Number 6573		Fine amount reduced by 35% to \$325.00 on July 27, 2017			rt date 30, 2017	
Facility name West Bridge Care & Rehabilitation		pursuant to Iowa Code Section 135C.43A	Survey dates June 20-26, 2017			
Facility address 1015 W. Summit						
City Winterset, IA. 50	273	HL				
Rule or Code Section	Na	ature of Violation	Class	Fine Amount	Correction Date	
58.43(9)	481—58.43(135C) 58.43(9) Allegation Allegations of dep reported and inve Code chapter 235 481—52.6(235E) S	II	\$500.00	Upon Receipt		
52.6 (235E)	481—52.6(235E) S alleged abuser. Up dependent adult a facility or program separate the victin immediately and s until the departme is completed and made. NOTE: Facilities th Medicare or Medic to additional feder separation. [ARC 8294B, IAB					
235E.2.(10)	facilities and prog 10. The department require facilities at an alleged depend following an alleg of dependent adult completion of an in Independent of th the facility or prog dependent adult at investigation of the abuse and determine whishould be taken in to placing the alle on administrative	t adult abuse reports in grams. In t shall adopt rules which and programs to separate dent adult abuser from a victim ation of perpetration It abuse and prior to the investigation of the allegation. e department's investigation, gram employing the alleged abuser shall conduct an ne alleged dependent adult at, if any, employment action including but not limited ged dependent adult abuser leave or reassigning or leged dependent adult abuser				

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	or program. If the the alleged depen- result of the inves- program or the all resigns, the alleged shall disclose such to any prospective An alleged depend fails to disclose s investigation is gue DESCRIPTION: Based on record re- interviews the facili Staff B from Reside Department's (Dep Appeals investigation residents. Interview Staff B returned to with Resident #1 if however this was p DIA investigation w	investigation by the facility facility or program terminates dent adult abuser as a stigation by the facility or leged dependent adult abuser ed dependent adult abuser the termination or investigation e facility or program employer. dent adult abuser who uch termination or uilty of a simple misdemeanor.				
	Findings include:					
	listed diagnosis inc pneumonia. The Minimum Data 3/30/17 identified R the Brief Interview f cognitive test indica Resident #1 require	ealed Resident #1's face sheet luding Alzheimer's disease and Set (MDS) assessment dated Resident #1 scored 6 out of 15 on for Mental Status (BIMS) ating cognitive impairments. ed two staff assistance for bed dressing, toilet use and one staff onal hygiene.				

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					or: (2) withdraw	

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	 6/2/17. Staff B staff on 6/1/17 she and 3 room to provide inc she helped with rol provided the peri ca entered the room to cares with Residen she she did not rec aggressive or her m Staff B adamantly of on his/her hands. In an interview on 6 Licensed Practical medications at arou Staff A approached slapped the hand of cares. Staff A was reported. Staff C s to contact the Adm Staff C was approached stated she thought reported the allegat Nursing. Staff C st and found no indicat bruising on his/her In an interview on 6 Licensed Practical p.m. on 6/1/17, Staff earlier that day she #1's hand during ca the incident to Staff to the Administrato called the Administrato 	from the Administrator on red at around 4:00 to 4:30 p.m. Staff A entered Resident #1's continence cares. Staff B stated ling the resident while Staff A ares. Staff B insists they both ogether as she would never start t #1 by herself. Staff B stated all Resident #1 ever being overly needing to remove his/her grasp. denies ever slapping Resident #1 6/26/17 at 11:16 a.m. Staff C, Nurse, stated she was passing und 7:00 p.m. on 6/1/17 when I her with a concern that Staff B of Resident #1 while providing uncertain whether this should be tated she told Staff A she needed inistrator. Later that same shift iched by Staff D, who instructed ident report and to assess ling the alleged abuse. Staff C it was at this time Staff A had tion of abuse to the Director of ated she assessed Resident #1 ations of injury, markings or hands. 6/21/17 at 6:30 p.m. Staff D, Nurse, stated shortly after 10:00 ff A approached her and reported witnessed Staff B slap Resident ares. Staff A stated she reported f C who stated to call and report r tomorrow. Staff D stated she rator per protocol and collected a aff A. Staff B had already left for of the citation you: (1) do not f				

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City Winterset, IA. 50273		HL				
Rule or Code Na Section		ature of Violation	Class	Fine Amount	Correction Date	
	Resident #1. Staff markings, bruising In an interview on 6 Administrator state allegation of abuse Staff D. The allege already off and not weekend (6/3/17). investigation the for reviewing everyone of Staff B was not a on 6/3/17 without re to provide care to F instructed to always Resident #1 when At the conclusion of 6/2/17 they determ not substantiated. resume working wir resident the perpet A review of the poli facility failed to imp findings of the Dep A review of the poli The policy titled Ab Program, dated 6/1 b. Point 5.6 Protect the Community and appropriate, includi and/or redirection of	Nature of Violation y. Staff D instructed Staff C to assess ent #1. Staff D stated there were no ags, bruising or injury to Resident #1's hands. Interview on 6/20/17 at 4:55 p.m. the istrator stated she received notice of an tion of abuse after 10:00 p.m. on 6/1/17 from D. The alleged perpetrator, Staff B was y off and not scheduled back until the nd (6/3/17). The Administrator conducted an gation the following day (6/2/17) and after ing everyone's input determined the actions f B was not abuse. Staff B returned to work /17 without restrictions, including being able vide care to Resident #1. Staff B was ted to always have two staff present with ent #1 when providing cares. conclusion of the facility's investigation on they determine the allegation of abuse was bestantiated. The facility may allow Staff B to e working with residents other than the nt the perpetrator is alleged to have abused. ew of the policy for Protection revealed the failed to implement separation until the us of the Department's investigation. ew of the policy indicated: Dicy titled Abuse Prohibition and Prevention im, dated 6/1/11, instructed: nt 5.6 Protection - During the investigation, mmunity and Agency will protect the client as priate, including but not limited to separation redirection of clients. ew of the facility policy for Protection revealed				
	an employee will be	e immediately suspended from cy Administrator reviewed finding				

Number 6573 Facility name West Bridge Care & Bebabilitation		Fine amount reduced by 35% to \$325.00 on July 27, 2017 pursuant to Iowa Code	Survey dates	June	Report date June 30, 2017	
West Bridge Care & Rehabilitation		Section 135C.43A	June 20-26, 2	017		
Facility address 1015 W. Summit						
City Winterset, IA. 50273		HL				
Rule or Code Section	Na	ature of Violation		Fine Amount	Correction Date	
f. within thirty (30)	days of the receipt	of the citation, you: (1) do not re	equest a forma	l hearing o	r: (2) withdraw	

Number 6573				Report June 3	: date 0, 2017
Facility name West Bridge Care & Rehabilitation			Survey date June 20-26	es , 2017	
Facility address 1015 W. Summit					
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Rule or Code Section	Na	ature of Violation	Class	Fine Amount	Correction Date