STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165214	A. Building B. Wing	05/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lantern Park Specialty Care	2200 Oakdale Road Coralville, IA 52241

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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42134 Based on clinical record review, policy review and staff interview the facility failed to complete an accurate assessment and provide intervention based on that assessment after a fall for 1 of 4 residents (Resident #4) reviewed. The facility reported a census of 83 residents. Findings include: The Minimum Data Set (MDS) dated [DATE] documented the resident admitted to the facility on [DATE]. The MDS list diagnoses including hypertension, non-Alzheimer's dementia and orthostatic hypotension. The Care Plan included a focus area of being at risk for falls dated 1/31/24. Interventions included encouraging proper footwear and monitor for unsteady gait. The Care Plan also included interventions for Activities of Daily Living (ADL) bathing, personal hygiene, toileting, transfers, upper and lower body dressing all requiring assistance of 1 person. The Progress Note written on 4/21/24 documented the resident fell in the shower room, was complaining of pain 8/10 in her right hip and pelvis. Range of Motion (ROM) was completed to all extremities. The right hip was not able to be flexed to bring her knee to her chest. A mechanical lift was used to assist the resident off the floor and into a wheelchair and she was taken to her room. The University of Iowa Health Care computed tomography (CT) scan completed on 4/21/24 at 7:55 PM documented a nondisplaced fracture of the proximal right femoral neck. Facility policy titled Assessing Falls and Their Causes last reviewed March 2018 directs staff to provide first aid and/or obtain medical treatment immediately if there is evidence of an injury after a fall. During an interview on 5/9/24 at 11:10 AM the Administrator explained Staff A, agency nurse, showed poor judgement when using a mechanical lift and putting the resident in a wheelchair when the resident was complaining of right hip and pelvis pain and unable to flex hip. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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	165214	A. Building B. Wing	05/09/2024

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Lantern Park Specialty Care	2200 Oakdale Road Coralville, IA 52241

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 5/9/24 at 11:38, Staff A explained she was called to the shower room where Resident #4 had fallen and was laying on her right side. She explained she assisted to roll the resident on to her back and assessed the resident including Range of Motion (ROM) to all extremities. She explained the resident was not able to flex her right hip in a knee to chest motion and complained of pain when she tried to do so. She further explained the resident was lifted off the floor with a mechanical lift and placed in her wheelchair.

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	165214	A. Building B. Wing	05/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42134 Based on clinical record review, policy review and staff interview the facility failed to provide appropriate supervision to ensure the safety for 1 of 3 residents (Resident #4) reviewed. The facility reported a census of 83 residents. Findings include The Minimum Data Set (MDS) dated [DATE] documented the resident admitted to the facility on [DATE]. The MDS list diagnoses including hypertension, non-Alzheimer's dementia and orthostatic hypotension. The Care Plan included a focus area of being at risk for falls dated 1/31/24. Interventions included encouraging proper footwear and monitor for unsteady gait. The Care Plan also included interventions for Activities of Daily Living (ADL) bathing, personal hygiene, toileting, transfers, upper and lower body dressing all requiring assistance of 1 person. The Progress Note written on 4/21/24 documented the resident fell in the shower room, was complaining of pain 8/10 in her right hip and pelvis. Range of Motion (ROM) was completed to all extremities. The right hip was not able to be flexed to bring her knee to her chest. A mechanical lift was used to assist the resident off the floor and into a wheelchair and she was taken to her room. The University of Iowa Health Care computed tomography (CT) scan completed on 4/21/24 at 7:55 PM documented a nondisplaced fracture of the proximal right femoral neck. Facility policy titled Safe Lifting and Movement of Residents last revised July 2017 directed staff responsible for direct resident care will be trained in the use of manual (gait/transfer belts) lifting devices. During an interview on 5/9/24 at 11:10 AM the Director of Nursing (DON) explained when a resident is assist of one a gait belt would be used. He stated That is standard practice. He further explained that he would expect staff to have hands on the gait belt at all times and it would not be appropriate to remove hands from the gait belt. During an interview on 5/9/24 at 12:42 PM Staff B, Certified Nursing Assistant (CNA) explained she was giving the resident a bath and she was almost finished. Staff B explained she was getting her dressed and had the resident stand up. As Staff B reached down to pull up the resident's pants, the resident slipped and fell . Staff B stated she did not have shoes on the resident and she did not have a gait belt on the resident.