

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

Citation Number: 9038				
Facility Name: Evergreen Estates III		Date: December 22, 2020		
Facility Address/City/State/Zip 2204 Johnson Avenue NW Cedar Rapids, IA 52405		Survey Dates: October 26 – November 5, 2020		
		LK	94099-I and 94602-C	
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

57.22	<p>481-57.22(3)c Orientation and Service Plan 57.22(3) Service plan. Within 30 days of admission, the administrator or the administrator's designee, in conjunction with the resident, the resident's responsible party, the interdisciplinary team, and any organization that works with or serves the resident, shall develop a written, individualized, and integrated service plan for the resident. The service plan shall be developed and implemented to address the resident's priorities and assessed needs, such as activities of daily living, rehabilitation, activity, and social, behavioral, emotional, physical and mental health. (I, II, III) c. The service plan should be modified to add or delete goals and objectives as the resident's needs change. Communications related to service plan changes or changes in the resident's condition shall occur within five working days of the change and shall be conveyed to all individuals inside and outside the residential care facility who work with the resident, as well as to the resident's responsible party. (I, II, III)</p>	I	\$4200.00	Upon Receipt
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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).

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	<p>Based on interview and record review the facility failed to amend the service plan as needed for 1 of 3 former residents reviewed (Resident C1). Findings include:</p> <p>Resident C1 was admitted on 5/20/16 with diagnoses including anemia, psoriasis, atrial fib, angina, coronary artery disease, hypertension, post traumatic seizures, asthma, COPD (chronic obstructive pulmonary disease), osteoarthritis, subdural hematoma, history of falls, benign prostatic hyperplasia, trigeminal neuralgia, hyperlipidemia, and diabetes mellitus Type II. He had decreased balance, a history of falls, noncompliance using his walker and a history of alcohol abuse.</p> <p>Resident C1's most recent service plan dated 9/16/20 revealed the following regarding his decreased balance and prevention of falls: Current Need: Resident C1 has decreased balance, osteoarthritis of pelvic, knee and thigh regions, and history of noncompliance of walker, history of subdural hematoma, alcohol abuse and history of falls. Goal: Resident C1 will maintain current gait and ADL functions. He will not experience falls. Objectives: Resident C1 will</p> <p>1. Abstain from alcohol</p>			
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	<p>2. Ask for assist as needed 3. PT/OT (physical therapy/occupational therapy) as ordered 4. Wheelchair only until PT releases to ambulate 5. Use call light 6. Stand by assist one on one</p> <p>A review of nurse's notes revealed Resident C1 was hospitalized and received rehabilitation physical therapy from 8/9/20 through 8/31/20. Between 8/31/20 and 9/18/20, nurse's notes revealed facility nurses kept in close contact with Resident C1's physician on a regular basis which included daily assessment/vitals, physician appointments, and medication changes on 9/16/20.</p> <p>On 9/18/20 at 9:40 am Resident C1 was found laying on the floor of the facility hallway outside of his room by a cook. The nurse was immediately called and the resident was assessed and taken to a chair in his room. The resident re-opened a small skin tear on his elbow. The nurse contacted the physician. The physician ordered the resident sent to the emergency room if he fell again or could not walk. At 11:50 am Resident C1 began leaning to the left and not following verbal commands. The resident was taken to</p>			
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	<p>the emergency room by ambulance. On 9/20/20 at 10:38 pm Resident C1 passed away at the hospital. The State of Iowa Certificate of Death listed the immediate cause of death as a subdural hemorrhage as a consequence of a fall (accident).</p> <p>On 11/3/20 at 10:16 am, Staff B stated she worked the morning of 9/18/20. She last saw Resident C1 at approximately 8:00 am when she walked him back to his room after breakfast. Staff B stated she was on break at the time of Resident C1's fall outside of his room. He had been having falls and had recently returned from a hospital stay where he received physical therapy. Staff B stated, after his return from the hospital, he was to ambulate with his walker with staff at his side. Resident C1 was supposed to pull his call light for assistance any time he wanted to get up from his chair or bed. Even though staff told him to use the call light, he did not do it. Staff increased their checks/supervision of Resident C1 because of his non-compliance with pulling his call light. On 11/3/20 at 12:13 pm, Staff E stated she worked the morning of 9/18/20. She was just around the corner from Resident C1's room on 9/18/20 at 9:40 am, when a different resident went to get up out of a chair and began having a seizure. Staff E was assisting this</p>			
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	<p>resident when she heard Staff D yelling for help outside of Resident C1's room. The resident Staff E was assisting was okay so she ran to Resident C1 with Staff A. Resident C1 was on his side in the hallway outside of his room without his walker present. Staff E and Staff A assisted Resident C1 to his chair. According to Staff E, the resident was notorious for not using his walker and saying he did not need it. Resident C1 also did not pull his light for staff assistance as he was told to do. Staff E indicated staff increased supervision of Resident C1 because of his non-compliance. Prior to the fall on 9/18/20, Staff E stated she last saw Resident C1 between 7:00 am and 8:00 am when she gave him his medications at breakfast.</p> <p>On 11/5/20 at 10:09 am Staff D stated he was in the kitchen several rooms down from Resident C1's room when he heard someone yell for help. Staff D came out of the kitchen and observed Resident C1 laying in the hall outside of his room at around 9:30 or 9:40 am. Staff D got the nurse for assistance.</p> <p>On 11/3/20 at 8:15 am Staff C stated Resident C1's balance was bad after his return from the hospital in August so staff stood next to him at all times when he got up. Resident C1 was</p>			
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	<p>supposed to call for assistance when he needed to get up but since he did always pull his light, staff increased supervision of him. Staff C stated there were no specific checks they were to do. They were to keep an increased eye on him. On 11/3/20 at 8:56 a.m. Staff A described Resident C1 as independent and stubborn. Staff A stated Resident C1 had been falling since he returned from his physical therapy inpatient stay. Staff A stated they were in contact with his physician regularly to monitor him. Resident C1 was supposed to pull his call light if he wanted to get up but he didn't always do that. Staff increased supervision of him but there were no specific checks they had to do. The service plan for Resident C1 mentioned a wheelchair and physical therapy which was no longer active. Staff indicated they performed increased supervision for Resident C1 but the service plan did not provide guidance on what "increased supervision" entailed or meant. On 11/5/20 at 1:00 pm the administrator stated she had no idea why the service plan addressed a wheelchair. The administrator confirmed the service plan failed to dictate what increased supervision was for Resident C1.</p>			
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