Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: #5443				**Date:** 11/17/21
Facility Name: Northridge Village		**Survey Dates:** October 18, 2021 to November 2, 2021		
Facility Address/City/State/Zip 3300 George Washington Carver Avenue Ames, IA 50010	SB			

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 record and policy review, and staff interviews, the facility failed to ensure one (1) of five (5) residents received adequate supervision to protect against hazards in the environment. Resident #1 required assistance of two staff with a pivot disc and a gait belt for transfer. On 5/29/21, one nursing staff person assisted Resident #1 to transfer without a gait belt. The resident's legs gave out and staff lowered the resident to the floor. The resident sustained a right hip fracture, was a high risk surgical candidate, underwent surgery and died from complications. The facility reported a census of 34 residents. Findings include:	**I**	**$10,000**	**Upon Receipt**

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Facility Administrator Date

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	The Minimum Data Set (MDS) assessment with a reference date of 4/23/21 for Resident #1 documented a score of 15 of 15 on Brief Interview for Mental Status (BIMS) test which indicated no cognitive impairment. The resident had diagnoses that included Non-traumatic spinal cord dysfunction, heart failure, and end stage renal disease and required extensive assistance of two staff for bed mobility, transfer, ambulation, dressing, toilet use, and personal hygiene. The resident had no falls since reentry. An undated Nursing Care Plan dated as printed on 6/3/21 identified a focus area: ADL (Activities of Daily Living) self-care performance deficit related to impaired balance and limited mobility, with a goal of improved level of function, and directed the following interventions: Transfer with two staff assist stand and pivot with pivot disc. Make sure resident wears shoes for all transfers. Encourage/cue to lift left foot up while transferring as needed. A document titled Recommendations from Rehab dated 8/3/20 directed: pivot board in room, can perform with assist of 2 staff. An East Hall daily report sheet, dated 5/29/21, utilized by staff, directed staff to transfer and ambulate the resident with the assistance of two			

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	with a gait belt. A Fall Risk Assessment dated 4/23/21 documented a score of 13 which indicated a high risk of falls. A facility report documented a witnessed fall on 5/29/21 at 10:00 a.m. The report revealed Resident #1 ambulated in bathroom with Staff D, Certified Nursing Assistant (CNA). The report further revealed Staff D, CNA was found by Staff E, Licensed Practical Nurse (LPN) on the bathroom floor with the resident also on the floor. A facility incident report note dated 5/29/21 at 10:01 a.m. revealed a CNA used a radio to request Staff E, LPN to report to Resident #1's room. When Staff E arrived she found the resident sitting up on the bathroom floor in front of the toilet. The resident's legs were in front of her, bent at the knees and to the side. Resident requested to transfer to the emergency room right away for x-ray. On 10/25/21 at 12:18 p.m., Staff E, LPN reviewed her typed and signed statement regarding the fall on 5/29/21. Staff E identified the first observation she made upon entrance to the room as neither the resident nor Staff D, CNA had a gait belt. Staff E stated she questioned Staff D where her			

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	gait belt was, and she responded she forgot it at home. Staff E stated she spoke with Staff D in regards to Resident #1's transfer status. Staff E stated the resident required assist of 2 staff with a pivot disc and gait belt and referred to the daily report sheet. Staff D, CNA confirmed she did not have a second staff person assist her, and further stated she transferred resident numerous times previously by herself with no problems. An x-ray report dated 5/29/21 at 11:41 a.m. identified the reason for x-ray as fall with hip injury. Impression: right femur fracture. An emergency room (ER) report dated 5/29/21 at 2:17 p.m. revealed Resident #1 seen for complaints of right hip pain after a fall to the ground during a transfer at the care facility. The resident rated her pain as an 8 out of 10, with the pain scale being 0 for no pain and 10 the worst imaginable pain. X-ray showed a right intertrochanteric hip fracture. Assessment and plan identified the resident as a high risk for surgery but given the urgent nature of the injury, resident to operating room. Hospital course summary revealed hospital course was complicated, and resident deteriorated. Family determined that hospice care would have been her wishes.			

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	A typed and signed summary of the investigation completed by the Director of Nursing (DON) and the Assistant Director of Nursing (ADON) via phone with Staff D, CNA on 6/3/2021 at 5:05 p.m. revealed Staff D confirmed she did not utilize a gait belt and further confirmed she knew she should have. Staff D stated when she stood the resident up, the resident's legs went out, and she lowered the resident to the floor. Staff D, CNA further confirmed that she had transferred the resident by herself, and had transferred alone previously. Staff D acknowledged that Staff E, LPN educated her on knowing the resident's transfer status prior to transferring. On 10/26/21 at 3:15 p.m. the DON reviewed her written summary and confirmed that Staff D, CNA admitted to transferring Resident #1 alone with no gait belt at the time of the fall on 5/29/21. The DON stated she felt the care was neglectful, and the decision to terminate Staff D's employment was made. The DON further confirmed the expectation that staff know the transfer status of residents prior to completing the transfer. The Kardex that directed transfer status was readily available throughout the unit by iPad. The DON responded that gait belts are available on the unit, and are expected to be used for all assisted transfers.			

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	On 10/26/21 at 3:36 p.m. the ADON reviewed her written summary and confirmed that Staff D, CNA admitted she did not use a gait belt and knew that she should have. Additionally, Staff D admitted she transferred Resident #1 with assist of one at the time of the fall, stated she wasn't aware that she needed two staff to assist resident. The ADON confirmed the expectation the if resident not independently mobile, ambulating or transferring, should have a gait belt on. A Certificate of Death for Resident #1 revealed the date of death was identified as 6/22/21. The immediate cause of death was identified as: complications from fracture of the right hip, due to or as a consequence of a fall. Manner of death: accident. Review of a facility policy titled, Gait Belt Usage directed gait belts will be used during assisted resident transfers and/or ambulation to provide safety and protect against injuries for both the resident and staff.			

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	FACILITY RESPONSE:			

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