

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

<b>Citation Number:</b> 6856		<b>Date:</b> September 26, 2018		
<b>Facility Name:</b> Pearl Valley Rehabilitation and Nursing Sutherland		<b>Survey Dates:</b> August 9 and August 20-23, 2018		
<b>Facility Address/City/State/Zip</b>  506 East 4 <sup>th</sup> Street Sutherland, Iowa 51058		<b>MW</b>		
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class</b>	<b>Fine Amount</b>	<b>Correction date</b>

<b>58.28(3)e</b>	<p><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.</p> <p><b>DESCRIPTION:</b></p> <p>Based on observation, clinical record review, and interviews, the facility failed to ensure one (1) of three (3) residents received adequate supervision to protect against accidents. Clinical record review and staff interviews revealed the facility failed to provide a safe method of transfer for Resident #2. Resident #2 sustained a fracture of the right proximal humeral shaft (the top of the arm bone in the shoulder joint) during a transfer with a mechanical sit to stand lift. Prior to the incident it had been identified by the facility staff that Resident #2 required assessment by physical therapy to determine the safety of the transfer using a sit to stand mechanical lift. The facility failed to determine the safety of the transfer and continued to use the sit to stand lift. The facility reported a census of 22 residents.</p> <p>Findings include:</p>	<b>I</b>	<b>\$2,250</b>	<b>UPON RECEIPT</b>
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Facility Administrator

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Date

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	<p>The Minimum Data Set (MDS) assessment with a reference date of 4/13/18 for Resident #2 identified a Brief Interview for Mental Status (BIMS) score of 8 indicative of moderately impaired cognition. According to the MDS, the resident required the extensive assistance of two staff for transfers, and toilet use, dressing, personal hygiene, and bed mobility. A balance during transition and walking test identified the resident as not steady and only able to stabilize with staff assistance when moving from a seated to standing position, moving on and off toilet and surface to surface transfer. The MDS further identified functional limitation in range of motion on one side for upper and lower extremities. The resident had diagnosis that included a seizure disorder, fracture, generalized weakness, hemiparesis (weakness of an entire side of the body) and chronic obstructive pulmonary disease. The resident had had not experienced a fall prior to admission or reentry.</p> <p>A provider visit note dated 6/6/18 documented facility staff had reported Resident #2 complained of severe right arm and shoulder pain, the Director of Nursing identified the injury possibly occurred during an Easy stand (sit to stand</p>			
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	<p>mechanical lift) transfer where the resident had an episode where she went limp and did not bear weight and the strap of the lift went around her right arm. The note further documented that a portable x-ray was obtained which revealed a fracture of the proximal humeral shaft. The provider note additionally ordered an arm/shoulder immobilizer/sling to be applied, orthopedic consultation to be scheduled, pain medication, and directed Resident #2 to be transferred with a Hoyer (sling lift).</p> <p>A Fax Order dated 5/9/18 revealed the Director of Nursing requested and received an order for PT/OT (physical therapy/occupational therapy) to evaluate the transfer of Resident #2 in sit to stand lift.</p> <p>In an interview on 8/20/18 at 2:55 p.m. Staff A, Rehab department confirmed through review of computerized therapy notes that PT/OT had not received the order dated 5/9/18 to review Resident #2's transfer and further confirmed the resident was not seen in therapy in May.</p> <p>In an interview on 8/20/18 at 3:40 p.m. the Director of Nursing (DON) confirmed she had concerns with the sit to stand transfer for</p>			
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	<p>Resident #2. The DON stated had assisted the resident with the sit to stand transfer frequently and was concerned that due to right sided paralysis the resident was unable to hold onto the lift with her right arm and did not bear weight well with her right leg. The DON stated it was her understanding that to be a safe transfer the resident needed to be able to hang onto the lift with both hands, and further stated had concerns about transfer safety for Resident #2 for some time. The DON confirmed the facility is responsible to determine and provide a safe transfer for residents. The DON further confirmed that the order received on 5/9/18 was requested because of the concerns identified with the safety of the sit to stand transfer. The DON further confirmed the facility failed to communicate this order and the transfer was not evaluated.</p> <p>In an interview on 8/20/18 at 3:30 p.m. the Corporate Nurse reviewed his written statement of the incident dated 6/5/18 at 2:30 p.m. The Corporate Quality Assurance (QA) Nurse documented he had observed two certified nurse aides (CNA) transfer Resident # 2 from her electric wheelchair to the toilet using the sit to stand lift at the request of the Administrator. In the process of transferring he observed the resident</p>			
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	<p>have a spell (seizure) which caused her to slump down resulting in the sling moving up under her axillary region. Following the transfer the resident complained of pain in the right upper extremity but was unable to rate pain.</p> <p>No incident report related to the transfer incident was completed by the facility.</p> <p>Review of a Fax Order dated 6/6/18 documented Resident #2 complained of severe pain in the entire right arm, and requested and received orders for x-rays of the right shoulder and elbow. Review of the Final Report dated 6/6/18 of x-rays of right shoulder revealed a fracture of the proximal humeral shaft.</p> <p>A care plan dated as last reviewed in April 2018 directed staff to use a mechanical lift with transfers, clarified the resident prefers the E-Z stand (sit to stand lift). On 6/6/18 the care plan was edited to direct staff to use the hoyer (mechanical sling) lift for transfers.</p> <p>In an interview on 8/21/18 at 12:00 noon, the Administrator confirmed that the facility relied on PT/OT to determine the method of transfer for residents. An order was received for evaluation</p>			
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	<p>of Resident #2's transfer because staff had observed the transfer to be unsafe due to right sided paralysis. The Administrator further stated that the facility failed to communicate the order for PT/OT to evaluate the safety of the sit to stand transfer for Resident #2. The Administrator further admitted that the resident continued to be a sit to stand transfer until the incident on 6/5/18 almost a month after the order to evaluate the transfer was received and in that time no one at the facility pursued the reason evaluation had not been completed.</p> <p><b>FACILITY RESPONSE:</b></p>			
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