

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

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|---------------------------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------|--------------------|------------------------|
| <b>Citation Number:</b><br><b>#10613</b>                                                          |                            | <b>Date:</b><br><b>10/01/2024</b>                                      |                    |                        |
| <b>Facility Name:</b><br><b>The Bridges at Ankeny</b>                                             |                            | <b>Survey Dates:</b><br><b>September 16, 2024 – September 19, 2024</b> |                    |                        |
| <b>Facility Address/City/State/Zip</b><br><b>3510 NEW Abilene Road</b><br><b>Ankeny, IA 50023</b> |                            | <b>CP</b>                                                              |                    |                        |
| <b>Rule or Code Section</b>                                                                       | <b>Nature of Violation</b> | <b>Class</b>                                                           | <b>Fine Amount</b> | <b>Correction date</b> |

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| <b>58.28(3)e</b> | <p><b>481—58.28(135C) Safety.</b> The licensee of a nursing facility shall be responsible for the provision and maintenance of a safe environment for residents and personnel. (III)</p> <p><b>58.28(3) Resident safety. e.</b> Each resident shall receive adequate supervision to protect against hazards from self, others, or elements in the environment. (I, II, III)</p> <p><b>DESCRIPTION:</b></p> <p>Based on clinical record review, observation, resident and staff interview, and policy review the facility failed to ensure staff utilized a gait belt and safely transferred a resident on a weight chair, and failed to appropriately transfer residents using a mechanical lift for 3 of 5 residents reviewed for transfers (Resident #8, #10, and #4). The facility reported a census of 87 residents.</p> <p>1. The Quarterly Minimum Data Set (MDS) assessment dated 9/5/24 revealed Resident #8 had diagnoses of diabetes, congestive heart failure, and anemia. The MDS revealed the resident had a Brief Interview for Mental Status (BIMS) of 7, which indicated severely impaired cognition. The MDS documented the resident required substantial to maximum assistance for transfers and toileting.</p> | <b>CLASS I</b> | <b>\$6,500.00</b> | <b>UPON RECEIPT</b> |
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Facility Administrator

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|  | <p>The Care Plan initiated 5/16/24 revealed the resident had a risk for falls related to impaired balance, poor safety awareness, and the use of medications that increased her fall risk. The Care Plan directed staff to encourage the resident to ask for assistance for transfers and ambulation, and provide assistance of one staff for transfers.</p> <p>The Progress Notes revealed the following:</p> <p>a. On 9/8/24 at 9:00 AM, a Certified Nursing Assistant (CNA) called Staff B, Registered Nurse (RN), over the walkie to go to the resident's room immediately. Upon entering the room, resident lying on the floor in front of the toilet face down on her left side with her head on the floor and her feet toward the sink. Blood was running from the right side of her head. Nurse instructed CNA to apply pressure as the nurse notified the Emergency Medical Technicians (EMT's) and the physician. Resident #8 sent to the hospital for treatment.</p> <p>b. On 9/9/24 at 1:07 AM, resident had six sutures placed to right forehead.</p> <p>c. On 9/9/24 at 11:21 AM, resident had limited movement to her right wrist and thumb. New order received from Advanced Registered Nurse Practitioner (ARNP) to x-ray area. Tylenol (APAP) administered. Maintenance to fix the weight chair.</p> <p>At 6:35 PM, right wrist x-ray report received. Orders</p> |  |  |  |
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|  | <p>for a brace to the right wrist, and referral to Orthopedic physician.</p> <p>d. On 9/13/24 at 1:43 PM, resident returned from an Orthopedic appointment with a diagnosis of right scaphoid (wrist bone below the base of the thumb) fracture. A cast placed on her right arm/wrist.</p> <p>An incident report dated 9/8/24 at 9:01 AM revealed the CNA called Staff B, RN, to the room. Upon entering the bathroom, resident lying on her right side with her head in front of the toilet and her feet toward the sink. The resident had blood running from the right side of her forehead. Pressure applied to the right forehead as the EMT's, physician, and on-call manager notified. Resident oriented to person, place and situation, and ambulated with assistance of one and an assistive device at the time of the fall. Resident sent to the Emergency Department (ED) for treatment. Injuries included a right-hand fracture and a laceration to the top of her scalp. The incident report revealed the environmental factors due to the equipment malfunctioned. The resident was in the weight chair when the leg of the weight chair came off, and she fell to the floor. The incident report revealed the box next to the "gait belt on and in use" left blank (not marked) on the form under the predisposing situational factors section.</p> |  |  |  |
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|  | <p>The Facility Investigation Summary for Self-Report revealed Resident #8 had a fall with fracture on 9/8/24. The resident had a BIMS of 7, and required the assistance of one for Activities of Daily Living (ADL's), transfers, and toileting. The investigation summary documented on 9/8/24 at approximately 9:00 AM, Resident #8 fell while being weighed on a weight chair in the bathroom with Staff A, CNA. Staff A stated she assisted Resident #8 onto the weight chair when the resident began to fall. The resident hit her forehead and right arm/wrist on the ground. Staff B, RN, evaluated the resident and sent the resident to the ED due to the fall. The resident had a right arm/wrist x-ray and was sent back to the facility. On 9/9/24 at approximately 4:00 PM, the facility received communication the resident had a right wrist fracture. The Medical Director reviewed the incident and determined it was not a major injury. Resident not admitted to a higher level of care and the injury had not changed her functional capacity. Staff A stated she had no indication something was wrong with the weight chair. The chair moved/rolled like normal. Upon review of the weight chair post fall, it was observed that a wheel had dislodged or dislocated from its caster. Other staff stated they had never had issues with the weight chair or noticed anything being off. One staff member mentioned they had put in a work order regarding the accuracy of the scale but</p> |  |  |  |
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|  | <p>had no issues otherwise. The weight chair was repaired by facility maintenance. Maintenance logs and work orders for the weight chair were reviewed. A work order to adjust the weight scale accuracy on the chair was received but no structural concerns were received.</p> <p>The investigation summary's conclusion revealed based on the investigation and interviews the facility believed the root cause to be the weight chair wheel spontaneously dislodged. The staff and facility had no knowledge the weight chair wheel was faulty as the chair had passed routine maintenance inspection. The weight chair wheel was repaired.</p> <p>A Weight Chair Checks documented revealed the weight chair on the 100/200 hall checked on 5/17, 6/14, 7/2, 8/23/24 and had passed inspections.</p> <p>During observation on 9/16/24 at 12:20 PM, Resident # 8 sat in a wheelchair by a counter in the dining room. The resident had a cast on her right arm, a yellowish bruise to the right side of her face, and a sore to her forehead.</p> <p>During an interview 9/17/24 at 12:55 PM, Staff B, RN, reported Resident #8 was modified independent in her room prior to her fall with a fracture. The resident got herself up and dressed, and took herself</p> |  |  |  |
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|  | <p>to the bathroom. The CNA helped put on her Ted hose and obtained her weight. The resident had just came back from the hospital a couple days prior to her fall. After she came back from the hospital, she required the assistance of one staff for dressing, toileting, and getting her weight. On the day of the resident's fall, Staff B stated she was on the 100 hall. She got a call to go to Resident #8's room quickly. She was on her way to the resident's room and got another call over the walkie to "hurry". She walked into the room and saw the resident lying on the floor in the bathroom. Her head was in front of the toilet and her feet faced toward the sink. She asked what happened. The CNA told her she didn't know what happened but she was getting the resident's weight and the leg came off of the weight chair. She had the CNA apply pressure to the area (on her head). She left the room to get supplies and the Hoyer (mechanical lift). When she returned, she noted blood dripping from the rag. She decided to send the resident to the hospital and called 911. Staff A told her the front right wheel (of the weight chair) was on the floor. The wheel had just popped off and she didn't know why. She had never had any incidents with the weight chair before. Staff B reported the incident happened over a weekend, so she placed a tag on the weight chair and put the chair by the maintenance room. Resident #8 came back from the hospital and had six sutures in</p> |  |  |  |
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|  | <p>her head. They found out later her wrist was broken.</p> <p>During an interview 9/17/24 at 1:35 PM, Staff A, CNA, reported she was unsure what Resident #8's level of function was prior to her fall. Resident #8 had been in the hospital and had a catheter put in. Staff A stated as far as what she was told from (shift) report and what she witnessed, Resident #8 was able to independently move from her bed to the weight chair. She told the resident to wait for her because she had to leave the room to go get something. When she returned to the room, the resident had already moved herself from the bed to the weight chair. She had the wheels locked and the resident had moved herself over onto the weight chair. She unlocked the wheels on the weight chair, and moved her from the side of the bed (where the chair was parked) to the bathroom. As she turned the weight chair into the bathroom, the resident's right side was parallel to the sink and all of a sudden her body went to the left. She fell to the left, and did a 180 onto the floor. Her head ended up by the base of the toilet and her legs were toward the sink. She couldn't catch her in time. She then noticed a wheel on the ground. The wheel had came off of the weight chair. Staff A stated she didn't know if the resident hit her head on the toilet or something else. There was blood coming from her forehead. She did not lose consciousness. Staff A</p> |  |  |  |
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|  | <p>called for help. She asked Staff B if they should even move her. Staff B decided not to move Resident #8 and called the EMT's. Staff A stated she moved the towel she used to apply pressure, and there was a perfectly round hole to her right forehead. Another aide went and got her some more towels to apply to the resident's head wound, and then the EMT's showed up. Staff A stated this was the first time she had any issues with the weight chair. Whenever equipment malfunctioned or needed repaired, a "Tag out /Lock out" placed and the equipment, and the issue reported to maintenance. The incident happened on a Sunday AM. Maintenance wasn't in the facility at that time that she knew of. Somebody took care of the weight chair and pulled it out of service.</p> <p>In a follow up interview on 9/18/24 at 2:10 PM, Staff A, CNA, reported she did not have a gait belt on the resident on the day she pushed Resident #8 in the weight chair to the bathroom. The wheel came off but she did not see a bolt, a screw, or anything. Just the wheel lying on the floor. Staff A reported she used a pocket care plan to know what cares needed to be done or how a resident transferred. She got a new pocket care plan each day from the area she worked in. She checked the therapy book on how a resident transferred if the information not listed on the pocket</p> |  |  |  |
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|  | <p>care plan. Staff A unsure who updated the pocket care plan since the facility had changes in management.</p> <p>During an interview 9/18/24 at 10:40 AM, the Maintenance Director reported he checked all weight chairs monthly. He used the TELS system to know which equipment needed PM (preventative maintenance). Staff call him or his maintenance assistant when something needed repaired. Staff also could enter a work order into the TELS system. The maintenance director reported he heard a resident had a fall related to the weight chair when he came to work at 6:45 AM the day after the incident. He went down to the unit to get the chair. He checked the weight chair but the weight chair had already been adjusted. Someone had already screwed the wheel back in. A bolt goes up into the wheels but able to loosen the nut/bolt and adjust the chair up or down but the wheel had already been fixed. He didn't think the wheel fell off but it had been screwed down to the lower position. The weight chair had been checked on 7/28/24, and again on 8/23/24, and it passed inspection. The incident happened 1-2 weeks later. He thinks maybe one of the lug nuts on the front wheel was loose. The front left wheel (if sitting in the chair) was what reportedly had came off.</p> |  |  |  |
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|  | <p>During an interview on 9/18/24 at 10:55 AM, Resident #8 sat in a wheelchair in her room and had a cast on her arm. The resident reported she broke her arm when staff pushed her in a chair into the bathroom. The chair tipped, she fell out of the chair, and hit her head on the toilet. She had to have six stitches in her right forehead. The sutures and a dark bruise were visible to her forehead.</p> <p>During an interview on 9/18/24 at 11:10 AM, the Director of Nursing (DON) reported she had worked at the facility for 3 weeks. The DON stated she was notified when Resident #8 had a fall from the weight chair. The front wheel on the weight chair came loose and the chair tipped. The DON stated she didn't see the weight chair. The weight chair was taken off the floor and maintenance fixed it.</p> <p>During an interview 9/18/24 at 2:25 PM Staff C, certified medication aide (CMA), reported Resident #8 independent in her room and required stand by assistance (SBA) prior to her fall/fractured arm. Staff C stated a gait belt used even if a resident a SBA "just to be ready".</p> <p>During an interview 9/18/24 at 3:00 PM, Staff D, Assistant Director of Nursing (ADON), reported she expected staff used a gait belt whenever a resident</p> |  |  |  |
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Health Facilities Division  
Citation**

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| Citation Number:<br><b>#10613</b>                                                    |                            | Date:<br><b>10/01/2024</b>                                      |                    |                            |
| Facility Name:<br><b>The Bridges at Ankeny</b>                                       |                            | Survey Dates:<br><b>September 16, 2024 – September 19, 2024</b> |                    |                            |
| Facility Address/City/State/Zip<br><b>3510 NEW Abilene Road<br/>Ankeny, IA 50023</b> |                            | <b>CP</b>                                                       |                    |                            |
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|  | <p>required assistance of one or two staff or used a mechanical lift. A gait belt always used unless the resident was independent. The ADON reported she wasn't at the facility at the time of the incident with Resident #8 but she heard the wheeled popped off of the weight chair. The weight chair was taken out of service and maintenance fixed the weight chair the next day.</p> <p>During an interview 9/18/24 at 3:35 PM, Staff I, CNA, reported she regularly worked the hall where Resident #8 resided and familiar with the resident. Resident #8 used a gait belt and a stand-by assistance of one for ambulation and transfers. Staff I confirmed a gait belt always used whenever a resident required the assistance of one staff.</p> <p>On 9/19/24 at 11:05 AM, the DON reported the facility didn't have a gait belt policy.</p> <p>A Safe Lifting and Movement of Residents policy revised 7/2017 revealed the facility used appropriate techniques and devices to move residents in order to protect the safety and well-being of staff and residents.</p> |  |  |  |
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|  | <p>2. The Quarterly Minimum Data Sample (MDS) for Resident #10, dated 06/24/24, which documented relevant diagnoses of heart failure, hypertension, renal failure, and respiratory failure. It documented Resident #10 is fully dependent for transfers, requiring two-person assistance and a mechanical lift device.</p> <p>The Care plan for Resident #10, last revised on 07/18/24, documented the resident requires two-person assistance with use of a mechanical lift device for all transfers.</p> <p>A direct observation on 09/17/24 at 12:20 PM revealed Staff K, Certified Nurses Aide (CNA), and Staff L, CNA, performing a mechanical lift transfer for Resident #10. During the transfer, Staff L failed to engage the stability legs to ensure the safety of the resident during the transfer. Additionally, Staff K failed to notice the stability legs were not engaged during the transfer. Additionally, staff members did not participate in a "time-out" to ensure safe strap placement for the resident before beginning to transfer.</p> <p>3. In an interview on 09/18/24 at 11:14 AM with Resident #4, she stated she had previously been dropped out of a Hoyer (mechanical lift). She was</p> |  |  |  |
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|  | <p>unsure how it happened but said that the Hoyer tipped over, she landed on the ground and hit her head. She stated she is now afraid of transfers, as she worries she will be dropped again. Review of Resident #4's MDS, dated 08/14/24, documented a brief interview for mental status (BIMS) score of 14, which indicated intact cognition.</p> <p>Incident Report dated 8/26/24 at 6:50 PM documented during a Hoyer transfer the right sling strap slipped off the hook and the resident fell to the floor, hitting her head on the floor. Injury type described as follows; bruise on left side back of head.</p> <p>Review of a facility document titled "N Fall investigation worksheet", dated 08/26/24, documented Resident #4 experienced a fall while being assisted with a mechanical lift transfer. It further documented she was not experiencing behaviors at the time of the incident, and that training and education had been provided to both CNAs regarding mechanical lift transfers, to make sure proper sling safety is used by conducting time-outs to insure all straps are secure.</p> <p>Progress Note dated 8/28/24 at 9:21 PM documented Resident #4 had complaints of head pain towards the back left of her head, and mid chest pain, ice pack</p> |  |  |  |
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|  | <p>applied and pain medicine given for pain control.</p> <p>In an interview on 09/18/24 at 04:01 PM with the Direct of Nursing (DON), she stated it was her expectation staff members perform a mechanical lift transfer in accordance with the standards of practice. She stated those standards of practice include a "time-out" to ensure proper strap placement as well as the use of the stability legs if present on mechanical lifts.</p> <p>Review of a facility provided document titled "Lifting Machine, Using a Mechanical", last revised July 2017, documented staff members should ensure a mechanical lift is stabilized, as well as double check the placement of straps before a resident is moved away from a bed or chair.</p> <p><b>FACILITY RESPONSE:</b></p> |  |  |  |
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