

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

Citation Number: #5414		Date: October 19, 2021		
Facility Name: Promedica Skilled Nursing & Rehabilitation		Survey Dates: August 30, 2021 to October 5, 2021		
Facility Address/City/State/Zip: 5010 Grand Ridge Drive West Des Moines, IA 50265		VW JS		
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>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 clinical record review, facility investigation review and staff interviews, the facility failed to report a resident fracture requiring hospitalization and surgical repair to the state agency for 1 of 3 residents (Resident #9) reviewed for nursing supervision. The facility identified a census of 104 residents.</p> <p>Findings include:</p> <p>According to the Minimum Data Set (MDS) assessment of 3/30/21, Resident #9 had diagnoses that included anxiety, depression, osteoarthritis and Ehlers-Danlos Syndrome (a hereditary disorder affecting connective tissues, joints and blood vessels, which also may cause fragile bones). The assessment documented Resident #9 experienced moderate impairment with cognition and memory. Resident #9</p>	II	\$500.00 (Collect)	Upon Receipt
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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 Iowa Code section 135C.43A (2013).

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	<p>required the assistance of two staff for transfers, did not walk and normally used a wheelchair for mobility.</p> <p>Resident #9's Care Plan, initiated on 9/18/20, instructed staff to transfer her with mechanical lift and the assistance of two. The Care Plan also directed to assist the resident with the use of her wheelchair, transfers and locomotion in the wheelchair as needed.</p> <p>An Incident Report dated 6/13/21 at 1:10 pm documented Resident #9's husband visited the facility. Staff readied the resident and transferred her from the bed to the wheelchair. The author, Staff E, RN (Registered Nurse) heard the resident complain of discomfort from the hallway, entered the resident's room and re-adjusted her leg multiple times until the resident that it was much better. The resident went upstairs to visit. The receptionist brought Resident #9 back down after the visit and while pushing Resident #9, the resident's right foot brushed up against the wall. Resident #9 started yelling 'it hurts, it hurts'. Staff E examined the resident's right foot and leg, finding no swelling, redness, bruising or open wounds. The resident complained of increased pain in the right foot, Staff E contacted the resident's physician and received orders for Lidocaine (pain) patches to the area and ice for 20 minutes every four hours as needed. If continued pain on 6/14/21, obtain an X-ray of the right foot. Resident #9 stated the area was not broken, refused an X-ray and asked that Staff E not call her husband as she did not want him to know.</p>				
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	<p>The Advanced Registered Nurse Practitioner (ARNP) Note dated 6/15/21 at 11:52 am documented Resident #9 now complained of right lower extremity pain which started 6/13/21 after a minor incident in the hall in the wheelchair. The resident complained of 7/10 pain (on the pain scale) at rest, constant and shooting to the mid-anterior lower leg. The ARNP noted increased swelling from the knee to the foot without visible injuries present. Resident #9 had a history of an open reduction to repair her distal femur and ankle as well as osteoporosis. The ARNP ordered two-view X-rays to the right lower extremity and reviewed the findings on-site, documenting a possible non-displaced spiral tibial (lower leg) fracture. The hardware to the ankle and femur appeared to be in good alignment. The ARNP referred the resident to an orthopedic clinic.</p> <p>The facility conducted an internal investigation regarding the circumstances surrounding Resident #9's fracture. On 6/15/21, the ARNP completed a Major Injury Determination Form which determined the injury as not major, pursuant to Iowa code. The circumstances detailed previous fracture with an open reduction and osteoporosis, which contributed to the injury. Diffuse osteopenia limited evaluation. The resident's previous functional ability showed dependence for transfers via mechanical lift and non-ambulatory.</p> <p>The Progress Note dated 6/16/21 at 5:12 pm documented Resident #9 returned to the facility from</p>			
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	<p>an orthopedic appointment with a splint to her right lower extremity and orders not to bear weight.</p> <p>The Progress Note dated 6/19/21 at 10:35 pm documented Resident #9 had significant pain and discomfort to her right tibia fracture. The resident received scheduled pain medications, but they were not effective for the pain. The resident's husband requested transfer to the hospital for pain management, the nurse contacted the resident's physician and the physician ordered transfer to the hospital. Resident #9 transferred to the hospital and admitted, returning to the facility on 6/26/21.</p> <p>The Patient Discharge and Transfer Form dated 6/26/21 at 9 am documented Resident #9 underwent right tibia intermedullary nailing (a surgical procedure to repair a fracture) on 6/21/21.</p> <p>Review of state agency reporting records revealed the facility did not report Resident #9's fracture as required.</p> <p>During interview on 9/28/21 at 12 pm, the Administrator and Clinical Nurse Consultant stated the facility follows IAC (Iowa Administrative Code) directions for reporting resident injuries. They stated since the Major Injury Determination Form completed on 6/15/21 did not identify a major injury, staff may not have recognized the need to report on 6/19/21 when the resident went to the hospital.</p>			
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	FACILITY RESPONSE:			

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