

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165185	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/20/2024
NAME OF PROVIDER OR SUPPLIER  Red Oak Rehab and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1600 Summit Street Red Oak, IA 51566	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47673</b></p> <p>Based on clinical record review, resident interview, staff interviews, equipment manual review, and policy review the facility failed to maintain patient care equipment in safe operating conditions by not completing safety and maintenance checks allowing the actuator mount to wear and break causing the resident to fall to the floor and sustain a compression fracture for 1 of 3 residents (Resident #2) reviewed. The facility reported a census of 26 residents.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #2 had a Brief Interview for Mental Status (BIMS) score of 15 indicating no cognitive impairment. The MDS also reported use of a sit to stand mechanical lift for transfers.</p> <p>On 7/19/24 at 12:40 PM Resident #2 stated on 6/12/24 she was halfway to the standing position when the sit to stand lift broke. Resident #2 stated she fell to the ground onto her buttocks. Resident #2 stated her buttocks did not hurt at first but when she was moved a little bit later it hurt. Resident #2 stated she was sent to the emergency department for an x-ray but did not get the x-ray because she said she didn't need them. Resident #2 stated a couple days later she was in real pain and she wanted them then. Resident #2 stated she went to the hospital but told the physician she did not want the x-rays and did not get them at that time. Resident #2 stated the staff were using the lift appropriately. Resident #2 stated the lift just broke. Resident #2 stated she still has pain in her lower back and legs from the fall. Resident #2 stated she was still fearful of every transfer with any mechanical lift since the fall.</p> <p>The Physician Communication form dated 6/18/24 documented resident had a fall on 6/12/24 and has had back spasms and pain when she is being lifted in the sit to stand. Resident would now like an x-ray. Physician response documented an order for X-ray to T-spine and L-spine for pain.</p> <p>The Diagnostic Radiology form dated 6/19/24 documented the reason for exam as back pain and fall. The report impression revealed mild compression deformities present at T11 and L1.</p> <p>The General Message from the provider dated 6/20/24 documented the resident does show signs of compression fractures of her vertebrae. This could be related to her recent fall but may also be related to past difficulty and falls. Provider recommended proceeding with MRI.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the document titled Office Clinic Notes dated 6/26/24 documented that a review of Resident #2's MRI revealed a compression fracture of L1 and L3.</p> <p>Review of document titled, EZ Way Service Manual, revised date 10/2/23, documented the EZ Way Smart Stand requires a minimum of servicing to keep it in good working order. Nevertheless, it is important that certain basic checks be periodically made by maintenance staff to ensure on-going safety throughout the life of the device. The manufacturer suggests that the following components and operating points be scheduled for inspection at intervals not greater than six months. Any detected deficiency must be rectified before the stand is put back into service. Check mounting bolts of actuator top and bottom. Pay particular attention to the top bolt hole for elongation.</p> <p>Observation of a photo (image 20240617) of actuator arm failure from the failed sit to stand lift provided by Staff A of actuator top bolt hole revealed the top bolt hole had smooth rolled out metal with clear elongation similar to that in the photo of what to pay particular attention to in the document titled, EZ Way Service Manual.</p> <p>On 7/19/24 at 12:10 PM Staff A, Maintenance Director stated he had worked at the facility over 5 years. Staff A stated the mechanical lift failed where the actuator motor meets the actuator lifting arm. Staff A stated he had never seen anything like that prior. Staff A stated he completed a monthly safety inspection through the facility's computer program that has all the steps to go through. Staff A stated the sit to stand lift was an EZ-way lift model number 898 and was a 400 lbs capacity. Staff A stated he never took the sit to stand lift apart to inspect the actuator or actuator arm bolt connection. Staff A said the failure must have happened from years of use or possibly use with a heavy resident.</p> <p>Review of document titled, Lift Inspection Checklist for lift with serial #43887 documented to inspect all hardware. Document signed off as completed for last 12 months of service.</p> <p>On 7/19/24 at 1:27 PM Staff B, Certified Nursing Assistant (CNA) stated she was one of the 2 CNA's that were caring for Resident #2 during the fall on 6/12/24. Staff B stated she was using the controls and the other CNA was behind Resident #2 and they were going to put the resident on a commode. Staff B stated Resident #2 was being raised and then the resident was on the floor. Staff #2 stated the sit to stand mechanical lift had broken. Staff B stated she worked PM shift and did not know if the maintenance performed any inspections on the lifts. Staff B stated after the resident ended up on the ground she asked Resident #2 if she was okay and the resident said she was. Staff B stated they called the nurse who completed an assessment and vitals. Staff B stated they used the Hoyer full body lift to get Resident #2 off the floor. Staff B stated Resident #2 stated she did not want to go to the ER. Staff B stated they were utilizing the lift appropriately when the fall occurred. Stated in point of care (POC) there is a Kardex that tells how residents transfer.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 7/19/24 at 2:28 PM Staff D, Registered Nurse (RN) stated she was called to Resident #2's room and she did not remember what time it was. Staff D stated Resident #2 was seated in an upright position with a sling under her and the piston of the sit to stand lift was hanging out of the machine. Staff D stated you could see where the equipment failed. Staff D stated Resident #2 stated her head had not hit the floor. Staff D stated an assessment was completed at that time. Staff D stated range of motion (ROM) with arms and legs were per Resident #2's norm. Staff D stated Resident #2 denied pain with ROM. Staff D stated asked Resident #2 to go to the ER for evaluation and she refused. Staff D stated Resident #2 stated she was fine and wanted to get up off the floor. Staff D stated staff utilized a Hoyer full body lift to get the resident off the floor. Staff D stated the family requested she be sent to the emergency department (ED) a day later. Staff D stated ED called back and stated they did not see anything wrong with Resident #2 and Resident #2 refused the x-ray. Staff D stated all the straps were in place and the lift was utilized appropriately.</p> <p>On 7/20/24 at 12:55 PM Staff C, Certified Nursing Assistant (CNA) stated the EZ stand broke during the transfer of Resident #2. Staff C stated they utilized the sit to stand to transfer Resident #2 to the commode and the arm for the sit to stand lift broke. Staff C stated Resident #2 fell straight to the floor on her buttocks. Staff C stated she had never seen a sit to stand lift break before this incident. Staff C stated Resident #2 was crying. Staff C stated the nurse assessed and obtained vitals. Staff C stated a Hoyer full body lift and sling was utilized to get Resident #2 off the floor. Staff C stated the sit to stand did not have any problems prior to breaking. Staff C stated right when the sit to stand lift broke Resident #2 was crying but refused to go to the hospital. Staff C stated Resident #2 hit the floor pretty hard. Staff C stated maintenance never made any mention that the machine should be inspected prior to use. Staff C stated she had never seen maintenance inspecting the machine.</p> <p>On 7/20/24 at 9:03 AM the Administrator stated with the monthly maintenance the facility's expectation was the actuator arm would have been checked for any wear or damage.</p> <p>Review of the undated protocol titled, Instructions Conduct Mobile Lift Safety Inspection documented to inspect the lift actuator assembly to check for wear and damage. Protocol documented in bold to notify manufacturer and property manager if damage is found.</p>