

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

Citation Number: 6805					Date: May 30, 2018
Facility Name: Sunnycrest Nursing Center		Survey Dates: May 7-10, 2018 & May 14, 2018			
Facility Address/City/State/Zip 401 Crisman Street Dysart Iowa 52224					
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date	

58.28(3)e	<p>58.28(3) Resident safety. f. Residents shall be protected against physical or environmental hazards to themselves. (I, II, III)</p> <p>DESCRIPTION:</p> <p>Based on record review, observation, and staff interview, the facility failed to assess bed side rails for the risk of entrapment and failed to ensure bed rails are properly maintained for safety for 16 of 45 resident beds at the facility (#36). Specifically, the facility failed to implement a system to ensure gaps in side rails were not large enough to create the risk for entrapment for Resident #36. The failure to ensure the side rails did not have a large gap which the resident could become entrapped put Resident #36 at risk of serious injury, impairment, or death due to entrapment within the gap, placing the residents in immediate jeopardy. The facility reported a census of 35.</p>	I	\$3350 (Held in Suspension)	UPON RECEIPT
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Facility Administrator

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	<p>Findings include:</p> <p>1. Review of the Food and Drug Administration's (FDA) Hospital Bed Safety Workgroup article, "Clinical Guidance For the Assessment and Implementation of Bed Rails In Hospitals, Long Term Care Facilities, and Home Care Settings", dated April 2003, indicated, in pertinent part, "...Use of bed rails should be based on patients' assessed medical needs and should be documented clearly and approved by the interdisciplinary team...Bed rail use for patient's mobility and/or transferring, for example, turning and positioning within the bed and providing a hand-hold for getting into or out of bed, should be accompanied by a care plan...Inspect, evaluate, maintain, and upgrade equipment(beds/mattresses/bed rails) to identify and remove potential fall and entrapment hazards and appropriately match the equipment of patient needs, considering all relevant risk factors...If it is determined that bed rails are required...The mattress to bed rail interface should prevent an individual from falling between the mattress</p>				
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	<p>and bed. Maintenance and monitoring of the bed, mattress, and accessories such as patient/caregiver assist items...should be ongoing..."</p> <p>According to the FDA's Guidance for Industry and FDA Staff article, "Hospital Bed System Dimensional and Assessment Guidance to Reduce Entrapment," issued 3/10/06, "For 20 years, FDA has received reports in which vulnerable patients have become entrapped in hospital beds while undergoing care and treatment in health care facilities. The term "entrapment" describes an event in which a patient/resident is caught, trapped, or entangled in the space in or about the bed rail, mattress, or hospital bed frame. Patient entrapments may result in deaths and serious injuries. FDA received approximately 691 entrapment reports over a period of 21 years from January 1, 1985 to January 1, 2006. In these reports, 413 people died, 120 were injured, and 158 were near-miss events with no serious injury as a result of intervention. These entrapment events have occurred in openings within the</p>				
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	<p>bed rails, between the bed rails and mattresses, under bed rails, between split rails, and between the bed rails and head or foot boards. The population most vulnerable to entrapment are elderly patients and residents, especially those who are frail, confused, restless, or who have uncontrolled body movement. Entrapments have occurred in a variety of patient care settings..."</p> <p>The MDS (Minimum Data Set) assessment tool with a completion date of 4/19/18 listed diagnoses for Resident #36 that included cancer, Alzheimer's dementia and diabetes. The MDS stated the resident was independent with bed mobility, transfers, ambulation, toileting, and hygiene The MDS stated the residents BIMS (Brief Interview for Mental Status) as 6 out of 15, indicating severely impaired cognition.</p> <p>A care plan with a review start date of 5/4/18 does not indicate side rails are used.</p> <p>An observation on 5/9/18 at 6:30 a.m.</p>				
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	<p>revealed the resident lying on her back in bed with eyes closed. One side of the bed was against the wall with the side rail up and the outer side of the bed had a top side rail up. Upon further investigation it was noted the side rails were stationary and attached to the bed frame and not the mattress frame.</p> <p>An observation on 5/9/18 at 7:30 a.m. revealed the open space in the center of the side rail measured 16 inches horizontally and 7 ½ inches vertically. The maintenance supervisor conducted and concurred with this measurement. The resident was not in the bed at this time.</p> <p>During an interview with the maintenance supervisor at 7:45 a.m., he acknowledged the size of the open space within the side rail could be a hazard. The maintenance supervisor stated there are no log books to identify the measurements of these rails or of the other various types of rails in place though out the facility. He stated he did not know who was responsible for keeping track of the measurements as he has only worked at this facility a few months.</p>				
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	<p>Further investigation throughout the facility revealed 15 more beds with the stationary side rails in place. Investigation and measurements conducted with the maintenance supervisor revealed the space within the open area of the side rail changed with different positions of the head of each bed. The beds are hand cranked. With the head of the bed at a 45 degree angle (semi-fowler's position) the space decreased to 5 inches. With the bed fully flat the space remained 9 ½ inches. With the head of the bed in a full upright 90 degree angle (fowler's position) the space decreased to 4 inches.</p> <p>In an interview with Physical Therapy at 9:00 a.m. on 5/10/18, she stated they assess residents for side rails based on whether it helps them get in and out of bed easier and not for issues such as frequent falls. Stated they document their observations in the Physical Therapy notes but do not have a formal assessment tool they use.</p> <p>In an interview on 5/10/18 at 9:15 a.m. with the Administrator and the Corporate Nurse Consultant/Interim DON, the consultant</p>				
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	<p>nurse provided an email she had sent on 11/2/17 from another facility with the packet of information from Direct Supply which directed side rails should not have an opening or gap greater than 4 ¾ inches. The Consultant RN acknowledged the facility failed to implement a process to assure side rail compliance.</p> <p>The facility Administrator and Consultant RN/Interim Director of Nursing (DON) were informed of the Immediate Jeopardy on 5/9/18 at 10:30 a.m., due to the risk of entrapment for Resident #36 from a side rail gap measuring 14 inches by 9 1/2 inches, and the facility's lack of a process in place to determine side rail safety.</p> <p>FACILITY RESPONSE:</p>				
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