

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

PRINTED: 01/28/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>165255</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/24/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>CARLISLE CENTER FOR WELLNESS AND REHAB</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>680 COLE STREET</b> <b>CARLISLE, IA 50047</b>		
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F 000	INITIAL COMMENTS  Correction date _____  The following deficiencies relate to the facility's annual health survey and investigation of complaints and facility reported incidents as follows:  Complaints 94369-C, 86987-C, 88314-C, 93050-C, 94033-C, 94373-C, and 94439-C were substantiated.  Complaint 94496-C was not substantiated.  Facility reported incidents 87328-I, 92585-I, and 93739-I were substantiated.  Facility reported incidents 87605-I and 88566-I were not substantiated.  In conjunction with the facility's annual health survey and investigation of the above complaints and facility reported incidents, a COVID-19 Focused Infection Control Survey was conducted by the Department of Inspection and Appeals. At the time of the survey, the facility was found to be in compliance with CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19.	F 000			
F 658 SS=D	Total residents: 52 Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i)  §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-	F 658			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.

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F 658	<p>Continued From page 1</p> <p>(i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, clinical record review and staff interview, the facility failed to ensure staff followed professional standards of medication administration for 1 of 4 residents reviewed (Resident #157). The facility reported a census of 52 residents.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. A Minimum Data Set (MDS) assessment dated 10/25/10 documented Resident #157 had diagnosis of diabetes mellitus (DM), quadriplegia and schizophrenia. The MDS revealed the resident scored 15/15 Brief Interview for Mental Status (BIMS) documented a score of 15 out of 15 indicative of an intact cognitive status.</li> </ol> <p>Review of Medication Administration Record dated 1/1//20-1/31/20 indicated the following orders:</p> <ol style="list-style-type: none"> <li>1. Aspirin 81milligram (mg) chewable one time a day - start 7/28/18</li> <li>2. Bisacodyl enteric coded (ec) tab (tab) delayed release 5 mg daily every Tues/Thurs/Sat - start 7/28/28</li> <li>3. Floranex 1 tab by mouth in the morning - start 7/20/18</li> <li>4. Furosemide 40 mg one time a day - start 7/28/18</li> <li>5. Lantus SoloStar solution pen-injector 100 units/milliliter(ml) 10 units subcutaneously one time a day - start 9/18/19</li> <li>6. Macrobid 100 mg capsule one time daily - start 10/20/19</li> <li>7. Pataday Solution instill 1 drop in both eyes in</li> </ol>	F 658			

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F 658	<p>Continued From page 2</p> <p>the morning - start 7/28/18</p> <p>8. Thera beta carotene tab one time a day orally - start 7/28/18</p> <p>9. Zinc Sulfate tab 220 mg 1 tab orally one time a day - start 7/28/18</p> <p>10. Docusate sodium 100 mg cap give orally two times a day - start 7/27/18</p> <p>11. Flavoxate hydrochloride (HCL) give 1 tab by mouth two times a day - start 1/13/20</p> <p>12. Liquacal liquid give 30 cc by mouth two times a day - start 7/27/18</p> <p>13. Oxybutynin 5 mg tab give two times a day - start 7/27/18</p> <p>14. Oxycodone HCL extended release(ER) give 1 tab by mouth two times a day- start 11/27/19</p> <p>15. Polyethylene Glycol Powder give 17 grams by mouth two times a day - start 7/27/18</p> <p>16. Potassium Chloride ER cap 10 milliequivalent (meq) give one cap by mouth two times a day - start 7/27/18</p> <p>17. Sennalax-S tab 8.6-50 mg give 2 tablets orally two times a day - start 7/27/18</p> <p>18. Arginine tab 500 mg 1 tab by mouth three times a day - start 11/26/19</p> <p>19. Gabapentin 400 mg 1 cap by mouth three times a day - start 7/27/18</p> <p>20. Pyridium 200 mg 1 tab by mouth three times a day - start 1/11/20</p> <p>21. Novolog solution 100 unit/ml insulin inject per sliding scale subcutaneously four times a day - start 9/17/19</p> <p>The Care plan with assessment review date of 10/25/19 directed staff to administer medication as ordered.</p> <p>Review of Medication Administration Audit Report 11/1/19-1/15/20 revealed 169 scheduled</p>	F 658			

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F 658	Continued From page 3 medications were given outside the facility's medication administration parameters.  During an interview on 11/23/20 at 11:40 AM the Director of Nursing (DON) revealed it would be an expectation for staff that administered the resident's medications would follow the facility's Medication Administration Policy or as directed on the resident's individual plan of care.	F 658			
F 688 SS=D	Increase/Prevent Decrease in ROM/Mobility CFR(s): 483.25(c)(1)-(3)  §483.25(c) Mobility. §483.25(c)(1) The facility must ensure that a resident who enters the facility without limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable; and  §483.25(c)(2) A resident with limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion.  §483.25(c)(3) A resident with limited mobility receives appropriate services, equipment, and assistance to maintain or improve mobility with the maximum practicable independence unless a reduction in mobility is demonstrably unavoidable. This REQUIREMENT is not met as evidenced by: Based on clinical record review, observation and staff interview, the facility failed to assure a resident with limited range of motion (ROM) received the appropriate treatment and services related to restorative plan for 1 of 3 current residents reviewed (Resident #47, Resident #2,	F 688			

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F 688	<p>Continued From page 4 and Resident #157.). The facility reported a census of 52 residents.</p> <p>Findings include:</p> <p>1. According to the Minimum Data Set (MDS) assessment, dated 10/10/20, Resident #47 had a Brief Interview for Mental Status score of 15, which indicated resident with no cognitive impairment. Resident #47 was dependent on staff for extensive assistive related to the activities of daily living (ADL's) including bed mobility, transfer, and toilet use. Resident #47's diagnoses included hemiplegia, hypertension, and contracture of unspecified joint.</p> <p>During an interview with Resident #47 on 11/03/20 at 9:31 AM she stated that should be wearing brace to her left hand and has not been wearing the brace.</p> <p>During an interview on 11/5/20 with Resident #47 she stated that she still has not had her brace on.</p> <p>A document titled VIA Restorative Nursing Program restorative with a program date of March 2, 2020 revealed the resident was to have a splint applied for one hour to left hand six times a week. Review of this document revealed staff failed to apply the brace 12 out of 28 times opportunities for the month of October, 2020.</p> <p>During an interview on 11/5/20 with the Facility Scheduler she stated that the November restorative program sheets had not been printed or completed for staff to utilize for November, 2020. The interview verified that restorative had not been completed for November as of 11/5/20.</p>	F 688			

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F 688	Continued From page 5 During an interview on 11/16/20 at 12:50 PM with the Director of Nursing she stated she would expect the restorative plan to be followed.  The clinical record lacked any documentation of the restorative nursing program being offered and the resident had refused on the dates that are not signed on the restorative delivery sheets.  The plan of care with an initiated date of 01/04/19 revealed that resident #47 has limitations related to impaired mobility and has splint to the left hand per Occupational Therapy schedule.	F 688			
F 689 SS=G	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2)  §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and  §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, clinical record review, and staff interviews, the facility failed to ensure staff provided adequate nursing supervision and assistive devices to prevent accidents for 2 of 4 residents reviewed (Residents #45 and #158). On 11/19/20 at 4:40 p.m., Staff A left Resident #45 in bed unattended and without a fall mat and body pillow as directed by the Care Plan. As a result, the resident fell from her bed to the floor and sustained a fractured hip and a laceration to her head. The facility identified a census of 52 residents at the time of this investigation.	F 689			

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F 689	Continued From page 6  Findings include:  1. According to the Minimum Data Set (MDS) assessment tool dated 10/13/20, Resident #45 had diagnoses that included Alzheimer's disease, atherosclerosis, depression, hypertension, and contractures. The MDS documented the resident displayed severe cognitive and memory impairment and could not understand or be understood by others. The MDS documented Resident #45 required assist of 2 staff with bed mobility, transfers, dressing, and personal hygiene, and did not walk during the assessment timeframe. The MDS documented no history of falls during the MDS look back period.  A Morse Fall Risk Assessment Form dated 9/13/19 documented a score of 55 which placed her at a high risk for falls.  The resident's undated Care Plan documented the resident experienced an activities of daily living (ADL's) self-care performance deficit related to (r/t) diagnosis of Alzheimer's disease, hypertension, depression, and osteoarthritis. The Care Plan directed the following interventions or actions:  a. Apply air loss mattress to bed b. Ensure the proper positioning of the resident's lower extremities when in w/c by applying hip abductor pillow, straightening the hips, and lowering leg rests with pillows folded under calves to float heels. c. Transfer the resident with assist of 2 staff and the Hoyer Lift. d. Staff to propel and utilize the resident's	F 689			

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F 689	<p>Continued From page 7</p> <p>wheelchair for locomotion.</p> <p>e. Place knee support pillow between knees in bed and when up in w/c, and may use strap on pillow around the resident's leg if needed. Monitor the inside of the resident's thighs/knees for redness.</p> <p>f. The resident requires assist of 2 staff for bed mobility.</p> <p>On 11/20/20, the facility submitted a timely report to the Iowa Department of Inspections and Appeals as required that documented on 11/19/20, Resident #45 fell from the bed to the floor and sustained a head laceration and fractured hip as a result.</p> <p>An Incident Report form dated 11/19/19 at 4:40 p.m. documented dietary staff told the nurse they found the resident on the floor. When the nurse entered the room they saw the resident lying on her right side on the floor with blood under their head and facing the bed. The nurse completed an assessment including vital signs, cleansed the laceration to the resident's right brow cleansed with normal saline and applied ice. The resident was unable to follow commands and indicate or describe pain. Staff ensured the resident remained on the floor until 911 arrived and placed a pillow under the residents head and covered the resident with a blanket with assistance from the Director of Nursing (DON) and an additional floor nurse.</p> <p>During an interview on 11/20/20 at 11:48 a.m. Staff A, CNA, (Certified Nursing Assistant) stated she entered the resident's room to assist Resident #45 out of bed for dinner. Staff A reported she raised the bed and, in the midst of providing cares, another CNA urgently required</p>	F 689			



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F 689	<p>Continued From page 8</p> <p>her assistance. She verified she did not lower the bed at that time and did not see a side rail to raise. Staff A said she thought the body pillow and fall mat were only used on night shift. She said believed interventions were on the pocket care plans, but she had not checked it prior to providing care for Resident #45. Staff A stated when she left the room, Resident #45 lay flat in bed and close to the wall with the bed in a raised position and no body pillow in place. She added she did not know Resident #45 would roll out of bed and was shocked when the administrator informed her of the resident's fall.</p> <p>During an interview on 11/20/20 at 2:52 pm, Staff B, the previous DON, stated the facility had placed care guides on the back of every resident's door. She said Resident #45 had rolled out of bed prior to the event on 11/19/19, and the facility added the directive to staff to lower the bed and replace the fall mat when Resident #45 was in bed to the care guide at that time. Staff B stated Staff A confirmed she had not read the care guide prior to providing cares for the resident.</p> <p>During an interview on 11/20/20 at 3:30 p.m., Staff C, the previous Administrator, stated she remembered the incident. Staff C said other staff had reported Staff A had been in the dining room when Resident #45 fell out of bed. Staff C added that signage was posted on the walls at the time of the fall that directed staff to place the pillow on the bed and put the bed in the low position, so Staff A should not have left Resident #45 unattended and in that position.</p> <p>2. According to the Minimum Data Set (MDS) assessment tool dated 9/29/20, Resident #158 had diagnoses of Alzheimer's disease, cerebral</p>	F 689			

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F 689	<p>Continued From page 9</p> <p>vascular accident ("stroke") and coronary artery disease (CAD). The MDS revealed the resident scored 3 out of a possible 15 on the Brief Interview for Mental Status (BIMS) test, which meant the resident demonstrated severely impaired cognition. The MDS documented Resident #158 required extensive assistance of 1 staff for transfers, walking in his room, and toilet use.</p> <p>The Care Plan revised on 9/27/20 revealed Resident #158 was at risk for falls and instructed staff to follow the facility fall protocol.</p> <p>Review of transfers which included how Resident #158 moved between surfaces from 11/6/20-11/18/20 indicated Resident #158 required extensive assistance to complete dependence on staff for transfers during that time period.</p> <p>During an observation on 11/10/20 at 1:00 PM, after Resident #158 was given a shower in a shower chair, Staff D, Licensed Practical Nurse (LPN) and Staff E, Certified Nurse Aide (CNA) transferred Resident #158 without the use of a gait belt from a shower chair to a wheelchair.</p> <p>The facility policy titled Gait Belts (for use in ambulation and transfer), indicated gait belts should be used by all staff to allow for easier handling of resident which should help to avoid injuries both to residents and staff. The policy further indicated each staff will member will have a gait belt readily available for use when on duty. Procedures included apply the belt around the resident's waist, bringing the resident to a standing position by grasping the belt with both hands and if the resident begins to lose their</p>	F 689			

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F 689	Continued From page 10 balance, ease him/her down with your hold on the gait belt as this protects you and the resident from head or body injury.  On 11/19/20 at 3:51 PM, the Administrator revealed if a resident requires assistance with transferring then the staff is required to use a gait belt during the transfer.  On 11/23/20 at 12:44 PM, the Director of Nursing (DON) revealed there is not a facility fall policy in place.	F 689			