

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 165603	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/16/2020
NAME OF PROVIDER OF SUPPLIER DENVER SUNSET HOME		STREET ADDRESS, CITY, STATE, ZIP 235 NORTH MILL STREET DENVER, IA 50622	
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	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on clinical record review, policy review, and staff interview, the facility failed to complete post-fall assessments for 3 of 3 sampled (Residents #3, #4, and #5). The facility reported a census of 26. Findings include: The undated Responding to a Fall procedure stated: provide follow-up assessments for the next 72 hours in order to identify any change in the resident's condition as a result of the fall. Neurological checks should be done, per facility policy, for any suspected head injury or unwitnessed fall involving a resident with a history of confusion. 1. The Minimum Data Set (MDS) assessment dated [DATE] documented Resident #3 had a Brief Interview for Mental Status (BIMS) score of 4 indicating severe cognitive impairments. Resident #3 had [DIAGNOSES REDACTED]. The Event Report dated 5/11/20 at 12:45 p.m. revealed Resident #3 had an unwitnessed fall and sustained an abrasion to her right lower back. The Event Report dated 7/3/20 at 10:45 a.m. revealed Resident #3 had an unwitnessed fall without injury. Review of the Clinical Record revealed a lack of follow-up assessments 72 hours following both falls. 2. The MDS dated [DATE] documented Resident #5 had a BIMS score of 6 indicating severe cognitive impairment. Resident #5 had [DIAGNOSES REDACTED]. An Event Report dated 9/1/20 at 7:45 a.m. revealed Resident #5 had an unwitnessed fall without any injuries. Review of the Clinical Record revealed a lack of follow-up assessments for 72 hours following the fall. 3. The Minimum Data Set ((MDS) dated [DATE] documented Resident #4 had a BIMS score of 99 indicating inability to complete the interview. The staff assessment for mental status indicated moderately impaired cognitive skills. Resident #4 had [DIAGNOSES REDACTED]. An Event Report dated 6/24/20 at 7:30 a.m. revealed Resident #4 had an unwitnessed fall without any injuries. Review of the Clinical Record revealed a lack of assessments from 6/24/20 at 7:30 a.m. until 6/26/20 at 5:30 a.m. and from 6/26/20 at 5:30 a.m. until 6/27/20 at 8:45 a.m. The Progress Notes dated 6/29/20 at 9:33 a.m. documented Resident #4 had a faint yellow bruise, swelling, and pain to the right hip area. The staff notified the Advanced Registered Nurse Practitioner and received an order to obtain an x-ray of the right hip and pelvis. During an interview on 9/15/20 at 10:44 a.m., Staff A (Registered Nurse) stated that there is no set frequency or duration for post-fall assessments. The residents are assessed when they fall to determine if they hit their head and require neurological assessments. The position of resident #4 indicated no head trauma, and Resident #3 denied hitting head on 7/3/20 so neurological assessments were not completed. During an interview on 9/15/20 at 11:20 a.m., Staff B (Licensed Practical Nurse) stated routine neurological assessments are completed if the resident hits their head or there is uncertainty they hit their head. If neurological assessments are not completed, post-fall assessments are completed as needed. Resident #3 (5/11/20 fall) and Resident #5 denied hitting their heads at the time of their falls and had no bumps on their heads so neurological assessments were not completed. During an interview on 9/16/20 at 9:30 a.m. the Director of Nursing stated the expectation following the fall assessment at the time of the fall is to complete post-fall assessments if a concerns arise. Neurological assessment completion for unwitnessed falls depends on the resident's cognitive impairment, their position on the floor and any evidence of head injury. The Director of Nursing stated the facility's Responding to a Fall Procedure is vague and could use updating.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

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.