Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: **#6145**			**Date:** **June 27, 2023**
Facility Name: Anamosa Care Center		**Survey Dates:** June 12, 2023 – June 15, 2023	
Facility Address/City/State/Zip: 1209 East Third Street Anamosa, Iowa 52205	**LG**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
50.7(1)a(3)	**481—50.7(10A,135C) Additional notification.** A health care facility shall notify the department within 24 hours, or the next business day, by the most expeditious means available (I,II,III): **50.7(1)** Of any accident causing major injury. *a.* "Major injury" shall be defined as any injury which: (3) Requires consultation with the attending physician, designee of the physician, or physician extender who determines, in writing on a form designated by the department, that an injury is a "major injury" based upon the circumstances of the accident, the previous functional ability of the resident, and the resident's prognosis. **DESCRIPTION:** Based on clinical record review, staff interviews and facility policy review the facility failed to report a major injury after a resident incurred a fracture for 1 of 1 residents (Resident #13) reviewed. The facility reported a census of 54. Findings include:	**CLASS II**	**$500.00**	**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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	The Minimum Data Set (MDS) assessment tool dated 3/29/23 for Resident #13 listed diagnoses to include cerebral infarction (stroke), seizure disorder, and type 2 diabetes. The MDS indicated the resident required extensive assistance of two for transfers and walking in room and corridors. The MDS listed the resident's Brief Interview for Mental Status (BIMS) score as 11 out of 15 possible points indicating moderate cognitive impairment. The Restorative Program Notes documentation for the resident included the following: On 4/7/23 at 2:34 PM the resident transferred with the assist of two staff, gait belt and walker. On 4/14/23 at 3:41 PM the resident ambulated short distances with the assist of two staff, gait belt and walker. The Incident Report dated 4/28/23 at 7:50 AM documented the resident slipped out of the shower chair after her shower. The staff eased the resident to the floor and called the nurse. The nurse assessed the resident's left ankle rotated externally, and the resident yelled in pain with palpation of the ankle and knee. The nurse contacted the physician and received orders to send the resident to the hospital.			

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	The Hospital Emergency Department Provider Notes dated 4/28/23 for the resident documented a post-procedure diagnoses to include closed fracture dislocation of the left ankle, initial encounter. The Health Status Note dated 4/28/23 at 4:46 PM documented the resident returned to the facility with new orders for no weight bearing to the left lower extremity. The significant change MDS dated 5/3/23 indicated the resident required total dependence for transfers, and had not walked in the halls or corridors during the new assessment period. The MDS documented the resident had a fall with a major injury. The undated Self Report provided by the facility lacked documentation the facility reported the incident. During an interview on 6/14/23 at 12:40 PM, the Director of Nursing, stated she had been on vacation at the time the resident fell. The DON stated she discussed the fall with the Administrator and was informed the resident did have a major injury but she did not need to stay overnight at the hospital, and the physician signed a Major Injury Determination form indicating the resident did not have a major injury.			

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	The Major Injury Determination Form, signed by the physician on 5/1/23 with no time indicated, documented the physician determined the injury sustained by the resident was not a major injury. The section of the form for the physician or physician designee to indicate the patient's prognosis lacked documentation. During an interview on 6/15/23 at 10:30 AM, Staff A, Certified Nursing Assistant (CNA), stated Resident #13 requires a Hoyer lift for transfers, and uses a wheelchair for all mobility. Staff A stated prior to falling and injuring her left ankle the resident had been able to transfer and walk short distances with the assistance of two staff, gait belt and a walker. During an interview on 6/15/23 at 10:51 AM, the Administrator, stated he discussed the residents' fall with a corporate consultant. The Administrator stated due to the doctor determining the resident did not sustain a major injury, and the resident not needing to stay overnight at the hospital it was decided the injury did not qualify as a major injury. The Administrator stated if the physician determined the resident incurred a major injury he would likely have reported the incident. When queried about the changes the resident experienced with transfers and			

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	ambulation after the fall the Administrator stated he had not thought of the injury in that manner. The undated facility policy, Accident/Fall Reporting Flow Sheet, page 2, Question #5 directed staff if doctor determined the injury is not major and the form is not returned within 72 hours, to report it to the Department of Inspection and Appeals (DIA). **FACILITY RESPONSE:**			

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