		_				
Citation Number:					Date:	
6620		July 27, 201		, 2017		
		Fine amount reduced by 35%				
Facility Name:		to \$325.00 on August 30,	Survey Dates:			
West Bend He	ealth And	2017 pursuant to Iowa Code	July 5, 6, 10, 11, 12, 13, 2017			2017
Rehabilitation		Section 135C.43A				
	ss/City/State/Zip					
203 Fourth Stre						
West Bend, IA	50597	HL				
		""				
Rule or				Fine A	mount	Correction
Code	Natur	e of Violation	Class			date
Section						
58.43(9)		ident abuse prohibited.	II	\$500.0	)0	Upon
		f dependent adult abuse.				Receipt
		ent adult abuse shall be				
		ated pursuant to Iowa Code				
	chapter 235E and 481-	-Chapter 52. (I, II, III)				
52.2(2)a	481—52.2(235E) Perso	one who must roport				
32.2(2 <i>)</i> a	dependent adult abus					
	procedure for those p					
		pected dependent adult				
	abuse in facilities or p					
		employee is required to				
		nt to this rule, the staff				
		shall immediately notify the				
		e person's designated agent				
		the department within 24				
		tion or the next business				
2255 2/2\/a\	day.					
235E.2(3)(a)	Iowa Code section 235	5F 2/3\/a\				
		or employee is required to				
		nt to this section, the staff				
		shall immediately notify the				
		e person's designated agent				
		the department within twenty-				
	four hours of such no	tification. If the person in				
		dependent adult abuser, the				
		ectly report the abuse to the				
	department within twe	nty-four hours.				
	DESCRIPTION:					
	DESCRIPTION:					

Facility Administrator	Date

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

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Citation Number: 6620  Facility Name: West Bend Health And Rehabilitation Facility Address/City/State/Zip 203 Fourth Street NW West Bend, IA 50597		Fine amount reduced by 35% to \$325.00 on August 30, 2017 pursuant to lowa Code Section 135C.43A	Date: July 27, 2017 Survey Dates: July 5, 6, 10, 11, 12, 13, 2017			
		HL				
Rule or Code Section	Natur	e of Violation				Correction date
	violations involving abuadministrator of the facilincluding to the State Swith State law through oresident incident of alle (registered nurse) alleg 6/11/17. The facility failto the State agency unt thirty-one (31) residents.  Findings include:  1. A Minimum Data Set reference date of 5/18/2 a brief interview for mer (severe cognitive impail extensive staff assistanthe resident was non-awheelchair for mobility, incontinent of bowel and physical and verbal behalto 3 days out of 7. A clin 5/17/17 identified the resincluded: advanced aged depression with anxiety.  A facility investigation restate agency revealed alleged Staff A RN pulled.	led to ensure that all alleged se were reported timely to the lity and to other officials. Survey Agency in accordance established procedures for one ged abuse. Staff A RN edly abused Resident #1 on ed to report the alleged abuse il 6/13/17. Facility census was secondary.  (MDS) with assessment lar, assessed Resident #1 with ental status (BIMS) score of "3" rement). The resident required ce with transfers and toileting. Imbulatory and used a large and the resident was frequently displayed bladder. The resident had haviors directed toward others 1 inc nursing home note, dated as ident with diagnoses that with dementia, deafness and and agitation.				

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		HL				
Rule or Code Section	Natur	Nature of Violation			Amount	Correction date
	identified the facility bed 6/12/17.  The Director of Nursing incident involving Resid DON became aware of a.m. when Staff B (CNA to visit with Staff C CNA incident involving Staff stated she was not involved CNA told her Resident in pulled Staff A's hair and hair back to get the residented summoned Staff C to he incident. Staff C said the toileting and Staff A can Staff A's hair and Staff A's hair and Staff A's hair and Staff C resident's hair. Staff C cresident's hair but said wanted to visit with Staff contacting Staff A. The Staff D worked 6/13/17 the incident. Staff D rep and stated she actually hair. The DON then call the incident. Staff A der The DON had all involved.	cof the incident as 6/11/17 and came aware of the incident of the lent #1 on 6/11/17" revealed the the incident on 6/12/17 at 10 a) certified nurse aide told her a and Staff D CNA about an A that occurred 6/11/17. Staff B dived in the incident but Staff D #1 got upset with cares and a Staff A pulled Resident #1's dent to let go. The DON C worked on 6/12/17 so she er office and asked about the eresident got upset with me to assist. Resident #1 pulled A responded by pulling the denied seeing Staff A pull the Staff D did see it. The DON if D about the incident before resident did not sustain injury. So the DON spoke to her about corted the same thing as Staff C saw Staff A pull the resident's led Staff A and asked her about nied pulling the resident's hair. Led staff write statements and a then completed the self report 6/13/17.				

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Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date	
	incident in a timely man they did not think it was them it was not their detthe surveyor with copies received.  Progressive discipline for 6/11/17 incident revealed Staff C regarding failure (RN) who also worked occurred. Staff C also for DON.  Progressive discipline for 6/11/17 incident revealed regarding failure to report Administrator or Staff E.  On 7/26/17 at 11:04 a.m. not report the incident of "stunned" by the incident of "stunned" by the incident of the course it should not have because it should not have the course it should not h	Staff D for not reporting the iner. She stated they told her abuse. The DON informed cision to make. She provided of the counseling both staff or Staff C dated 6/15/17 for the ed the DON verbally counseled to report the incident to Staff E 6/11/17 when the incident ailed to notify the Administrator or Staff D dated 6/15/17 for the ed the DON counseled Staff D out the incident to the DON or RN the other RN on duty.  In. Staff D CNA stated she did on 6/11/17 because she was int. On 8/1/17 at 2:14 p.m. Staff the incident was abuse ave happened.  In. Staff C CNA stated she didn't ent. She didn't really see hair					

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		HL				
Rule or Code Section	Nature of Violation		Class			Correction date
	revealed the employee State agency and then them of the situation. The contact the Administrate Administrator, staff shown observation:  On 7/31/17 at 9:22 a.m. resident in a wheelchair communicated with the The resident stated "yest treated him/her "good". his/her hair pulled. At the resident's cognitive ability resident what month, yes in. The resident answer	c. observation showed the r. At that time, the surveyor resident via dry erase board. It is the workers at the facility. The resident denied having that time, the surveyor tested the lity. The surveyor asked the lity. The surveyor asked the lity and town the resident was little of the lity. The surveyor asked the lity and town the resident was little of the little				

Facility Administrator	Date

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Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date

		Page <b>6</b> of <b>6</b>
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