

CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165249	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/17/2005
NAME OF PROVIDER OR SUPPLIER NEWELL GOOD SAMARITAN CENTER		JUN 21 2005	STREET ADDRESS, CITY, STATE, ZIP CODE 415 WEST HIGHWAY NEWELL, IA 50568	
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F 000	INITIAL COMMENTS Self report 4830-I was substantiated, there are no concerns with the incident the facility self reported. Concerns were identified with supervision of two residents related to accidents. See Code of Federal Regulations (42CFR) Part 483, Subpart B-C. Correction Date _____	F 000	Preparation and Execution of this response And plan of correction does not constitute an Admission or agreement by the provider of The truth of the facts alleged or conclusions Set forth in the statement of deficiencies. The plan of correction is prepared and/or Executed solely because it is required by the Provisions of Federal and State Law. For the purposes of any allegation that the facility is not in substantial compliance with federal requirements of participation, this response and plan of correction constitutes the facility's allegation of compliance in accordance with section 7305 of the state operations manual.	
F 324 SS=D	483.25(h)(2) QUALITY OF CARE The facility must ensure that each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by Based on observation, record review, resident and staff interview, the facility failed to ensure each resident received adequate supervision and assistance devices to prevent accidents for two of nine residents reviewed for supervision. (Resident #5 and Resident #8). Facility census was forty-two (42) residents. Findings include: 1. A Minimum Data Set (MDS), dated 4/4/05, assessed Resident #5 with impaired short and long-term memory and impaired decision-making skills. The resident had no mood/behavior patterns identified. The resident required extensive assistance of one staff for bed mobility, transfers, dressing, eating, toileting, personal hygiene and bathing. The resident had severely	F 324		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 324	<p>Continued From page 1</p> <p>impaired standing and sitting balance.</p> <p>A care plan, dated 3/17/05, identified the resident with a problem of "potential for injury. Falls related to arthritis and osteoarthritis. History of falls, dementia and history of hip fracture. The care plan directed staff to apply a body alarm at all times, montior alarms for proper functioning, sentinel alarm on when in bed, floor mat on floor when in bed".</p> <p>Nurses notes, dated 5/11/05 at 8:30 p.m., stated staff found the resident on the floor in the resident's room. The resident laid beside the bed on the floor on the right side. The resident was in bed prior to the fall. Nurses notes stated, "Continued to be restless and then apparently fell from bed. Good range of motion to all extremities. Sustained two skin tears to upper outer forearm with small amount of bleeding." On 5/13/05 at 4:30 p.m., the facility updated the physician of right hip pain when resident transferred from bed to toilet. The resident transferred to the emergency room for x-ray. The x-ray did not show fractures and the resident returned to the facility.</p> <p>On 5/17/05 at 10:55 a.m., Staff N (CNA) stated no alarms sounded when the resident fell.</p> <p>When asked why the sentinel alarm did not sound when the resident fell, Staff F (acting director of nursing) stated on 5/17/05 at 2:40 p.m. "We need to have the screws looked at on it. It (sensor) kind of dropped so I moved it back up. So that could be why. The personal alarm probably just went with the resident. They should be hooking it on the incontinent pad but they don't always. I can talk to them today".</p>	F 324	<ol style="list-style-type: none"> 1) For resident # 5 the sentinel alarm was replaced. Personal alarm will be used and attached to bed frame with Velcro to ensure alarm is secured and that the resident will pull the magnet off to set off alarm. For resident #8, bolsters were removed from bed. Personal alarm initiated. This alarm will be secured to bed frame with Velcro to ensure the magnet is pulled off when resident moves so alarm is set off. 2) Will complete a care plan review to identify all residents requiring supervision and assistive devices, such as alarms, to prevent accidents. 3) All staff in-service was held on May 20th, 2005 that included education on response to alarms. Proper placement of alarms and responsibility of replacing alarms that are not properly functioning. 4) Audits on supervision and use of assistive devices will be completed weekly for 3 months, monthly for 3 months and then will be referred to the QA committee for further recommendations as needed. 5) June 25, 2005. 	

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F 324	<p>Continued From page 2</p> <p>Observation showed, on 5/17/05 at 11:18 a.m., the resident in bed with a personal alarm laying in bed beside the resident. The resident did not have a sentinel alarm on or a floor mat in place.</p> <p>The resident's roommate, Resident #1 and identified by the facility as interviewable stated, on 5/17/05 at 1:35 p.m., stated he/she did not hear an alarm when the resident fell on 5/11/05.</p> <p>The facility allowed the surveyor to review the incident report but refused to allow the surveyor to copy the incident report regarding the 5/11/05 incident.</p> <p>2. Resident # 8 had a history of falling from bed. Nurses notes identified the following: On 7/22/04 at 2 a.m., staff found the resident on the floor by the bed. On 7/31/04 at 1:15 a.m., the resident fell out of bed. On 10/20/04 the resident fell from bed. At that time, staff added bolsters to the bed to prevent falls.</p> <p>A monthly summary, dated 12/13/04 at 7 a.m. and found in the nurses notes, stated the resident transferred with a mechanical lift or assistance of two and gait belt. The summary identified the resident as utilizing a body alarm at all times</p> <p>Nurses notes, dated 1/23/05 at 5:10 a.m., stated, "CNA providing incontinent care for resident and had removed bolster from bed. Staff left room momentarily for clean linens and upon returning to room, found resident lying on back on floor beside bed. The resident sustained a "small" (no size documented) laceration over the left eyebrow. The resident also had a bump and bruise at the site of injury. Following the incident, on the same date at 6 a.m., the facility implemented an</p>	F 324		

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F 324	<p>Continued From page 3</p> <p>intervention that staff not leave the resident unattended when bolster removed from side of bed.</p> <p>On the same date at 11:15 p.m., staff identified steri-strips in place over the left eyebrow and a contusion at the corner of the left eye.</p> <p>The facility allowed the surveyor to review the incident report but refused to allow the surveyor to copy the incident report regarding the 1/23/05 incident.</p>	F 324		