

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 05/13/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165508	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Martin Health Center, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 410 East 10th Street Cedar Falls, IA 50613	
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 0689 Level of Harm - Actual harm Residents Affected - Few	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48003</p> <p>Based on record review, resident and staff interviews the facility failed to provide a safe mechanical lift (Hoyer) transfer for 1 of 3 residents reviews (Resident #1). The Hoyer strap came unhooked on the right upper side of the sling and Resident #1 fell from the Hoyer. The fall resulted in a right femur fracture and left rib fractures of the 3rd, 4th and 5th ribs. The facility reported a census of 46 residents.</p> <p>Findings include:</p> <p>Resident #1's Minimum Data Set (MDS) assessment dated [DATE] identified a Brief Interview for Mental Status (BIMS) score of 15, indicating intact cognition. Resident #1 listed as dependent (Helper does all the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity) for all transfers.</p> <p>The Care Plan Focus revised 3/27/24 indicated Resident #1 had an activities of daily living (ADL) self-care performance and transfer assistance deficit related to the need for a Hoyer transfer, gout, and wound to left plantar foot. The Interventions directed staff that Resident #1 required 2 staff and a Hoyer for transfers.</p> <p>An Incident Report dated 8/22/24 at 3:20 PM documented Resident #1 had a witnessed a fall from the Hoyer. Resident #1 had a laceration to the back of the head and skin tear to the elbow. He reported pain to the right side, left shoulder, and chest area. The nurse called 911 and at approximately 4:10 PM the facility transferred him to the hospital.</p> <p>A Progress Note dated 8/22/24 at 8:36 PM documented Resident #1's radiology report indicated he had a right periprosthetic femur (type of hip fracture) fracture and left rib fractures of 3rd, 4th, and 5th ribs.</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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165508	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Martin Health Center, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 410 East 10th Street Cedar Falls, IA 50613	
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>In an interview on 12/16/24 at 10:20 AM, Resident #1 reported it all happened so fast. He reported they were not in a rush and had hooked him up right as far as he could tell. He said they lifted him off the recliner and began to move him to the bed. He didn't make it to the bed and he just fell out of the sling all of a sudden. Resident #1 reported the staff didn't jerk or make any moves to make it happen that he could feel. He just felt the shoulder area giving out and down he went. It all happened so fast that no one could react to help. He reported he went to the hospital and had a broken leg and ribs. He reports he still has pain in the areas. He reported the facility ended up getting a totally different sling because they wanted to not use the same kind of sling on him.</p> <p>During an interview on 12/16/24 at 12:53 PM Staff A, Certified Nurse Aide (CNA), reported Resident #1 already had the sling under him in the recliner. Staff A got the Hoyer from by the bed, turned it on, opened the legs and pushed it up to the recliner. Staff A hooked it up the upper extremity straps and right leg strap of the sling to the Hoyer. Staff B, CNA hooked up the leg strap on the left side to the Hoyer. Staff A reported both Staff B, CNA, and himself triple checked to make sure it was strapped well and then they began lifting Resident #1. In the process of moving Resident #1 they got halfway to the bed and the sling came unhooked on the right upper side. Staff A reported he was guiding the legs and right upper side when it happened. Staff A reported it all happened so fast he could not catch Resident #1 and he fell to the floor. Staff A reported they didn't move Resident #1 and called for the nurse. The Hoyer was still up and the sling was still hooked to the Hoyer for the 3 straps that were still hooked when the nurse came in the room. It was the right shoulder part of the sling that came unhooked.</p> <p>During an interview on 12/16/24 at 1:06 PM, Staff B reported Resident #1 already had the sling under him in the recliner and Staff A put the Hoyer up to the chair. Staff B reported she went and put gloves on in the bathroom and came back and hooked Resident #1 left leg area strap of the sling to the machine. Staff B reported Staff A hooked up the rest. Staff B reported it all happened so fast. Staff B reported Resident #1 sat in the sling fine and everything went good, until all of a sudden, the right-side upper strap came off and he fell to the floor. Staff B reported it happened about half way from the recliner to the bed. Staff B reported they didn't move Resident #1 and called the nurse. Staff B reported they both triple checked the sling and Hoyer prior to moving Resident #1 all was correctly hooked.</p> <p>During an interview on 12/16/24 at 1:26 PM Staff C, Licensed Practical Nurse (LPN), reported Staff A came and reported Resident #1 fell from the sling. Staff C reported as she entered Resident #1's rooms, she found him lying on the floor with his head on the Hoyer frame. The Hoyer sling was still hooked to the machine at 3 of the points the right upper strap was not hooked. She reported Resident #1 bled from a head laceration and skin tear to his elbow. Resident #1 reported pain to his upper extremities, so she called 911. Resident #1 transferred to the hospital via ambulance.</p> <p>Review of the personal file for Staff A identified a hire date of 5/2/24. He completed orientation checklist training on 7/16/24. The orientation checklist had transfers with a mechanical lift. Directing staff must demonstrate how to use the Hoyer as operator and patient guide.</p> <p>Review of the personal file for Staff B identified a hire date of 2/5/24. She completed orientation checklist training on 2/25/24. The orientation checklist had transfers with a mechanical lift. Directing staff must demonstrate how to use the Hoyer as operator and patient guide.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165508	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Martin Health Center, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 410 East 10th Street Cedar Falls, IA 50613	
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 0689 Level of Harm - Actual harm Residents Affected - Few	<p>Review of the facility lift inspection reports the Hoyer machine indicated the last inspections happened on 2/4/24 and 9/3/24. On 9/3/24 the Hoyer company listed the machine as in good condition, with no concerns noted according to the documentation.</p> <p>In an interview on 12/16/24 at 3:15 PM the Administrator reported the staff hooked up the sling using the middle hooks when transferred. She reported sling size was what therapy recommended when they determined him to be a Hoyer. She reported the facility acted right away to ensure it would not happen again.</p> <p>The facility corrected the deficiency by implementing the following:</p> <p>a. 8/22/24 after the incident took the Hoyer out of commission until inspected by EZ-Way on 9/3/24</p> <p>b. The facility completed staff education and testing on 8/23/24.</p> <p>C. Ongoing facility audits of staff with the Hoyer lifts.</p> <p>D. 9/10/24 the Hoyer company representative reviewed the proper procedures and demonstrated how to use the Hoyer lift.</p>		