

Iowa Department of Inspections and Appeals

Health Facilities Division

Citation

Citation Number: 1001		Amended 05/25/2021 Fine amount reduced by 35% to \$325 on May 13, 2021 pursuant to Iowa Code Section 135C.43A		Date: April 29, 2021	
Facility Name: Scottish Rite Park, Inc.		Survey Dates: March 16 – April 12, 2021			
Facility Address/City/State/Zip 2909 Woodland Ave. Des Moines, IA 50312		JM			
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date	

58.43(5)	481—58.43(135C) Resident abuse prohibited. Each resident shall receive kind and considerate care at all times and shall be free from mental, physical, sexual, and verbal abuse, exploitation, neglect, and physical injury. Each resident shall be free from chemical and physical restraints except as follows: when authorized in writing by a physician for a specified period of time; when necessary in an emergency to protect the resident from injury to the resident or to others, in which case restraints may be authorized by designated professional personnel who promptly report the action taken to the physician; in the case of an intellectually disabled individual when ordered in writing by a physician and authorized by a designated qualified intellectual disabilities professional for use during behavior modification sessions. Mechanical supports used in normative situations to achieve proper body position, balance shall not be considered a restraint. (II)	II	\$500	Upon Receipt	
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Facility Administrator

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58.45(1)	<p>481—58.45(135C) Dignity preserved. The resident shall be treated with consideration, respect, and full recognition of dignity and individuality, including privacy in treatment and in care for personal needs. (II)</p> <p>58.45(1) Staff shall display respect for residents when speaking with, caring for, or talking about them, as constant affirmation of their individuality and dignity as human beings. (II)</p> <p>DESCRIPTION:</p> <p>Based on observation, staff interview, record review, personnel file review, and facility policy and procedure review, the failed to ensure staff displayed respect for residents when caring for them as constant affirmation of their individuality and dignity as human beings, and also failed to ensure residents remained free from physical restraints imposed for convenience and not required to treat the resident's medical symptoms for 1</p>			
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	<p>of 4 residents reviewed (Resident #1). The facility reported a census of 21 residents.</p> <p>Findings include:</p> <p>1. An admission Minimum Data Set (MDS) assessment tool dated 1/25/21, documented Resident #1 had diagnoses that included: unspecified dementia with behavioral disturbance, psychotic disorder, restlessness and agitation, anxiety, and depression. The MDS revealed the resident scored of 12 of 15 possible points on a BIMS (brief interview for mental status) test, which meant the resident demonstrated moderately impaired cognitive function. The MDS also documented the resident exhibited fluctuating inattention and disorganized thinking, and feeling down, depressed or hopeless daily. The MDS identified Resident #1 required extensive assistance of one staff for bed mobility, surface-to-surface transfers, ambulation (walking), and toilet use, and was not</p>			
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	<p>steady but able to stabilize self without staff assistance when moving from a seated to standing position.</p> <p>An undated care plan with a focus area which included impaired cognitive function related to a diagnosis of unspecified dementia with behavioral disturbances, delusions and paranoia. The care plan documented the resident experienced anxiety and worried a lot which could lead to suicidal ideations and staff found the resident hard to redirect due to circle conversations that repeat over and over. The care plan also documented the resident could become combative during cares, may try to tip the wheelchair backwards, may try to walk independently, and refuse assistance with cares. The care plan directed staff to allow extra time to process questions or cues, reminisce using photos of family and friends, give one on one attention, report out of the norm suicidal ideations to the charge nurse immediately, switch out caregivers as needed, and keep the resident close to staff in an attempt to try to make them feel more secure and safe. The care plan revealed Resident #1 liked to fidget, tinker and</p>			
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	<p>stay keep busy with hands, say prayers, listen to Christian music or watch church services. The care plan directed staff to provide activities that allow the resident to keep their hands busy, and cue, re-orient and supervise as needed.</p> <p>During an interview on 4/1/2021 at 12:35 p.m. Staff A, Licensed Practical Nurse (LPN) stated on 3/1/21 Staff B, LPN used a gait belt to tie Resident #1 in a dining room chair, behind the nurse's station. Staff A described the gait belt as a typical gait belt with a metal buckle, fastened so that the resident could not reach the buckle. Staff A stated she reported her concern to the Chief Nursing Officer (CNO) on 3/2/21.</p> <p>During an interview on 3/31/21 at 3:00 p.m. Staff C, Certified Nursing Assistant (CNA) stated on 3/1/21 after supper she observed Resident #1 at the nurse's station, seated in a dining chair with the chair back placed against the counter. Staff C demonstrated how she saw the gait belt wound through the fixed arms of a dining room chair and fastened. She responded she</p>			
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	<p>thought the buckle had been fastened behind the resident, but couldn't be sure. Staff C reported the resident would have been able to move around in the chair because the gait belt was loose, but unable to stand.</p> <p>During an interview on 4/1/21 at 3:00 p.m. Staff D, CNA reported on 3/1/21 after supper she saw Resident #1 at the nurse's station, seated in a dining room chair with a gait belt fastened around her and the chair and Staff B, LPN sitting with her.</p> <p>During an interview on 4/1/21 at 3:10 p.m. Staff E, CNA reported on 3/1/21 after supper, she saw Resident #1 at the nurse's station, seated in a dining room chair with a gait belt fastened around her waist and the dining room chair. Staff E stated this was not something she would do.</p> <p>In an interview on 4/1/21 at 1:03 p.m., Staff B, LPN stated on 3/1/21 Resident #1 was transferred to a straight back dining room chair behind the nurse's</p>			
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	<p>station. She reported she placed a gait belt around the resident, through the fixed arms, and fastened the gait belt with the buckle behind the chair, and then positioned the chair back against the nurse's station counter. Staff B reported the resident had been anxious and she was afraid she would tip over chair. Staff B stated she intended to keep the resident safe, although she acknowledged it was not ok to restrain a resident to keep them safe. After review of the facility camera footage of 3/1/21, Staff B confirmed the gait belt remained fastened around Resident #1 and the chair at the nurse's station from 6:36 p.m.-7:25 p.m.</p> <p>During an interview on 4/6/21 at 12:05 p.m., the CNO stated on Tuesday 3/2/21 she received a report from Staff A, LPN of an incident involving Staff B, LPN. Staff B allegedly placed a gait belt around Resident#1 and a chair at the nurse's station on 3/1/21. The CNO stated she interviewed Staff B who reported she had loosely placed the gait belt around the resident for safety. The CNO reported on 3/2/21 Resident #1 had demonstrated the ability to independently remove a</p>			
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	<p>gait belt that had been placed to ambulate with the resident. The CNO stated Resident #1's abilities fluctuate and she did not feel that at this time Resident #1 would be able to consistently, independently remove the gait belt. The CNO reviewed the incident and had decided the incident did not meet the criteria for a restraint, and also felt there had been no ill intent. The CNO responded that she felt it was not an appropriate intervention and Staff B, LPN showed poor nursing judgement.</p> <p>Observation on 3/16/21 at 3:30 p.m. revealed Resident # 1 seated in recline while staff provided 1:1 care with the resident interacting with staff.</p> <p>Observation on 4/1/21 at 11:35 a.m. revealed resident attempting to stand. Staff applied a gait belt and transferred the resident with assist of two staff.</p> <p>Using the reasonable person standard, a reasonable person in our society would not want to be tied to a</p>			
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	<p>chair to prevent them from standing and in addition, would feel fear, distress & humiliation.</p> <p>Review of an undated facility policy titled, Resident Screening, Training, Prevention, Identification, Investigation, Reporting, Protection of Abuse revealed the following expectations:</p> <p>Residents have the right to be free from verbal, sexual, physical, and mental abuse, neglect and mistreatment, corporal punishment, involuntary seclusion, and misappropriation of property.</p> <p>Abuse is defined as: the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm or pain or mental anguish.</p> <p>When reviewed, Staff B's personnel file revealed a hire date of 3/24/2009, a certificate for completion of the mandatory 2 hour dependent adult abuse for Iowa mandatory reporters dated 1/10/2019.</p> <p>Acknowledgement of the addition to the physical</p>			
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	<p>abuse policy dated 6/13/2017 reviewed the expectation to prevent personal degradation, and education on the abuse policy that was updated 1/5/2017 and signed on 1/18/17.</p> <p>FACILITY RESPONSE:</p>			
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