| Number 6011 | | | | | Report Februa | date ry 23, 2023 |
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| Rule or Code Section | N | lature of Violation | Class | Fine Amo | unt | Correction Date |
| 56.6(1) | 56.6(1) Treble fine director of the de appeals shall treb 481—56.3(135C) class I or class II vi month period, if a class I or class II vi | Treble and double fines. <i>Es for repeated violations.</i> The partment of inspections and le the penalties specified in rule for any second or subsequent iolation occurring within any 12- a citation was issued for the same iolation occurring within that alty was assessed therefor. | I | Tre (\$9,0 <mark>He</mark> | 7,000 ebled 000X3) eld in ension | Upon Receipt |
| 58.19(2)j | residents. The resistant provide, as a nursing services u qualified nurses win these rules: 58.19(2) Medicatii j. Provision of accurit intervention for a adverse symptom mental, emotional DESCRIPTION Based on clinical review, and staff i | Required nursing services for ident shall receive and the facility ppropriate, the following required nder the 24-hour direction of vith ancillary coverage as set forth <i>fon and treatment.</i> urate assessment and timely Il residents who have an onset of s which represent a change in I, or physical condition. (I, II, III) | | | | |
| | provide adequate three residents re | nursing assessments for two of viewed (Residents #2 and #6). On Resident #2 admitted to the | | | | |

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| | hospital. Between discharge, the fac document assess When Resident #2 hospital, he got ac Resident #6 dropp unknown tempera resulting in secon the incident, the s had complained of Resident #6 only n after the incident days despite her n reported a census Findings include: | (22, Resident #2 discharged to the Resident #2's admission and ility failed to complete and ments on his condition at the time. 2 discharge from the facility to the dmitted to the ICU. On 1/20/23, bed hot chocolate with an ature on her abdomen and thigh d to third degree burns. Following staff reported that Resident #6 of pain. The review showed that received pain medication right and not again for another seven reports of pain. The facility s of 52 residents. | | | | |
| | assessment dated date of 12/21/22 indicated that on unplanned from f a return anticipate Resident #2 had a (BIMS) score of 00 impairment. Resid assistance of one transfers, locomo | I 12/23/22 indicated an admission from an acute hospital. The MDS 12/23/22, Resident #2 discharged acility to an acute hospital without ed. The MDS identified that Brief Interview for Mental Status D indicating severe cognitive dent #2 required extensive to two staff for bed mobility, tion, dressing, toilet use, and The MDS listed that Resident #2 | | | | |

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| | one person with e nutrition from a fe The Care Plan initi Resident #2 had a self-care deficit re decreased mobilit encephalopathy, p urinary catheter. T Resident #2 requin bathing/showerin personal/oral hyg Resident #2 requin assistance with th The Fall Incident R documented that staff observed Res floor with his legs from his G-tube, (p provide nutrition i tube and urinary o insertion locations provide range of r complained of pai Nurse), notified th | required the total assistance of eating. Resident #2 received the eeding tube. Tated 12/22/22 indicated that in activities of daily living (ADL) lated to muscle weakness, y, altered cardiovascular status beg tube (feeding tube), and a The interventions listed that red extensive assistance with g, bed mobility, dressing, iene, toilet use, and transfers. red tube feeding and full e management of it. Report dated 12/21/22 at 6:04 F Resident #2 fell in his room. Th sident #2's upper body on the on the bed. Resident #2 bled gastrostomy tube) a tube used into the stomach. Resident #2's catheter were pulled from their s. When the staff attempted to notion (ROM), Resident #2 n. Staff A, LPN (Licensed Practic be physician and transferred e emergency room. Staff A also #2's next of kin and the | PM e to G- | | | | |

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| | Aide), reported th 12/22/22, and 12, o'clock PM. When Staff B already lef feeding tube and when he fell. On 1 Staff B observed F room, after falling LPN, responded. S and found Resider transferred him to brought him to th observation. Staff B indicated t condition on 12/2 Registered Nurse Nursing), assessed Emergency Room On 1/24/23 at 2:0 12/22/22, Resider assessed the resic brought him to th restless behaviors | 0 PM, Staff C explained that on ht #2 rolled out of bed. Staff C lent and found no injury, so they e nurses' station. Resident #2 ha and did not want to stay in his he progress note should have | C, y f | | | | |

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| | from 12/21/22 - 1 lacked an admissi assessment from record lacked any Resident #2's con hospital on 12/23 On 1/24/23 at 12: the facility did not the nurse's station Resident #2 at the and frequently ch 12/23/23, Staff G Resident #2 and for condition with no G sent him to the On 1/24/23 at 12: Resident #2 and for condition with no G sent him to the On 1/24/23 at 12: Resident #2's clinit assessment, skille one Incident Report The Hospital Eme dated 12/23/22 d presented with alt follow commands shock, and pneum Resident #2 to the | 30 PM, Staff G, RN, reported that t have a room available closer to n at the time, so they kept e nurses' station during the day ecked on him during the night. On reported that she assessed ound that he had a change in verbal responses. After this, Staff | | | | |

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| | that Resident #6 h intact cognition. R with setup help or diagnoses of diaba and arthritis. The Burn Incident PM indicated that chocolate from a s with the warning f up the cup by here took her to a room assessment the st redness to her RLC abdomen and 7 x The facility report (Advanced Register gave a new order areas BID (two tim notified Resident f message. The Diet wrote a statemen description of what In 1/20/23 writter Dietary Aide, Staff resident hot choco | sment dated 12/9/22 identified had a BIMS score of 14, indicating Resident #6 required supervision hly with eating. The MDS included etes mellitus, multiple sclerosis, Report dated 1/20/23 at 12:30 Resident #6 received hot staff member in the dining room that it was hot. Resident #6 picked self and spilled it on herself. Staff n and assisted to her bed. Upon aff noted a 4.5 by (x) 3 inches of Q (Right Lower Quadrant) of her 3 inches of redness with blisters. ed the incident to Staff J, ARNP ered Nurse Practitioner). Staff J to apply silvadene to her burn nes a day), until healed. The staff #6's daughter by phone and left a tary staff who witnessed the spill t. Resident #6 could not provide a at happened. n statement provided by Staff S, f S documented she gave the olate and warned the resident it ey turned around the resident | | | | |

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| | pulled her pants a what spilled. Ther and the DON. The Weekly Skin C by Staff L, LPN, on blister on the abd by 3 inches, and a that measured 7 i included document that the burn hurd. The Monthly LTC I documented by Si moderate pain. The Wound Evaluated 1/27/23 list listed multiple wo of the burn wound thickness indicate 30 x not measural had 90% granulati fluid filled blister. | Note dated 1/25/23 at 3:33 PM taff L, LPN, Resident #6 had daily ation and Management Summary ted Resident #6's chief complaint bunds. The Focused Wound Exam d of the right upper thigh full d that the wound measured 6.5 x ble centimeters (CM). The wound ion tissue with 10% skin and a The Focused Wound Exam of the | | | |
| | Thickness indicate x not measurable granulation tissue | e Anterior Abdomen Full ed the wound measured 8.5 x 10.8 CM. The wound had 100% e and a fluid filled blister. The fixam burn wound of the lower | | | |

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| | x 13 x not measur granulation tissue The Advanced Car completed by Stat rested in bed and breakfast. The nur resident had not be experienced a burn hot chocolate and causing it to burn skin on her right la Resident #6 appea time telling Staff k was better than it the resident had re last week because Medications Admi Resident #6 receive but has not been g are no nursing con confirms the patie following orders t (MG) three times a day for one wee a third degree bur initial encounter, | kness listed a measurement of 2.5 able CM. The wound had 100% and a fluid filled blister. The Planning Note dated 1/27/23 off K indicated that Resident #6 generally she is in the chair for rise informed Staff K that the been getting in the chair since she rn, after she received extremely I she accidentally dumped it her abdominal skin as well as the ateral (outside) leg/thigh. ared confused and had a difficult K what happened but did report it had been. The staff reported that not been getting out of bed for the e she has too much pain. Per the inistration Record (MAR), wed a dose of Tylenol on 1/20/23 getting pain medications. There neerns at this time, their report ent is stable. The note included the o schedule Tylenol 500 milligrams a day and Lortab 5/325 MG twice k. The note included diagnoses of rn of her abdominal wall with loss, and burn of her abdominal wall, rn, initial encounter. | | | |

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| | bed, fully dressed, mechanical lift) sli resident safely wit Resident #6's cloth treatment applica waxy white with p away), with pink t Staff H measured 1. Right upper qua 2. Right upper thig area measured 2 > 3. Right outer thig area measured 1.5 4. Waistband - 10 Staff H explained t observed the wou new treatment. Re nonsensical speec the surveyor asked responded inappro- During an intervie indicated burns ca visited the resider crying, indicating t listened to her. Sta remained in bed s experienced pain, | h - 6.5 x 6.5 CM and an adjacent 5 x 1.5 CM. x 1 CM. that the Wound Clinic Physician nds on 1/27/23 and ordered a esident #6 had random, h during the observation. When d the resident if she had pain, she | | | |

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| | for the first time of concerns regardin assessment of her for a lidocaine pat osteoarthritis. Resident #6's Janu 1/30/23 indicated on 1/20/23 at 12:0 at 12:03 PM. The evaluate/monitor for pain monitorin Resident #6 had a 1/20/23. The MAR pain at night on 1, day on 1/24/23 ur showed that Resid indicating no pain until 1/28/23. Resident #6's Janu Administration Re included an order Apply to RLQ and burn until healed. | r. Staff H observed the wounds on 1/27/23 as well. Staff K had og the lack of pain medication and pain. The resident had an order isch to her hip daily for uary 2023 MAR reviewed on that she received Tylenol 500 MG 66 AM and not again until 1/27/23 MAR included an order to for pain every shift and as needed ng. The MAR indicated that pain score of 10, severe pain on R listed that Resident #6 only had /23/23, 1/24/23, and during the ntil 1/28/23. The documentation dent rated her pain as a 0, on the other days from 1/20/23 for Silver Sulfadiazine Cream 1 % right thigh topically every shift for The TAR lacked documentation of er Sulfadiazine Cream for the ntil | | | |

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| | b. 1/25/23 at 6:00 | D AM | | | |
| | c. 1/26/23 at Nigh | | | | |
| | d. 1/27/23 at 6:00 |) AM | | | |
| | During | | | | |
| | - | ew on $1/30/23$ at 9:25 AM with the | | | |
| | | Nursing) reported that on 1/20/23 | | | |
| | - | ident #6 went to drink her hot opped it on her lap. Resident #6 | | | |
| | | aptive dining equipment and ate | | | |
| | | t the time of the incident, Staff M, | | | |
| | | ked in the dining room. Resident | | | |
| | | elled out, the Certified Nurse Aides | | | |
| | | to her room and Staff L, LPN, | | | |
| | | provider ordered Silvadene | | | |
| | | complained of pain, and on | | | |
| | | ed receiving scheduled pain | | | |
| | medication, Hydr | ocodone/Acetaminophen 5/325 | | | |
| | mg, two times a d | lay and Tylenol 500 mg three | | | |
| | times a day. The \ | Nound Clinic Physician saw her on | | | |
| | 1/27/23 and orde | red her a new treatment. The | | | |
| | Administrator rep | oorted that she notified DIA | | | |
| | (Department of Ir | nspections and Appeals) on | | | |
| | | dical Director's nurse instructed | | | |
| | | ue to the staff failing to check the | | | |
| | temperature of th | ne hot water prior to serving it. | | | |
| | | proximately 11:00 AM, the DON | | | |
| | | /23 she was nearby speaking to | | | |
| | | and witnessed the resident spilling | | | |
| | the hot chocolate | on her lap along with Staff M, | | | |

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| | Staff O, CNA. The the hot chocolate not recall who did Resident #6 remain week and confirm wounds. Staff L as occurred and notic communicating w On 1/30/23 at app reported that on 1 Resident #6 spilled lunch. Staff H asket with the assistance never observed the thought the burnes 1/27/23 Staff H sa with the Wound C that she believed meals. Staff H rep week, she would a assessments and w doctor. The wound for the wounds or On 1/30/23 at app reported that since #6, the staff received | DON informed Staff N, CNA, and DON indicated someone wiped off Resident #6's lap but could I it. The DON denied knowing that ined in her room for the following red that she had not observed the sessed the burn after the incident fied Staff J. The DON denied ith the ARNPs since the incident. oroximately 2:45 PM, Staff H 1/20/23 a CNA informed her that d hot chocolate on herself during ed Staff L to assess the resident e of Staff N and Staff O. Staff H he burns until 1/27/23, and s needed some attention. On tw Resident #6's wounds along Clinic Physician. Staff H reported that Resident #6 came out for orted that as of the previous assume responsibility for skin will do the rounds with the wound d doctor ordered a new treatment in January 27. | | | |

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| | staff were to make degrees or less. St on 1/20/23 when chocolate on her I to the resident. W chocolate, she yel Staff M explained towels, began clea clothing away fror additional staff an day, another Dieta chocolate using w dietary staff fill th coffee maker about That day, the staff temperature prior 10:30 AM Staff M temperature, and Fahrenheit. The w coffee maker tem Staff M indicated water directly from always serve it from containers. Staff N thermos at least th service. | make tea or hot chocolate. The e sure the temperature is at 140 caff M explained that she worked Resident #6 spilled the hot ap. Staff M had her back turned then Resident #6 spilled the hot led "I spilled my hot chocolate." that she immediately grabbed aning her up, and pulled her m her skin. Staff M grabbed ad the DON who addressed it. That ary Aide served Resident #6 hot ater from the thermos. The e thermos with water from the ut an hour prior to dining services. If ailed to document the water to serving the hot chocolate. At checked the thermos water reported it at 135.4 degrees vater that came directly from the pted at 143 degrees Fahrenheit. that the staff never serve hot m the coffee maker, as they im the pre-filled thermos A reported that they fill the hirty minutes prior to meal | | | |

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| | room and observe DON something a O had to return to supply room, to fe wheelchair. Staff O later and heard Re hurts". Staff O obs Staff N also entere removed Resident informed Staff H a Staff N and Staff O undressed her and burns. Staff O indi bed by 11:35 AM. nurse instructed t covered with a shu meals in bed. Resi movement and sa that Resident #6 s time of the intervit On 1/30/23 at app reported that she Staff O. Staff N he burning" at lunch lap. Staff N rolled room. Staff M indi | n a wheelchair towards the dining ed Staff M from dietary tell the bout Resident #6 in the hall. Staff o her resident's room and then a etch foot pedals for the D returned about fifteen minutes esident #6 crying and saying "it served a cup on the resident's lap. ed the dining room and they t #6 from the dining room. Staff O and she said to let Staff L know. D transferred Resident #6 to bed, d placed cold washcloths on the cated they had the resident in The resident cried in pain. The hem to leave Resident #6 in bed, eet and assist her with eating her dent #6 expressed pain with id it "hurt a lot." Staff O reported eemed to have less pain at the iew. Droximately 1:25 PM, Staff N worked on 1/20/23 along with ard Resident #6 crying out "It's time, as her cup spilled onto her Resident #6 out of the dining icated that the DON knew and the would take care of it. Staff N | | | |

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| | informed Staff H v complete an incid | vho told Staff N to tell Staff L to ent report. | | | | |
| | reported that she Resident #6 spiller room. During lunc and reported that herself with her gi gave her medicati thing she knew, a room. Staff L neve have been coming L, that Staff M tole DON never came to assess Resident #6 bed and removed provider and rece Cream. When she the burns had alre said it hurt, but sh at times. Resident needed for pain. S CNA's reported th #6 transferred wit have the resident | broximately 3:30 PM, Staff L worked on 1/20/23 when d her hot chocolate in the dining th, a dietary aide came to Staff L Resident #6 attempted to feed lasses. Staff L went to Resident #6, ons, and proper utensils. Next CNA assisted Resident #6 to her er heard her cry out, but she may g down the hall. The CNA told Staff d the DON of the incident. The to Staff L and the DON did not 5. The staff got Resident #6 into her clothing. Staff L called the ived an order for Silvadene returned to Resident #6's room, eady started to blister. Resident #6 hed difficulty expressing herself #6 had an order for Tylenol as Staff L could not remember if the at Resident #6 had pain. Resident th a Hoyer lift so they decided to remain in bed to avoid pressure ing transfers. Staff L had no follow s. | | | | |

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| | Staff Q, Medicatio on 1/20/23. She e they were keeping or injury from the assisted another a in bed before her up in bed and rais #6 cried out in pai Staff Q explained burns caused pain On 1/31/23 Staff I how much time pai informed the staff Resident #6 from to the kitchen afte On 1/31/23 at app Medication Aide r 1/23/23, Resident to bend, to move, her that she had p and the DON. Staf has a daily pain as the MAR. Staff R o found no daily pai | broximately 8:00 PM via phone, on Aide, reported that she worked explained that Staff N told her that g Resident #6 in bed to avoid pain Hoyer lift. One day Staff Q hide with positioning Resident #6 meal. When they slid Resident #6 ed the head of the bed, Resident in so they lowered her head a bit. that she assumed the abdominal when they raised the head up. W added that she did not know assed between the time she f and when they removed the dining room. Staff M returned er she informed the staff. Droximately 10:30 AM, Staff R, eported that when she worked on the everything, and Resident #6 told oain. Staff R informed the nurse f R reported that every resident sessment that they document on observed the January MAR and n assessments documented. 00 AM, Staff C reported that the ked following Resident #6's | | | |

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| | the pain she expe Silvadene cream a Aides to administe The Hot Liquid Sat hot liquids are to appetizing) tempe precautions. Definitions: "Proper (safe and both appetizing to risk for scalding an "Scalding" is a bur splashes, or conta beverages, or stea Policy Explanation 1. Hot liquids can degree of injury d amount of skin ex exposure. Refer to for an illustration occur at various to 2. The temperatur in the dietary dep the nursing units. 140 degrees Fahre | n caused by spills, immersion, act with hot water, food and hot am. and Compliance Guidelines: cause scalding and burns. The epends on the temperature, the posed, and the duration of o the table attached to this policy of the time required for a burn to | | | |

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| | handle containers Residents with dif supervision and u consume hot liqui individualized and care. Intervention a. Wide based cup b. Cups with lids a c. Limit Styrofoard difficulties d. Aprons e. Disallow hot liq 4. Staff shall respond accidents with hor burns. Follow pro- incidents/acciden exposure to hot lii 5. Monitor residen exposure to hot lii not appear initiall 6. General safety liquids include, bu a. Make sure residen positioning to com b. Use cups, mugs appropriate for hor c. Dot not overfill | ind handles a cups to residents with no uids while lying in bed ond immediately to spills or other t liquids to minimize the risk for cedures regarding ts should anyone experience quids. nts for at least 24 hours following quids, as redness or blisters may y. precautions when serving hot ut are not limited to: dent is alert and in proper asume hot liquids. 5, or other containers that are ot beverages. containers. erature of hot liquids to which | | | | |

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| | f. Keep hot liquids g. Do not refill cor holding the contai The table labeled Relationship to Se required for a thir following water te Water Temperatu Degree Burn to Oc 155 degrees 148 degrees 140 degrees 133 degrees 127 degrees 124 degrees 120 degrees Note: Burns can o | Time and Temperature rious Burns indicated the time of degree burn to occur with the emperatures. re Time Required for a 3rd | | | |

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| 58.28(3)e | facility shall be res maintenance of a and personnel. (III 58.28(3) <i>Resident</i> <i>e.</i> Each resident sl to protect against | | Ι | \$9,000.00 Held in Suspension | Upon Receipt |
| | Based on clinical r review, staff, and failed to adequate residents (Resider and a subsequent reported a census Findings include: Resident #3's Min 12/27/22 identifie Status (BIMS) scor impaired cognition Resident #3 could transfers, persona MDS included diag anxiety and depre | record review, facility policy resident interviews the facility ely supervise one of three nt #3), to prevent an elopement fall with injury. The facility of 52 residents. imum Data Set (MDS) dated ed a Brief Interview for Mental re of 12, indicating moderately n. The MDS indicated that be independent with ambulation, al hygiene, and toilet use. The gnoses of tobacco use, anemia, ession. Resident #3 use an ation for five out of the seven | | | |

| Number 6011 | | | | Report date February 23, 202 | | | |
|---|--|---|--|---------------------------------|--|--|--------------------|
| Facility name Silver Oak Nursin Rehabilitation Ce | - | | | - | Survey dates January 23, 2023 - January 31, 2 | | r 31, 2023 |
| Facility address 455 31 st Street | | | | | | | |
| City Marion | | JB | | | | | |
| Rule or Code Section | N | lature of Violation | | Class | Fine Amo | | Correction Date |
| | days in the lookback period. In addition, Resident #3 used an antidepressant for four out of the seven days in the lookback period. | | | | | | |
| | The Care Plan initiated on 12/22/22 included the resident having an ADL (Activities of Daily Living) self-care performance deficit related to dementia, depression, hypothyroidism, anxiety disorder, and muscle weakness. The Intervention dated 1/18/23 directed the staff to know that Resident #3 could no longer leave the facility independently due to physical limitations related to injuries from a fall causing right femur fracture. | | | | | | |
| | The initial Nurse Practitioner Progress Note dated 12/22/22 revealed the resident had past medical history significant for asthma, hypertension, tobacco dependence, depression, anxiety, alcohol abuse, memory loss, and recurrent falls. The Progress Note dated 1/15/23 at 1:19 PM, Staff C, Licensed Practical Nurse (LPN), documented that Resident #3 did not sign herself out of the building. | | | | | | |
| | | | | | | | |
| | | ale assessment dated 1/15/23, d a score of 15, indicating a low | | | | | |
| | | Report dated 1/15/23 at 1:21 Pl taff D, LPN, indicated that a CN | | | | | |

| Number 6011 | | | | | leport ebruar | date 7y 23, 2023 |
|--|--|---|-------------------------------|---------------|------------------|---------------------|
| Facility name Silver Oak Nursin Rehabilitation Ce | • | | Survey dates January 23, 2 | | anuary | 31, 2023 |
| Facility address 455 31 st Street | | | | | | |
| City Marion | | JB | | | | |
| Rule or Code Section | N | lature of Violation | Class | Fine Amoun | nt | Correction Date |
| | her right side in th and transferred th room. Resident #3 oriented to three Resident #3 denie she was walking a Resident #3 comp and hip pain. The Progress Note indicated that a C right side on the g Resident #3 appea (Person, place, an hitting her head. F in her right should refused to move h range of motion (I pain in right hip. F extremity without passively (nurse a #3's left palm app The ED Provider N indicated that Res (Patient states she lot at the nursing standing on the co | ide) found Resident #3 lying on he parking lot. Staff D assessed he resident to the emergency B appeared to be alert and (person, place, and time). Id hitting her head and said that nd tripped on the cement. Iained of right shoulder, elbow, e dated 1/15/23 at 1:23 PM NA found Resident #3 lying on her ground outside in the parking lot. ared alert and Oriented to 3 d time). Resident #3 denied Resident #3 reported extreme pain der and elbow. Resident #3 her right upper extremity (RUE) for ROM) with reports of extreme Resident #3 could not extend her to pain and refused to extend ttempting to move it). Resident eared to have abrasions. | | | | |

| Number 6011 | | | | - | ort date ruary 23, 2023 |
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| | pain is at a severit pain. The diagnost acute right olecra elbow) and a none basicervical/proxi fracture). On 1/23/23 at 10: reported that the that Resident #3 et the same time vis Staff F assisted the #3 exit. At 1:25 PM the ground in the all staff including to regarding the nee nurse must be ma are care planned to accompaniment. S On 1/15/23 at 12: she worked for an on the South unit East unit. At approt the nurse's station by wearing a jacke Staff F said "have rang, Staff F answ | ght shoulder, and right elbow. The cy of 7/10, indicating moderate tic testing determined a displaced non fracture (bony point of the displaced right femur fracture, mal intertrochanteric (hip 30 AM, Staff E, Administrator camera video footage revealed exited the building at 1:18 PM at itors came and rang the doorbell. e visitors inside and let Resident A staff observed the resident on parking lot. Staff E reported that Staff F were re-educated d for residents to sign out, and a ide aware. No current residents to leave the facility without Staff F made a wrong assumption. 42 PM, Staff F, CNA, reported that agency. On 1/15/23 she worked and Resident #3 resided in the pximately 1:15 PM, Staff F sat at n and charted. Resident #2 walked et and appeared to be leaving. a nice day." The front door bell ered it, allowed visitors to enter o exit. Five minutes later, a | | | |

| Number 6011 | | | | | rt date Jary 23, 2023 |
|--|--|---------------------|---|----------------|--------------------------|
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| Facility address 455 31 st Street | | | | | |
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| Rule or Code Section | N | lature of Violation | Class | Fine Amount | Correction Date |
| | Nature of Violation passerby rang the doorbell and reported that someone fell in the parking lot. Staff F observed Resident #3 on the ground, still unaware she was a resident. Staff F called inside and Staff D came out. When she arrived, she assessed the resident and called 911. Staff F said that if she knew that Resident #3 was a resident, she would not have allowed her to exit the facility. Staff F wrote a statement. Staff E, Administrator called her the next day and educated her. On 1/23/23 at 2:30 PM, Staff D reported she worked at the facility for three years, primarily on the weekends. On 1/15/23 she went out to the parking lot after someone called the facility and reported they found a resident on the ground. Staff D observer Resident #3 lying on her right side, she appeared alert and oriented. Resident #3 stated she tripped and fell. Staff D assessed Resident #3 and summoned EMS (Emergency Medical Services). Staff D did not know how Resident #3 got outside or that she could go out alone. Staff received education to be sure no other resident exits the building unattended. On 1/23/23 at 4:14 PM, Staff G, CNA reported that she worked on 1/15/23 during the day shift. Resident #3 asked Staff G to take her outside around lunch time. Staff G told Resident #3 that she would take her outside when the second shift came | | | | |

| Number 6011 | | | • | | port date bruary 23, 2023 | |
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| | Nature of Violation in at 2:00 PM. Resident #3 indicated she would wait. Staff G observed Resident #3 in bed at approximately 1:00 PM and never saw her leave the unit. Staff G observed the resident on the ground in the parking lot and appeared to be in a lot of pain. The Elopements and Wandering Residents policy revised January 2023 and implemented March 2023 defined "Elopement" as when a resident leaves the premises or a safe area without authorization (i.e., an order for discharge or leave of absence) and/or any necessary supervision to do so. The section labeled Policy Explanation and Compliance Guidelines instructs that the facility should establish and utilize a systematic approach to monitoring and managing residents at risk for elopement or unsafe wandering, including identification and assessment of risk, evaluation and analysis of hazards and risks, implementing interventions to reduce hazards and risks, and monitoring for effectiveness and modifying interventions when necessary. | | | | | |

| Number 6011 | | | | Repor Februa | t date ary 23, 2023 |
|--|-------------------|---------------------|---|-----------------|------------------------|
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| 455 31 st Street City | | | | | |
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