

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/19/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165152	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/06/2022
NAME OF PROVIDER OR SUPPLIER HARMONY HOUSE HEALTH CARE CENT			STREET ADDRESS, CITY, STATE, ZIP CODE 2950 WEST SHAULIS ROAD WATERLOO, IA 50701		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS Correction date: <u>10-19-22</u> The following deficiency resulted from investigation of complaints #106022-C, #106685-C, and 107750-C, and facility reported incidents #105892-I conducted 9/26/22 to 10/6/2022. Complaints #106022-C, #106685-C, and #107750-C and facility reported incident #105892-I were not substantiated. See code of Federal Regulations (42 CFR), Part 483, Subpart B-C.	F 000			
F 689 SS=G	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, clinical record review, interviews, and facility policy review the facility failed to ensure one (1) of five (5) residents received adequate supervision to protect against hazards in the environment, (Resident #5). Resident interview, record review and staff interviews revealed Resident #5 required assistance of two staff with a mechanical stand lift for transfer. On 8/15/22, one nursing staff person assisted Resident #5 to transfer without a	F 689			

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 689	<p>Continued From page 1</p> <p>gait belt. The resident lost balance and fell to the floor, required transfer to the local emergency room (ER) where determined resident had sustained a lower left leg fracture. The facility reported a census of 40 residents.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) assessment with a reference date of 8/12/22 for Resident #5 documented a score of 13 of 15 on Brief Interview for Mental Status (BIMS) test which indicated intact cognition. The resident had diagnoses that included dependence on respirator, tracheostomy, hemiplegia and required extensive assistance of two staff for bed mobility and transfer. The resident had no falls since reentry.</p> <p>A Nursing Care Plan with a target date of 5/26/22 identified a focus area: ADL (Activities of Daily Living) need assistance with ADL's related to history of stroke, respiratory failure, and weakness with a goal to participate in cares and make needs known, and directed the following interventions: Transfer with assist of 2 and pivot disc.</p> <p>A facility memo dated 6/21/22 from Occupational Therapy (OT) to Nursing regarding transfers for Resident #5 directed the following: Discontinue use of pivot disc, transfer with EZ stand (mechanical lift stand) and assist of two for all transfers, and hooyer lift may be utilized at the nurse's discretion.</p> <p>A Fall Risk Assessment dated 4/23/21 documented a score of 14 which indicated a moderate risk of falls.</p>	F 689			

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F 689	<p>Continued From page 2</p> <p>A facility Incident Report documented a witnessed fall on 8/15/22 at 1:52 p.m. The report documented Resident #5 was transferred from wheelchair to bed when lost balance and fell. The report documented in error the resident was transferred by 2 staff. Resident complained of severe pain to left lower extremity, unable to bear weight. Facility provider assessed.</p> <p>An Emergency Department Discharge Instructions dated 8/15/22 at 7:13 p.m. for Resident #5 documented a diagnosis of closed fracture of epiphyseal plate of proximal tibia (shin bone) and a fall from standing.</p> <p>An X-ray Report dated 8/15/22 at 4:57 p.m. documented a probable nondisplaced transverse fracture of the proximal left tibial region.</p> <p>In an interview on 9/28/22 at 12:20 p.m. Resident #5 was observed to have an immobilizer brace on the left leg. Resident #5 stated that a nurse had transferred her as a one person and she fell and broke her leg. Resident #5 denied that she had alerted the caregiver at the time of transfer that she required a lift stand. Resident #5 stated they usually use a lift with two staff.</p> <p>In an interview on 9/29/22 at 1:00 p.m., Staff A, Certified Nursing Assistant (CNA) stated on 8/15/22 Resident #5 had requested to return to bed from her wheelchair. Staff A positioned her wheelchair next to the bed and lifted under the residents arms. Staff A confirmed she had not used a gait belt. During transfer Resident #5 slumped to the floor but she still had ahold of resident under her arms. Recalled that Resident #5 complained of pain right away. Stated that</p>	F 689			

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F 689	<p>Continued From page 3</p> <p>she had not checked the care plan, was new at the facility and had been oriented by staff who had not used a lift to transfer Resident #5. Confirmed that she had been informed after the incident that Resident #5 was a two person lift stand transfer and had been counseled to always follow the care plan and/or PT(physical therapy)/nursing recommendations.</p> <p>In an interview on 9/29/22 at 1:25 p.m., Staff B, Licensed Practical Nurse (LPN) stated she had been called to Resident #5's room after she had fallen. Recalled that she was surprised right away when she entered the room and there wasn't a lift in the room. Confirmed that there were two CNA's in the room when she entered so she had assumed that the resident had been transferred by both staff, became aware later that only Staff A had transferred Resident #5. Stated in house nurse manager had confirmed transfer was directed to be a mechanical stand lift with two staff assistance. Confirmed no gait belt on resident. Responded the expectation a gait belt should be used for all assisted transfers.</p> <p>In an interview on 9/29/22 at 1:25 p.m. the Director of Nursing confirmed the expectation for resident transfers was to follow the care plan and PT/Nursing directives. Additionally would expect staff to use a gait belt for all staff assisted transfers and ambulation.</p> <p>Review of a Facility Verbal Counseling dated as signed on 8/15/22 revealed Staff A failed to exercise safety measures and adhere to safety precautions. Cited Staff A transferred Resident #5 as a stand pivot transfer without a gait belt. Resident ended up on the floor. Going forward expected to transfer all residents as care planned</p>	F 689			

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F 689	Continued From page 4 or per PT/Nursing recommendations. Clarified Resident #5 was to be transferred via ez-stand with assist of 2 staff. Review of a facility policy titled, Tansfer/Gait Belts/Ambulation and Use of Safety Straps/Belts last reviewed on 11/08 directed gait belts will be used on residents who require assistance with transfers and/or ambultions when mechanical liftin devices are not used.	F 689			



November 3, 2022

Plan of Correction for survey ending 10/6/22

Preparation and implementation of the plan of correction should not be construed as an admission of the deficiencies cited. This plan of correction is prepared solely because it is required under federal or state law.

Correction Date at F000: 10/19/22

F689 Free of Accident Hazards/Supervision/Devices

§483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents

1. Certified Nursing Assistants (CNAs) receive orientation training upon hire to include gait belt use and competency in performing transfers.
2. Staff A received education on 8/15/22 regarding reviewing resident care plans to determine each resident's appropriate level of assistance and the Gait Belt policy. CNAs received education of the same at a staff meeting held on 8/25/22.
3. As an additional measure, in-services: *EZ Stand Training, Safe Transfers, and Safe Use of Mechanical Lifts*, through Relias online learning, were assigned to CNA staff to be completed by 11/7/22.
4. Through the quality assurance process the Director of Nursing or designee will complete random audits of transfers weekly times 1 month, then monthly times 3 months. The audits will be reviewed as part of our on-going quality assurance process. The frequency of the audits thereafter will be based on audit outcomes and subsequent recommendations.

