Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: **#10589**			**Date:** **September 18, 2024**
Facility Name: **Aspire of Estherville**		**Survey Dates:** **September 6, 2024**	
Facility Address/City/State/Zip **2001 1st Ave. North** **Estherville, IA 51365**			
	DC		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
58.28(3)e	**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 protect against hazards from self, others, or elements in the environment. (I, II, III) **Description:** Based on clinical record review, staff interviews, and facility policy review, the facility failed to provide adequate nursing supervision to prevent a fall for 1 of 3 residents reviewed (Residents #3). The facility reported a total census of 30 residents. Findings include: Resident #3's clinical record documented diagnoses of anxiety disorder, abnormal weight loss and adult failure to thrive. The Brief Interview for Mental Status (BIMS) score of 15, indicating severe cognitive impairment. Review of facility provided Incident Report dated 9/5/24 at 5:30 p.m. revealed under incident description staff heard someone yelling help, help, help. Staff ran to the direction of the screaming. Resident was laying down supine on the floor by the ice machine in the hallway. Resident's head was laying on the floor on the right side of the ice machine. Head towards the north	**I**	**$6,000**	**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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	wall with her right leg straight out towards the south of the hall. Resident's left leg was rotated out. Resident was screaming in pain that her left hip hurt so bad. Resident description revealed I slipped. Review of resident Progress Notes dated 9/5/24 at 5:40 p.m., revealed fall details. Date and Time of Fall: 9/5/24 at 5:30 p.m. Fall was not witnessed. Fall occurred in the hallway. Activity at the time of fall: slipped on water in front of the ice machine. Reason for the fall was evident. Reason for fall: slipped on ice in front of the ice machine. Did an injury occur as a result of the fall: yes. Injury details: left hip fracture. Did fall result in an Emergency Room (ER) visit: yes. ER visit/Hospitalization details: Resident transported to Emergency Department (ED). Hospitalized in local hospital for left hip surgery tomorrow morning. Review of Facility Self Report dated 9/5/24 at 7:54 p.m., revealed Resident had just finished her supper and was walking up the northeast hallway to go back to her room. Nursing staff heard someone yelling help, help, help. Nursing staff ran to the area they heard someone yelling for help to find this resident lying on the floor, in a supine position. Resident complained that she couldn't move her left leg and that she hit her head when she fell. There was a quarter size amount of water on the floor near the area where the resident fell. Resident did have shoes on at the time of the incident. Resident stated I slipped. Resident is independent with ambulation without the use of an assistive device. Resident sent to the local ER for evaluation of left hip pain.			

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	Review of ED Note dated 9/5/24 revealed patient reports here today via Emergency Medical Service (EMS) from a local nursing home after slipping on some ice and landing on her left hip. She reports severe pain with movement of her left leg hip. She denies hitting her head, neck pain or headache. Patient's left leg is externally rotated and shorter than the right. Incident occurred just prior to coming to the emergency room. Patient's x-ray did confirm an intertrochanteric femur fracture. Interview on 9/6/24 at 12:47 p.m., with Staff A, Certified Nursing Assistant (CNA) revealed they were passing trays and heard someone yelling help me I fell. She went running over to where the sound was coming from and found the resident by the ice machine. Staff A asked Resident #3 what had happened. Resident #3 revealed she had slipped on water and fell. Staff A had the other aide got the nurse and the nurses handled it from there. Interview on 9/6/24 at 12:50 p.m., with Staff B, CNA revealed the fall happened when getting supper trays passed. She heard a scream and stopped what she was doing and went running to where the screaming was coming from. She did not have any tread on her shoes. Resident #3 didn't know the water was on the floor and slipped and fell and hit her head. Staff B got the nurse and she came running over right away. Interview on 9/6/24 at 1:55 p.m., with Staff C, Licensed Practical Nurse (LPN) revealed she was at her			

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	medication cart working on passing medications when she heard a different type of yell that is hard to explain for help. She took off running and found Resident #3 laying on the floor by the ice machine. Staff C asked Resident #3 what had happened. Resident #3 explained that she had slipped on a little puddle of water. Staff C confirmed she saw a puddle of water no bigger than a quarter on the floor. Resident #3 was holding her left hip and leg area and was stating she was in terrible pain. Resident was transferred to the ER for an evaluation. Interview on 9/6/24 at 2:29 p.m., with the Director of Nursing (DON) revealed she was just getting back with another resident from an appointment and the staff had asked which door the ambulance came to and she told them and asked why. Staff had told the DON Resident #3 had fallen by the ice machine. The DON went directly to the area and seen staff working with Resident #3. Resident #3 told the DON she had slipped on water on the floor. The DON revealed her left leg was visibly noted to be rotated outward and the ambulance was on their way. The DON further revealed the resident had on a pair of shoes that did not have any tread on the bottom of them and they would be getting her a new pair of shoes. Review of facility provided policy titled Fall Management Standard with a revised date of 8/2021 the evidence points to the following conditions as potentially modifiable risk factors in both community dwelling and nursing home residents including environmental hazards including wet floors. The facility			

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	strives to reduce the risk for falls and injuries by promoting the implementation of the Risk Reduction: Falls and Injuries Program. Residents are assessed for the fall risk factors. The interdisciplinary team works with the residents and family to identify and implement appropriate interventions to reduce the risk of falls or injuries while maximizing dignity and independence. Interview on 9/6/24 at 3:06 p.m., with the DON revealed staff should clean up any spilled ice by the ice machine right away and make sure the floor is dry. **Facility Response:**			

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