Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 6566	**Fine amounts reduced by 35% to $975.00 and $325.00 on July 31, 2017 pursuant to Iowa Code Section 135C.43A**	**Date: June 28, 2017**
Kahl Home for the Aged and Infirmed		**Survey Dates: June 13-16,2017**
6701 Jersey Ridge Road Davenport, Iowa 52807		
	DS	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
235E.2 3.a **+** **52.2(2)a** **+** **58.43(9)**	**235E.2 Dependent adult abuse reports in facilities and programs.** **3. a.** If a staff member or employee is required to make a report pursuant to this section, 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 twenty-four hours of such notification. If the person in charge is the alleged dependent adult abuser, the staff member shall directly report the abuse to the department within twenty-four hours. **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. **481-58.43(135C) Resident abuse prohibited.** Each resident shall receive kind and considerate care at all times and shall be free from mental, physical, sexual, and verbal abuse, exploitation,	**II**	**$500**	**Upon Receipt**

Facility Administrator _____ Date _____

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	neglect, and physical injury. Each resident shall be free from chemical and physical restraints except as follows; When authorized in writing by a physician for a specific period of time; when necessary in an emergency to protect the resident from injury to the resident or to others, in which case restraints may be authorized by designated professional personnel who promptly report the action taken to the physician; and in the case of an intellectually disabled individual when ordered in writing by a physician and authorized by a designated qualified intellectual disabilities professional for use during behavior modification sessions. Mechanical supports used in normative situations to achieve proper body position and balance shall not be considered to be a restraint. (II) **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). **DESCRIPTION:** Based on record review, interview and review of facility policy and procedures, the facility failed to report an allegation of abuse immediately to the person in charge who shall then notify the Iowa Department of Inspection and Appeals within 24			

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	hours or the next business day (Residents #1, #2, #3). The sample consisted of 7 residents and the facility reported a census of 111 residents. Findings include: 1. An email dated 5/17/17, identified a college assistant director notified the facility Administrator of concerns the students observed on 5/10/17. The Intake Information sheet identified the facility made a report to the Iowa Department of Inspections and Appeals on 5/17/17 for mistreatment of Resident #1, #2 and #3 by two agency staff members working at the facility. On 6/16/17 at 2:05 p.m. the Administrator was interviewed and reported the facility reported the allegations as soon as they were informed of the alleged abuse. The Administrator reported the facility has a contract with the Community College. However, the current contract does not cover abuse reporting. The Administrator stated the facility has a plan to revise the contract. The Prevention, Identification, Investigation and Reporting of Abuse, Neglect, or Exploitation of a Resident or Misappropriation or Resident Property policy revised 11/28/16 revealed the			

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	staff which includes employees, consultants, contractors, volunteers and other caregivers, is expected to maintain an environment for residents that is safe and free from abuse or neglect. The policy directed the staff to immediately report suspicions of abuse, neglect or exploitation to the Supervisor or the Administrator. **FACILITY RESPONSE:**			

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Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
56.6(1) **58.45(1)**	**481-56.6 (135C) Treble and double fines.56.6(1) Treble fines for repeated violations.** The director of the department of inspections and appeals shall treble the penalties specified in rule 481-56.3(135C) for any second or subsequent class I or class II violation occurring within any 12-month period, if a citation was issued for the same class I or class II violation occurring within that period and a penalty was assessed therefor. **481-58.45(135C) Dignity preserved.** The resident shall be treated with consideration, respect, and full recognition of dignity and individuality, including privacy in treatment and in care for personal needs. (II). **58.45(1)** Staff shall display respect for residents when speaking with, caring for, or talking about them, as constant affirmation of their individuality and dignity as human beings. (II). **DESCRIPTION:** Based on record review and resident, staff and nursing student interviews, the facility failed to display respect for residents when caring for and speaking about them in order to affirm their	**II**	**$1500 (trebled $500 x3)**	**Upon Receipt**

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	dignity as human beings (Resident #1, #2, #3). The sample consisted of 7 residents and the facility reported a census of 111 residents. Findings include: 1. Resident #3 had a MDS (Minimum Data Set) Assessment with a reference date of 3/9/17. The MDS identified Resident #3 had diagnoses which included non-Alzheimer dementia, anxiety, depression and history of a stroke (cerebral vascular accident). The resident required extensive assistance of 1 staff person for bed mobility, transfers, dressing and toilet use. The MDS indicated the resident had severe cognitive impairments. The Care Plan Summary updated 4/22/16 directed the staff to use a gait belt and a walker to stand-pivot/transfer Resident #1. On 6/15/17 at 10:30 a.m. Staff D (student CNA) was interviewed and reported she worked with Staff E (agency CNA) on May 10, 2017. Staff D stated Resident #3 made repetitive comments when staff were in the room. Staff E kept repeating Resident #3's name loudly, attempting to make Resident #3 quit talking and then Staff E told Resident #3 to shut up. Staff E commented			

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	to Staff D not to do what he did, but it's the only way to get Resident #3 to stop the repetitive comments. Staff E completed perineal cares with Resident #3 reclined in the Broda chair. Staff E stated, "Just what I (expletive) "f-----g" wanted to do tonight." Resident #3 asked what happened. Staff E told Resident #3 he/she had (expletive) "s--t" his/her pants. Staff D reported Resident #3 looked uncomfortable. Staff E told Staff D to go watch for the nurse so he "could do what he/she had to do." Staff E picked Resident #3 up in his arms and carried Resident #3 to the bed. Staff E was interviewed on 6/15/17 at 4:20 p.m. and reported she floated to all 6 units at the Kahl Home. She was aware of the resident's care needs. Staff E reported the resident required the assistance of one staff and a gait belt for transfers. Staff E recalled a student was with her on 5/10/17. Staff E reported she assisted the resident to bed. The resident sat in the Broda chair. Staff E reported the resident made repetitive statements. Staff E denied repeating the resident's name. Staff E denied telling the resident to shut up, cursing, having the student watch for the nurse by the door and did not cradle transfer the resident. Staff E stated he informed the student it is hard not to blow up sometimes and upset that another aide went home with a headache.			

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	2. Resident #1 had a MDS assessment with a reference date of 6/1/17. The MDS identified the resident had diagnoses which included heart failure, diabetes, mellitus, non-Azheimer's dementia, malignant neoplasm of the large intestine (abnormal growth of tissue, mass, tumor) and muscle weakness. The resident required extensive assistance of 2 staff members for bed mobility, transfers, dressing and toilet use. The MDS indicated the resident had moderately impaired decision making skills. On 6/15/17 at 12:47 p.m., Staff A (nurse aide student) reported she worked along with Staff B (agency aide) during the training at the facility on May 10/2017. Staff A reported Staff B showed her how to empty Resident #1's ileostomy bag and prior to emptying the bag, Staff B told Staff A, that emptying the bag was probably the worst part of the day and it was gross. Staff A stated this was said in the presence of Resident #1. On 6/15/17 at 2:26 p.m. Staff B (agency CNA) was interviewed. Staff B stated when she emptied the colostomy bag, she voiced there was an odor and then she told Staff A that it was the grossest thing she would probably have to do. 3. Resident #2 had a MDS assessment with a			

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	Reference date of 3/30/17. The MDS indicated the resident required extensive assistance of 2 staff for bed mobility transfers, toilet use and dressing. The MDS indicated the resident as alert and oriented. According to Staff C's (nurse aide instructor written statement, dated 5/17/17 revealed Staff C observed Staff B (agency aide) assesit Resident #2 with incontinence cares. Resident #2 told Staff B he/she pushed the call light for a long time and made a mess in his/her pants. Staff B commented to the resident, "You made a huge mess everywhere". According to Staff C, during the cares Staff B told Resident #2 that it was taking forever because he/she had (expletive) "s--t" everywhere. Staff C reported Resident #2 became very quiet after that comment. Staff C reported Staff B made a third comment about cleaning the resident up. Staff C reassured Resident #2 that it was okay and accidents happened. Staff C wanted to make Resident #2 feel better as she felt embarrassed for the resident. Staff B informed the nurse aide instructor, the resident had bad skin irritation because the resident had stool everywhere. On 6/15/17 at 2:26 p.m., Staff B was interviewed and stated Resident #2 had 1 or 2 bowel movements that shift on 5/10/17. Staff B			

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	confirmed the resident said she/he had made a mess and she (Staff B) agreed with the resident and they both laughed. Staff B stated she apologized to the resident and said it was alright. On 6/15/17 at 11:10 a.m. Resident #2 was interviewed and stated the staff are in a hurry when they provide cares and she/he tells them to slow down. On 6/16/17 at 2:05 p.m. the Administrator was interviewed and stated an expectation of the staff is to treat the residents with dignity and respect at all times. The Administrator stated the incidents with Resident #1, Resident #2 and Resident #3 occurred on May 10, 2017. The Prevention, Identification, Investigation and Reporting of Abuse, Neglect, or Exploitation of a Resident or Misappropriation or Resident Property policy revised 11/28/16 revealed the staff which includes employees, consultants, contractors, volunteers and other caregivers, is expected to maintain an environment for residents that is safe and free from abuse or neglect. Furthermore, each resident is to be treated with respect and dignity which includes respecting the resident's right to personal property.			

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