The Ambassador Sidney 115 Main Street Sidney, IA 51652		Survey	_	
		Survey Dates: January 25 to March 6, 2018		0019
Oldlicy, IA 31032				2016
	DS			
Rule or Code Natu Section	re of Violation	Class	Fine Amount	Correction date
facility shall be responsing maintenance of a safe personnel. (III) 58.28(3) Resident safe e. Each resident shall protect against hazard in the environment. (I, Description: Based on clinical record the facility failed to prosupervision as planned alarms which resulted resulted in fracture, for reviewed (Resident # 3 census of 44. Findings include: 1. The Medicare 5 day (MDS) assessment day (MDS) assessment day (MDS) assessment day (MDS) document the facility for Medicare He required the assistation mobility, dressing, hyg	receive adequate supervision to s from self, others, or elements II, III) d review and staff interviews,		\$ 5500	Upon Receipt
Facility Administrator		ate		Page 1

Citation Number: 6775		Amended Citation – Fine amount reduced by 35% to \$3,575.00 on March 21, 2018. Pursuant to Iowa Code Section 135C.43A		Date: March 14, 2018		
The Ambassador Sidney			Survey	Dates:	l	
115 Main Stre			January 25 to Marc		larch 6, 2	018
Sidney, IA 51652		DS				
Rule or Code Natu Section		e of Violation	Class	Fine Amount		Correction date
	fell in the last month printeracture prior to admission once with a non-major in major injury since admission. The facility did not deversatif on the resident's in the Resident Progress PM documented the resperson, place and time for strengthening and caresident currently receive transferred with the assion for transfers, had touch leg and could not take the hip fracture. The resident's Fall Risk and completed by the Edocumented a score of high risk for falls). The Resident Progress PM documented Reside an incision on the left him.	elop an initial care plan to direct adividualized care needs. Notes dated 9/15/17 at 12:30 sident as alert and oriented to and he admitted to the facility are for his hip fracture. The wed blood thinning medication, sistance of one and a gait belt to every dependent of the weight bearing on the left to baths or whirlpools due to a Assessment, dated 9/15/17 Director of Nursing (DON), 9 (ten or above represents a long to the weight bear at 2:27 ent #3 had six intact staples to a and three intact staples to a				Page
Fac	ility Administrator		ate			rage

The Ambassador Sidney 115 Main Street Sidney, IA 51652 DS Rule or	J	Survey Dates anuary 25 to		018
Sidney, IA 51652 DS Rule or		anuary 25 to	March 6, 2	018
DS Rule or				
Code Nature of Vio	lation	Fine Class	e Amount	Correction date
An Event Report completed by Surse (RN), on 9/17/17 at 6:01. Resident #3 got out of bed and knees on the floor at 5:53 AM. Suresident injury and documented alarm on the resident's bed. Revergress Notes revealed no entrompleted by Staff D. Review of the Resident Progres at 4:50 PM documented the resident 7:30 AM and he denied falling E, RN, documented no new injut the resident. Staff E recorded shall resident and his spouse on the lalert staff and she informed the had been placed to remind Resilight for assistance with getting the Resident #3 had increased discand lower leg. Staff E contacted The Resident Progress Notes et 4:53 PM documented the resident Resident Progress Notes et 4:53 PM documented the resident Progress Notes et 4:53 PM documented the resident Progress Notes et 4:53 PM documented the resident Progress Notes et 7:13 P	AM documented was found on his staff D noted no she placed a bed view of the Resident ry regarding this event. S Notes dated 9/17/17 ident found on the floor of to the left side. Staff ries upon a check of the instructed the cuse of the call light to resident's son an alarm dent #3 to use the call up. Intry dated 9/17/17 at ent's son reported comfort in the right hip the on-call physician. Intry dated 9/17/17 at ent self-transferred to his bed. Three staff sident denied pain or ifficulty. Staff E regarding this fall. A			Page 3
Facility Administrator				Page 3

Citation Num	nber:	Amended Citation – Fine amount reduced b to \$3,575.00 on March 21, 2018. Pursuant to Code Section 135C.43A				
The Ambassador Sidney			Survey		ı	
115 Main Str			January 25 to March 6,		larch 6, 2	018
Sidney, IA 5	1652	DS				
Rule or Code Section	Natur	re of Violation	Class	Fine Amount		Correction date
	obtained an X-ray of the resident's right hip. An entry dated 9/18/17 at 12:24 AM documented Resident #3 had an impacted fracture of the right femoral neck (right hip fracture). The resident transferred to the hospital by ambulance after physician notification of the x-ray results. During interview on 2/16/18 at 10:05 AM, the DON stated Staff D documented placement of a bed alarm as an intervention for the fall that occurred on 9/17/17 at 5:53 AM. During investigation of the fall, the DON found out the bed alarm had not actually been implemented because the resident was already in bed. Staff D placed the alarm and pad on the resident's bedside table instead. When the DON interviewed Staff E for the subsequent falls she determined the bed alarm had not been implemented by other staff throughout the day and the alarm remained on the resident's bedside table. The DON stated Staff D received disciplinary action for failing to implement the bed alarm at the time she documented it's use.					Doge 4
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Facility Administrator	Date	-
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