

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

Number 5940					Report date December 7, 2022
Facility name Montrose Health Center		Survey dates November 1, 2022- November 9, 2022			
Facility address 400 South 7 th Street					
City Montrose		CMD			
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date	
481-58.28(3)e	<p>Each resident shall receive adequate supervision to protect against hazards from self, others, or elements in the environment. (I, II, III)</p> <p>DESCRIPTION:</p> <p>Based on interviews, record review, facility document review, and facility policy review, it was determined that the facility failed to identify the causal factors of falls to implement appropriate interventions to prevent further falls and evaluate the current fall interventions for effectiveness for 1 (Resident #25) of 3 residents reviewed for falls. Resident #25 sustained 46 falls from 11/02/21 through 11/02/22. This failure resulted in the resident sustaining falls with injuries including a fractured right ankle on 1/10/22, a small hematoma on the back of the head on 1/15/22, and a fractured hip on 1/20/22. Resident #25 was also transported and evaluated in the emergency room on 1/31/22 for a possible refracture of the right hip and on 6/09/22 for a CT (computed tomography) scan after a fall which resulted in a hematoma to the forehead.</p> <p>Findings included:</p> <p>A copy of the facility's fall prevention policy was requested and on 11/04/22 at 11:45 AM, Nurse Consultant #1 stated they did not have a policy on falls but provided a policy titled, "Completion of</p>	I	\$6,500.00 Held In Suspension	Upon Receipt	

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	<p>Incident Report," dated 8/10/18. The policy indicated, "An incident report shall be initiated for any unusual incidents involving residents whether they occur at the facility or not, whether injury is apparent or not." Further review of the policy revealed "Unusual incidents include but are not limited to: a. Fall: unintentional change in position coming to rest on the ground, floor or onto the next lower surface (e.g., onto a bed, chair, or bedside mat)." Continued review indicated "Instructions and/or demonstrations should be given to the resident or employee to prevent future incident of a like nature, when appropriate."</p> <p>A review of an "Admission Record" indicated Resident #25 had diagnoses which included late onset Alzheimer's disease, osteoarthritis, repeated falls, and history of falls.</p> <p>Review of the quarterly Minimum Data Set (MDS), dated 9/06/22, revealed Resident #25 had a Brief Interview for Mental Status (BIMS) score of 3, which indicated the resident had severe cognitive impairment. The resident required extensive to total assistance with all activities of daily living (ADLs) except eating. The MDS indicted the resident was frequently incontinent of bowel and bladder and had two or more falls since the previous assessment on 6/14/22.</p>				

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	<p>A review of Resident #25's care plan, initiated 10/29/21, revealed the resident was at risk for falling with interventions which directed staff to:</p> <ul style="list-style-type: none"> - Assist the resident to bed after administering anti-anxiety medications, initiated 8/02/21 - Apply non-skid socks at night, initiated 8/22/21 - Keep items off the floor and within reach, initiated 9/02/21 - Ensure proper arrangement of bedding, initiated 10/11/21 - Ensure the resident was seated when applying footwear, initiated 11/16/21 - Apply slipper socks, initiated 11/17/21 - Apply half rails times two to assist with bed mobility and repositioning, initiated 11/03/21 and revised 12/15/21 - Apply non-skid strips to the bathroom floor, initiated 12/15/21 - Give the resident cookies or snacks when they are sitting, initiated 12/17/21 - Provide a night light outside of the bathroom door, initiated 1/10/22 - Apply non-skid padding in the recliner, initiated 1/18/22 - Resident was non-ambulatory at that time, initiated 10/29/21 and revised 1/19/22 - Apply non-skid padding in the wheelchair, initiated 1/20/22 - Always keep the resident in a supervised area. The resident was only to be in their room for naps and at night, initiated 1/14/22 and revised 2/08/22 				

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	<ul style="list-style-type: none"> - Transfers with assistance of two and the Stand-aid (mechanical lift), initiated 10/29/21 and revised 3/07/22. - Use a fall mat, initiated 3/10/22 - Use a bolster mattress, initiated 4/01/22 - Keep the resident's wheelchair out of sight when they are in the recliner, initiated 8/09/22 - Provide the resident with an activity basket between meals, initiated 8/09/22 - Provide adequate lighting, initiated 8/09/22 - Allow the resident to rest in the recliner after dinner until bedtime, initiated 6/09/22 and revised 8/09/22. <p>A review of a "Fall Risk" assessment, dated 11/2/21, indicated Resident #25 was at risk for falls, and fall interventions should be initiated.</p> <p>Review of "Incident Reports" revealed Resident #25 sustained 46 falls from 11/2/21 through 11/2/22. Based on these reports, a review of "Progress Notes," and interviews, there was no evidence that the facility thoroughly investigated each fall for causal factors and there was no evidence of what interventions were in place at the time of the fall. The facility did not evaluate the current fall interventions for effectiveness. The facility did not have evidence that new appropriate interventions were put into place and that those interventions were communicated to staff.</p>				

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	<p>A review of Resident #25's "Incident Reports" and "Progress Notes" between 11/02/21 and 12/28/21 revealed Resident #25 had 10 falls, including four falls related to ambulating in, to, or from the bathroom. A review of the care plan revealed the only interventions put into place for the falls related to the bathroom were to put non-skid strips in the bathroom in front of the toilet after the fall on 12/15/21. The resident had a fall on 12/28/21 that occurred when the resident was ambulating between the bed and the bathroom and the tennis balls on the walker "malfunctioned." The facility failed to analyze the data they had from previous falls to determine causal factors in order to implement effective interventions to prevent the resident from falling again and obtaining a serious injury.</p> <p>A review of a "Progress Note" and "Incident Report," dated 1/10/22 at 5:20 AM, revealed Resident #25 had a fall in the bathroom (seen scooting out of the bathroom on their buttocks), and when assessed the resident complained of discomfort to the right ankle. The physician was contacted via fax and an order for an x-ray of the resident's right ankle was received at 6:41 AM. On 1/10/22 at 2:32 PM, the progress note indicated the resident had an x-ray of the right ankle which showed a non-displaced distal right fibular fracture. Later in the day on 1/10/22, the progress notes and incident report indicated the resident sustained a second fall at 2:45 PM and was seen scooting on</p>				

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	<p>the floor out of the bathroom. The facility failed to investigate the causative factors of the falls but added an intervention to place a night light outside the bathroom door.</p> <p>A review of "Progress Notes" and "Incident Reports" between 1/12/22 and 1/18/22 revealed Resident #25 had four falls, one on 1/12/22, two on 1/15/22, and one on 1/18/22. Review of the care plan revealed the facility developed new care plan interventions for two of the four falls. The facility failed to analyze the data they had from previous falls to determine causal factors in order to implement effective interventions to prevent the resident from falling again and obtaining another serious injury.</p> <p>A review of a "Progress Note," dated 1/20/22, indicated Resident #25 slipped off the front of the wheelchair trying to get up, with no complaints of pain and no injuries identified at that time. The care plan was updated to include non-slip padding in the wheelchair.</p> <p>A review of a "Progress Note," dated 1/24/22, indicated Resident #25 had increased complaints of pain, x-rays were obtained, and the resident was found to have a right hip fracture and was sent to the hospital for surgical repair of the right hip. The resident's fall care plan was not updated with any new interventions when the resident returned from the hospital.</p>				

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	<p>A review of the facility's "Self-Report," dated 1/25/22, indicated the facility contributed the right hip fracture to the fall that occurred on 1/20/22.</p> <p>A review of a "Progress Note," dated 1/31/22, indicated Resident #25 was found on the floor after falling from a recliner and was sent to the hospital for evaluation of the right hip. The care plan was updated to include the resident was non-ambulatory with no new interventions.</p> <p>A review of "Progress Notes" and "Incident Reports" between 2/07/22 and 6/09/22 revealed Resident #25 fell seven times, three times from the bed and four times from the recliner. The facility failed to analyze the data they had from previous falls to determine causal factors in order to implement effective interventions to prevent the resident from falling again and obtaining a serious injury. Review of the care plan revealed it was updated four out of the seven times the resident had fallen during this time with new interventions.</p> <p>A review of a "Progress Note," dated 6/09/22, indicated Resident #25 fell, hitting their head, resulting in the resident having a hematoma to the left side of their forehead and a laceration to the left cheek. The resident was sent to the hospital for evaluation. The care plan was updated with an intervention for the resident to be in the recliner after dinner until bedtime.</p>				

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	<p>A review of "Progress Notes" and "Incident Reports" between 8/25/2022 and 11/02/22 revealed Resident #25 had 19 falls, including 14 falls from the bed. Interviews with staff (see below) revealed the resident was going over the bolsters on the bed onto the fall mat and used the half rails to assist with doing this. The facility failed to track and trend the resident's falls and identify the pattern of falls from the bed and the facility failed to identify the cause of the resident's repeated falls from the bed. A review of the care plan indicated it was updated on 8/09/22 with new interventions, but there was no documentation in the resident's record to imply new interventions had been initiated or care planned for any of the 19 falls after 8/09/22.</p> <p>A review of physician progress notes indicated the physician recommended one-to-one support as much as possible when the resident was seen on 1/31/22 (after the resident had fallen 17 times since November 2021). The physician repeated this again on 2/18/22, after the resident had another fall, and again on 4/19/22, after the resident had fallen four more times. There was no documented evidence the one-to-one support occurred.</p> <p>During an interview on 11/04/22 at 1:36 PM, Staff F, a Certified Nurse Aide (CNA), stated she had been at the facility for almost 15 years and was a CNA mentor. She stated if a resident fell, she would</p>				

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	<p>notify the nurse to come and check them. Once the nurse said the resident was okay, then they would use the mechanical lift to get the resident up into the bed or chair. She stated she worked with the nurses to implement new interventions. Staff F stated fall interventions in place for Resident #25 included checking on the resident frequently, a bolster bed, pool noodles, and if the resident was up in the living room, they put a non-slip pad in the chair first. She stated the resident did have a fall mat, but they removed it and put down non-skid strips because the mat was not preventing anything. Staff F stated Resident #25 was able to crawl out of the bed and go over the bolsters, but was sliding out of the bed, not falling.</p> <p>During an interview on 11/04/22 at 1:47 PM, Staff E, a Certified Medication Aide (CMA), stated that when a resident fell, she would make sure the resident was safe and get the nurse. She stated she had no part of implementing interventions after a fall. Staff E stated fall interventions for Resident #25 included frequent checks, a bolster mattress, low bed, fall mat, toilet use and positioning schedule, and using common knowledge, such as if the resident was tired, then lay them down or put them in a recliner. She stated they would also reposition the resident from lying to sitting, provide hydration and nourishment, and one-to-one support. Staff E stated Resident #25 would go over the bolsters on the bed, and Staff E had seen the resident slide over the bolsters with their head on the bed and their</p>				

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	<p>bottom over the bolster. Staff E stated the resident was able to do it when they were determined.</p> <p>During an interview on 11/04/22 at 2:15 PM, Nurse Consultant #1 and the Director of Nursing (DON) stated if an intervention was a one-time intervention, then it would not be care planned. Nurse Consultant #1 stated interventions were documented on the fall summary done during the Falls Committee Meeting as part of their Quality Assurance (QA) process and would not necessarily be documented on the care plan or the resident's record. Nurse Consultant #1 stated staff were notified of new or changed interventions verbally during report, by the charge nurse, or by each other, and stated if they did not know they would ask. Nurse Consultant #1 stated they could not expect the staff to remember all of Resident #25's multiple interventions. The DON stated Resident #25 did not go over the bolster but kicked them out of the way. She stated no staff had reported the resident going over the bolsters.</p> <p>A review of Resident #25's "Fall Summary" revealed the facility identified Resident #25 had fallen 45 times since 11/02/21. The summary did not identify causal factors of the falls, as the "Potential Contributing Factors" section was left blank. The resident's response to interventions was only documented twice out of 45 falls listed on the summary.</p>				

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	<p>During an interview on 11/05/22 at 1:01 PM, Staff R, a CNA, stated if a resident fell, she would make them comfortable and get the nurse and then get vital signs. She stated the staff had a huddle every day at 2:00 PM to go over any changes made after a fall. She stated fall interventions for Resident #25 included bolsters on the bed, a floor mat, to check on them often, and they had a new mattress coming. Staff R stated the bed rails were supposed to help keep the resident in the bed, but the resident used the rails to help them get over the bolsters. Staff R stated she was not aware of the pool noodle being used. She stated the bolsters on the bed clipped on the sides, but they were ordering a concave mattress to try and help keep the resident in the bed.</p> <p>During an interview on 11/05/22 at 2:39 PM, Staff A, a Registered Nurse (RN), stated Resident #25 had a pool noodle to help keep them in bed with the bolster, fall mat with non-skid strips under it, and the staff were to check on the resident whenever they walked by.</p> <p>During an interview on 11/05/22 at 2:52 PM, Staff D, a RN, stated Resident #24's fall interventions included a fall mat, low bed, activities, redirection, toilet use, skid socks, mattress bolsters, repositioning, snacks/drinks, and music. She stated the resident would put themselves on the fall mat or scoot in the bed until they fell. She stated the resident had put themselves on the floor to take a</p>				

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	<p>nap. Staff D stated the bolsters were to keep the resident from rolling out of bed, but the resident would go over them, so they had ordered the resident a special bed on which the bolsters were attached. She stated the resident did not use a pool noodle. Staff D stated the nurse should implement the new interventions, put it on the incident report, and include it on a progress note. She stated she did not update the care plan but did a fall risk assessment after each fall. She stated she would verbally tell the staff what the new interventions were and pass it along to the next shift.</p> <p>During an interview on 11/09/22 at 4:44 PM, the Administrative Assistant stated her expectation was for interventions to be implemented immediately after a fall after determining the root cause. She stated new interventions were to be placed in the communication book and then the nurse managers would review the fall in the morning meeting and add to the care plan if needed.</p> <p>FACILITY RESPONSE:</p>				

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