

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

FC#5035		Fine amount reduced by 35% to \$1950 on April 4, 2013, pursuant to Iowa Code section 135C.43A(2013).			Date: March 8, 2013
Griffin Nursing Center					Survey Dates: February 18-19, 2013
606 N. 7th		Surveyor: Patty Barnhart RN			
Knoxville, Iowa 50138		ds/dw/mw			
		Class	Fine Amount	Correction date	
58.19(1)g + 56.12 58.28(3)e	<p>481-58.19(135C) Required nursing services for residents. The program plan for nursing facilities shall have the following required nursing services under the 24-hour direction of qualified nurses with ancillary coverage as set forth in these rules: 58.19(1) activities of daily living. g. Ambulation with equipment if applicable, or transferring or positioning: (I, II, III).</p> <p>481-56.12(135C) Class I violation as a result of multiple lesser violations. The director of the department of inspections and appeals may issue a citation for a class I violation when a physical condition or one or more practices exist in a facility which are a result of multiple lesser violations of the statutes or rules, but which taken as a whole constitute an imminent danger or a substantial probability of resultant death or physical harm to the residents of the facility.</p> <p>481—58.28 (135C) Safety. The licensee of a nursing facility shall be responsible for the provision and maintenance of a safe environment for residents and personnel. (III) 58.28(3) Resident safety. e. Each resident shall receive adequate supervision to ensure against hazard from self, others, or elements in the environment. (II, III)</p> <p>481—58.20 (135C) Duties of health service supervisor. Every nursing facility shall have a health service supervisor who shall: 58.20(2): Plan for and direct the nursing care, services, treatments, procedures, and other services in order that each resident's needs and choices, where practicable, are met; (II, III).</p> <p>DESCRIPTION:</p>	I	\$3,000.00	Upon Receipt	

Facility Administrator

Date

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	<p>Based on record review, observations and staff interviews, the facility failed to provide adequate supervision to ensure against hazards from self and elements in the environment and the health service supervisor failed to plan for and direct the nursing care services in order that the resident's needs are met with transfers (Resident #1). The sample consisted of 8 residents reviewed and the facility reported a census of 53 residents.</p> <p>Findings include:</p> <p>1. The resident had a Minimum Data Set (MDS) assessment with a reference date of 1/21/2013 which revealed the resident required total dependence of two staff for transfers, bed mobility, and using the toilet. The assessment documented poor memory and not able to make own decisions.</p> <p>The MDS assessment, with a reference date of 2/11/2013, identified pertinent diagnosis to include; osteoporosis, incontinence, atrial fibrillation and a fractured femur.</p> <p>Review of the Major Injury Determination Form dated 2/3/13 and completed by the facility, revealed Resident #1 dependent on a Hoyer lift and two people for transfers.</p> <p>Record review of the Resident's Care Plan dated 7/11/05 and most recent full review on 2/12/13 revealed a problem identified; at risk for falls, staff interventions are to assist to change position frequently, assure safe dry footing for all transfers, Dyes in wheelchair, pressure alarm in the bed, one to two for assistance to transfer and use of gait belt or Hoyer lift.</p> <p>Review of the Fall Risk Assessment for Resident #1</p>			

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	<p>dated 2/14/13 revealed a score of 19. The same assessment dated 1/14/13 revealed a score of 17, any score 10 or higher represents the resident is at high risk for falls.</p> <p>Review of the Incident/Accident Report form dated 2/3/13 for Resident #1 revealed the resident slid from h/her wheelchair, Staff A, CNA assisted the resident to the floor. Assessment done and found left leg painful to move. No alarm for the resident, Dycem found in place in the wheelchair.</p> <p>Review of the Incident/Fall Assessment & Investigation Sheet dated 2/3/13 for Resident #1, revealed the resident had been in a wheelchair and had no alarm present in the chair.</p> <p>Review of the Physical Therapy Plan of Care (evaluation only) dated 11/1/12 revealed adequate strength and range of motion (ROM) to complete stand lift transfer but not recommended due to past history of compression fractures and current osteoarthritis pain of back. The resident able to stand well enough and assist of two could don or doff pants if needed but the inability to weight shift and step makes the resident dependent upon a Hoyer lift for transfers at this time.</p> <p>During an observation on 2/18/13 at 3:10 PM, Resident #1 laid in bed, resting on left side, call light next to right hand, oxygen on, clean and no odors noted. The resident voiced pain all over but not able to be specific. Noted an immobilizer on left leg. Heel protectors on both feet and pillows used for positioning and comfort.</p> <p>During observation on 2/19/13 at 9:05 AM, Resident #1 found up in wheelchair, in the dining room. Staff G, CNA pushed the resident to h/her room, prepared the bed, Staff H obtained the Hoyer lift, the sling had been in</p>			

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	<p>position under the resident, both Staff G and H assisted the resident into bed, keeping left leg straight, during the time of the transfer, the resident moaned out in pain, as soon as h/she had laid down, h/she had become quiet and more relaxed. Pillows used for positioning and the immobilizer on left leg placed on pillows, pressure relief boots placed on both feet. Heels floated when positioning had been completed.</p> <p>Review of the February MAR (Medication Administration Record) revealed the resident received routine Hydrocodone-APAP 7.5 milligrams-325 milligrams at 6:00 a.m., 2:00 p.m. and 10:00 p.m. for pain control beginning January 14, 2013. The resident also received additional medication as needed for pain. The resident received additional medication (Lortab 5/325 milligrams) on 2/3/2013 (once), 2/4/2013 (twice), and 2/7/2013 (twice) and 2/13/2013 (once) and 2/17/13 (once).</p> <p>The resident received Lortab for pain on 2/19/2013 at 1:45 a.m., 10:45 a.m. and 8:00 p.m. The resident received additional pain medication on 12:50 p.m. on 2/20/2013.</p> <p>On 2/19/13 at 9:45 AM, Staff A, CNA stated she had taken Resident #1 to his/her room after lunch, Resident #1 complained of pain in the left leg and foot and she knew she had a sore on the foot. She then removed the foot pedals and the calf support from the wheelchair. She could not say for sure if the resident's feet touched the ground or not. She stated she turned away from the resident, walked into the hall, about 3 feet away, to obtain the Hoyer lift and then she heard the resident say something like a moan or hey, she turned and the resident had been leaning forward in the wheelchair, to the right, his/her left foot caught behind the left front wheel on the chair and the resident's left knee flexed and almost touching the floor. She stated she could not lift</p>			

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	<p>him/her alone so she slowly lowered h/her to the floor. She stated she placed a pillow under the resident's head, left h/her alone and ran to get the nurse. She stated she had been the only one working on the floor on her end, since all other staff had been in the dining room. She stated they always do what they can first then call for the second staff member to come and complete the transfer. She stated it happened so fast.</p> <p>On 2/20/13 at 10:05 AM, Staff C, CNA stated she has worked at the facility for over a year. She stated then the resident had been a one assist but she and several other staff would only transfer the resident by two staff assisting. She stated the care plan said 1-2 assist but from experience she felt 2 assist would be safer. She stated they are expected to remove the foot pedals just prior to the transfer and they had already been in-serviced about that recently.</p> <p>On 2/20/13 at 11:35 AM, Staff D (LPN and charge nurse) was interviewed and stated if a CNA removes the foot pedals from a resident's chair, they should not step away for more than a couple seconds and if the resident, like Resident #1, is not able to rest feet on the floor, they should not leave them unattended.</p> <p>On 2/20/13 at 11:05 AM, Staff E (LPN/ charge nurse) was interviewed and stated she knew the resident well. Staff E stated the resident had always been a 2 person assist transfer and they had always been expected to remove the foot pedals just before the transfer or move the resident with you to where ever the place is your going. She stated they are never to leave them (the resident) alone.</p> <p>On 2/20/13 at approximately 1:30 PM, the Director of Nursing (DON) was interviewed and stated she did not have a policy and procedure for wheelchair transfers.</p>			

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	<p>She stated policy and procedures tends to get them in trouble. She stated the CNA's are expected to follow the care plan and if any further questions then they are to ask the charge nurse. She stated she had not completed another in-service after the 2/3/13 fall because she had just done one. She stated she did talk to some staff one to one to assure they knew to leave the foot pedals on a residents' chair until right before the resident is ready to transfer and the second person is there to help.</p> <p>FACILITY RESPONSE:</p>			

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