Citation Number: #5404 Facility Name: Mill Pond			Survey [	Dates:	Date: Octobe	r 11, 2021
	ss/City/State/Zip		September 20-28, 2021			
1201 SE Mill Po Ankeny, IA 500		MW/DC				
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
58.28(3)e	481—58.28(135C) Safe facility shall be respondent to the personnel. (III) 58.28(3) Resident safet e. Each resident shall protect against hazards the environment. (I, II, II)	I	\$7,000	0.00	UPON RECEIPT	
	interviews, the facility far of transfer for one of for (Resident #153.) The refractures of the bones in when staff failed to use facility reported a censur Findings include:  1. The Minimum Data State 6/11/20 revealed Finterview for Mental State	ata Set (MDS) with assessment led Resident #153 had a Brief I Status score of 11, which				
	resident required the ex for transfers, bed mobili during transition and wa as not steady but able t	impaired cognition. The stensive assistance of two staff ity and toilet use. A balance alking test identified the resident o stabilize with staff assistance ace to surface transfer such as				Page 1 of 1

Facility Administrator

Date

Citation Numb	er:				Date: October	r 11, 2021
Facility Name: Mill Pond			Survey Dates: September 20-28, 2021			
Facility Addres	ss/City/State/Zip		Septemi	Jei 20-20	0, 2021	
1201 SE Mill Pe Ankeny, IA 500		MW/DC				
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	from between chair and		T			
	listed on the MDS included and hemiplegia (paralys					
	Review of the Care Plan, on 9/22/21, with revised date 6/11/20 revealed Resident #153 was dependent on two staff with use of a full mechanical lift and the extralarge sling for transfers.					
		cument Team Sheet for Spring saled Resident #153 required a I transfers.				
	documented Staff A, Re Resident #153's room a the floor near the recline (Certified Nursing Assis the recliner while being then transferred to bed signs checked and recobruises sustained. Resimonitored. Intervention	s Note dated 6/20/20 at 1:36 am Staff A, Registered Nurse was called to 53's room and the resident was lying on r the recliner. According to the CNA ursing Assistant) Resident #153 slid down while being assisted. The resident was red to bed with full mechanical lift, vital ed and recorded and no new injuries or ained. Resident #153 continued to be ntervention put into place was to keep e slip material) in the recliner at all times.				
	Follow Up revealed Res changes in range of mo	6/21/20 at 5:30 am titled Fall sident #153 was assessed, no tion and no new injuries or ent did not complain of any				
		ed 6/21/21 at 9:27 am revealed lateral lower extremities. Legs				Page 2 of 1

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Citation Numb #5404	er:				Date: October	r 11, 2021
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1201 SE Mill P Ankeny, IA 500		MW/DC				
Rule or Code Section	Natur	Nature of Violation			mount	Correction date
	elevated with pillow in bed at this time. Resident had complaint of left arm pain this am unable to rate and routine Tramadol given.					
	The Progress Note dated 6/21/20 at 6:27 pm revealed the facility had received call from the resident's daughter and she requested Resident #153 be evaluated related to discomfort. Assessment done by Staff B, Registered Nurse, revealed extreme pain with any movement to right lower extremity. Slight shortening and rotation to the right hip noted and no bruising. Residnet #153 complained of discomfort to left shoulder. The Director of Nursing and On Call Provider was notified. Resident #153 transferred by ambulance to the emergency room.					
	The Progress Note dated 6/21/20 at 11:20 pm revealed a call was placed to the emergency room for update on resident status. Resident #153 was admitted to the hospital with left shoulder fracture and right hip fracture.					
	Review of the hospital Health Care form titled Results of X-ray of Hip reviewed on 9/22/21 with a service date of 6/21/20 revealed a displaced, comminuted (bone splintered) and angulated (distal fracture fragment is in relation to the proximal fragment) of the intertrochanteric (right hip).					
	X-ray of Shoulder review	Ith Care form titled Results of wed on 9/22/21 with a service d displaced left proximal ure of upper arm bone).				

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Facility Administrator

Date

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Facility Name: Mill Pond	3		Survey I		0 2024	
Facility Addres	ss/City/State/Zip		Septemi	oer 20-2	0, 2021	
1201 SE Mill Pond Court Ankeny, IA 50021		MW/DC				
Rule or Code Section	Nature of Violation		Class	Fine A	Amount	Correction date
	revealed Resident #153 which included inserted intramedullary (metal register right femur.  Review of Medication A 9/22/21, dated 6/1/20-6 received tramadol 50 m hours related to displace unspecified fracture of an ordered date of 6/26 Review of Medication A 9/22/21, dated 7/1/20-7 received tramadol 50 m hours related to displace unspecified fracture of an ordered date of 6/26 7/14/20.  On 9/22/21 at 10:20 am stated she heard Staff C called for help from Residued for help from	ad placed into a bone cavity)  administration record, on /30/20 revealed Resident #153 g (pain med) by mouth every 6 ed fracture of right femur and upper end of left humerus with				

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Facility Administrator

Date

Citation Number: #5404					Date: October	r 11, 2021
Facility Name: Mill Pond			Survey I		8 2021	
Facility Addres	s/City/State/Zip		осрасии	7C1 20-20	J, 2021	
1201 SE Mill Pond Court Ankeny, IA 50021		MW/DC				
Rule or Code Section	Nature	e of Violation	Class	Fine A	mount	Correction date
	was put back to bed. Stated over the radio twice whe Stated she had not seer incident.  On 9/22/21 at 11:20 AM stated she went into Rethe resident was on the C had never called for his tated she thought Staff E stated the nurse asket transfer and she stated CNA never called her for stated the facility trained to take a test related to take a test related to the stated that a test related to the facility trained to take a test related to the facility trained to take a test related to the facility trained to take a test related to the fall occurred around the facility trained to take a test related to the fall the charge nurse vital signs, neuro checks stated Resident #153 di gave the pain med becato the fall.  On 9/22/21 at 12:23 pm stated she was notified Resident #153 around in the stated Resident #153 around in the stated she was notifi	n. Staff A, RN, stated Resident und midnight and heard the er he transferred the resident				

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Facility Administrator	Facil	litv	Ad	mir	nisti	rato
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Citation Numb #5404	umber:			Date: October 11, 202				
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	ac/City/State/7in		Septemb	er 20-28	3, 2021			
	ss/City/State/Zip							
1201 SE Mill Po Ankeny, IA 500		MW/DC						
Allikolly, IA oo	,21							
Rule or Code	Notur	e of Violation	Class	Fine A	mount	Correction date		
Section	Natur	Nature of Violation				uate		
		or stated at the time of the fall						
	they did not have concerns of injuries or anything out of the ordinary had happened. She stated it was not until later the next day possible concern of fractures							
	until later the next day page arose and then Resider							
		gency room. She stated she was never told the Plan might not have been followed and concerns						
	never arose until her inv	estigation when they						
		Plan was followed. She stated as not forth coming and said he						
		in an awkward position and hip pain. Staff C then told the						
	Clinical Administrator th	at he tried to adjust the						
		ipped to the floor. Staff C then nistrator back the same day						
		dn't want the resident to fall to the sit to stand lift to readjust						
	Resident #153. Staff C	admitted he placed the sling for						
		nd the resident and then she er. Staff C, CNA, carried a						
	radio and did not call fo	r help until after Resident #153 linical Administrator stated Staff						
	C, CNA, was trained on	the mechanical lifts, slings and						
		ich is to double check that right and that it takes two staff						
	to utilize the lifts. The C	Clinical Administrator stated this						
	the floor. The Clinical A	been done before he worked Administrator stated after the						
1	incident he did not work investigation and he wa	again related to the splaced on administrative						
	leave.	es Poster Totales (TTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTT						
	During an interview on	9/22/21 at 3:31 PM Staff C,						
						Page <b>6</b> of <b>1</b> 0		
Facilit	y Administrator	Dat	e					

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Facility Name: Mill Pond			Survey I			
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1201 SE Mill Pond Court Ankeny, IA 50021		MW/DC				
Rule or Code Section	Natur	e of Violation				Correction date
	she fell. Staff C stated midnight and the reside late and then wanted to obtained the lift and strasling. Staff C stated he come help transfer but I he started to raise Residhimself and resident state over the recliner. Staff C that he started to pick he for another staff person C stated the facility had to mechanical lifts and reall times even when just again stated it was all or reason that night he got did not call for help with Staff C, CNA stated he attention when she started to provide the got report from the one came in and they wo with changes. Staff C vowas a full mechanical lift was a Care Plan to provide to stand lift that was right stated the slings for the and used the extra-large	nt had stayed in her recliner go to bed. Staff C stated he apped Resident #153 into the waited for the other staff to he got impatient. Staff C stated dent #153 up in the lift by arted sliding but she was still C, CNA stated it was his fault er up in the lift and didn't wait to help with the transfer. Staff provided him training related heeded to have two people at the placing the sling. Staff C for his fault and for whatever to impatient. Staff C admitted he the transfer over the radio. got Resident #153 immediate				Page 7 of 1

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Rule or Code Section	Natur	e of Violation				Correction date
	gotten in a hurry. Staff of Plans they could carry to one that night.  During an interview on a Administrator stated Stated Iff on Resident # stated she had a picture the Sit to Stand lift come #153's room. The Clinic mechanical lift should held Plan. The Clinical Admi exact size sling he used She stated the cubby we kept in the Spring Park resident's room. The Clinical Admi exact size sling he used She stated the cubby we kept in the Spring Park resident #153 did not hof daily living status (AE hospital after having a hard the resident was dependent to the sustained fracture which required She verified she had no remained a mechanical stated she provided edurelated to the use of me Care Plans and education on 9/27/21 at 8:27 am for the stated she provided edurelated to the use of me Care Plans and education on 9/27/21 at 8:27 am for the stated she provided education of the stated she provided education of the stated she provided education of 9/27/21 at 8:27 am for the stated she provided education of 9/27/21 at 8:27 am for the stated she provided education of 9/27/21 at 8:27 am for the stated she provided education of 9/27/21 at 8:27 am for the stated she provided education of 9/27/21 at 8:27 am for the stated she provided education of 9/27/21 at 8:27 am for the stated she provided education of 9/27/21 at 8:27 am for the stated she provided education of 9/27/21 at 8:27 am for the stated she provided education of 9/27/21 at 8:27 am for the stated she provided education of 9/27/21 at 8:27 am for the stated she provided education of 9/27/21 at 8:27 am for the stated she provided education of 9/27/21 at 8:27 am for the stated she provided education of 9/27/21 at 8:27 am for the stated she provided education of 9/27/21 at 8:27 am for the stated she provided education of 9/27/21 at 8:27 am for the stated she provided education of 9/27/21 at 8:27 am for the stated she provided education of 9/27/21 at 8:27 am for the stated she provided education of 9/27/21 at 8:27 am for the stated she provided education of 9/27/21 a	he Care Plan said but he had C acknowledged they had Care with them but he did not have 19/23/21 at 12:27 pm the Clinical aff C attempted to use the sit to 153. The Clinical Administrator of Staff C (see exhibit A) with ing in and out of Resident all Administrator verified a full ave been used per the Care nistrator stated not sure which d, it was a Sit to Stand sling. There the lifts and slings are hallway was very close to the inical Administrator stated have a change in her activities DL) when she returned from the hip fracture repaired. She stated dent on staff for her ADL's actures. She stated Resident or fracture and a right hip surgical intervention for the hip. The Clinical Administrator ucation to all of the nursing staff echanical lifts and following the on was completed by 6/23/20.				
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Date

Citation Numb #5404	er:			11, 2021		
Facility Name: Mill Pond			Survey D	ates:	L	
	ss/City/State/Zip		Septemb	er 20-28	3, 2021	
1201 SE Mill P						
Ankeny, IA 500		MW/DC				
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	form titled RA Skills Cor					
						Page <b>9</b> of <b>1</b> 0
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1201 SE Mill Pond Court Ankeny, IA 50021		MW/DC				
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
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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 lowa Code section 135C.43A (2013).

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