

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

Number FC#4596	Amended July 21, 2011. Fine reduced by 35% to \$325.00 pursuant to Iowa Code Section 135C.43A (Supp. 2011)	Report date June 23, 2011		
Facility name Ridgewood Nursing & Rehab		Survey: June 6-9, 2011		
Facility address 1977 Albia Road	Surveyors: Ridgewood Nursing & Rehab			
City Ottumwa, Iowa 52501	DS/DW			
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
50.7(1)a(2)	<p>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):</p> <p>50.7(1) Of any accident causing major injury.</p> <p style="margin-left: 20px;">a. "Major injury" shall be defined as any injury which:</p> <p>(2) Requires admission to a higher level of care for treatment, other than for observation</p> <p>DESCRIPTION:</p> <p>Based on record review and staff interviews, the facility failed to report to the Department of Inspection and Appeals two incidents of residents falling and sustaining fractures, which required hospitalization. The facility reported a census of 58 residents.</p> <p>Findings include;</p> <p>1. Resident #13 had a quarterly MDS (Minimum Data Set) assessment with a reference date of 5/18/2011 which identified the resident could not identify the current year, month or day of the week. The Brief Interview for Mental Status identified a score of 4 on a scale of 0-15 which identified a cognition problem. The MDS indicated for functional status, the resident was independent with bed mobility, and transfers, however, had ambulated in the room or corridor during the 7 day evaluation period. The plan of care dated 2/14/2011 identified the resident as non-ambulatory and used a wheelchair as main mode of transportation with staff propelling the chair.</p> <p>A review of the clinical record indicated the resident fell on 5/25/11 at 3:30 p.m. The resident was transferred to the hospital on 5/26/11 and returned to the facility on 5/31/11. The discharge summary on 5/31/11 indicated the</p>	II	\$500.00	Upon Receipt

Facility Administrator

Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or withdraw your request for formal hearing, and (2) pay the penalty, the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (Supp. 2009).

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	<p>resident sustained a fracture of the femoral condyle and medial tibial plateau in the right knee.</p> <p>Staff A (Director of Nursing) was interviewed on 6/8/11 at 2:15 p.m. and stated the incident was not reported due to the resident was independent with transfers.</p> <p>2. The annual MDS (Minimum Data Set) assessment with a reference date of 2/23/11 indicated Resident #6 had a Brief Interview for Mental Status score of 8 on a scale of 0-15 which identified both long and short term memory problems. The functional status identified the resident as independent for bed mobility, transfers, walking in the room and corridor but required supervision when off the unit. The resident's diagnosis included Diabetes Mellitus, Alzheimer disease, and Chronic Obstructive Pulmonary Disease. The current used care plan and originally dated 9/3/2008 identified the resident at risk for falls.</p> <p>A review of the resident's medical record revealed a fall occurred on 04/20/2011. The nurse's notes dated 4/20/2011 at 12:30 a.m. indicated while a Certified Nursing Assistant assisted the resident to ambulate, the resident needed to be lowered to the floor due to an episode of leg weakness. Another staff member entered the room and assisted in returning the resident to a standing position. The resident's knees buckled which required staff to lower the resident to the floor once again. Staff utilized a mechanical lift to place the resident in bed.</p> <p>On 4/21/2011 a portable x-ray identified fractures to both ankles. The nurse's notes dated 4/21/2011 at 4:30 p.m. indicated the physician informed the facility; the resident would be hospitalized for surgery on 4/23/2011.</p> <p>The nurse's notes dated 4/25/2011 at 5:40 p.m. indicated the resident returned to the facility after the</p>			

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	<p>hospitalization stay.</p> <p>The Major Injury Determination Form dated 04/20/2011 described Resident # 6's injury as right ankle edema with discoloration. The Physician signed the form on 04/21/2011. The form failed to address the actual fractures to both of the resident's ankles. The facility failed to complete a Major Injury Determination Form for the bilateral ankle fractures. The facility did not notify the Department of Inspections and Appeals of the resident's major injury with fractures to both ankles. At the time of the fall on 4/20/2011, the staff assisted the resident and the resident was not independent with ambulation.</p> <p>FACILITY RESPONSE:</p>			

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