Citation Number: 6599					Date: July 31	, 2017
Facility Name: Denison Care Center			Survey Dates: July 10-13, and 18, 2017			
Facility Address/City/State/Zip 1202 Ridge Road Denison, IA. 51442		HL				
Rule or Code Natur Section		e of Violation	Class	Fine A	mount	Correction date
58.43(9	58.43(9) Allegations of Allegations of dependent and investigate chapter 235E and 481–481–52.2(235E) Persodependent adult abuse procedure for those person in facilities or particles are person in charge or the who shall then notify thours of such notificated ay. Iowa Code section 2353. a. If a staff member make a report pursuar member or employees person in charge or the who shall then notify thours of such notificated ay. Iowa Code section 2353. a. If a staff member make a report pursuar member or employees person in charge or the who shall then notify the four hours of such not charge is the alleged of staff member shall directly department within twe DESCRIPTION:	ons who must report e and the reporting ersons. Dected dependent adult rograms. employee is required to not to this rule, the staff shall immediately notify the e person's designated agent the department within 24 tion or the next business SE.2(3)(a) or employee is required to not to this section, the staff shall immediately notify the e person's designated agent the department within twenty- tification. If the person in dependent adult abuser, the ectly report the abuse to the	I	\$2000 Held In Suspe		Upon Receipt

Facility Administrator

Facility Administrator

Date

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Domoon, 17. 01442		HL				
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	review, and facility policinvestigate allegations of immediately report alleg Survey Agency; and fail investigation to the State deficient practice directle (11) residents (Resident sample; and had the policy due to management's lainvestigating. The facility residents. Findings include: 1. According to the Minassessment reference of a BIMS score of 14, whicognitive skills for daily had not displayed any be hallucinations or delusice extensive assist of two sambulation and toilet us. During an Interview with 3:20 p.m. he/she stated leg pain and Staff F, cermade the comment, "Do neck?" Resident #11 st situation to the Administrator stated about #11 and the resident's face.					

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Facility Administrator

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		HL				
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	to the resident's room to him about Staff F who to resident's room several the resident had leg pai Administrator that Staff am going to hang you be your head". Resident # had a rough night but the appropriate response. To asked the resident of the report and the resident of the Administrator state allegation of abuse and the Administrator state and at a loss of what to start an investigation and the above and a BIMS score of 9, impaired cognitive skills resident had not display hallucinations or delusic limited assist of one state ambulation and toilet us to be provided in the staff H (Rehim/her standing up with resident," Better sit down your sorry ASS off the form that Staff G stated she had to the staff G stated she she staff G stated she she staff G stated she she staff G stated she staff G stated she she staff G stated she she staff G stated she she staff G				Page 3 of	

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Demison, IA. 31442		HL				
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	Nursing (DON) directly critical. Staff G stated the working on it, we do not Nurses and Staff H is a stated she told the DON the prior DON responded the Administ Staff H. During interview on 7/13 stated staff treated him/right and when not doin resident stated he/she ham not going to pick you stated it was Staff H that #12 then asked if that stated him/her. The resonot in the building. The helped him/her with me making the statement. Finot like him/her denied Resident #12 then begawas unable to state whe incident had occurred. For told Staff G of the incident During interview on 7/13 Director of Nurses (DON Staff G that Staff H had Resident #12, "[you] be want to pick your sorry of The prior DON stated slimonth, guessing, since				Page 4 of €	

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	6/18/17. The prior DON chance to talk to Staff In prior DON stated she know investigated and then if the investigated and then if the investigation. The Abuse Prevention In with revised date 04/17 acknowledges the follow Verbal Abuse; oral, writh willfully includes disparathe resident or their familiation distance, regardless of comprehend, or disabiliating the policy included Repthe incident immediately Director of Nursing. Any of the event is responsiful Administrator and/or DO agency immediately by reporting after identification incident. FACILITY RESPONSE				Page 5 of	

Facility Administrator Date

Citation Number 6599	er:			Date: July 31,	2017		
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L			1 1				
Eacil	ity Administrator		Date		Page 6 of 6		