Citation Number: 6518 Facility Name: Glenwood Resource Center		Fine amount reduced by 35% to \$1,950.00 on May 10, 2017 pursuant to Iowa Code Section 135C.43A	Survey April 3-2	2017		
Facility Addres	ss/City/State/Zip					
711 South Vine St Glenwood, IA. 51534		HL/CC	#67101-I, i		7247-I, & e	-I, and #67555-I 7473 were
Rule or Code Section	Natur	e of Violation			Correction date	
135C.44	The penalties authoriz be trebled for a secon class I or class II viola twelve-month period i for the same class I or within that period and assessed therefor.	tion occurring within any f a citation was issued r class II violation occurring	11	\$1,500 Treble (\$500	Fine	Upon Receipt
56.6(1)	director of the departr appeals shall treble th 481—56.3(135C) for an class I or class II viola month period, if a cita class I or class II viola	r repeated violations. The ment of inspections and be penalties specified in rule by second or subsequent ation occurring within any 12- tion was issued for the same ation occurring within that was assessed therefor.				
64.60	conditions of participa Part 483, Subpart D effective October 3, 19 and incorporated as p these regulations is a Health Facilities	eral regulations adopted - ation. Regulations in 42 CFR , and Sections 410 to 480 988, are adopted by reference part of these rules. A copy of available on request from the Division, Department of opeals, Lucas State Office lowa 50319.				
		tions is I, II, and III, ision using the provision in g and Citations," to enforce a				Page 1 of 2

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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 Iowa Code section 135C.43A (2013).

Citation Number: 6518 Facility Name:		Fine amount reduced by 35% to \$1,950.00 on May 10, 2017	Cumuo: T		Date: May 4, 2	2017
Glenwood Res		pursuant to Iowa Code Section 135C.43A	Survey Dates: April 3-20, 2017			
Facility Addres	ss/City/State/Zip					
711 South Vine St Glenwood, IA. 51534		HL/CC	Investigati #67101-I, # conducted	67390, #6	7247-I, & 6	l, and #67555-I 7473 were
Rule or Code Section	Natur	e of Violation				Correction date
	This rule is intended to Section 135C.2(3).	This rule is intended to implement lowa Code Section 135C.2(3).				
W122	483.420 Client Protect The facility must ensu protections requireme					
	DESCRIPTION:					
	Based on interviews and record reviews, the facility failed to comply with the Condition of Participation: Client Protections. This was evidenced by facility failure to: a) conduct thorough investigations of incidents of unknown origin/suspicious injuries/possible abuse, b) follow the incident management policy and investigate injuries of unknown origin, c) ensure staff immediately reported allegations of abuse. This potentially affected all clients residing at Glenwood Resource Center.					
	Cross-reference W104: record reviews, the gove adequate direction and implementation of policy health and safety of clie consistently implement regarding incident mana investigation of suspicio and reporting allegation to complete thorough in unknown origin and the deny injuries were poter neglect, or mistreatmen					

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Facility Administrator

Citation Number: 6518		Fine amount reduced by 35% to \$1,950.00 on May 10, 2017 ,			Date: May 4, 2	2017	
Facility Name: Glenwood Res	ource Center	pursuant to lowa Code Section 135C.43A	Survey Dates: April 3-20, 2017				
Facility Addres	s/City/State/Zip						
711 South Vine Glenwood, IA.		HL/CC	Investigations #67472-I, 67665-I, and #67555-I #67101-I, #67390, #67247-I, & 67473 were conducted at this time.				
Rule or Code Section	Nature	e of Violation	Class	Fine A	Amount	Correction date	
	record review, the facilit investigation into suspice Cross-reference W156: record reviews the facilit incident investigations a Management Policy. The thorough investigation of origin until identified dur the lack of thoroughness the facility was unable to administrator and appro- working days of the incide On 4/6/17 at approximal Jeopardy was determined to ensure appropriate and suspicious injuries of un- but was not limited to: fa suspicious injuries of un- failure to report to the ap- facility developed a plan- included training of Trea- steps to complete during completion of document the necessary reports w completed investigation	priate agencies within five dents. tely 3:20 p.m., Immediate ed based on the facility's failure ction taken regarding iknown origin. This included, ailure to thoroughly investigate iknown origin and failure to opropriate state agency. The to remove the IJ, which atment Program Managers on g the investigative process and tation. The facility also made where appropriate and s of suspicious injuries of ad been identified during the					
W104	483.410(a)(1) Governir The governing body m	ng Body nust exercise general policy,					

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Facility Administrator

Citation Number: 6518 Facility Name: Glenwood Resource Center		Fine amount reduced by 35% to \$1,950.00 on May 10, 2017 pursuant to Iowa Code Section 135C.43A	Survey I April 3-2		Date: May 4, 2	2017
Facility Addres	ss/City/State/Zip					
711 South Vine Glenwood, IA.		HL/CC	Investigations #67472-I, 67665-I, an #67101-I, #67390, #67247-I, & 67473 conducted at this time.			
Rule or Code Section	Nature	e of Violation				Correction date
	budget, and operating	direction over the facility.				
	body failed to provide ac to ensure consistent imp procedure to ensure the The facility failed to con- and procedures regardin including investigation of	orting allegations of abuse. all clients residing at				
	facility's failure to compl suspicious injuries of un Record review on 4/3/17 Center Policy Number: (regarding Incident Mana regarding Type 2 Incide incidents that are not inv reviewed by supervisory successfully completed incident reviews to evalu- the impact on the individ corrective actions." The QIDP (Qualified Intellec- shall review all incident	7 revealed Glenwood Resource 07-38, effective 11/2/07, agement. Page 13 of the policy nt Reviews documented, "All vestigated as Type 1 shall be v/administrative staff that have competency-based training for uate the cause of the incident, dual, and the need for e policy further directed, " The tual Disability Professional) reports after the				
	completed to review for:	ve staff review has been Completeness of the report, rective action was identified,				

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Facility Administrator

Citation Number: 6518		Fine amount reduced by 35% to \$1,950.00 on May 10, 2017 .			Date: May 4, 2	2017
Facility Name: Glenwood Res	ource Center	pursuant to Iowa Code Section 135C.43A	Survey Dates: April 3-20, 2017			
Facility Address/City/State/Zip						
711 South Vine St Glenwood, IA. 51534		HL/CC	Investigations #67472-I, 67665-I, and #67555-I #67101-I, #67390, #67247-I, & 67473 were conducted at this time.			
Rule or Code Section	Nature	e of Violation	Class Fine Amount Correctio date			Correction date
	and whether a required Team review was comp	clinical and Interdisciplinary leted."				
	On 4/6/17 at 3:00 p.m. Treatment Program Administrator (TPM) A stated the TPMs were responsible for completing the Type 2 investigations on all Injuries of unknown origin. She further stated the TPM's should complete a thorough investigation interviewing as many people as possible and on all shifts too attempt determine the cause of the unknown injury.					
W154	483.420(d)(3) Staff Tre The facility must have violations are thoroug	evidence that all alleged				
	failed to conduct thorous injuries of unknown orig clients (Clients #8 and #	d record reviews, the facility gh investigation into suspicious in. This pertained to 2 sample (14) and 7 clients added to the 4,#27, #28, #29, #30, #31).				
	Findings follow:					
	1. Record review on 4/3	3/17 revealed the following:				
	2/24/17. The IR revealed Resident Treatment Wo #27 with changing his/hi of unknown origin on the size of a half dollar.	ncident Review (IR), dated d on 2/24/17 at 2:45 p.m. rker (RTW) C assisted Client er shirt. They noticed a bruise e top of his/her right breast the 6/17 at 8:30 a.m. Treatment				

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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 Iowa Code section 135C.43A (2013).

Citation Number: 6518		Fine amount reduced by 35% to \$1,950.00 on May 10, 2017 .			Date: May 4, 2	2017
Facility Name: Glenwood Res	ource Center	pursuant to Iowa Code Section 135C.43A	Survey D April 3-2			
Facility Addres	ss/City/State/Zip					
711 South Vine Glenwood, IA.		HL/CC	Investigations #67472-I, 67665-I, and #67555- #67101-I, #67390, #67247-I, & 67473 were conducted at this time.			
Rule or Code Section	Nature	e of Violation	Class Fine Amount Correction date			Correction date
	complete a thorough Ty incident on 2/24/17 with interviewed two staff, or p.m. shift, but failed to in overnight shift. He furth likely occurred from bun wasn't certain how the in b. Client #8's Type 2 IR, on 3/6/17 RTW D assist his/her shower. Staff fou thigh three centimeters the elastic line of his/her injury was documented When interviewed on 4/ confirmed he failed to co investigation into the ino Client #8. He stated Cli supervision on the overn during the night and doo he failed to interview the #8 on the night shift as w c. Client #28's Type 2 IF The IR revealed on 3/26 assisted Client #28 with bruises on his/her left up bruises on his/her left up When interviewed on 4/ confirmed he failed to co	A dated 3/6/17. The IR revealed red Client #8 in undressing for und a red mark on the inner left (cm) long approximately where r pull up was located. The as an injury of unknown origin. 6/17 at 8:30 a.m. TPM D complete a thorough Type 2 cident reported on 3/6/17 with ent #8 was on 1 to 1 hight shift, due to getting up cumented falls. TPM D stated e staff who worked with Client well as all other shifts. 8 dated 3/26/17 at 9:41 p.m. 6/17 at 9:41 p.m., when RTW E				

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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 Iowa Code section 135C.43A (2013).

Citation Number: 6518		Fine amount reduced by 35% to \$1,950.00 on May 10, 2017				
Facility Name: Glenwood Res	ource Center	pursuant to Iowa Code Section 135C.43A		rey Dates: I 3-20, 2017		
Facility Addres	s/City/State/Zip					
711 South Vine Glenwood, IA.		HL/CC	Investigations #67472-I, 67665-I, and #67555-I #67101-I, #67390, #67247-I, & 67473 were conducted at this time.			
Rule or Code Section	Nature	e of Violation				Correction date
	the conversation. TPM I any other shifts and mar- injuries occurred; howev unknown. d. Client #29's Type 2 IF IR revealed staff noticed upper, inner thigh by gro- menstruation. Area was the nurse who determin total hysterectomy, the ob- been from menstruation revealed a small scratch When interviewed on 4/ stated she failed to door caused the injury during Client #29 being agitate during an interview on 4 contradicted the statem aware of the injury and of the injury, including inse- stated did not see any ir an injury occurred until I TPM E did not interview determine the cause of TPM E confirmed she d Type 2 investigation into Client #29. e. Client #14's Type 2 I	10/17 at 12:00 p.m. TPM E ument a nurse's statement she insertion of a rectal tube and d during cares. However, 1/10/17 at 2:00 p.m. Nurse A ent. Nurse A stated she was discussed possible reasons for erting the rectal tube. She njury and was not aware that				

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Facility Administrator

Citation Number: 6518 Facility Name:		Fine amount reduced by 35% to \$1,950.00 on May 10, 2017	Curvey F		Date: May 4, 2	2017
Glenwood Res	ource Center	pursuant to Iowa Code Section 135C.43A	Survey Dates: April 3-20, 2017			
Facility Addres	s/City/State/Zip					
711 South Vine Glenwood, IA.		HL/CC	Investigations #67472-I, 67665-I, and #6755 #67101-I, #67390, #67247-I, & 67473 were conducted at this time.			
Rule or Code Section	Nature	e of Violation				Correction date
	around his/her pelvic are scratch was around 3 in When interviewed on 4/ confirmed she failed to a investigation into the ind 2/26/17. TPM E stated the brief would touch the the injury. She further si interview any other staff shifts therefore the injur f. Client #30's Type 2 If The IR revealed RTW H personal cares and notic his/her left upper buttoc When interviewed on 4/ confirmed she failed to a investigation into the ind 2/26/17 at 1:35 a.m. She any other staff to obtain herself, the injury was c brief. g. Client #23's Type 2 I The IR revealed a RTW upper leg of unknown o to the a.m./p.m. staff, ch observed how the client	R, dated 2/26/17 at 1:35 a.m. I assisted Client #30 with ced two small scrapes on ks. 10/17 at 12:10 p.m. TPM E complete a thorough Type 2 cident of unknown origin dated e stated she did not interview information and concluded, by aused by the Velcro on his/her R dated 3/8/17 at 8:15 a.m. noted 2 bruises on the client's rigin. TPM A stated she talked becked the environment and maneuvered and sat in the the failed to document all of her complete a thorough				

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Facility Administrator

Citation Number: 6518		Fine amount reduced by 35% to \$1,950.00 on May 10, 2017 .			Date: May 4, 2	2017
Facility Name: Glenwood Res	ource Center	pursuant to Iowa Code Section 135C.43A	Survey Dates: April 3-20, 2017			
Facility Addres	ss/City/State/Zip					
711 South Vine Glenwood, IA.		HL/CC	Investigations #67472-I, 67665-I, and #675 #67101-I, #67390, #67247-I, & 67473 were conducted at this time.			
Rule or Code Section	Nature	e of Violation	Class	Fine A	Mount	Correction date
	the IR, staff noticed a bl center on the client's rig bruise was unknown. When interviewed on 4/ confirmed she failed to o investigation into Client on his/her thigh. TPM A and p.m. staff and check to document the informa RTW B on 4/11/17 reve discussed the incident v the one who reported th staff in the house. i. Client #31's Type 2 IF revealed, during routine large scratches on the o medium scratch and abu unknown origin. In the a section, Resident Treatr documented two staff in specific time and date. to staff and nurse, it app an area and scratched a on his/her skin. TPM G likely scratched him/her IRs within the past seve himself/herself in the sa	#24's bruise of unknown origin A stated she talked to the a.m. ked the environment, but failed ation. Further interview with aled she did not think the TPM with her even though she was e bruise and was a regular R, dated 3/12/17. The IR care, a RTW discovered 2 client's right buttocks and a rasion on the left buttocks of analysis and recommendation ment Supervisor (RTS) A terviewed without listing the RTS A concluded, after talking beared the client had irritated at it, making the scratch marks concluded the client most self, due to a history of several ral months for scratching				

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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 Iowa Code section 135C.43A (2013).

Citation Number: 6518		Fine amount reduced by 35% to \$1,950.00 on May 10, 2017			Date: May 4, 2	2017
Facility Name: Glenwood Res	ource Center	pursuant to lowa Code Section 135C.43A	Survey D April 3-2			
Facility Addres	s/City/State/Zip					
711 South Vine Glenwood, IA.		HL/CC	Investigations #67472-I, 67665-I, and #6755 #67101-I, #67390, #67247-I, & 67473 were conducted at this time.			
Rule or Code Section	Natur	e of Violation				Correction date
	stated she did not comp regarding Client #31's s complete a thorough inv interviews were only con but not on other shifts b occurred while the clien staff tried to keep the cli did not make any furthe prevention of injury. Record review on 4/3/17 Center Policy Number: 0 regarding Incident Mana regarding Type 2 Incide incidents that are not inv reviewed by supervisory successfully completed incident reviews to evalue the impact on the individ corrective actions." The QIDP (Qualified Intellec shall review all incident supervisory/administrati completed to review for whether appropriate cor and whether a required Team review was comp On 4/6/17 at 3:00 p.m. T Administrator A stated ti completing the Type 2 in unknown origin. She fur	e policy further directed, " The tual Disability Professional) reports after the ve staff review has been Completeness of the report, rective action was identified, clinical and Interdisciplinary leted."				

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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 Iowa Code section 135C.43A (2013).

Citation Number: 6518		Fine amount reduced by 35% to \$1,950.00 on May 10, 2017			Date: May 4, 2	2017
Facility Name: Glenwood Res	ource Center	pursuant to Iowa Code Section 135C.43A	Survey Dates: April 3-20, 2017			
Facility Addres	ss/City/State/Zip					
711 South Vine St Glenwood, IA. 51534		HL/CC	Investigati #67101-I, # conducted	67390, #6	7247-I, & 6	I, and #67555-I 7473 were
Rule or Code Section	Natur	e of Violation	Class Fine Amount Correction date			Correction date
	many people as possibl	e and on all shifts too attempt]
	determine the cause of					
	On 4/6/17 at approxima Jeopardy was determine to ensure thorough inve suspicious injuries of un developed a plan to rem training of Treatment Pr complete during the inve completion of document completed investigation unknown origin which has survey.					
W156	to the administrator or or to other officials in within five working da Based on interviews and failed to report results of according to the facility The facility failed to com of all incidents of unkno the annual survey. Due the investigative proces report results to the admi agencies within five wor	stigations must be reported r designated representative accordance with State law ys of the incident. d record reviews the facility f incident investigations Incident Management Policy. nplete a thorough investigation wn origin until identified during to the lack of thoroughness in s, the facility was unable to ninistrator and appropriate rking days of the incidents. ple clients (Clients #8 and #14) he sample (Clients #23,				

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Facility Administrator

Citation Number: 6518		Fine amount reduced by 35% to \$1,950.00 on May 10, 2017 .			Date: May 4, 2	2017
Facility Name: Glenwood Res	ource Center	pursuant to Iowa Code Section 135C.43A	Survey Dates: April 3-20, 2017			
Facility Addres	s/City/State/Zip					
711 South Vine Glenwood, IA.		HL/CC	Investigations #67472-I, 67665-I, and # #67101-I, #67390, #67247-I, & 67473 we conducted at this time.			
Rule or Code Section	Nature	e of Violation				Correction date
	 a. Client #27's Type 2 Ir 2/24/17. The IR revealed Resident Treatment Wo #27 with changing his/ho of unknown origin on the size of a half dollar. When interviewed on 4/ Program Manager (TPM complete a thorough Ty incident on 2/24/17 with interviewed two staff, or p.m. shift, but failed to in overnight shift. He furth likely occurred from bun wasn't certain how the in b. Client #8's Type 2 IR, on 3/6/17 RTW D assist his/her shower. Staff fout thigh three centimeters the elastic line of his/her injury was documented When interviewed on 4/ confirmed he failed to con investigation into the ino Client #8. He stated Cli supervision on the over during the night and door 	er stated he thought the injury nping a table; however, he njury occurred. dated 3/6/17. The IR revealed red Client #8 in undressing for und a red mark on the inner left (cm) long approximately where r pull up was located. The as an injury of unknown origin. 6/17 at 8:30 a.m. TPM D complete a thorough Type 2 cident reported on 3/6/17 with				

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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 Iowa Code section 135C.43A (2013).

Citation Number: 6518 Facility Name: Glenwood Resource Center		Fine amount reduced by 35% to \$1,950.00 on May 10, 2017 pursuant to Iowa Code	Date: May 4, 2017 Survey Dates: April 3-20, 2017			2017	
	ource Center s/City/State/Zip	Section 135C.43A	April 3-2	U, 2017			
711 South Vine Glenwood, IA.		HL/CC	#67101-I, #	Investigations #67472-I, 67665-I, and #67555-I #67101-I, #67390, #67247-I, & 67473 were conducted at this time.			
Rule or Code Section	Nature	e of Violation				Correction date	
	The IR revealed on 3/26 assisted Client #28 with bruises on his/her left up bruises on his/her right When interviewed on 4/ confirmed he failed to co- investigation into the inco- D stated he talked to Cli- the conversation. TPM I any other shifts and ma- injuries occurred; howev unknown. d. Client #29's Type 2 IF IR revealed staff noticed upper, inner thigh by gro- menstruation. Area was the nurse who determin total hysterectomy, the ob- been from menstruation revealed a small scratch When interviewed on 4/ stated she failed to docu caused the injury during Client #29 being agitate during an interview on 4 contradicted the statema aware of the injury and o	A dated 3/26/17 at 9:41 p.m. S/17 at 9:41 p.m., when RTW E cares, they noticed two oper thigh and three small upper thigh of unknown origin. 6/17 at 8:30 a.m. TPM D omplete a thorough Type 2 cident of unknown origin. TPM ient #28, but did not document D stated he failed to interview de an assumption to how the ver, the injuries remained A dated 3/3/17 at 1:17 a.m. The d dried blood on Client #29's bin area, similar to that of cleaned and staff reported to ed, due to the client having dried blood could not have . Further nursing assessment					

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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 Iowa Code section 135C.43A (2013).

Citation Number: 6518		Fine amount reduced by 35% to \$1,950.00 on May 10, 2017 .			Date: May 4, 2	2017
Facility Name: Glenwood Res	ource Center	pursuant to Iowa Code Section 135C.43A	Survey Dates: April 3-20, 2017			
Facility Addres	s/City/State/Zip					
711 South Vine Glenwood, IA.		HL/CC		67390, #6	7247-I, & 6	I, and #67555-I 7473 were
Rule or Code Section	Nature	e of Violation	Class Fine Amount Correction date			Correction date
	stated did not see any ir	njury and was not aware that				
	an injury occurred until I	ater the following day.				
		other staff on all shifts to				
	determine the cause of the injury of unknown origin. TPM E confirmed she did not complete a thorough					
	Client #29.	o the incident on 3/3/17 with				
	The IR revealed on 2/26 Client #14 down and no around his/her pelvic are	R, dated 2/26/17 at 1:15 p.m. 6/17 at 1:15 p.m. RTW G laid ticed a small thin scratch ea of unknown origin. The ches long and red in color.				
	When interviewed on 4/ confirmed she failed to a investigation into the inc 2/26/17. TPM E stated the brief would touch the the injury. She further s	10/17 at 12:05 p.m. TPM E complete a thorough Type 2 cident with Client #14 on the scratch was near where e skin, and most likely caused tated she did not talk to or working on any of the other				
	The IR revealed RTW H	R, dated 2/26/17 at 1:35 a.m. I assisted Client #30 with ced two small scrapes on ks.				
	confirmed she failed to a investigation into the inc 2/26/17 at 1:35 a.m. She	10/17 at 12:10 p.m. TPM E complete a thorough Type 2 cident of unknown origin dated e stated she did not interview information and concluded, by				

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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 Iowa Code section 135C.43A (2013).

Citation Number: 6518		Fine amount reduced by 35% to \$1,950.00 on May 10, 2017			Date: May 4, 2	2017		
Facility Name: Glenwood Res	ource Center	pursuant to Iowa Code Section 135C.43A	Survey Dates: April 3-20, 2017					
Facility Addres	ss/City/State/Zip							
711 South Vine Glenwood, IA.		HL/CC	#67101-I, #	67390, #6	ons #67472-I, 67665-I, and #67555-I 67390, #67247-I, & 67473 were at this time.			
Rule or Code Section	Nature	e of Violation	Class Fine Amount Correction date			Correction date		
	brief. g. Client #23's Type 2 I The IR revealed a RTW upper leg of unknown o to the a.m./p.m. staff, ch observed how the client home. She confirmed s actions and thus did not investigation according h. Client #24's Type 2 IF the IR, staff noticed a bl center on the client's rig bruise was unknown. When interviewed on 4/ confirmed she failed to a investigation into Client on his/her thigh. TPM A and p.m. staff and check to document the informa RTW B on 4/11/17 reve discussed the incident w the one who reported the staff in the house. i. Client #31's Type 2 IF revealed, during routine large scratches on the comedium scratch and ab- unknown origin. In the a	to the document. R, dated 3/9/17. According to ue bruise with a red/purple on ht thigh. The origin of the 6/17 at 9:30 a.m. TPM A						

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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 Iowa Code section 135C.43A (2013).

Citation Number 6518	er:	Fine amount reduced by 35% to \$1,950.00 on May 10, 2017 ,			Date: May 4, 2	2017
Facility Name: Glenwood Res	ource Center	pursuant to Iowa Code Section 135C.43A	Survey I April 3-2			
Facility Addres	s/City/State/Zip					
711 South Vine Glenwood, IA.		HL/CC	Investigations #67472-I, 67665-I, and #67555-I #67101-I, #67390, #67247-I, & 67473 were conducted at this time.			
Rule or Code Section	Nature	e of Violation	Class Fine Amount Correction date			Correction date
	specific time and date. to staff and nurse, it app an area and scratched a on his/her skin. TPM G likely scratched him/her IRs within the past seve himself/herself in the sa recommendations for pr were made by TPM G. When interviewed on 4/ stated she did not comp regarding Client #31's s complete a thorough inv interviews were only cor but not on other shifts b occurred while the client staff tried to keep the cli did not make any furthe prevention of injury. Record review on 4/3/17 regarding incident mana Page 13 of the policy re Reviews documented, " investigated as Type 1 s supervisory/administrati successfully completed incident reviews to evalu- the impact on the individ corrective actions." Add Intellectual Disability Pro-	evention of repeated incidents 10/17 at 11:00 a.m. TPM G lete any further interviews cratches; therefore, did not vestigation. She understood mpleted with third shift staff, ecause the scratches generally t was in bed. TPM G stated ent's fingernails trimmed but r recommendations regarding 7 revealed the facility's policy agement, effective 11/2/07. garding Type 2 Incident All incidents that are not shall be reviewed by ve staff and that have competency-based training for uate the cause of the incident, dual, and the need for				

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Facility Administrator

Citation Number: 6518		Fine amount reduced by 35% to \$1,950.00 on May 10, 2017			Date: May 4, 2	2017
Facility Name: Glenwood Res	ource Center	pursuant to Iowa Code Section 135C.43A		Survey Dates: April 3-20, 2017		
Facility Addres	s/City/State/Zip					
711 South Vine Glenwood, IA.		HL/CC	Investigations #67472-I, 67665-I, and #67555-I #67101-I, #67390, #67247-I, & 67473 were conducted at this time.			
Rule or Code Section	Natur	e of Violation	Class Fine Amount Correction date			Correction date
	corrective action was ide required clinical and Inte completed." The policy reviews should be comp of the reporting of the in On 4/6/17 at 3:00 p.m. T Administrator A stated the completing the Type 2 in unknown origin. She fur complete a thorough inv	port, whether appropriate entified, and whether a erdisciplinary Team review was also documented all incident oleted within five working days cident. Treatment Program he TPMs were responsible for hvestigations on all Injuries of ther stated the TPM's should vestigation interviewing as e and on all shifts too attempt the unknown injury.				

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Facility Administrator

Citation Number: 6518		Fine amount reduced by 35% ↓ to \$1,950.00 on May 10, 2017		Date: May 4, 1	2017		
Facility Name: Glenwood Resource Center		pursuant to Iowa Code Section 135C.43A	Survey Dates: April 3-20, 2017				
Facility Addres	ss/City/State/Zip						
711 South Vine St Glenwood, IA. 51534		HL/CC	#67101-I, #	nvestigations #67472-I, 67665-I, and #67555-I 67101-I, #67390, #67247-I, & 67473 were onducted at this time.			
Rule or Code Section	Natu	re of Violation	Class	Fine Amount	Correction date		

Dege 49 of 2			
Dega 19 of 2			
			Page 18 of 2

Facility Administrator

Citation Numb 6518 Facility Name: Glenwood Res Facility Addres		Fine amount reduced by 35% to \$1,950.00 on May 10, 2017 pursuant to Iowa Code Section 135C.43A	Survey I April 3-2	Dates:	ate: ay 4, ź	2017
711 South Vine Glenwood, IA.		HL/CC	#67101-I, #	ions #67472-I, (#67390, #67247 I at this time.		-I, and #67555-I 7473 were
Rule or Code Section	Natur	e of Violation	Class	Fine Amo	ount	Correction date
135C.44	The penalties authoriz be trebled for a secon class I or class II viola twelve-month period i for the same class I or within that period and assessed therefor. [C77, 79, 81, §135C.44]4 double fines.	ation occurring within any f a citation was issued r class II violation occurring a penalty was 81—56.6 (135C) Treble and	11	\$1,500.00 (Treble fin \$500x3)		Upon Receipt
56.6(1)	director of the departr appeals shall treble th 481—56.3(135C) for an class I or class II viola month period, if a cita class I or class II viola	r repeated violations. The ment of inspections and be penalties specified in rule by second or subsequent attion occurring within any 12- tion was issued for the same attion occurring within that was assessed therefor.				
64.33(1)	abuse. 64.33(1) Allega abuse. Allegations of	gations of dependent adult <i>tions of dependent adult</i> dependent adult abuse shall tigated pursuant to lowa				
235E.2(3)a	235E.2 Dependent aduand programs.3. <i>a.</i> If a staff membermake a report pursual					

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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 Iowa Code section 135C.43A (2013).

Citation Number: 6518 Facility Name: Glenwood Resource Center		Fine amount reduced by 35% to \$1,950.00 on May 10, 2017 pursuant to Iowa Code Section 135C.43A	Survey I April 3-2		Date: May 4, 2	2017
Facility Addres	ss/City/State/Zip					
711 South Vine Glenwood, IA.		HL/CC	Investigati #67101-I, # conducted	67390, #6	7247-I, & 6	I, and #67555-I 7473 were
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
52.2(2)a	notification. If the pers dependent adult abus shall directly report the within twenty-four how 52.2(2) Reporting susp abuse in facilities or p a. If a staff member or make a report pursual member or employee person in charge or the who shall then notify	e abuse to the department urs. pected dependent adult				
W153	420(d)(2) Staff Treatm The facility must ensu- mistreatment, neglect of unknown source, a the administrator or to accordance with State procedures.					
64.60 (135C) (EXAMPLE 2)	conditions of participa Part 483, Subpart D effective October 3, 19 and incorporated as p these regulations is a Health Facilities	eral regulations adopted - ation. Regulations in 42 CFR , and Sections 410 to 480 988, are adopted by reference part of these rules. A copy of available on request from the Division, Department of opeals, Lucas State Office Iowa 50319.				

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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 Iowa Code section 135C.43A (2013).

Citation Number: 6518 Facility Name: Glenwood Resource Center		Fine amount reduced by 35% to \$1,950.00 on May 10, 2017 pursuant to Iowa Code Section 135C.43A	Date: May 4, 2017 Survey Dates: April 3-20, 2017			2017
Facility Addres	ss/City/State/Zip					
711 South Vine Glenwood, IA.		HL/CC	Investigati #67101-I, # conducted	67390, #6	57247-I, & 6	I, and #67555-I 7473 were
Rule or Code Section	Natur	e of Violation	Class	Fine A	Mount	Correction date
	481-Chapter 56, Fining fine to cite a facility.	tions is I, II, and III, ision using the provision in g and Citations," to enforce a o implement lowa Code				
	Based on interviews and failed to ensure staff imit of potential abuse, negle suspicious injuries of un administrator and propo accordance with facility (Incident Management F complete thorough invest unknown origin further le incidents of unknown or state agency. This pert (Clients #8 and #14) and	rtionate state agency in policy and procedures Policy). The facility's failure to stigations into incidents of				
	report for Client #33 cor date. RTW M reported 5:30 p.m. she observed smear food on Client #3 to "knock it off" and wipe	12/17 revealed an incident npleted by RTW M on that on 4/10/17 at approximately RTW N take a spoon and 3's face. RTW M told RTW N ed Client #33's face off. She nd and told him/her it would be				

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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 Iowa Code section 135C.43A (2013).

Citation Numb 6518	er:	Fine amount reduced by 35% to \$1,950.00 on May 10, 2017 .			Date: May 4, 2	2017
Facility Name: Glenwood Res	ource Center	pursuant to Iowa Code Section 135C.43A	Survey D April 3-2			
Facility Addres	ss/City/State/Zip					
711 South Vine Glenwood, IA.		HL/CC	Investigati #67101-I, # conducted	67390, #6	7247-I, & 6	I, and #67555-I 7473 were
Rule or Code Section	Nature	e of Violation	Class	Fine A	mount	Correction date
	for Client #34 regarding by RTW M. She reported a spoon and smear food 4/10/17 at approximatel she told RTW N to "know off, then patted the clien would be ok. According to the inciden reported to RTS B on 4/ When interviewed on 4/ reported on 4/10/17 dur N smear food across the #34. RTW M stated the and Client #33 and Clien uncomfortable. It was h she was afraid she was indicated she should ha away. The facility reported the Client #34 occurred on 4/ facility reported these to and Appeals (DIA) on 4/ When interviewed on 4/ stated during conversati mentioned some things working in House 254, s N. RTS A reported this approximately 1:45 p.m.	12/17 at 6:08 p.m., RTW M ing dinner she observed RTW e faces of Client #33 and Client interactions between RTW N nt #34 made her er first day in the home, and overreacting. RTW M ve reported the incidents right incidents with Client #33 and 4/10/17 (Monday), and the Department of Inspections /12/17.				

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Facility Name: Glenwood Res	ource Center	pursuant to lowa Code Section 135C.43A		Survey Dates: April 3-20, 2017			
Facility Addres	ss/City/State/Zip						
711 South Vine St Glenwood, IA. 51534		HL/CC		67390, #6	67247-I, & 6	I, and #67555-I 7473 were	
Rule or Code Section	Nature	e of Violation	Class	Fine A	Amount	Correction date	
64.40 (135C)	 spoonful of food and wig #34. She told him to s RTW M reported RTW N #33. RTW M reported s incidents to TPM K, but RTW M should have rep immediately. Record review on 4/3/17 regarding incident mana The policy instructed, "A to assure individual safe and therefore shall repo The policy included staff directed, "Staff shall immi incidents, including thos staff by a volunteer or co line supervisor or supernincidents of unknown or were not suspicious in mi the following incidents of a. Client #29's Type 2 Im 3/3/17 at 1:17 a.m. The blood on Client #29's up similar to that of menstru- staff reported to the num- client having total hyster not have been from men 	7 revealed the facility's policy agement, effective 11/2/07. All staff have a responsibility ety and protection from harm rt all incidents immediately." f reporting requirements, which mediately verbally report all se that may be reported to the ontractor, to the staff's direct visor on duty." 3/17 revealed the facility failed vestigations into the following igin to determine they were or nature. Record review revealed					

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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 Iowa Code section 135C.43A (2013).

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Facility Addres	s/City/State/Zip						
711 South Vine Glenwood, IA.		HL/CC	Investigations #67472-I, 67665-I, and #67555-I #67101-I, #67390, #67247-I, & 67473 were conducted at this time.				
Rule or Code Section	Nature	e of Violation	Class	Fine A	Amount	Correction date	
	h Client #14's Type 21	D. datad 2/26/17 at 1:15 p.m.					
	The IR revealed on 2/26 Treatment Worker (RTV noticed a small thin scra	R, dated 2/26/17 at 1:15 p.m. 6/17 at 1:15 p.m. Resident V) G laid Client #14 down and atch around his/her pelvic area scratch was around 3 inches					
	2/24/17. The IR reveale Resident Treatment Wo #27 with changing his/h	acident Review (IR), dated d on 2/24/17 at 2:45 p.m. rker (RTW) C assisted Client er shirt and noticed a bruise of op of his/her right breast the					
	on 3/6/17 RTW D assist his/her shower. Staff fou thigh three centimeters elastic line of his/her pu	dated 3/6/17. The IR revealed ed Client #8 in undressing for and a red mark on the inner left long, approximately where the Il up was located. The injury injury of unknown origin.					
	The IR revealed on 3/2 assisted Client #28 with	R, dated 3/26/17 at 9:41 p.m. 6/17 at 9:41 p.m. when RTW E cares they noticed two bruises gh and three small bruises on of unknown origin.					
	The IR revealed RTW H personal cares and notion his/her left upper buttoc						
	g. Client #23's Type 2 I	R dated 3/8/17 at 8:15 a.m.					

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Facility Address/City/State/Zip						
711 South Vine Glenwood, IA.		HL/CC	Investigations #67472-I, 67665-I, and #67555 #67101-I, #67390, #67247-I, & 67473 were conducted at this time.			
Rule or Code Section	Natur	e of Violation	Class Fine Amount Correcti Class date			Correction date
	upper leg of unknown of h. Client #24's Type 2 IF the IR, staff noticed a bl center on the client's rig Further record review re management policy, effe "Suspicious Injury" as A explanation of the injury injury sustained.; or othe questionable as to how include, but are not limit bruises around the neck patterned injuries regard On 4/6/17 at 3:00 p.m. Administrator A stated th completing the Type 2 in unknown origin. She fur complete a thorough inv many people as possibl determine the cause of On 4/6/17 at approxima Jeopardy was determine to ensure appropriate ac suspicious injuries of un failure to report to the ap facility developed a plan	R dated 3/9/17. According to ue bruise with a red/purple on ht thigh of unknown origin. evealed the facility's incident ective 11/2/07, defined n injury where the initial appears inconsistent with the er injuries that may be they happened, which might ed to, unexplained black eyes, a or on the inner thighs, or any dless of the area of the body. Treatment Program he TPMs were responsible for nvestigations on all Injuries of ther stated the TPM's should vestigation interviewing as e and on all shifts too attempt the unknown injury. tely 3:20 p.m., Immediate ed based on the facility's failure				

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711 South Vine Glenwood, IA.		HL/CC	#67101-I, #	Investigations #67472-I, 67665-I, and #67555-I #67101-I, #67390, #67247-I, & 67473 were conducted at this time.			
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date	
	completion of document the necessary reports w completed investigation unknown origin which ha	s of suspicious injuries of ad been identified during the Jeopardy was removed					

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Facility Administrator

Citation Number: 6518		Fine amount reduced by 35% to \$1,950.00 on May 10, 2017		2017		
Facility Name: Glenwood Resource Center		pursuant to Iowa Code Section 135C.43A	Survey I April 3-2			
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Rule or Code Natur Section		re of Violation	Class	Fine Amount	Correction date	

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Facility Administrator

Date

Citation Number: 6518		Fine amount reduced by 35% to \$1,950.00 on May 10, 2017		Date: May 4,	Date: May 4, 2017	
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Rule or Code Natur Section		e of Violation	Class	Fine Amount	Correction date	

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Facility Administrator