| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 165155 | A. BUILDING _____ B. WING _____ | C 04/14/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| SALEM LUTHERAN HOME | 2027 COLLEGE AVENUE ELK HORN, IA 51531 |

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| F 000 | INITIAL COMMENTS<br><br>Amended 5/24/2022 following an IDR<br><br>Correction date: 4/18/22<br><br>The following deficiencies relate to a revist of the survey ending February 24, 2022 and investigation of Facility Reported Incident #103849 conducted April 7 - 14, 2022.<br><br>Facility Reported Incident #103849 was substantiated.<br><br>See Code of Federal Regulations (42CFR) Part 483, Subpart B-C. | F 000 | | |
| F 684 SS=G | Quality of Care<br>CFR(s): 483.25<br><br>§ 483.25 Quality of care<br>Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.<br>This REQUIREMENT is not met as evidenced by:<br>Based on record review, hospital report, policy review, and staff and family interviews, the facility failed to adequately monitor and implement measures to prevent constipation for 1 of 1 residents reviewed for bowel regime (Resident #16). Resident #16 transferred to the Emergency Room with severe pain in the abdomen and nausea. A Computerized tomography (CT) exam detected a large ball of stool measuring 10 | F 684 | | |

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|---|---|
| Mila Nacke | Admin | 04/29/2022 |

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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|---|---|---|---|---|
| F 684 | Continued From page 1 | F 684 | | |

centimeters in diameter in the rectum and large colonic stool burden throughout the colon. The Resident #16 went 12 days without bowel intervention. The facility reported a census of 55 residents.

Findings include:

According to the Minimum Data Set assessment dated 2/8/22, Resident #16 had a Brief Interview for Mental Status (BIMS) of 3, indicating severe cognitive deficits. He required limited assistance with the help of one for bed mobility, transfers, and walking. An MDS dated 3/7/22 showed that he had a change in status and required extensive assistance with the help of one for bed mobility, transfers and toilet use.

According to the Care Plan initiated on 11/12/21, Resident #16 had a suprapubic catheter, required assistance of one staff for transfers, hygiene, clothing management, and continent of bowel.

The Bowel and Bladder schedule for February 2022 documented the resident had no bowel movement for 12 days from 2/2/22 to 2/14/22.

The Clinical Alert Report documented the staff received notification Resident #16 went 3 days without a bowel movement 2/12/22, 2/13/22, 2/14/22, 2/15/22, and 2/18/22.

The Clinical Record lacked documentation of bowel interventions from 2/9/22 to 2/19/22.

A Nursing Note dated 2/19/22 at 3:10 AM, showed that the resident had a change in condition with abdominal pain, and decreased bowel sounds. At 3:46 AM, the resident

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|---|---|---|---|
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| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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|---|---|---|---|---|
| F 684 | Continued From page 2 | F 684 | | |

complained of pain all over and reported to staff that he was unable to produce a bowel movement. He had severe pain in the abdomen and the resident reported he felt like he would throw up. He transferred to the emergency room for evaluation.

A Hospital Report dated 2/20/20 at 12:39 PM, on page 11, documented a computerized tomography (CT) exam detected a large ball of stool measuring 10 centimeters in diameter in the rectum and large colonic stool burden throughout the colon.

The Medication Administration Record lacked orders for any stool softeners or laxatives until 2/22/22 at 11:33 PM.

On 4/12/22 at 9:20 AM, Staff G, Certified Nursing Assistant, stated the end of February the resident had more pain and often groaned.

On 4/12/22 at 8:47 AM, Staff D, Registered Nurse, noticed the resident had become more unsteady on his feet in February and had increased pain. She said that he struggled with constipation and believed it attributed to his increased confusion because once he would have a bowel movement, the confusion would subside for a period of time.

On 4/11/22 at 10:25 PM, Staff D, Registered Nurse, stated the bowel movement status would come up on the dashboard of the electronic chart and often times, the secretary would print off the alerts for the nurses. She said that this would tell them when it had been 3 days since a resident had a bowel movement.

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|---|---|---|---|---|
| F 684 | Continued From page 3<br>On 4/12/22 at 3:05 PM, Staff H, Certified Nurse Aide, stated she noticed a decline in Resident #16 and she reported to the nursing staff that the resident wasn't eating and wasn't coming out of the room and had an unsteady gait. She said that his wife would tell the staff that he was telling her that he had to go to the bathroom but then he wouldn't be able to go because he was constipated.<br><br>On 4/12/22 at 4:23 PM, the Director of Nursing (DON) stated she went through the hospitalization that the impaction was found and that information did not get communicated to them upon return from hospital. The hospital also did not put it as an active diagnosis that was being treated during the hospital stay nor did they order any bowel medications upon discharge from hospital to trigger any impaction to our staff or prevent it from happening again. She said that the resident did take himself to restroom at times so the aides were probably not aware of when he would have a bowel movement for sure.<br><br>On 4/14/22 at 9:26 AM, Resident #16's spouse stated her husband would spend most of his days in the room with her and the two of them sat together in recliner chairs. She said that he had bowel issues and in the mornings he would come in and tell her when he had incontinence of the bowel and he would be very embarrassed about that. She did not recall staff coming in and offering to take him to the bathroom, he would usually ask her to put the call light on when he needed help.<br><br>According to the Bowel Protocol policy dated June 2019, if a resident were to go 3 days without a bowel movement, staff were to give them 30 | F 684 | | |

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|---|---|
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|---|---|---|---|---|
| F 684 | Continued From page 4<br>milligram (mg) of milk of magnesia, wait 8 hours if no bowel movement then give 2 tabs of Senna. Wait an additional 8 hours, if no bowel movement assess for impaction, and give Dulcolax suppository 10 mg per rectum. On day 4 of no bowel movement, check for impaction, then give a fleet's enema and wait another 8 hours. If there was still no bowel movement, reassess for bowel impaction, obtain all vital signs, assess for abdominal distention and bowel sounds and the contact provider. | F 684 | | |
| F 689 SS=G | Free of Accident Hazards/Supervision/Devices<br>CFR(s): 483.25(d)(1)(2)<br><br>§483.25(d) Accidents.<br>The facility must ensure that -<br>§483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and<br><br>§483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents.<br>This REQUIREMENT is not met as evidenced by:<br>Based on record review, policy review and interviews the facility failed to provide adequate supervision and timely interventions for 1 of 3 residents reviewed for falls. Resident #16 fell on 3/8/22 without an adequate intervention and fell again on 3/10/22 sustaining a fracture hip. The facility reported a census of 55 residents.<br><br>Findings include:<br><br>According to the Minimum Data Set (MDS) dated 2/8/22, Resident #16 had a Brief Interview for Mental Status (BIMS) of 3, indicating severe cognitive deficits. He required limited assistance | F 689 | | |

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| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SALEM LUTHERAN HOME | 2027 COLLEGE AVENUE ELK HORN, IA 51531 |

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|---|---|---|---|---|
| F 689 | Continued From page 5 | F 689 | | |

with one staff for bed mobility, transfers, and walking. An MDS dated 3/7/22 showed he had a change in status and required extensive assistance with help of one for bed mobility, transfers and toilet use.

The Care Plan revised on 11/12/21 directed staff to educate resident/family about safety reminders and what to do if fall occurs, review for significant changes in cognition safety awareness and decision making capacity, and review resident's history of recent or recurrent falls.

According to a Physical Therapy Discharge Summary dated 12/14/21 at 9:15 AM, Resident #16 had shown gains in gait and transfer during his time in physical therapy which allowed for increased independence. The discharge plan and instructions were for long term care restorative nursing plan and assistance of one staff.

A Care Conference note dated 2/16/22 at 7:05 PM, showed that the resident's family had concerns that the resident was not getting restorative services. The facility response to the family was that they would have the aides available to come to the resident's room for services or go to the therapy room for exercises according to the resident's preference.

The Falls Tool dated 3/2/22 documented an action plan of refer the resident to therapy completed by the Director of Nurses.

The Nursing Noted dated 3/3/22 at 7:12 PM, documented the resident attended physical and occupational therapy and worked on strengthening, ambulation transferring.

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|---|---|---|---|---|
| F 689 | Continued From page 6 | F 689 | | |

A Nursing Note entered on 3/10/22 at 1:07 PM, documented on 3/8/22 at 8:30 AM the resident found on the floor in his room facing the bed. At that time, he stated that he wanted to use the bathroom. The staff educated him on using his call light.

An Incident Report dated 3/10/22 at 11:10 PM, documented that staff heard a loud thud that evening and went to the resident's room to find him on the floor face down and blood under his head. They rolled him onto his back and found a laceration above his right eye and obvious hip rotation. He was sent to the emergency room.

On 3/11/22 at 10:13 AM, the IDT note documented the IDT met regarding the fall on 3/8/22 and reviewed the care plan and added increased room checks related to confusion. Regarding the fall on 3/10/22, staff were instructed to attach a bed bag to the resident's walker at night time so if resident ambulates, urine bag ready for mobility.

In a Hospital Report dated 3/11/22 at 1:25 PM, the resident suffered with a closed fracture of the right hip.

On 4/13/22 3:25 PM, Staff L, Licensed Practicing Nurse, stated she worked the overnight shift and was present when Resident #16 fell in his room and broke his hip. She said that she hadn't worked with the resident too often because she was usually in another hallway but the other nurse called for her help that night when they found his on the floor. Staff L said that the resident was laying in the doorway of his bathroom and there was blood pooling around his head. She said that the other nurse told her that he wouldn't usually

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|---|---|
| SALEM LUTHERAN HOME | 2027 COLLEGE AVENUE ELK HORN, IA 51531 |

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| F 689 | Continued From page 7<br>get up and walk on his own.<br><br>On 4/12/22 at 9:40 AM the DON said that they did not have documentation of increased room checks intervention established after the 3/8/22 fall.<br><br>On 4/12/22 at 3:05 PM, Staff H, Certified Nurse Aide, stated she did notice a decline in Resident #16 and she had reported to the nursing staff that he wasn't eating and wasn't coming out of the room and had an unsteady gait. She remembered coming into work one morning and they had someone sitting with him one on one overnight because he was restless. She thought that was just after one of the first falls. She said that his wife would tell the staff that he would say he had to go to the bathroom but then he wouldn't be able to go because he was constipated. She did not remember a time when he was on increased room checks.<br><br>On 4/14/22 at 9:00 AM, the Director of Nursing reported that the resident often refused the restorative services and in the month of February he refused on 11 occasions.<br><br>On 4/14/22 at 9:26 AM, Resident #16's spouse stated her husband would spend most his days in the room with her and the two of them sat together in recliner chairs. She said that he had bowel issues and in the mornings he would come in and tell her when he had incontinence of the bowel and he would be very embarrassed about that. She did not recall staff coming in and offering to take him to the bathroom, he would usually ask her to put the call light on when he needed help. She said that her husband did not like to be around people much so when the staff | F 689 | | |

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|---|---|
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|---|---|---|---|---|
| F 689 | Continued From page 8 | F 689 | | |

would come in and offer to take him to the therapy room for exercise, he didn't want to go. She said sometimes they would offer to do exercises in the room but not always.

On 4/13/22 at 2:04 PM, Resident #16's Physician remembered that during the hospital stay he had changed some medications, especially the medication used for bladder spasms and pain and saw a great improvement in the resident's confusion. He remembered getting faxes shortly after the hospitalization on 3/2/22 saying that the resident was uncomfortable so he thought that maybe he was unsuccessful in controlling his pain. He said that certainly a regular exercise program could have helped with balance and gait and ultimately decreased the risk of falls. They tried a brace on his knee while he was in the hospital but the resident did not tolerate that well and was uncomfortable with that.

According to the Restorative Documentation policy dated 5/19/21, through restorative nursing programs, our residents can maintain independence to avoid becoming more dependent on caregivers or to maintain gains made in therapy. Restorative nursing programs can be initiated without therapy involvement, however, therapy can be integral to assisting with program referral.

The Nursing Care, Implementation and Screening - Rehab/Skilled Therapy and Rehab policy updated on 4/12/22, showed that the goal of restorative nursing care was to attain and maintain the maximum possible independence and/or prevent rapid declines through interventions for each resident.

**Tag: F689 Free of Accident Hazards/Supervision/Devices**

1. **Address how the corrective action will be accomplished for those residents found to have been affected by the deficient practice.**

   All licensed nurses educated on implementing interventions immediately following an incident/fall and to document it appropriately on 04/27/2022 by staff development coordinator and director of nursing.

2. **Address how facility will identify other residents having the potential to be affected by the same deficient practice.**

   All residents have the potential for falling.

3. **Address what measures will be put into place or what systematic changes made to ensure that the deficient practice will not occur.**

   All nurses will implement interventions at the time of the incident and document the intervention appropriately. Interdisciplinary team will review falls day following business day to review that interventions are in place and appropriate.

4. **Indicate how the facility plans to monitor its performance to make sure that solutions are sustained.**

   The MDS coordinator or designee will audit fall interventions weekly x 4, bi weekly x2, monthly x 2 all concerns will be brought to the QAPI meetings.

   Completed by: 04/18/2022

**Tag: F 684 Quality of Care**

1. **Address how the corrective action will be accomplished for those residents found to have been affected by the deficient practice.**

   All licensed and certified nursing staff educated on bowel assessment, documenting and interventions on 04/12/2022 by staff development coordinator and director of nursing.

2. **Address how facility will identify other residents having the potential to be affected by the same deficient practice.**

   All residents are at potential for constipation.

3. **Address what measures will be put into place or what systematic changes made to ensure that the deficient practice will not occur.**

   All nursing staff reviewed facility policy and procedure for bowel protocol on 04/12/2022. Paper bowel tracking initiated in addition to electronic bowel charting on 04/12/2022. All residents reviewed and standing orders to be able to initiate bowel protocol when needed.

4. **Indicate how the facility plans to monitor its performance to make sure that solutions are sustained.**

   Director of Nursing will audit resident's bowel status and interventions weekly x4 weeks, bi weekly x 2 weeks, monthly x2 months.

   Completed by: 04/15/2022