DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165017	A. BUILDING _____ B. WING _____	C 01/11/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES	1940 FIRST AVENUE NE CEDAR RAPIDS, IA 52402

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS Correction date 1/25/2018 The following deficiency relates to the investigation of complaint #73016. (See code of Federal Regulations (45 CFR) Part 483, Subpart B-C).	F 000	Please see attached Plan of Correction.	

√ KK 2/14/18

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Jesse Bodn — TITLE: Administrator — (X6) DATE: 1/25/2018

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IA0810	A. BUILDING: _____ B. WING _____	C 01/11/2018

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N 101	50.7(1) 481- 50.7 (10A,135C) Additional notification. 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. b. The following are not reportable accidents: (1) An ambulatory resident, as defined in rules 481-57.1(135C), 481-58.1(135C), and 481-63.1(135C), who falls when neither the facility nor its employees have culpability related to the fall, even if the resident sustains a major injury; or (2) Spontaneous fractures; or (3) Hairline fractures. This Statute is not met as evidenced by: Based on record review and staff interview, the facility failed to report to the Department of Inspections and Appeals (DIA) a fall experienced	N 101	Please see attached Plan of Correction	

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N 101	Continued From page 1 by Resident #4 which resulted admission to higher level of care for treatment. The facility census was 77 residents. Findings include: 1. The Minimum Data Set (MDS) assessment dated 10/28/17, documented Resident #4 had diagnoses that included respiratory failure, end stage renal failure, diabetes mellitus and septicemia and required limited assistance of one person to transfer from one surface to another, dress and ambulate. The discharge MDS dated 11/14/17, documented the resident required extensive assistance with transfers and limited assistance with ambulation, and had one fall resulting in a major injury and two or more falls resulting in no injury. The Care Plan identified the resident had a risk for falls due to complaint of back pain, history of falls, muscle weakness, unsteady gait, high risk medications, tangles self-up in covers, refuses to wear gripper socks. The Care Plan directed staff to provide interventions to minimize the risk for falls including administer medications per physician order created on 2/20/2011, ambulate/transfer with the assist of one with a gait belt and walker created on 2/20/17, therapy evaluation upon hospital return, assess for fall risk upon admission and reassess as needed, bed in low position created on 3/23/17, educate patient to use walker with ambulation and call for help created on 11/27/15, encourage to transfer and change positions slowly created on 2/20/17 and gripper socks on at night and when shoes are not on created on 11/7/17. Change ADL (Activities of Daily Living) status to assist of one with a gait belt and walker and have	N 101		

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N 101	Continued From page 2 therapy evaluate was created on 2/20/17 by Staff A, RN (Registered Nurse), Nurse Manager. On 8/15/17 Staff B, RN, DON (Director of Nursing) revised the Care Plan description: Change ADL status to assist of one with gait belt and walker, therapy evaluation. On 11/15/17 - Ambulate/transfer with assist of one with gait belt and walker, therapy evaluation upon hospital return. Change ADL status to assist of one with gait belt and walker, therapy evaluation upon hospital return. Change ADL status to assist of one with gait belt and walker, therapy evaluation. Progress Notes dated 11/14/17 at 8:53 a.m., documented Staff C, LPN (Licensed Practical Nurse) revealed the resident reported he/she fell while getting out of the bathroom. Upon assessment Staff C observed the residents left leg had swelling and pain with decreased range of motion. Staff C notified the physician and transferred the resident to the emergency room. At 7:48 p.m., Staff D, RN documented the resident admitted to the hospital with a left femur fracture; with an unknown release date. . According to the History and Physical dated 11/14/17, the resident had left leg pain after a fall and the X-rays showed a comminuted displaced and angulated intertrochanteric fracture of the proximal left femur (hip). The proposed surgery was determined as extremely risk and the resident was admitted for Palliative Care treatment. On 11/15/17, Staff A documented the resident had a history of recurrent falls, high risk medications, noncompliance with calling for staff assistance and poor safety awareness, weakness and abnormal gait.	N 101		

DEPARTMENT OF INSPECTIONS AND APPEALS

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N 101	Continued From page 3 During interview on 1/10/18 at 12:20 p.m. , Staff B, RN, DON reported they made the resident independent in his/her room, the resident never rang for assistance and he/she got up all the time without assistance. The resident used the call light at times. The facility never reported the residents fracture since the resident transferred independently. During interview on 1/10/18 at 12:00 p.m., Staff K, Physical Therapy Director indicated therapy released the resident on 8/11/2017 and never did another evaluation after that date. The resident required the assistance of one in the hall with a walker and staff were to walk to dine. In the room, the resident lacked safety awareness and generally used a walker. The resident got up and transferred self at some point the resident had been independent. Therapy evaluated and treated from 7/28 - 8/11/17. From that point until the resident left the facility on 11/14/17, he/she required the assistance of one to transfer and ambulate. Therapy communicated with staff they needed to provide assistance of one.	N 101		

ManorCare Health Services – Cedar Rapids
1940 1st Ave. NE
Cedar Rapids, Iowa 52402

This plan of correction represents the center's allegation of compliance. The following combined plan of correction and allegation of compliance is not an admission to any of the alleged deficiencies and is submitted at the request of the Iowa Department of Public Health. Preparations and execution of this response and plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of federal and state law.

N101
The facility strives to ensure that –

1) *They notify the director or director's designee within 24 hours, or the next business day, by the most expeditious means available of any accident causing major injury which requires admission to a higher level of care for treatment, other than observation.*

Corrective action taken for residents found to have been affected by deficient practice.
Resident #4 no longer resides in the facility.

How the center will identify other residents having the potential to be affected by the same deficient practice.
Residents residing within the facility have the potential to be affected.

What changes will be put into place to ensure that the problem will be corrected and will not recur.

- Administrator and Director of Nursing reviewed chapter 50.7(1) on notification of the director or director's designee concerning any accident causing major injury which requires admission to a higher level of care for treatment.
- Administrator and Director of Nursing will investigate all accident with major injury incidents and report according to the regulation set forth in chapter 50.7(1).

Quality Assurance Plan to monitor performance to make sure corrections are achieved and are permanent.

Identified concerns shall be reviewed by the facility's QAA Committee. Recommendations for further corrective action will be discussed and implemented to sustain compliance.

Date when corrective action will be completed.

January 25, 2018