

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

Citation Number: #7098	Fine Amount reduced by 35% to \$4,225.50 on February 07, 2020 pursuant to Iowa Code Section 135C.43A	Date: January 29, 2020		
Facility Name: Kingsley Specialty Care	Survey Dates: January 13-16, 2020			
Facility Address/City/State/Zip 305 W 3 rd Street Kingsley, IA 51028	MW/DC			
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

58.28(3)e	<p>481—58.28(135C) Safety. The licensee of a nursing facility shall be responsible for the provision and maintenance of a safe environment for residents and personnel. (III)</p> <p>58.28(3) Resident safety. e. Each resident shall receive adequate supervision to protect against hazards from self, others, or elements in the environment. (I, II, III)</p> <p>DESCRIPTION: Based on record review and staff interview, the facility failed to provide adequate supervision to prevent accidents for 1 of 2 residents reviewed, (Resident #9). The facility reported a census of 33 residents.</p> <p>Findings include:</p> <p>According to the Minimum Data Set (MDS) assessment dated 11/7/19 Resident #9 scored 4 on the Brief Interview for Mental Status (BIMS) indicating severe cognitive impairment. The resident required limited assistance with ambulation in the corridor. The resident was unsteady, but able to stabilize without human assistance when walking. The resident's diagnoses included Alzheimer's disease.</p> <p>The Care Plan in effect 1/2/20 and dated 5/15/19, identified the resident had an actual fall with serious injury, partial hip fracture, related to an instance of</p>	I	\$6000.00	UPON RECEIPT
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Facility Administrator

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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).

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	<p>poor balance. The interventions in place on 1/2/20 included the resident ambulated without an assistive device with 1 assist (dated 8/29/19).</p> <p>A Therapy Communication form dated 5/21/19 documented they recommended to please walk the resident to/from all meals and activities with contact guard assist (CGA).</p> <p>A Progress Note dated 1/2/20 at 9:05 a.m. documented a Certified Nursing Assistant (CNA) ambulated with resident after breakfast to the shower room down hall 1. The resident ambulated faster than normal with the CNA. The resident lost her balance falling down onto her right hip and right elbow. The resident did not hit her head. No internal/external rotation noted to the resident's extremities and the resident denied pain/discomfort at the time of fall. The resident assisted up with assist of 2 and partial weight bearing on the right leg, and full weight bearing on the left. The resident transferred to the wheel chair. Appointment made with the resident's provider. The resident experienced increased pain to the right hip at rest.</p> <p>At 5:23 p.m. received notification from the emergency room the resident admitted with acute fracture right trochanter.</p> <p>A hospital History and Physical dated 1/2/20 documented the resident had an acute transverse impacted fracture of the subcapital region of the femur.</p>				
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	<p>An Operative/Procedure Report dated 1/3/20 documented the resident underwent right hip cemented hemiarthroplasty (surgical procedure that involves replacing half of the hip joint).</p> <p>The Progress Notes dated 1/6/20 at 1:01 p.m. documented the resident returned to the facility from the hospital.</p> <p>The Progress Notes dated 1/10/20 at 12:00 p.m. documented the physician faxed about increased pain since return from the hospital. New orders received for Tramadol 50 mg 2 times a day (BID) for 14 days.</p> <p>During an observation on 1/14/20 at 6:53 Staff D, CNA and Staff E, CNA assisted the resident. Staff transferred the resident using a gait belt and the resident indicated pain with standing.</p> <p>During an interview on 1/13/20 at 1:45 p.m. Staff A, CNA stated (1/2/20) he walked with the resident after breakfast going to the bath. She had shoes on and he held onto her hand. She started walking faster, lost her balance and fell. He said the resident had stand by assist (SBA) of 1 person, and did not utilize the gait belt. He said she walked steady until she went down.</p> <p>During an interview on 1/14/20 at 7:06 a.m. Staff D, CNA stated prior to the fall on 1/2/20 the resident had SBA with holding her hand to slow her down. Staff E, CNA stated the resident had SBA of 1 holding her hand because she could get to trotting and needed told to slow down.</p>			
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	<p>The clinical record lacked any documentation of a rationale for changing the resident from CGA to a lesser assist of SBA.</p> <p>During an interview on 1/14/20 at 4:27 p.m., the Director of Nursing (DON) stated the aides told her the resident set the alarm off all the time and got up and going. The resident didn't want the gait belt and didn't want to be touched so they discontinued the alarm and made her SBA.</p> <p>During an interview on 1/15/20 at 8:42 a.m. Staff C, CNA stated he did walk with the resident in the hallway and would use a gait belt if she had a bad day. He said she was still kind of shaky on the 1st broken hip. He said when she walked she wouldn't stop so she needed someone side by side with her.</p> <p>During an interview on 1/15/20 at 11:07 a.m., the Physical Therapy Aide (PTA) stated when he did a screen it consisted primarily of questions to the resident that included if they had difficulty with ambulation. He would not watch her walk for the screen but he had seen her around the facility with staff with the hand hold. He said she did wander down to the therapy room 1 time. He said if the facility had asked him about changing from CGA to SBA he would have discussed it with the Physical Therapist (PT) and Occupational Therapist (OT).</p> <p>During an interview on 1/15/20 at 12:36 p.m., the Nurse Consultant stated they do not have a policy for</p>				
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	<p>SBA but it meant walking with the resident without hands on. She said they can change assistance levels but it should be documented why they are doing it.</p> <p>During an interview on 1/15/20 at 12:44 p.m., the Physical Therapist stated if a resident was not on case load and the facility wanted a recommendation about changing from CGA assist he would not feel comfortable making one based on their observations. He would want to know from the PTA, someone qualified in therapy, about the resident's status with transfers, standing, pivot, etc.. Otherwise they would need an evaluation.</p> <p>During an interview on 1/15/20 at 1:04 p.m., OT stated they put the resident on CGA which meant hands on the gaitbelt, because the resident had no carryover with safety and a diagnosis of dementia. She said they were not supposed to make recommendations without an evaluation and they could do a 1 time only eval. She said the resident was a difficult case and would not participate in therapy. She said SBA was different for therapy than for the facility. She said SBA for therapy meant within arms length with a gait belt on the resident. She considered SBA per the nursing home (definition) supervision. She said usually the facility would go ahead and change assist status if the resident needed more help, but usually at least wanted an opinion if they were going to provide them less assistance. She said walking with the resident holding their hand as opposed to using a gait belt would make it more difficult to keep a resident from falling but every little bit helped.</p>				
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50.7(1)a(2)	<p>The facility policy, Gait Belts (for use in ambulation and transfer) January 2015 edition, identified gait belts should be used by all staff, to allow for easier handling of residents which should help avoid injuries, both to residents and staff.</p> <p>FACILITY RESPONSE:</p> <p>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. a. “Major injury” shall be defined as any injury which: (1) Results in death; or (2) Requires admission to a higher level of care for treatment, other than for observation; or (3) Requires consultation with the attending physician, designee of the physician, or physician extender who determines, in writing on a form designated by the department, that an injury is a “major injury” based upon the circumstances of the accident, the previous functional ability of the resident, and the resident’s prognosis.</p> <p>Description:</p>	II	\$500	UPON RECEIPT	
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	<p>Based on record review and staff interview, the facility failed to report and accident with a major injury to the Department of Inspections and Appeals for 1 resident reviewed (Resident #9). The facility reported a census of 33 residents.</p> <p>Findings include:</p> <p>According to the Minimum Data Set (MDS) assessment dated 11/7/19 Resident #9 scored 4 on the Brief Interview for Mental Status (BIMS) indicating severe cognitive impairment. The resident's diagnoses included Alzheimer's disease.</p> <p>A Progress Note dated 1/2/20 at 9:05 a.m. documented a Certified Nursing Assistant (CNA) ambulated with the resident after breakfast to the shower room down hall 1. The resident ambulated faster than normal with the CNA. The resident lost her balance falling down onto her right hip and right elbow. The resident did not hit her head. No internal/external rotation noted to the resident's extremities, and the resident denied pain/discomfort at the time of fall. The resident assisted up with assist of 2 and partial weight bearing on the right leg, and full weight bearing on the left. The resident transferred to the wheel chair. Appointment made with the resident's provider. The resident experienced increased pain to the right hip at rest.</p> <p>At 5:23 p.m. received notification from the emergency room the resident admitted with acute fracture of the right trochanter.</p>				
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	<p>A hospital History and Physical dated 1/2/20 documented the resident had an acute transverse impacted fracture of the subcapital region of the femur.</p> <p>An Operative/Procedure Report dated 1/3/20 documented the resident underwent right hip cemented hemiarthroplasty (surgical procedure that involves replacing half of the hip joint).</p> <p>During an interview on 1/13/20 at 1:30 p.m. the Director of Nursing (DON) stated they did not report the resident's fall with a fractured hip.</p> <p>Facility Response:</p>				
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