

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

Citation Number: #5909	Fine amount reduced by 35% to \$4,875 on November 05, 2022. Pursuant to Iowa Code Section 135C.43A	Date: November 3, 2022
Facility Name: Accura of Aurelia	Survey Dates: October 17-25, 2022	
Facility Address/City/State/Zip 401 West Fifth Street Aurelia, IA 51005	DC	
Rule or Code Section	Nature of Violation	Class
		Fine Amount
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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) 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: Based on record review, interviews and observation the facility failed to use safe transfer techniques for 2 out of 4 residents reviewed (Resident #9 and #21). The facility also failed to ensure the care plan fall intervention of a personal alarm was in place for 1 resident out of 4 residents reviewed for accidents/nursing supervision (Resident #11). The facility reported a census of 28.</p> <p>Findings Include:</p> <p>1. The Minimum Data Set (MDS) assessment for Resident #9 dated 6/20/22 showed a Brief Interview of Mental Status score (BIMS) of 12 which indicated intact cognition. The MDS indicated Resident #9 required an extensive</p>	I	\$7,500.00	UPON RECEIPT
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Facility Administrator

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	<p>assistance of 1 person for transfers. The MDS diagnoses included weakness, heart dysrhythmias and hypertension.</p> <p>The Care Plan last revised on 7/1/22 documented Resident #9 required the assistance of 1 person, a gait belt and forward wheeled walker for transfers.</p> <p>The Progress Note dated 8/4/2022 at 10:30 PM for Resident #9 documented nurse summoned by the aide to the resident's room. Upon entering the resident was observed face down on the floor with extremities stretched outward. Scant amount of blood noted on the floor upon assessment this nurse finds bone to right arm exposed. The facility called 911 for an ambulance transfer to the emergency room (ER).</p> <p>The Facility Investigation documented on 8/4/22 at approximately 10:40 PM, the Director of Nursing (DON), received a phone call from Staff A, Licensed Practical Nurse (LPN), stating Resident #9 had sustained a witnessed fall resulting in a fracture to her right arm. On 8/4/22 at approximately 10:30 PM, Staff B, Certified Nurse Assistant (CNA), was assisting Resident #9 to bed. Resident had her walker and was turning left to ambulate towards her bed when she lost her balance and fell forward. Staff A,</p>			
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	<p>LPN, asked Resident #9 what happened she stated, "I fell to the floor". Staff B, CNA, was not using a gait belt at the time of the fall. The facility investigation further documented Resident #9 sustained a comminuted, obliquely oriented fracture of the distal right humeral meta-diaphysis. The distal fracture component is displaced anterolaterally by greater than a shaft width (a severely displaced fracture located at the lower end of the arm bone).</p> <p>The Emergency Room documentation dated 8/5/22 revealed the ER physician determined via X-ray Resident #9's right arm sustained a severely displaced fracture located at the lower end of the arm bone caused by the fall.</p> <p>The Major Injury Determination Form dated 8/6/22 revealed the ER physician classified Resident #9's right arm fracture to be a Major Injury.</p> <p>The Investigation Questionnaire dated 8/4/22 Staff B, CNA, asked what occurred at the time of the incident. Staff B replied, the resident walked to her bed. Gait belt not in use due to lack of judgment.</p> <p>In an interview on 10/19/22 at 2:53 PM, Staff B, CNA, reported on 8/4/22 she assisted Resident</p>			
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<p>#9 transfer from the recliner using a walker. As Resident #9 stood, she started to fall forward. Staff B attempted to catch the resident but instead kicked the resident's walker causing the resident to fall to the ground. Staff B stated she normally used a gait belt when transferring Resident #9 but for some reason just didn't use a gait belt on this occasion. Staff B confirmed the facility followed up with her regarding gait belt education after the incident.</p> <p>In an interview on 10/20/22 at 7:30 AM, Staff A, LPN, stated she arrived to Resident #9's room immediately after the fall where she observed Resident #9 on the ground not wearing a gait belt. Staff A reported that she would have expected staff to use a gait belt when transferring Resident #9.</p> <p>The facility reported they lacked a policy regarding gait belts or transfers.</p> <p>In an interview on 10/20/22 at 2:36 PM, the DON stated that she would have expected staff to use a gait belt and walker when transferring Resident #9.</p> <p>2. The MDS assessment for Resident #11 dated 6/6/22 for showed a BIMS of 4 which indicated severe cognitive impairment. The MDS indicated</p>			
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	<p>Resident #11 required an extensive assistance of 2 persons for transfers, dressing and personal hygiene. The MDS diagnoses included dementia, anxiety disorder and psychotic disorder.</p> <p>The Care Plan dated 6/6/22 instructed staff to use a TAB alarm on Resident #11 to alert staff when the resident attempted self-transfer.</p> <p>The Progress Note dated 7/18/2022 at 1:30 PM documented Resident #11 found by staff on the floor next to her wheelchair. The resident reported to staff that she fell forward when vomiting from the wheelchair. As a result Resident #11 sustained a hematoma to the left forehead. The Progress Note further documented the CNA stated she forgot to place the TAB alarm back on the resident and CNA educated about the importance of having the TAB alarm on the resident at all times.</p> <p>In an interview on 10/20/22 at 10:11 AM, Staff C, Registered Nurse (RN), reported she responded to Resident #11 's room when Staff D, CNA, reported the resident fell out of her wheelchair. Staff C stated she found Resident #11 on the ground next to the wheelchair with vomit beside her on the floor. Staff C noted a hematoma to the resident's forehead, however did not call for an ambulance at the request of the family. Staff C,</p>			
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	<p>RN, reported Staff D, CNA, failed to place the TAB alarm on the resident before the fall. Staff C said the CNAs used the TAB alarm on a consistent basis but this time Staff D forgot to place the alarm after moving the resident back to her room.</p> <p>In an interview on 10/24/22 at 7:25 AM, Staff D, CNA, stated she forgot to place the alarm on Resident #11 because while in the room the resident's neighbor called out for help. Staff D stated she got sidetracked and felt horrible for not placing the alarm on the resident.</p> <p>The facility reported they lacked a policy regarding personal or TAB alarms.</p> <p>In an interview on 10/19/22 at 9:37 AM, the DON explained the TAB alarm works by a pull-string that attached magnetically to the alarm with a garment attachment that clipped to the resident. When a resident leaned too far forward or attempted to stand, the string would be pulled, engage the alarm and alert staff to the resident's movement. When asked if Resident #11 should have a TAB alarm placed when she is not in bed, the DON responded, yes. The DON acknowledged the alarm could have prevented the fall.</p>			
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	<p>3. The MDS assessment for Resident #21 dated 9/26/22 showed a BIMS of 3 which indicated severe cognitive impairment. The MDS indicated Resident #21 was totally dependent on staff for transfers, dressing, toilet use and personal hygiene. The MDS diagnoses included morbid obesity, Alzheimer's Disease, renal insufficiency and cancer.</p> <p>The Care Plan dated 10/10/22 showed transfers are to be done with assistance of 2 persons using a Hoyer (mechanical) lift.</p> <p>Observation on 10/19/22 at 11:14 AM showed Staff E, CNA and Staff F, CNA, prepared to move Resident #21 from the bed to the wheelchair using a EZ Way Smart Lift. The CNAs connected the sling to the machinal lifted and raised Resident #21 from the bed. As Staff F lowered the resident into the wheelchair, Staff E then readjusted the wheelchair without engaging the wheelchair breaks. As the lift shifted and moved forward Staff E struggled to hold the wheelchair in place while pulling and guiding the resident down into the wheelchair.</p> <p>EZ Way Smart Lift Manufacturers Instructions last updated on 8/10/18 instructed when moving the resident from the bed to the wheelchair or toilet on Step 6, #1 Position the wheelchair under the</p>			
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	<p>patient and lock the wheels of the wheelchair.</p> <p>In an interview with the DON on 10/20/22 at 3:01 PM, the DON reported that she wasn't sure if the wheelchair locks needed to be engaged when transferring a resident from the bed to a wheelchair using the EZ Way Lift. The DON stated, I don't know. I know I don't lock the breaks.</p> <p>FACILITY RESPONSE:</p>			
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