

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

FC#5404		Fine amount reduced by 35% to \$325 on September 8, 2014, pursuant to Iowa Code section 135C.43A.	Date Sent: April 1, 2014	
Touchstone Living Center		Survey Date: February 28, March 4-7, 2014		
1800 Indian Hills Drive				
Sioux City, Iowa 51104				
		Class	Fine Amount	Correction Date
58.18(4)	<p>481-58.18(135C) Nursing care.</p> <p>58.18(4) The facility shall provide prompt response from qualified staff for the resident's use of the nurse call system. (II,III) (Prompt response being considered as no longer than 15 minutes).</p> <p>DESCRIPTION:</p> <p>Based on the review of the facility's call system and the Resident Council Minutes, resident and staff interviews, and review of the facility policy, the facility failed to ensure sufficient staff was available to meet the individual resident needs for 4 of 4 residents reviewed. (Residents #3, # 6, #10, and #14). The facility reported a census of 105 residents.</p> <p>Findings include:</p> <p>1. According to a Minimum Data Set (MDS) assessment form dated 1/14/14, Resident #3 had diagnosis that included Parkinson's, seizure disorder, anxiety, depression, psychotic disorder and organic brain damage. The assessment reflected the resident had a Brief Interview for Mental Status (BIMS) score of 12 out of 15. A Score of 12 identified the resident has only moderately impaired.</p> <p>During an interview 3/6/14 at 7:15 a.m., the resident confirmed his/her call light on for long periods of time but just did whatever he/she wanted to do.</p> <p>Review of the facilities call light system print out dated 3/1/14 at 10:02 a.m., revealed the resident's call light as on 16.6 minutes.</p> <p>2. According to a MDS assessment form dated 2/11/14, Resident #6 had diagnosis that included paraplegia, depression, manic depression, episodic mood disorder and an abnormal posture. The assessment indicated the resident with a BIMS score of 15 and had no cognitive impairment.</p>	II	\$500	Upon Receipt

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	<p>During an interview on 3/4/14 at 1:45 p.m., Resident #6 confirmed his/her call light on 20 to 25 minutes at times but especially at night and he/she felt the facility did not have enough staff members.</p> <p>Review of the facility call light system print out dated 2/26/14 at 6:25 a.m., revealed the resident's call light was on 31.8 minutes.</p> <p>3. A Resident Admission Form dated 02/27/14 documented Resident #10 had an admission to skilled care. Resident #10 ambulated with a walker and staff to stand by assist. The form documented Resident #10 did not have a history of incontinence. Resident #10 had surgery for a necrotic colon removal.</p> <p>A facility document titled <u>Interviewable Residents</u> dated 03/04/14, identified Resident #10 as interviewable.</p> <p>A Bowel Assessment Form dated 02/27/14 documented Resident #10 continent of bowel.</p> <p>A Bladder Assessment Form dated 02/27/14 documented Resident #10 continent of bladder.</p> <p>A review of the Call System records for a 1 week period revealed staff failed to answer Resident #10's call light in a timely manner on 03/01/14 at 2:47 p.m. with a response time of 17 minutes, and 03/05/14 at 6:11 a.m. with a response time of 21.5 minutes.</p> <p>During an interview on 03/06/14 at 11:18 a.m. Resident #10 stated he/she had wet him/herself and soiled him/herself waiting for staff to answer the call light. Resident #10 stated he/she had timed it before at 17 and 20 minutes. The resident stated it hurt his/her feelings to wet and soil him/herself.</p> <p>4. According to an MDS assessment dated 01/28/14 Resident #14 had long and short term memory problems. Resident #14 required extensive assistance with activities of daily living (ADL's) including bed</p>		

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	<p>mobility, transfer, toilet use and personal hygiene. Resident #14's diagnoses included a stroke.</p> <p>A review of the Call System records for a 1 week period revealed the staff failed to answer Resident #14's call light in a timely manner on 03/01/14 at 12:51 a.m. with a response time of 26.1 minutes.</p> <p>Random observations on 3/4/14 at 3 p.m., revealed the following:</p> <ul style="list-style-type: none"> a. The call light button in room C12 (bed 1) rested on the floor between the bed and the wall and for bed 2 laid down the wall behind an easy chair. Both call light buttons were not assessable to the residents. b. The call button in room C14 for both bed 1 and 2 laid on the floor between the bed and the bedside stand and not assessable to the residents. c. The call button in room C11 hung down the wall. <p>An observation 3/5/14 at 11:20 a.m., revealed the call light pressure pad in room C6 positioned on the floor next to the recliner where the resident had been positioned and not within reach.</p> <p>On 03/04/14 at 2:00 p.m., 7 of 7 interviewable residents were interviewed and agreed the call lights were not always answered in a timely manner. One resident stated she/he had accidents from waiting too long for staff to answer the call light. Another resident stated she/he waited 25 minutes 2 times, and 38 minutes once. The resident stated he/she told the nurse and he said it was actually 45 minutes. Another resident stated she/he waited 30 minutes at least 2 times.</p> <p>The Resident Council Report dated 11/15/14 included a resident stating his/her call light had not been within reach the previous few nights.</p> <p>During a staff interview on 3/5/14 at 10:45 a.m., Staff A,</p>		Correction Date

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	<p>Certified Nursing Assistant (CNA) confirmed she had been unable to answer call lights within 15 minutes at times.</p> <p>During a staff interview 3/5/14 at 10 a.m., Staff D, CNA confirmed she had been unable to answer call lights within 15 minutes at times.</p> <p>A <u>Call Light Review Policy</u> , updated 11/21/13, reflected the nursing leadership staff would review responses that had been greater than 15 minutes at the daily quality assurance [meeting].</p> <p>FACILITY RESPONSE:</p>		

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