Number 6443		Amended on July 6, 2017 to collect, in accordance with lowa Code Section 249A.19			Report of	late y 24, 2017
Facility name Hawkeye Care Co Milford	enter	Fine amount reduced by 35% to \$325.00 on July 24, 2017 pursuant to lowa Code Section 135C.43A		ber 1	6, 2016; [December 8,9, Inuary 24,
Facility address 1600 13 th St						
City Milford, IA. 51351	I	HL				
Rule or Code Section		Nature of Violation	Class	Fine Amo		Correction Date
58.43(9)	58.43(9) Allega Allegations of reported and in	CC) Resident abuse prohibited. tions of dependent adult abuse. dependent adult abuse shall be nvestigated pursuant to lowa Code and 481—Chapter 52. (I, II, III)	II	\$500 Held Sus		Upon Receipt
52.2(2)a	dependent adu for those person 52.2(2) Reporti in facilities or pa. If a staff men a report pursue employee shall charge or the pathen notify the	ng suspected dependent adult abuse				
235E.2(3)a	3. a. If a staff r make a report member or em person in char who shall then four hours of s charge is the a staff member s	tion 235E.2(3)(a) member or employee is required to pursuant to this section, the staff ployee shall immediately notify the ge or the person's designated agent notify the department within twenty- such notification. If the person in lleged dependent adult abuser, the shall directly report the abuse to the thin twenty-four hours.				
52.6(235E)	abuser. Upon in abuse of a depth the facility or puthe alleged about that separation	E) Separation of victim and alleged receiving a claim of dependent adult endent adult in a facility or program, program shall separate the victim and user immediately and shall maintain a until the department's abuse is completed and the abuse				

If, within thirty (30) days of the receipt of the citation, you: (1) do not request a formal hearing or; (2) withdraw your request for formal hearing; and (3) pay the penalty, the assessed penalty will be reduced by thirty–five percent (35%) pursuant to lowa Code section 135C.43A (2015).

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Number 6443		Amended on July 6, 2017 to collect, in accordance with lowa Code Section 249A.19			Report of February	late y 24, 2017
Facility name Hawkeye Care Co Milford	enter	Fine amount reduced by 35% to \$325.00 on July 24, 2017 pursuant to lowa Code Section 135C.43A	Survey Novem and 15 2017	ber 16	, 2016; [December 8,9, nuary 24,
Facility address 1600 13 th St						
City Milford, IA. 51351		HL				
Rule or Code Section		Nature of Violation	Class	Fine Amou	unt	Correction Date
	Medicare or Me additional fede	is made. es that participate in the federal edicaid program may be subject to eral requirements regarding RC 8294B, IAB 11/18/09, effective				
	DESCRIPTION	:				
	the facility failed allegation of alle allegation of about Inspections and	d review, interviews, and facility policy, I to immediately separate a staff after an eged abuse and failed to report an use timely to the Department of Appeals for 1 of 5 residents (Resident identified a census of 44 current				
	Findings include	2:				
	Resident #5 had anxiety disorder resident had a E score of 0 which According to the	nimum Data Set (MDS) dated 10/21/16 diagnoses that included dementia, and depression. The MDS identified the BIMs (brief interview for mental status) in indicated severe cognitive impairment. MDS the resident required extensive bed mobility, transfers, dressing, eating				
	resident with co	ated 3/19/15 directed staff to assist the mpleting all daily cares and to provide action to let participate.				
	on 12/9/16 at 2: from the resider after 6:00 PM.	riew with Hospice RN (Registered Nurse) 10 PM she stated she received a call nt's family on Tuesday 12/6/16) evening uber reported an allegation of abuse that				

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Number		Amended on July 6, 2017 to collect,		Ponc	ort date
6443		in accordance with Iowa Code Section 249A.19			uary 24, 2017
Facility name Hawkeye Care Co Milford	enter	Fine amount reduced by 35% to \$325.00 on July 24, 2017 pursuant to lowa Code Section 135C.43A	Survey Novem and 15 2017	ber 16, 201	6; December 8,9, d January 24,
Facility address 1600 13 th St					
City Milford, IA. 51351		HL			
Rule or Code Section		Nature of Violation	Class	Fine Amount	Correction Date
	the facility to rep at approximately the resident had	on 12/4/16. She stated she did not call port the allegation until the next morning y 10:00 AM. She further stated she felt I been safe and did not call due to the ss it were not at the facility.			
	revealed Staff F continued to wo	mployee Schedule dated 12/6/16 r, CNA (certified nursing assistant) rked the 2:00 PM to 10:00 PM shift on ad had not been separated from			
	12/9/16 at 2:30	iew with the Director of Nursing on PM she concurred Staff P had been on d worked the evening of 12/6/16 from 0 PM.			
	Prevention, Ider Policy dated 11/a. All allegations immediately to tresponsible for abuse to the Dir designated repr suspected incide observed, the adesignate a meralleged incident allegation of resimmediately impotential abuse facility investiga allegation of abuse from all recombination of the employee; so contact with	olicy and Procedure titled Abuse tification, Investigation, and Reporting 2016 directed staff to do the following: so fresident abuse should be reported the charge nurse. The charge nurse is mmediately reporting the allegations of ector of Nursing, Administrator or esentative. b. Should an incident or ent of Resident abuse be reported or dministrator or his/her designee will mber of management to investigate the c. Upon receiving a report of an ident abuse, the facility shall element measures to prevent further of residents from occurring while the tion is in process. If this involves an use by an employee, this will be y separating the employee accused of esidents through the following or a he following, if practicable: suspending egregating the employee to an area with any residents of the facility; separating occused of abuse from the resident			

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Number		Amended on July 6, 2017 to collect, in accordance with lowa Code		Repor	
6443		Section 249A.19		Februa	ary 24, 2017
Facility name Hawkeye Care Co Milford	enter	Fine amount reduced by 35% to \$325.00 on July 24, 2017 pursuant to Iowa Code Section 135C.43A	Survey Novem and 15 2017		; December 8,9, January 24,
Facility address 1600 13 th St					
City Milford, IA. 51351		HL			
Rule or Code Section		Nature of Violation	Class	Fine Amount	Correction Date
	employee shall or the person's the lowa Depart immediately, an	been abuse. d. The staff member or immediately notify the person in charge designated agent who shall then notify ment of Inspections & Appeals d in no event later than 24 hours of any on a weekend or holiday. PONSE:			

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