Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: **#5740**	Fine amount reduced by 35% to $3,250 May 25,2022 pursuant to Iowa Code Section 135C.43A		**Date:** **May 18, 2022**
Facility Name: **Terrace Glen Village**		**Survey Dates:** **April 25 – May 4, 2022**	
Facility Address/City/State/Zip: **3400 Alburnett Road** **Marion, IA 52302**	**TAG, VW**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
58.28.(3)e	**481—58.28(135C) Safety.** The licensee of a nursing facility shall be responsible for the provision and maintenance of a safe environment for residents and personnel. (III) **58.28(3)** *Resident safety.* *e.* Each resident shall receive adequate supervision to protect against hazards from self, others, or elements in the environment. (I, II, III) **DESCRIPTION:** Based on clinical record review, facility investigation review and staff interviews, the facility failed to protect residents from accidents that caused injury when wheelchair foot pedals were not in place during transport for 2 of 2 residents reviewed (Resident #1 and Resident #6). The facility reported a census of 30 residents. Findings Include: 1. The Minimum Data Set (MDS) Assessment dated 11/24/21 revealed Resident #1 had diagnoses of non-Alzheimer's dementia, seizure disorder and presence of right artificial knee joint. The MDS further	**CALSS I**	**$5,000 (COLLECT)**	**UPON RECEIPT**

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	documented a Brief Interview for Mental Status (BIMS) score of 0 indicating severely impaired cognition and Resident #1 required supervision for locomotion on and off the unit and required extensive assistance of 2 staff for transfers. The Significant Change in Status MDS dated 1/17/22 documented Resident #1 required extensive assistance for locomotion on and off the unit and required total dependence on staff for transfers. The MDS further revealed a diagnoses of fracture. The Care Plan dated 1/10/22 revealed Resident #1 had an activities of daily living (ADL) deficit related to immobility and used a wheelchair for mobility, self-propelled or pushed by staff. Review of a Facility Investigation Statement, noted Staff E, Dietary Aide, revealed on 1/8/22 at 5:20 PM he had pushed Resident #1 in her wheelchair without foot pedals in place down the hallway when she put her right foot down and the wheelchair stopped. Staff E reported he pulled the wheelchair back to assess the situation and to take a closer look at the leg because Resident #1 said "ouch". Staff E revealed he did not notice anything wrong with the leg and Resident #1 was able to lift her leg up. Staff E then proceeded to the dining room going backwards with Resident #1 in			

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	the wheelchair and reported everything seemed fine for the rest of the transfer to the dining room table. In the Facility Investigation Report Statement dated 1/9/22, Staff F, Certified Nursing Assistant (CNA) revealed Staff E, brought Resident #1 to the dining room table pulling the wheelchair backwards without pedals. When Staff E turned Resident #1 to sit facing the table and wheeled her closer, Resident #1's foot bumped the table legs and she said she was hurting. Staff F then asked Resident #1 where she was hurting and the resident touched from her right knee and up and was shaking from her pain and could not eat. Staff F then notified the nurse. In the undated Facility Investigation Report Statement, Staff G, Registered Nurse (RN) revealed on 1/8/22 around 5:30 PM, Staff H, Restorative Aide asked if Resident #1 could have some more pain medication as it appeared her right foot was hit on the table in the dining room as staff were repositioning her. Staff G administered as needed pain medication without difficulty and assessed Resident #1's foot and did not see any signs of injury. On 1/9/22 around 7:30 AM, Staff H requested Staff G come to assess Resident #1 as she felt she was in pain. During the assessment of Resident #1, Staff G noted she was tearful, felt warm and had a light colored			

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	bruise on her right lower extremity and she appeared to have increased discomfort with any touch. Vital signs were obtained, morning medications were administered as ordered and Resident #1 was assisted to the bed side commode. Staff G notified the On-Call Physician to get an order for a urinalysis with culture and sensitivity via a catheter due to fever, change in output, increased discomfort and change in behaviors. The physician requested Resident #1 be sent to the Emergency Room for evaluation and treatment for possible dehydration. Staff G notified Resident #1's Power of Attorney and requested she pick up Resident #1 and transport. The Executive Director (ED) arrived at the facility and was updated regarding the incident. Staff G watched the cameras with the ED and both agreed with the injury being so high on the right lower extremity they did not feel Resident #1 hitting her toes had anything to do with the bruise. Review of Progress Notes dated 1/9/22 at 7:04 AM, revealed Resident #1 appeared to have increased pain to her right lower extremity. Resident #1 reported pain with any touch to her body and a bruise with edema to the right lower extremity. Progress Notes further documented Resident #1 had increased discomfort with range of motion and transfers with use of the right lower extremity and administration of			

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	scheduled medication for pain control appeared to be effective. Review of Progress Notes dated 1/9/22 at 10:30 AM revealed Resident #1's daughter arrived at the facility to take Resident #1 to the Emergency Department for evaluation and treatment of fever, decreased intake and output, behavior changes and a tearful episode that morning. The assessment findings related to the right lower extremity were shared with Resident #1's daughter and her daughter observed changes involving increased pain with range of motion and transfers. Resident #1's daughter revealed she would have the resident get an x-ray while at the Emergency Department. Review of x-ray dated 1/9/22 at 12:42 PM of the right tibia and fibula revealed an oblique fracture at the proximal shaft of the tibia and a non-displaced fracture through the proximal shaft of the fibula. Review of Medication Administration Record (MAR) for Resident #1 revealed the following order with a start date 1/10/22 and a discontinue date of 1/12/22: a. Hydrocodone-Acetaminophen (narcotic) Tablet 5-325 milligrams (MG) give 1 tablet by mouth every 6 hours for pain- severe for 1 week.			

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	Review of facility investigation report revealed on 1/10/22 at approximately 12:00 PM, the Director of Nursing reviewed camera footage which confirmed Staff E's statement of pushing Resident #1 in her wheelchair without foot pedals when she put her right foot down and stopped the wheelchair. Clinical record review revealed Resident #1 received an order 1/9/2022 for a right lower immobilizer to be on at all times except with cares. Clinical record review further revealed a Significant Change in Status MDS was completed 1/17/22 as a result of the fractures. 2. The MDS dated 2/3/22 revealed Resident #6 had diagnoses of Alzheimer's disease, malnutrition and depression. The MDS further documented a BIMS of 2 indicating severely impaired cognition and Resident #6 required extensive assistance for transfers and locomotion on and off the unit. The Care Plan revised 12/20/20 revealed Resident #6 with a need for assistance with ADLs due to impaired mobility and used her wheelchair for mobility propelled by herself or pushed by staff. The Care Plan directed staff to transfer with assistance of one staff with gait belt as stand-pivot-transfer or use of her			

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	walker. The Care Plan further revealed Resident #6 had a risk for falling and fall related injuries due to impaired mobility with a goal revised 11/22/21 that the resident will have no sustained injuries from a fall. Progress Notes dated 3/38/22 at 9:23 PM, revealed at 7:45 PM, Staff I, Agency CNA, reported to Staff G, RN that Resident #6 was on the floor. Upon entering the room, Staff G noted resident lying face down on the carpet at the foot of the bed. Staff I reported she had been pushing the resident in her wheelchair from the dining room without foot pedals to provide evening cares when Resident #6 put her feet on the floor and fell out of the wheelchair and onto the floor. Resident #6 noted to have abrasions and erythema to the right side of forehead covering 3.2 centimeters (cm) x 4 cm and two skin tears to left hand measuring 2.5 cm x 0.4 cm and 1 cm x 0.5 cm. No other apparent injuries were noted. On call nurse and physician notified with no new orders obtained. An undated facility form titled TGV Wheelchair Safety Training documented the following in regards to Proper and appropriate use of foot pedals: a. When staff is propelling a resident in the wheelchair, foot rests must always be on and have resident feet properly positioned on the footrest.			

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	b. If you have not been properly trained and/or do not fully understand the proper wheelchair education and precautions, DO NOT attempt to assist the resident in the wheelchair. During an interview 4/28/22 at 2:32 PM, the Director of Nursing acknowledged Staff E, Dietary Aide failed to utilize wheelchair pedals as expected when transporting Resident #1 in her wheelchair resulting in injury and Staff I, Agency CNA also failed to utilize wheelchair pedals as expected when transporting Resident #6 in her wheelchair resulting in a fall with injury. Review of the facilities Self-Report Documents revealed corrective action and education was provided to Staff E, Dietary Aide regarding the use of foot pedals when pushing wheelchairs. All staff education was provided related to pushing residents in wheelchairs and the foot pedals being required. Two Nurse Managers conducted inventory of all wheelchairs to assure all were equipped with foot pedals and a bag to hold the foot pedals when not in use. The following corrective actions documented as follows prior survey entrance:			

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	a. On 1/10/22- Foot pedal audit and staff education completed. b. On 1/11/22- Corrective action/education Staff E, Dietary Aide. c. On 3/29/22- Agency supervisor notified regarding Staff I, Agency CNA transporting without foot pedals. d. On 4/1/22- Education completed with Staff I, Agency CNA **FACILITY RESPONSE:**			

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