, IA 5						
		SB				
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	parking lot. Staff F sta gas station, she obse the concrete ground a from the vehicle and t bleeding. Emergency arrived and transferre hospital. An emergency depart identified the chief co resident walked outsid fell backwards and hit his head and also his reported 6 out of 10 h with 0 being no pain a imaginable pain. The abrasion. A computer of the head performed small acute subdural falx with maximum thi (millimeter). No midlin CT report also identifit tissue hematoma. X- left elbow did not iden revealed the resident care unit) in guarded	ment note dated 10/28/21 mplaint as "fall". The de and tripped, The resident t the left posterior aspect of left elbow. The resident lead pain on a scale of 0-10 and 10 being the worst report identified a left elbow ized tomography (CT) scan d 10/28/21 identified a very hemorrhage adjacent to the ickness measuring 3 mm he shift or mass effect. The ed a left parietal scalp soft rays of the chest, pelvis and ntify fractures. The ED report admitted to ICU (intensive condition.				

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Citation Number: #5629					Date: 3-8-22	
Facility Names		•	Survey 2/16-24/2		1	
Facility Addre 2027 College Elk Horn, IA 5						
	1551	SB				
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	diagnasia (dafisition -	andition rooman-it-la far		1		1
	admission) listed as s	condition responsible for subdural hemorrhage.				
		PM Staff A Certified Nursing				
	Assistant) stated she identified herself as v					
		ansfer and ambulation October when Resident #47				
	fell at the gas station,	they were on their way				
	-	er an appointment and the stop at the convenience				
	store so he could buy	something. She stated she				
	-	that did not have a wheel lent sat in the front seat.				
		ident required assistance id out of the van, and with				
	his prosthetic leg, he	required guidance and help.				
		ent transferred out of the van I she stayed next to him,				
	without using a gait b	elt, as he pushed the walker				
		ot of the gas station. She e in the parking lot very				
		cracks and heaving slabs.				
		as where there were lips in resident used a walker with				
		gs and skies in the back.				
		esident did not rush with his d forward very slowly				
	because of the prosth	netic leg. She stated as she				
	walked along side of	him, the front wheels of the				

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Facility Address/City/State/Zip 2027 College Avenue Elk Horn, IA 51531					
		SB			
Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date

walker got stuck on an uneven area in the			
concrete. The resident then lost his balance and			
fell back onto the concrete and hit his head. She			
thought the walker landed on top of the resident.			
Staff A reported several bystanders came to			
ambulance. Staff A remembered that there was			
no snow or ice on the ground, but the weather			
•			
•			
0			
forward.			
On 02/23/22 at 10:06 AM, Staff A stated the			
resident did not use a gait belt when the fall			
On 02/22/22 at 11:26 AM the Director of Nursing			
the grocery store or other outside activities,			
U			
and Resident #47 was not. The DON suggested			
Staff A should have left the resident in the van			
and gone in to get the food for him. She stated			
	concrete. The resident then lost his balance and fell back onto the concrete and hit his head. She thought the walker landed on top of the resident. Staff A reported several bystanders came to assist with keeping the resident warm and support his head while they waited for the ambulance. Staff A remembered that there was no snow or ice on the ground, but the weather was cold. Staff A stated she did not stop at the gas station with any other resident. She sometimes stopped at a drive-through and get something to eat. She said the administration went through policy with her after the incident and she understood what the expectations were going forward. On 02/23/22 at 10:06 AM, Staff A stated the resident did not use a gait belt when the fall occurred. She acknowledged there was a gait belt in the van but she did not put it on the resident the day they stopped at the gas station. On 02/22/22 at 11:26 AM the Director of Nursing (DON) stated staff sometimes take residents to the grocery store or other outside activities, however, those residents must be independent and Resident #47 was not. The DON suggested Staff A should have left the resident in the van	 concrete. The resident then lost his balance and fell back onto the concrete and hit his head. She thought the walker landed on top of the resident. Staff A reported several bystanders came to assist with keeping the resident warm and support his head while they waited for the ambulance. Staff A remembered that there was no snow or ice on the ground, but the weather was cold. Staff A stated she did not stop at the gas station with any other resident. She sometimes stopped at a drive-through and get something to eat. She said the administration went through policy with her after the incident and she understood what the expectations were going forward. On 02/23/22 at 10:06 AM, Staff A stated the resident did not use a gait belt when the fall occurred. She acknowledged there was a gait belt in the van but she did not put it on the resident the day they stopped at the gas station. On 02/22/22 at 11:26 AM the Director of Nursing (DON) stated staff sometimes take residents to the grocery store or other outside activities, however, those residents must be independent and Resident #47 was not. The DON suggested Staff A should have left the resident in the van 	concrete. The resident then lost his balance and fell back onto the concrete and hit his head. She thought the walker landed on top of the resident. Staff A reported several bystanders came to assist with keeping the resident warm and support his head while they waited for the ambulance. Staff A remembered that there was no snow or ice on the ground, but the weather was cold. Staff A stated she did not stop at the gas station with any other resident. She sometimes stopped at a drive-through and get something to eat. She said the administration went through policy with her after the incident and she understood what the expectations were going forward. On 02/23/22 at 10:06 AM, Staff A stated the resident did not use a gait belt when the fall occurred. She acknowledged there was a gait belt in the van but she did not put it on the resident the day they stopped at the gas station. On 02/22/22 at 11:26 AM the Director of Nursing (DON) stated staff sometimes take residents to the grocery store or other outside activities, however, those residents must be independent and Resident #47 was not. The DON suggested Staff A should have left the resident in the van

Facility Administrator

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Date

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Facility Name: Salem Lutheran Home			Survey I 2/16-24/2		
Facility Addr 2027 College Elk Horn, IA					
	51551	SB			
Rule or Code Nati Section		ature of Violation	Class	Fine Amount	Correction date
	the facility did not	have a specific policy rel	ated to		

the facility did not have a specific policy related to a resident being independent in order to take them out. The DON said she believed when the residents' walker caught on the concrete, that he over-corrected and then lost his balance and fell backwards.		
A policy dated 7/19/21 Fall Prevention and Management directed staff to communicate risks and interventions for residents communicate any changes in the resident on daily basis to help prevent falls. A policy titled Vehicle Transfer dated 6/2/21 directed staff to park the vehicle in a flat area with smooth surface and place the gait belt on the resident before transferring unless otherwise contraindicated.		
FACILITY RESPONSE:		

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	1331	SB			
Rule or Code Section	Nati	ure of Violation	Class	Fine Amount	Correction date

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Facility Administrator

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		SB				
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Facility Administrator

Date

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