Citation Number: FC # 6529  Facility Name: Willow Gardens Care Center		Fine amount reduced by 35% to \$325.00 on May 22, 2017 pursuant to lowa Code Section 135C.43A	Date: May 10, 2017 Survey Dates: April 20, 2017, April 25, 26, 27,			
Facility Address/City/State/Zip 455 31 <sup>st</sup> Street						
Marion, IA. 52302		HL				
Rule or Code Section	Natur	e of Violation	Class	Fine Ar	Correction date	
58.43(9)	481—58.43(135C) Resident abuse prohibited. 58.43(9) Allegations of dependent adult abuse. Allegations of dependent adult abuse shall be reported and investigated pursuant to Iowa Code chapter 235E and 481—Chapter 52. (I, II, III)			\$500.0	0	Upon Receipt
52.2(2)a	481—52.2(235E) Persons who must report dependent adult abuse and the reporting procedure for those persons. 52.2(2) Reporting suspected dependent adult abuse in facilities or programs. a. If a staff member or employee is required to make a report pursuant to this rule, the staff member or employee shall immediately notify the person in charge or the person's designated agent who shall then notify the department within 24 hours of such notification or the next business day.					
235E.2(3)(a)	lowa Code section 235 3. a. If a staff member make a report pursuar member or employees person in charge or the who shall then notify to twenty-four hours of sperson in charge is the abuser, the staff membabuse to the department.					
	DESCRIPTION:					
	Based on record review					

Facility Administrator Date Page 1 of 7

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Rule or Code Section	Nature	e of Violation				Correction date
	Department of Inspection residents (Resident #2) of 78 residents.  Findings include:  According to the Minimum 1/25/2017, Resident #2 resident ified Resident #2 resoft two staff to transfer frould not ambulate. The with Parkinson's Diseas  The Care Plan identified communication problem directed staff to ask yes for non-verbal communication symptom observation on 4/26/20 certified nurse aide (CN urinal; the resident mad Observation on 4/26/20 Resident #2 transferred staff from the wheelchaid used his/her right hand had the ability to make here in the work of the sident #2 reported here is the sident #2 reported he	d Resident #2 had a ridentified 1/27/2017 and or no questions and monitor cation. The Resident had oms identified on 11/4/2016.  17 at 8:55 a.m., revealed a A) assisted Resident #2 with a e his/her needs known.  17 at 10:10 a.m., revealed with the assistance of one or to the toilet. The resident to hold onto the grab bar and his/her needs known.				

Facility Administrator

Date

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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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455 31 <sup>st</sup> Street						
Marion, IA. 52302		HL				
Rule or Code Section	Nature	e of Violation	Class Fine Amount			Correction date
	Licensed Practical Nurselid not know the Aides of Should not have happen when the Progress Notes failed a physical assessment, family notification regard mistreatment reported Management and interview on 4 LPN indicated on 3/31/2 reported Resident #2's a Resident #2 told Staff Corior, he/she had reported told the resident that A lany more. The resident During an interview on 4 LPN indicated Resident During an interview on 4 LPN indicated Resident Staff E knew the resident resident had a problem of the serior of the	ed to provide documentation of physician notification, and ding the allegation of March, 2017.  1/26/2017 at 9:50 a.m., Staff C, 2017, a CNA came and allegation regarding the urinal. the incident occurred two days ed it to Staff E, LPN and Staff Aide would not care for him/her reported no other concerns.  1/25/2017 at 2:50 p.m., Staff E, #2 never reported a concern. In and reported anytime the or concern, he/she y. The resident waited for				

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Facility Address/City/State/Zip 455 31 <sup>st</sup> Street						
Marion, IA. 52302		HL				
Rule or Code Section	Nature	e of Violation	Class	Fine Ar	mount	Correction date
	Aide) who worked at the denied the allegation and An interview with Staff F revealed last month [Ma from the DON. The DON Resident #2 alleged dur him/her in the head with E was the nurse at the t statement at the time sate During an interview on 4/26/2017 at 11 a.m., th conducted the investiga Resident #2 reported state a urinal. Staff C, LPN resident #2 American staff member urinal on the evening shincident to Staff E, LPN The DON reported they regarding the concern restricted to provide deconducted an investigated allegations were made, family members.  On 4/27/2017 at approx presented copies of staff 4/26/17 and 4/27/2017.	ing the second shift, she hit a urinal. Staff F reported Staff ime and she (Staff F) wrote a sying that did not occur.  1/25/2017 at 3 p.m., and e DON reported she tion involving Resident #2. aff hit him/her in the head with vealed Resident #2 reported ed it occurred a couple of 2 told the DON that the African hit him/her in the head with the ift and that he/she reported the at the time it occurred. conducted an investigation eported regarding Resident #2. In dresident interviews. The occumentation the facility ion, resident assessments after and notified physician and imately 10:30 a.m., the DON rements written by staff on				

Facility Administrator Date

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Citation Number: FC # 6529  Facility Name: Willow Gardens Care Center  Facility Address/City/State/Zip 455 31 <sup>st</sup> Street Marion, IA. 52302		Fine amount reduced by 35% to \$325.00 on May 22, 2017 pursuant to lowa Code Section 135C.43A	Survey I April 20	2017 6, 27, 2017		
Rule or Code Section	Natur	e of Violation	Class	Fine Am	nount	Correction date
	the facility investigation.  During an interview on a Administrator reported to and Staff B, Social Working Resident #2 and evidence to substantiate had a history of making reported the concern to Practical Nurse) immed having been told.  The facility Abuse Preventivestigation and Report Policy Statement: All residents have the rineglect, and any physic required to treat the restruction Guideline of Abuse means the willful or punishment with resumental anguish. Instancifiers pective of any mentiphysical harm, pain or nincludes but is not limited punishment.  Mistreatment is defined The policy identified the allegations of Resident mistreatment, injuries of	A/26/2017 at 10:30 a.m., the he Director of Nursing (DON) ker conducted the investigation and determined they had no emistreatment. Resident #2 false allegations, and had Staff E, LPN (Licensed iately, however Staff E denied intelligence in the property included:  In the property in the property included:  In the pro				Page <b>5</b> of 7

Facility Administrator Date

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		HL				
Rule or Code Section	Natur	e of Violation	Class Fine Amount Co			Correction date
	immediately the allegati Administrator, or design All allegations of Reside mistreatment, injuries of misappropriation shall be Department of Inspection 24 hours if the events the abuse but do not result Investigation:  Should an incident or sure abuse as defined above administrator or his/her member of management incident. The administration of the allegation of the allegation of the allegation should following, based on circular applicable:  1. Review the completer allegation of Resident and 2. Review the Resident's events leading up to the 3. If there is indication the occurred, a physical assiby the Director or Nursing 4. Documentation of an conducted will be made copy of this documentation file.	ated representative. Int abuse, neglect, exploitation, in unknown origin and ereported to the lowards and Appeals, no later than at cause the allegation involve in serious bodily injury.  Ispected incident of Resident be reported or observed, the designee will designate a at to investigate the alleged ator or designee will complete degation of Resident Abuse and ocuments relative to the dinclude consideration of the function of the allegations, and documentation of the buse is medical record to determine the incident mat injury has or may have sessment must be completed and or charge nurse immediately				

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Rule or Code Section	Nature of Violation Class Fine Am			mount	Correction date	
	incident, the responsible documented on the Resthe incident and advised investigation and the actaken.  7. Interview the persons	sident's chart will be notified of d of the status of the tions and reporting being reporting the incident and the document witness statements.				

Facility Administrator	Date

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