Citation Number: 7069					Date: Decem	ber 10, 2019
Facility Name Bloomfield Ca			Survey		- 40 00	2040
Facility Address 800 North Day Bloomfield, IA		MW JS	ľ	Novembe	er 18 - 26	5, 2019
Rule or	1 22007					Correction
Code Section	Natur	e of Violation	Class	Fine A	mount	date
58.28(3)e	facility shall be respons	ety. The licensee of a nursing lible for the provision and environment for residents and	I	\$6, 50	0	Upon Receipt
58.28(3) Resident safety						
		eceive adequate supervision to from self, others, or elements , III)				
	DESCRIPTION:					
	facility failed to provi	w and staff interviews, the de the proper assistance with mpled (Resident #1) which bruising. The facility 50.				
Findings include:						
	dated 10/31/19, Resid dementia, stroke, diab heart failure. Resider memory impairments	imum Data Set assessment lent #1 had diagnoses of betes mellitus and congestive at #1 had short and long-term and required total staff ers, dressing, toilet use and				
						Page 1 of
Fac	ility Administrator	Da	ate			

Citation Number: 7069			Dat Dec		per 10, 2019
Facility Name: Bloomfield Care Center Facility Address/City/State/Zip	MW JS	Survey I	Dates:	s - 26	, 2019
800 North Davis St Bloomfield, IA 52537	MW JS				
Rule or Code Natur Section	e of Violation	Class	Fine Amou	unt	Correction date
According to the Late 9/17/19 at 4:30 p.m., Aide summoned her to Nurse Aide reported some Resident #1 from her Nurse Aide walked be position Resident #1 #1 slid forward and to assessed Resident #1' or swelling. Staff B p and she complained of 7:48 p.m., Staff admit suppository for pain.  During an interview of Staff A (Nurse Aide) assisted Resident #1 to Resident #1 required her partner was busy A transferred Resident stood in front of Resident.	the staff to provide assistance al mechanical lift.  Entry Progress Note dated Staff B documented a Nurse o Resident #1's room. The she pivot transferred bed to her wheelchair. The chind the wheelchair to in the wheelchair. Resident wisted her knees. Staff B is knees and saw no redness calpated Resident #1's knees of pain and grimaced. At mistered a Tylenol				

Facility Administrator Date

Page 2 of 11

Citation Numb	er: 7069				Date: Decemb	per 10, 2019
Facility Name: Bloomfield Ca		Survey Dates:  November 18		er 18 - 26	2019	
Facility Addres	ss/City/State/Zip	MW JS	10 20, 2010			, 2010
Bloomfield, IA						
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	a gait belt. Resident # step as she pivoted an the wheelchair. Staff Resident #1 to pull he she could, Resident # and onto her knee, tw Resident #1 off the flo Staff A stated she the Staff B. Staff A state following maternity le 2019 and Resident #1 lift when she returned  During an interview of Staff B (Registered N summoned her to Res observed Resident #1 Staff A reported she at Resident #1 by hersel wheelchair. Staff A s #1 and sat her down of #1 slid forward and tw stated she was aware mechanical lift and de the floor. Staff B state	on 11/19/19 at 1:19 p.m., urse) stated Staff A ident #1's room. Staff B sitting in her wheelchair.				

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to lowa Code section 135C.43A (2013).

Page 3 of 11

Citation Number: 7069					Date: Decemb	per 10, 2019
Facility Name: Bloomfield Ca			Survey I		er 18 - 26	2019
Facility Address/City/State/Zip 800 North Davis St		MW JS		iovenib.	JI 10 - 20	, 2013
Bloomfield, IA						
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	the care plan. Later the guarded her right kneed document the incident failed to share what he coming nurse.  During an interview of Staff C (Registered Norther morning of 9/18/1) was complaining of knowledge of the implied in Resident #1 twisting Staff C stated it was we to complain of pain, so Practitioner and receive Staff C stated a day of improper transfer injured According to Progress a.m., Staff C document Resident #1 grimaced during cares. Staff C	on 11/19/19 at 3:40 p.m., urse) stated during report on 9 she was told Resident #1 nee pain. Staff C had no proper transfer that resulted up her knee the day before. For yourself or Resident #1 of she contacted the Nurse wed an order for an x-ray. The solution is not a solution of the state				Dogo 4 of

Page **4** of **11** 

**Facility Administrator** 

Date

Citation Numb	er: 7069				Date: Decemb	per 10, 2019
Facility Name: Bloomfield Ca				Survey Dates:  November 18 - 26, 2019		
-	ss/City/State/Zip	MW JS		OVCIIID	CI 10 - 20	, 2013
800 North Dav Bloomfield, IA						
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	8:40 a.m., the Nurse I #1 had left knee pain x-ray. At 9:45 a.m., I negative for fracture.  The Radiology Report indicate bone density component of total known that the patella or even an acute bone fragment of seffusion.  In an interview on 11/11/21/19 at 2:05 p.m. Nursing (ADON) state from a pivot transfer to a total mechanical two. The ADON state decline and one day we the shower it was evice weight to transfer safe implementing a changupdates the Care Planalong to the nurse for the accuracy of the state.	dee prosthesis may be part of old bone fragment. An seems unlikely with no joint of 19/19 at 12:51 p.m. and the Assistant Director of ed changed Resident #1 with assistance of two staff lift transfer with assist of ed Resident #1 had started to while assisting Resident #1 in dent, she could not bear ely. The ADON stated when ge in transfer status she and passes the information report. The ADON verified				

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to lowa Code section 135C.43A (2013).

Page 5 of 11

Citation Numb	n Number: 7069				Date: Decemb	per 10, 2019
Facility Name: Bloomfield Ca			Survey I		er 18 - 26	2019
Facility Address/City/State/Zip 800 North Davis St		MW JS	-		o o o	, 2010
Bloomfield, IA						
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	pain. Staff C reported transfer, but unaware leg pain. Staff C them and received orders for medication. The ADO not observe any bruist swelling to the knees ADON stated Staff C rumor that staff transfi improperly. On 9/23/ADON that Resident over the weekend and bruising to her lower During an interview of Director of Nursing (I work on Friday, 9/20/reported Resident #1 DON stated she assess no bruising or discolopain or discomfort. C was a significant charm #1 was visibly uncom DON and the Admini #1's daughter who was	ON stated at this time she diding, but noted some slight and lower extremities. The stated she had only heard a ferred Resident #1 19, the staff informed the #1's condition had changed how had significant legs.  on 11/19/19 at 4:55 p.m., the DON) stated she returned to				Page <b>6</b> of <b>1</b>

Facility Administrator

Date

Citation Numb	er: 7069				Date: Decemb	per 10, 2019
Facility Name: Bloomfield Ca			Survey I		er 18 - 26,	2019
Facility Address/City/State/Zip 800 North Davis St		MW JS			51 10 20,	, 2010
Bloomfield, IA						
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	transferring Resident wheelchair, but did no not fill out an inciden sometime during that Staff A. Staff A state slipped out of the wheattempting to pull her stated she did not initiate required a total mecha 9/27/19, the Corporate re-enact the transfer. mechanical lift as direfacility terminated Staff According to the Progresion of t	up from behind. The DON ially know Resident #1 anical lift. On Friday, e Nurse visited and Staff A Staff A failed to use the total ected by the Care Plan. The aff A.  gress Note dated 9/18/19 at cumented Resident #1 had a left knee and darker ect of right leg and under ess Notes dated 9/20/19 at				Page <b>7</b> of <b>1</b>

Facility Administrator Date

Citation Number	: 7069				Date: Decemb	per 10, 2019
Facility Name: Bloomfield Care	Center		Survey [		er 18 - 26	2010
Facility Address/ 800 North Davis Bloomfield, IA 52	St	MW JS		ioveilibe	51 10 - 20	, 2019
Rule or Code Section	Nature	e of Violation	Class	Fine A	Amount	Correction date
y a a N P e e s s F tt a a r . F b c a a . A 1 d d n n n p F F h	vesterday was negative and complains of pain Nurse Practitioner not bitting edema (swelling ecchymosis (bruising) welling to the left knowledge with left knowledg	o, left calf with ecchymosis, ee with possible effusion. Fith palpation of knees, Nurse Practitioner ordered of femur, hip and pelvis and and pelvis.  Ogy Report dated 9/20/19 of and left femur and right knee to acute fractures or excess Notes dated 9/22/19 at degistered Nurse)  #1's Primary Care Physician tained for additional pain ent #1's leg pain. At 2:07 and to Resident #1's room. ing both legs all the way to				

11

Facility Administrator

Date

Citation Numb	er: 7069				Date: Decemb	per 10, 2019
Facility Name: Bloomfield Car	re Center		Survey I		er 18 - 26	2010
Facility Address/City/State/Zip  800 North Davis St Bloomfield, IA 52537		MW JS		iovembe	ei 10 - 20	2019
	52537			•	П	
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	Resident #1 had contibilateral legs and post swelling and bruised a ordered an x-ray of the Radiology report date indicate no obvious fracute right foot pathology acute right foot pathology. According to progress a.m. by the DON, the with order for a CT so According to progress p.m. by Staff B, Staff returned to facility fol a family member claim strain-twisting and fee about the origins of he Radiology report date exam osteopenia with fracture, CT scan of p	d 9/24/19 of right foot factures or dislocations. No logy.  Is notes dated 9/25/19 at 8:00 DON notes Resident #1 can that afternoon.  Is notes dated 9/25/19 at 4:25 B notes Resident #1 llowing a CT scan and notes ms resident has muscle els the facility has lied to her ter mother's injury.  In d 9/25/19 notes reason for history of fall and suspected elvis and left femur.  CT study of the pelvis and				Page <b>9</b> of

1

Facility Administrator

Date

Facility Address/City/State/Zip  800 North Davis St Bloomfield, IA 52537  Rule or	Citation Number: 7069	Date: Decemb			per 10, 2019	
Rule or Code Section  According to the Progress Notes dated 9/26/19 at 6:00 p.m. by Staff B, Staff B notes Resident #1 with some facial grimacing with movement, but not as much as previously noted. Right foot remains edematous and bruising on right leg is dark purple with some yellow coloration noted.  According to the Progress Notes dated 9/27/19 at 3:28 p.m. by the ADON, the ADON notes bruising to bilateral extremities still present upon assessment, there are no new areas of concern, bruising is in various stages of color and healing.  During an interview on 11/20/19 at 2:29 p.m., the Primary Care Physician indicated he was not aware of the total extent of Resident #1's injury in September. He understood the injury was the result of an improper transfer. The Physician reported Resident #1 had a quick decline in November and believed her cause of death was due to a myocardial infarction. The Physician stated given the time between the injury and her death, he did not believe the injury had any					er 18 - 26	2010
Rule or Code Section  According to the Progress Notes dated 9/26/19 at 6:00 p.m. by Staff B, Staff B notes Resident #1 with some facial grimacing with movement, but not as much as previously noted. Right foot remains edematous and bruising on right leg is dark purple with some yellow coloration noted.  According to the Progress Notes dated 9/27/19 at 3:28 p.m. by the ADON, the ADON notes bruising to bilateral extremities still present upon assessment, there are no new areas of concern, bruising is in various stages of color and healing.  During an interview on 11/20/19 at 2:29 p.m., the Primary Care Physician indicated he was not aware of the total extent of Resident #1's injury in September. He understood the injury was the result of an improper transfer. The Physician reported Resident #1 had a quick decline in November and believed her cause of death was due to a myocardial infarction. The Physician stated given the time between the injury and her death, he did not believe the injury had any		MW JS	N	Overnbe	er 10 - 20	, 2019
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FACILITY RESPONSE:	6:00 p.m. by Staff B, S with some facial grima not as much as previous remains edematous and dark purple with some  According to the Programa: 28 p.m. by the ADO bruising to bilateral exassessment, there are in bruising is in various some primary Care Physicial aware of the total extension of the total extensions. He understressult of an improper the reported Resident #1 he November and believe due to a myocardial in stated given the time be death, he did not believe bearing on her decline.	Staff B notes Resident #1 acing with movement, but usly noted. Right foot ad bruising on right leg is eyellow coloration noted.  Tress Notes dated 9/27/19 at DN, the ADON notes at remities still present upon no new areas of concern, stages of color and healing.  In 11/20/19 at 2:29 p.m., the an indicated he was not ent of Resident #1's injury in stood the injury was the transfer. The Physician and a quick decline in ed her cause of death was afarction. The Physician between the injury and her eve the injury had any eror death.				Page <b>10</b> of

Citation Number	er: 7069	Date: Decei				per 10, 2019
Facility Name: Bloomfield Car	re Center	Survey Dates:  November 18				2010
Facility Address/City/State/Zip 800 North Davis St		MW JS		ovembe	# 10 <b>-</b> 20,	2019
Bloomfield, IA						
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
0000					<u> </u>	
						Page <b>11</b> of <b>11</b>
Facili	ity Administrator		Date			