

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

Citation Number: <b>6808</b>				Date: <b>June 1, 2018</b>	
Facility Name: <b>Good Sam West Union</b>		Survey Dates:  <b>May 7-10, 2018</b>			
Facility Address/City/State/Zip  <b>201 Hall Street West Union, IA 52175</b>					
Rule or Code Section	Nature of Violation		Class	Fine Amount	Correction date

58.19(1)g	<b>58.19(1) Activities of daily living.</b> g. Ambulation with equipment if applicable, or transferring, or positioning; (I, II, III)	I	\$4500	UPON RECEIPT
58.28(3)e	<b>58.28(3) Resident safety.</b> e. Each resident shall receive adequate supervision to protect against hazards from self, others, or elements in the environment. (I, II, III)  <b>DESCRIPTION:</b>  Based on record review and staff interview the facility failed to transfer a resident as ordered leading to a fall that resulted in a leg fracture (Resident # 18). The facility census was 46 residents.  Findings include:  Review of the MDS (Minimum Data Set) assessment dated 3/22/18 revealed Resident #18 had a BIMS (Brief Interview for Mental Status) score of 04 indicating severe cognitive impairment, she could not			

Facility Administrator

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 (2013).**

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

<b>Citation Number:</b> <b>6808</b>		<b>Date:</b> <b>June 1, 2018</b>		
<b>Facility Name:</b> <b>Good Sam West Union</b>		<b>Survey Dates:</b> <b>May 7-10, 2018</b>		
<b>Facility Address/City/State/Zip</b> <b>201 Hall Street</b> <b>West Union, IA 52175</b>				
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class</b>	<b>Fine Amount</b>	<b>Correction date</b>

	<p>ambulate, needed extensive assistance of 2 staff members for bed mobility, and extensive assistance of 2 staff members to transfers.</p> <p>Review of the current care plan for Resident #18 at the time of the fall on 4/13/18 revealed interventions which directed staff to utilize a slide board with 2 staff assist for transfers or to use a total mechanical lift if the resident had weakness and unable to use the slide board.</p> <p>During an interview 5/8/18 at 12:05 p.m., Staff A (CNA) stated on the morning of 4/13/18 at about 6:00 a.m. she was getting ready to give Resident #18 a shower. Staff A called for assistance to transfer the resident to the shower chair. Staff B (CNA) arrived and they attempted to pivot Resident #18 from her bed onto the shower chair. The shower chair brakes were not locked and it slid back and they had to lower Resident #18 to the floor. Staff A stated they lowered Resident #18 to the floor very gently and did not feel the resident could have been injured so they called for another CNA to come and assist getting the resident off the floor and</p>			
--	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--	--

Facility Administrator

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 (2013).**

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

<b>Citation Number:</b> <b>6808</b>		<b>Date:</b> <b>June 1, 2018</b>		
<b>Facility Name:</b> <b>Good Sam West Union</b>		<b>Survey Dates:</b> <b>May 7-10, 2018</b>		
<b>Facility Address/City/State/Zip</b> <b>201 Hall Street</b> <b>West Union, IA 52175</b>				
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class</b>	<b>Fine Amount</b>	<b>Correction date</b>

	<p>into the shower chair without notifying a nurse to assess the resident. Staff A indicated Staff C (CNA) arrived and they transferred Resident #18 into the shower chair and there were no visible signs of any injury.</p> <p>During an interview 5/8/18 at 12:50 p.m. Staff C verified that on the morning of 4/13/18 she was called to come and assist to transfer Resident #18. When Staff C arrived the resident was sitting on the floor with her legs extended out in front of them and there was no apparent signs of any injury. Staff C assisted Staff A and B in lifting Resident #18 off the floor and into the shower chair. Staff C was unaware Staff A and B had not notified the nurse and there was no nursing assessment prior to moving the resident.</p> <p>During an interview 5/8/18 at 1:25 p.m. Staff B (CNA) verified that on the morning of 4/13/18 around 6:00 a.m. she heard Staff A call for assistance to transfer Resident #18. Staff B responded and assisted Staff A in pivoting Resident #18 from the bed to the shower chair, Staff B was aware Resident</p>			
--	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--	--

Facility Administrator

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 (2013).**

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

<b>Citation Number:</b> <b>6808</b>		<b>Date:</b> <b>June 1, 2018</b>		
<b>Facility Name:</b> <b>Good Sam West Union</b>		<b>Survey Dates:</b> <b>May 7-10, 2018</b>		
<b>Facility Address/City/State/Zip</b> <b>201 Hall Street</b> <b>West Union, IA 52175</b>				
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class</b>	<b>Fine Amount</b>	<b>Correction date</b>

	<p>#18 required a slide board to transfer. Staff B indicated they did not have time to get the slide board as Resident #18 was already starting to slide on the edge of the bed. The shower chair brakes were not locked and the chair slid away so they gently lowered Resident #18 to the floor. Staff B verified the resident did not hit anything on the way to the floor and her legs remained out in front of her. Staff B felt Resident #18 could not have been injured. Staff C was called to assist in getting Resident #18 off the floor and into the shower chair without notifying a nurse to assess the resident first.</p> <p>During an interview 5/9/18 at 9:35 a.m. Staff D (CNA) stated that prior to her leg fracture Resident #18 required 2 staff assistance with a slide board to transfer. However, the slide board did not work for showers because her skin did not slide well on the board. The mechanical lift was used for transfers in and out of the shower chair.</p> <p>The progress notes had no documentation of a fall on 4/13/18 or any incident that required the resident to be lowered to the floor. The</p>			
--	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--	--

Facility Administrator

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 (2013).**

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

<b>Citation Number:</b> <b>6808</b>					<b>Date:</b> <b>June 1, 2018</b>
<b>Facility Name:</b> <b>Good Sam West Union</b>		<b>Survey Dates:</b> <b>May 7-10, 2018</b>			
<b>Facility Address/City/State/Zip</b>  <b>201 Hall Street</b> <b>West Union, IA 52175</b>					
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class</b>	<b>Fine Amount</b>	<b>Correction date</b>	

	<p>notes on the morning of 4/19/18 indicated staff observed the resident's right knee was swollen and discolored. Staff assessed and notified the medical provider who assessed the knee and ordered X-rays which revealed a distal femur (above the knee) fracture on the right leg. The hospital transferred Resident #18 for evaluation/consultation with an Orthopedic Surgeon.</p> <p>The Orthopedic Surgeon consultation dated 4/20/18 found a pathologic distal femur fracture on the right that may have occurred from the fall on 4/13/18.</p> <p>Review of follow up documentation provided by the facility to the surveyor on 5/8/18 found the CNA's involved received education on 4/19/18, 4/20/18, and 4/21/18 prior to working back on the floor. The facility also completed audits the week of 4/22/18 to ensure staff followed residents care plans for proper transfers.</p> <p><b>FACILITY RESPONSE:</b></p>			
--	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--	--

Facility Administrator

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 (2013).**

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

Citation Number: <b>6808</b>		Date: <b>June 1, 2018</b>		
Facility Name: <b>Good Sam West Union</b>		Survey Dates: <b>May 7-10, 2018</b>		
Facility Address/City/State/Zip  <b>201 Hall Street West Union, IA 52175</b>				
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class</b>	<b>Fine Amount</b>	<b>Correction date</b>

--	--	--	--	--

Facility Administrator

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 (2013).**