

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

<b>Citation Number:</b> 6744	Fine amount reduced by 35% to \$325.00 on February 2, 2018 pursuant to Iowa Code Section 135C.43A.	<b>Date:</b> January 25, 2018
<b>Facility Name:</b> Manorcare Health Services-Cedar		<b>Survey Dates:</b> January 9-11, 2018
<b>Facility Address/City/State/Zip</b> 1940 First Avenue NE Cedar Rapids, IA 52402		
	HL	
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class</b>
		<b>Fine Amount</b>
		<b>Correction date</b>

<b>50.7(1)a(2)</b>	<p><b>481—50.7(10A,135C) Additional notification. The director or the director’s designee shall be notified within 24 hours, or the next business day, by the most expeditious means available (I,II,III): 50.7(1) Of any accident causing major injury.</b></p> <p><b>a. “Major injury” shall be defined as any injury which:</b></p> <p><b>(2) Requires admission to a higher level of care for treatment, other than for observation; or</b></p> <p><b>DESCRIPTION:</b></p> <p>Based on record review and staff interview, the facility failed to report to the Department of Inspections and Appeals (DIA) a fall experienced by Resident #4 which resulted admission to higher level of care for treatment. The facility census was 77 residents.</p> <p>Findings include:</p> <p>1. The Minimum Data Set (MDS) assessment dated 10/28/17, documented Resident #4 had diagnoses that included respiratory failure, end stage renal failure, diabetes mellitus and septicemia and required limited assistance of one person to transfer from one surface to another, dress and ambulate.</p> <p>The discharge MDS dated 11/14/17, documented the resident required extensive assistance with transfers and limited assistance with ambulation, and had one fall resulting in a major injury and two or more falls resulting in no injury.</p>	<b>II</b>	<b>\$500.00</b>	<b>Upon Receipt</b>
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Facility Administrator

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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 (2015).**

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	<p>The Care Plan identified the resident had a risk for falls due to complaint of back pain, history of falls, muscle weakness, unsteady gait, high risk medications, tangles self-up in covers, refuses to wear gripper socks. The Care Plan directed staff to provide interventions to minimize the risk for falls including administer medications per physician order created on 2/20/2011, ambulate/transfer with the assist of one with a gait belt and walker created on 2/20/17, therapy evaluation upon hospital return, assess for fall risk upon admission and reassess as needed, bed in low position created on 3/23/17, educate patient to use walker with ambulation and call for help created on 11/27/15, encourage to transfer and change positions slowly created on 2/20/17 and gripper socks on at night and when shoes are not on created on 11/7/17. Change ADL (Activities of Daily Living) status to assist of one with a gait belt and walker and have therapy evaluate was created on 2/20/17 by Staff A, RN (Registered Nurse), Nurse Manager.</p> <p>On 8/15/17 Staff B, RN, DON (Director of Nursing) revised the Care Plan description: Change ADL status to assist of one with gait belt and walker, therapy evaluation.</p> <p>On 11/15/17 - Ambulate/transfer with assist of one with gait belt and walker, therapy evaluation upon hospital return. Change ADL status to assist of one with gait belt and walker, therapy evaluation upon hospital return. Change ADL status to assist of one with gait belt and walker, therapy evaluation.</p> <p>Progress Notes dated 11/14/17 at 8:53 a.m.,</p>			
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	<p>documented Staff C, LPN (Licensed Practical Nurse) revealed the resident reported he/she fell while getting out of the bathroom. Upon assessment Staff C observed the residents left leg had swelling and pain with decreased range of motion. Staff C notified the physician and transferred the resident to the emergency room.</p> <p>At 7:48 p.m., Staff D, RN documented the resident admitted to the hospital with a left femur fracture; with an unknown release date. .</p> <p>According to the History and Physical dated 11/14/17, the resident had left leg pain after a fall and the X-rays showed a comminuted displaced and angulated intertrochanteric fracture of the proximal left femur (hip). The proposed surgery was determined as extremely risk and the resident was admitted for Palliative Care treatment.</p> <p>On 11/15/17, Staff A documented the resident had a history of recurrent falls, high risk medications, noncompliance with calling for staff assistance and poor safety awareness, weakness and abnormal gait.</p> <p>During interview on 1/10/18 at 12:20 p.m. , Staff B, RN, DON reported they made the resident independent in his/her room, the resident never rang for assistance and he/she got up all the time without assistance. The resident used the call light at times. The facility never reported the residents fracture since the resident transferred independently.</p> <p>During interview on 1/10/18 at 12:00 p.m., Staff K,</p>			
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	<p>Physical Therapy Director indicated therapy released the resident on 8/11/2017 and never did another evaluation after that date. The resident required the assistance of one in the hall with a walker and staff were to walk to dine. In the room, the resident lacked safety awareness and generally used a walker. The resident got up and transferred self at some point the resident had been independent. Therapy evaluated and treated from 7/28 - 8/11/17. From that point until the resident left the facility on 11/14/17, he/she required the assistance of one to transfer and ambulate. Therapy communicated with staff they needed to provide assistance of one.</p> <p><b>FACILITY RESPONSE:</b></p>			
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