Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 6655				**Date: September 25, 2017**
Facility name **Timely Mission Nursing Home**		**Survey Dates: August 2-September 1, 2017**		
Facility Address/City/State/Zip **109 Mission Drive** **Buffalo Center, Iowa 50424**				
	DS			

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
235E.2 3.a **+**	**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.	**I**	**$5,000 (held in suspension)**	**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.			
58.43(9)	**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,			

_____ _____

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

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 6655				**Date: September 25, 2017**
Facility name **Timely Mission Nursing Home**		**Survey Dates: August 2-September 1, 2017**		
Facility Address/City/State/Zip **109 Mission Drive** **Buffalo Center, Iowa 50424**				
	DS			
Rule or Code Section	**Nature of Violation**	**Class**	**Fine Amount**	**Correction date**
	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 observation, record review, staff interviews and review of policy and procedures, the facility failed to ensure all alleged violations involving mistreatment, neglect, or abuse of a resident and/or residents are reported			

_____ _____

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

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 6655				**Date: September 25, 2017**
Facility name **Timely Mission Nursing Home**		**Survey Dates: August 2-September 1, 2017**		
Facility Address/City/State/Zip **109 Mission Drive** **Buffalo Center, Iowa 50424**				
	DS			

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	immediately to managerial staff per facility policy and to the Iowa Department of Inspections & Appeals within 24 hours or the next business day (Resident #1, #7 #8, #9, #14, #15, #16, #17). The facility reported a census of 38 residents and the sample consisted of 22 residents. Findings include: 1. A Minimum Data Set (MDS) assessment form dated 6/12/17, indicated Resident #1 had unspecified dementia without a behavior disturbance, anxiety and Parkinson's disease. The assessment indicated the resident had fluctuating disorganized thinking and independent with activities of daily living. A Care Plan with a nursing diagnosis dated 6/7/17, indicated the resident had an alteration in thought process and a self-care deficit and required some assistance with dressing. The approaches included the following: Assist with dressing at night. Assist with grooming as requested. Assist with perinea cares in the morning, evening and as needed. During an interview 8/18/17 at 9:24 a.m., Staff B confirmed the resident complained that Staff C			

_____ _____

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

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 6655				**Date: September 25, 2017**
Facility name **Timely Mission Nursing Home**		**Survey Dates: August 2-September 1, 2017**		
Facility Address/City/State/Zip **109 Mission Drive** **Buffalo Center, Iowa 50424**				
	DS			

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	had been rude, yelled at him/her and would not assist the resident as he/she requested. During an interview 8/18/17 at 9:40 a.m., Staff R, CNA confirmed the resident complained the pregnant staff member (Staff C had been the only staff pregnant at the time) would never assist him/her and that she had been mean. During an interview 8/29/17 at 10:43 a.m., Staff A, CNA confirmed there had been a time the resident cried and upset because had not wanted Staff C to put him/her to bed because he/she had been scared of her. Staff A stated the resident stated she had been so mean. 2. A MDS assessment form dated 5/15/17, indicated Resident #7 had diagnosis that included multiple sclerosis and depression. The assessment indicated the resident had a BIMS score of 14, as non-ambulatory, dependent on 2 staff members with transfers, dressing and toilet use. The assessment indicated the resident experienced occasional bladder incontinence. A Care Plan with nursing diagnosis dated 5/24/17, indicated the resident had a self-care deficit and required staff assistance with all ADL's and with an impaired physical mobility status. The approaches included the following:			

_____ _____

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

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 6655				**Date: September 25, 2017**
Facility name **Timely Mission Nursing Home**		**Survey Dates: August 2-September 1, 2017**		
Facility Address/City/State/Zip **109 Mission Drive** **Buffalo Center, Iowa 50424**				
	DS			

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	The resident uses the commode for the bathroom. The resident uses the EZ (mechanical) stand lift for all transfers. During an interview 8/18/17 at 11:29 a.m., the resident confirmed Staff C as unkind and further described as follows: When the resident requested to be transferred from the bed to the chair, the staff member responded by, I don't think so. The staff member had sworn at him/her and witnessed by Staff M, CNA. When Staff M heard Staff C swear at the resident she stated, I cannot believe she talked to you that way. An example of swearing had been further described as follows: We cannot get you on and off [commode] all the time whenever you damn well please. As the interview continued, the resident stated he/she could not understand how the staff member worked with residents because she had not been nice. When the staff member was pregnant, she was real moody so the resident thought it had just been the pregnancy. The resident stated when the staff member left and came back, she/he felt real nervous because did not know how she/he would be treated because			

_____ _____

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

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 6655				**Date: September 25, 2017**
Facility name **Timely Mission Nursing Home**		**Survey Dates: August 2-September 1, 2017**		
Facility Address/City/State/Zip **109 Mission Drive** **Buffalo Center, Iowa 50424**				
	DS			
Rule or Code Section	**Nature of Violation**	**Class**	**Fine Amount**	**Correction date**
	she had just been a (bi..ch- expletive). Another example had been further described as follows: When the resident requested to get up for the day he/she received morning cares, urinated and went to eat breakfast. After breakfast the resident again requested to go to the bathroom to have a bowel movement. When Staff C arrived she got the resident up and then yelled why can't you poop and pee at the same setting because it took too much to get the resident on and off of the commode. The resident stated this caused her/him to feel like crap [worthless, rubbish]. The resident stated, to this day, when able to defecate and urinate at the same time, she/he thinks, Staff C would be so proud of me. During an interview 8/18/17 at 9:24 a.m., Staff B confirmed she observed Staff C as she yelled at the resident and said “Why can't you poop and pee at the same time ? “ During an interview on 8/2/17 at 10 a.m., Staff Q, CNA, confirmed she observed Staff C yell at the resident and said “Why can't you poop and pee at the same time ?” The staff member denied having heard Staff C swear and/or threaten the resident. The staff member stated she reported the incident to an unknown staff member.			

_____ _____

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

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 6655				**Date: September 25, 2017**
Facility name **Timely Mission Nursing Home**		**Survey Dates: August 2-September 1, 2017**		
Facility Address/City/State/Zip **109 Mission Drive** **Buffalo Center, Iowa 50424**				
	DS			
Rule or Code Section	**Nature of Violation**	**Class**	**Fine Amount**	**Correction date**
	The interview with the resident continued and the resident confirmed she also witnessed the staff member around other residents and mean in the lounge area. An example of this behaviors had been further described as follows: When Resident #7 said, Jesus, Jesus why did I have to come here. Staff C said, you know why. Because this is the best place for you and then the staff member turned her back to the resident and said within ear reach of other residents, "I do not know why in the f..k (expletive), he/she had to say that." 3. Review of a MDS assessment form dated 6/14/17, Resident #8 had diagnosis that included Alzheimer's disease, dementia and adult failure to thrive. The assessment indicated the resident could make self understood and understood others. The MDS identified the resident had a BIMS score of 0. A score of zero represented a severe cognitive impairment and the resident had fluctuating inattention and disorganized thinking, physical and verbal behavior towards others 1-3 days and other behavior symptoms not directed towards others 4-6 days. The assessment indicated the resident required extensive assistance of 1 staff member with toilet use, personal hygiene and dressing, required limited assistance of 2 staff with transfers, ambulation			

_____ _____

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

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 6655				**Date: September 25, 2017**
Facility name **Timely Mission Nursing Home**		**Survey Dates: August 2-September 1, 2017**		
Facility Address/City/State/Zip **109 Mission Drive** **Buffalo Center, Iowa 50424**				
	DS			

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	and locomotion and as occasionally incontinent of urine and frequently incontinent of bowel. According to a Care Plan with nursing diagnosis dated 6/21/17, the resident had a self-care deficit and required total hands on assistance with ADL'S and an alteration in thought processes and behaviors as occasionally resistive to ADL's. The approaches included and directed the staff to do the following: Explain what you are doing before you are doing it. Provide 1 to 1s as needed. During an interview 8/29/17 at 10:43 a.m., Staff A, CNA stated on the 6 a.m. to 2 p.m. shift during a weekday, she observed Staff C toilet the resident in the shower room across from the Medicare Coordinator's office due to the resident incontinent of feces and quite agitated and screaming. The resident refused to remain seated on the toilet to enable proper cleansing so Staff C pulled the resident's hands away from his/her pants and pushed his/her hands down in an inappropriate manner. Staff C yelled at the resident and said "J…s Ch..st (expletive), knock it off." Staff A stated that encounter went on for a couple of minutes. At that point the Director of Nursing (DON) walked into the shower room,			

_____ _____

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

Citation Number: 6655				**Date: September 25, 2017**
Facility name **Timely Mission Nursing Home**		**Survey Dates: August 2-September 1, 2017**		
Facility Address/City/State/Zip **109 Mission Drive** **Buffalo Center, Iowa 50424**				
	DS			

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	asked what had been going on and took over for Staff C who exited the room. 4. Review of a MDS assessment form dated 5/25/17, Resident #9 had diagnosis that included hemiplegia, a cerebrovascular accident (CVA) and specified extrapyramidal and movement disorders. The MDS indicated the resident had a BIMS score of 12, non-ambulatory and dependent on staff with bed mobility and transfers. According to a Care Plan with nursing diagnosis dated 6/7/17, the resident had a self-care deficit and required total hands on assistance with ADL's and had impaired physical mobility. During an interview 8/18/17 at 9:40 a.m., Staff R, CNA, confirmed that Staff C said to the resident "God d…. it (expletive). Roll over." The resident could not roll over very well due to a CVA (stroke). 5. A MDS assessment form dated 7/29/17, identified Resident #14 had diagnosis that included diabetes mellitus, hemiplegia (paralysis of one arm and leg), depression, cerebrovascular disease, extrapyramidal (nerve concern with motor activity) and movement disorder and a benign neoplasm (tumor that is not malignant) of the brain . The assessment indicated the resident			

_____ _____

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

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 6655				**Date: September 25, 2017**
Facility name **Timely Mission Nursing Home**		**Survey Dates: August 2-September 1, 2017**		
Facility Address/City/State/Zip **109 Mission Drive** **Buffalo Center, Iowa 50424**				
	DS			

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	had a BIMS score of 15. A score of 15 identified the resident had no cognitive problems. The MDS indicated the resident could not walk, required extensive assistance of 2 staff members for bed mobility and depended on staff for transfers, dressing, toilet use and personal hygiene. A Care Plan with nursing diagnosis dated 5/10/17, identified the resident had a self-care deficit and required total assistance of staff with ADL's and had an impaired physical mobility. During an interview on 8/29/17 at 12:25 p.m. the resident confirmed Staff C being unkind and a bi..h (expletive). Resident #8 stated When the staff member repositioned the resident she roughly pulled on the resident's clothes to do so to the point the resident could hear the threads as they tore. The resident told the staff member to take it easy. The resident stated Staff C yelled and swore at him/her. 6. A MDS assessment form dated 7/9/17 indicated Resident #15 had diagnosis that included dementia, depression, manic depression and adult failure to thrive. The assessment indicated the resident had a BIMS score of 0, had fluctuating disorganized thinking and as non-ambulatory and dependent on 2 staff with bed			

_____ _____

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

Citation Number: 6655				**Date: September 25, 2017**
Facility name **Timely Mission Nursing Home**		**Survey Dates: August 2-September 1, 2017**		
Facility Address/City/State/Zip **109 Mission Drive** **Buffalo Center, Iowa 50424**				
	DS			
Rule or Code Section	**Nature of Violation**	**Class**	**Fine Amount**	**Correction date**

	mobility, transfers, locomotion, dressing, eating, toilet use and personal hygiene. A Care Plan with nursing diagnosis dated 7/21/17 indicated the resident had a self-care deficit and required total assistance of staff with personal cares and ineffective individual coping. The approaches included and directed the staff to: Explain all procedures before doing anything to the resident. The resident will have intermittent outbursts and reassure at times. During an interview 8/11/17 at 9:45 a.m., Staff D, Certified Nursing Assistant (CNA) stated she observed Staff C, CNA become upset with the resident during cares because the resident had been combative. Staff D stated she saw Staff C grab the resident' arm and leg and yanked him/her across the bed. Staff D then just walked out of the resident's room because she had been so upset. Staff D stated she failed to report the incident to any other staff member and/or management person. The resident yelled ouch. 7. A MDS assessment form dated 8/13/17, indicated Resident #16 had diagnosis that included arthritis, Parkinson's disease, depression, schizophrenia and adult failure to			

_____ _____

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

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 6655				**Date: September 25, 2017**
Facility name **Timely Mission Nursing Home**		**Survey Dates: August 2-September 1, 2017**		
Facility Address/City/State/Zip **109 Mission Drive** **Buffalo Center, Iowa 50424**				
	DS			

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	thrive. The assessment indicated the resident had a BIMS score of 15 and independent with transfers and ambulation but required extensive assistance of 1 staff member with bathing. A Care Plan with nursing diagnosis dated 8/18/17, indicated the resident had a self-care deficit, an impaired physical mobility, alteration in thought processes and a diagnosis of schizophrenia and anxiety. The approaches included the following: The resident is not always compliant with bathing 2 times a week. Assist the resident to destinations. Remind the resident to pick up feet when walking, slow down and think. Staff will be matter of fact and direct with cares. Approach the resident in a positive manner. During an interview on 8/18/17 at 9:24 a.m., Staff B,CNA confirmed she witnessed Staff C grab the resident's arm, yanked it and said “Come on”. The staff member stated she reported the incident to Staff P, Registered Nurse (RN). During an interview 8/18/17 at 11:18 a.m., Staff P stated she had no allegations of abuse involving Staff C (swearing the F…k (explicit) word to a resident and/or having yanked a resident's arm)			

_____ _____

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

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 6655				**Date: September 25, 2017**
Facility name **Timely Mission Nursing Home**		**Survey Dates: August 2-September 1, 2017**		
Facility Address/City/State/Zip **109 Mission Drive** **Buffalo Center, Iowa 50424**				
	DS			

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	During an interview on 8/2/17 at 10 a.m., Staff Q, CNA stated she observed Staff C grab the resident's arm, yanked it and said let go. The staff member stated she reported the incident to an unknown nurse. During an interview on 8/29/17 at 11:30 a.m., the resident could not recall any staff member having grabbed or yanked his/her arm. The resident, however, recalled an incident during the showering process when a long brown haired lady, medium height and a little more than skinny had been rough with him/her during the shampooing process. The resident stated it made him/her feel not very good. The resident told her to stop but she refused. The resident stated she/he did not report the incident to any staff member. An observation on 8/30/17 at 2 p.m., identified Staff C with a short to medium height status, smaller stature, shoulder length brown hair with highlights. 8. A MDS assessment form dated 7/28/17 indicated Resident #17 had diagnosis that included Parkinson's disease and schizophrenia. The assessment indicated the resident had a BIMS score of 14, had continuous disorganized thinking and required extensive assistance of staff			

_____ _____

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

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 6655				**Date: September 25, 2017**
Facility name **Timely Mission Nursing Home**		**Survey Dates: August 2-September 1, 2017**		
Facility Address/City/State/Zip **109 Mission Drive** **Buffalo Center, Iowa 50424**				
	DS			

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	with bed mobility, transfer, ambulation, toilet use and personal hygiene. A Care Plan with nursing diagnosis dated 5/10/17 indicated the resident had a self-care deficit and required hands on assistance with all ADL's. The Care Plan identified the resident had an impaired physical mobility and required assistance with all transfers and ambulation. During an interview 8/18/17 at 9:24 a.m., Staff B, CNA stated she witnessed Staff C blatantly swear at the resident. Staff B stated that Staff C said "Stand the f..k (expletive) up. During an interview on 8/29/17 at 11:40 a.m., the resident stated he/she could not recall any staff members having been rough, disrespectful and/or unkind. Then he/she went onto say "They have a country western change over and she won a Cadillac". During an interview on 8/18/17 at 7:17 a.m., Staff H, CNA stated she witnessed Staff C raise her voice and hollered [yelled] at the residents and appeared rough with residents during their cares. Staff H explained Staff C would walk with residents and if the resident could not walk fast enough, she would then drag the resident so the resident would walk faster.			

_____ _____

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

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 6655				**Date: September 25, 2017**
Facility name **Timely Mission Nursing Home**		**Survey Dates: August 2-September 1, 2017**		
Facility Address/City/State/Zip **109 Mission Drive** **Buffalo Center, Iowa 50424**				
	DS			
Rule or Code Section	**Nature of Violation**	**Class**	**Fine Amount**	**Correction date**
	Review of the policy and procedures titled **<u>Abuse</u>** (not dated) included the following: Abuse meant the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish. That also included the deprivation by an individual, including a caretaker of goods or services that were necessary to attain or maintain physical, mental and psychosocial well-being. Verbal abuse is defined as the use of oral, written or gestured language that willfully included disparaging and derogatory terms to residents or their families or within ear distance, regardless of their age, ability to comprehend or disability. Mental abuse included but had not been limited to humiliation, harassment, and threats of punishment or deprivation. Mistreatment meant inappropriate treatment or exploitation of a resident. All allegations of resident abuse, neglect, exploitation, mistreatment, injuries of unknown origin and misappropriation should have been reported to the Iowa Department of Inspections ad Appeals no later than 2 hours after the allegation had been made, if the events that caused the			

_____ _____

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

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 6655				**Date: September 25, 2017**
Facility name **Timely Mission Nursing Home**		**Survey Dates: August 2-September 1, 2017**		
Facility Address/City/State/Zip **109 Mission Drive** **Buffalo Center, Iowa 50424**				
	DS			
Rule or Code Section	**Nature of Violation**	**Class**	**Fine Amount**	**Correction date**
	allegation involved abuse and resulted in serious bodily injury or not later than 24 hours if the events that caused the allegation involved abuse but do not result in serious bodily injury. **FACILITY RESPONSE:**			

_____ _____

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

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 6655				**Date: September 25, 2017**
Facility name **Timely Mission Nursing Home**		**Survey Dates: August 2-September 1, 2017**		
Facility Address/City/State/Zip **109 Mission Drive** **Buffalo Center, Iowa 50424**				
	DS			

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
58.19(2)j	**481-58.19(135C) Required nursing services for residents. The resident shall receive and the facility shall provide, as appropriate, the following required nursing services under the 24-hour direction of qualified nurses with ancillary coverage as set forth in these rules:** **58.19(2)** *Medication and treatment.* *j.* Provision of accurate assessment and timely intervention for all residents who have an onset of adverse symptoms which represent a change in mental, emotional, or physical condition. (I, II, III) **DESCRIPTION:** Based on observation, record review, resident, staff and physician interviews and review of the policy and procedures, the facility failed to provide timely resident assessments and interventions when a resident had a change in condition (Resident #1, #2, #3 and #4). The sample consisted of 5 residents and the facility identified a census of 38 residents. Findings include: 1. A Minimum Data Set (MDS) assessment form dated 6/12/17 indicated Resident #1 had diagnosis that included dementia without a behavior disturbance . The assessment indicated the resident had a Brief Interview for Mental	**I**	**$5,000 (held in suspension)**	**Upon Receipt**

_____ _____

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

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 6655				**Date: September 25, 2017**
Facility name **Timely Mission Nursing Home**		**Survey Dates: August 2-September 1, 2017**		
Facility Address/City/State/Zip **109 Mission Drive** **Buffalo Center, Iowa 50424**				
	DS			

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	Status (BIMS) score of 0 out of 15, had fluctuating disorganized thinking and as independent with all Activities of Daily Living (ADL's). A Care Plan with nursing diagnosis dated 6/7/17 indicated the resident had impaired physical mobility and required the use of a 4 wheeled walker for stability with independent ambulation, a self-care deficit as required assistance with dressing, an alteration in thought process related to a poor short term memory deficit and forgetfulness, a potential for alteration in mood and anxiety with sleeplessness. A Fall Incident Report form dated 4/8/17 at 1:45 P.M. revealed the resident rolled out of bed with no injuries. Observation of photos on 8/17/17 at approximately 3:35 p.m. revealed the following photos as time stamped on a cell phone and described as follows: On 4/16/17 at 9:40 a.m. - A dark red bruise with a white center on the resident's left middle upper shoulder. On 4/16/17 at 9:40 a.m. - The entire posterior left arm region discolored yellow on the top portion and purple along the bottom.			

_____ _____

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

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 6655				**Date: September 25, 2017**
Facility name **Timely Mission Nursing Home**		**Survey Dates: August 2-September 1, 2017**		
Facility Address/City/State/Zip **109 Mission Drive** **Buffalo Center, Iowa 50424**				
	DS			

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	On 4/16/17 at 9:40 a.m. - A dark purple bruise on the inner aspect of the resident's right arm. Review of the resident's medical record identified no assessment and/or interventions for the above described areas. During an interview on 8/17/17 at 10:41 a.m., Staff S, Registered Nurse (RN) stated she never witnessed any bruising on the resident post fall. During an interview on 8/17/17 at 10:47 a.m., Staff P, RN confirmed she performed full body assessment post falls and never witnessed any bruising. During an interview on 8/17/17 at 10:54 a.m., Staff T, Licensed Practical Nurse (LPN) stated she never witnessed any substantial bruising on the resident but she had never completed a full body assessment because she had never been informed of such bruising. During an interview on 8/17/17 at 1:50 p.m., Staff U, Restorative Aide, confirmed she observed a bruise on the resident's hip but could not recall if the bruise had been following a fall. Review of the Nurse's Notes and a fax form revealed the following entries as dated and			

_____ _____

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

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 6655				**Date: September 25, 2017**
Facility name **Timely Mission Nursing Home**		**Survey Dates: August 2-September 1, 2017**		
Facility Address/City/State/Zip **109 Mission Drive** **Buffalo Center, Iowa 50424**				
	DS			

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	described: On 4/29/17 at 4:04 p.m. - Per Nurse's Notes, A fax had been sent to a Physician pertaining to a green crust draining from his/her reddened eye. On 4/29/17 at 4:04 p.m. - Per a Fax Form, The resident had green crust on the tear duct area of the left eye. The tear duct had been red and the resident reported the area itched at times. The resident received Fresh Kote eye gtts 2 times a day. (BID) On 5/1/17 at 9 a.m. - A telephone order had been received for Polytrim one drop (gtts) to the left eye 4 times a day (QID) for one week due to conjunctivitis. There had been no further assessment of the eye status. On 5/2/17 at 2:40 p.m. - Staff spoke with a Physician about the resident's eyes and the Polytrim ordered 5/1/17. The physician ordered Polytrim gtts to both eyes QID for 1 week. The record identified no further assessments of the resident's eye status prior to discharge on 6/15/17 in the resident's medical record. Review of the Nurse's Notes revealed the following entries as described:			

_____ _____

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

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 6655				**Date: September 25, 2017**
Facility name **Timely Mission Nursing Home**		**Survey Dates: August 2-September 1, 2017**		
Facility Address/City/State/Zip **109 Mission Drive** **Buffalo Center, Iowa 50424**				
	DS			

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	On 6/5/17 at 8:30 a.m. - Received a telephone order from a physician to obtain a urinalysis (UA) with a culture and sensitivity (C&S) due to increased confusion, frequency and incontinency. There had been no further assessment of the resident's actual urine pain with urination and/or vital signs. On 6/5/17 at 10 a.m. – staff obtained a UA and sent it to the Physician. There had been no further assessment of the resident's actual urine pain with urination and/or vital signs. On 6/5/17 at 11 a.m. - results of the UA obtained and the physician informed. On 6/6/17 at 3 p.m. - the physician observed the results of the UA and requested to await the results of the C&S. From the above entry and until 6/9/17, the record noted no further assessment of the resident's actual urine pain with urination and/or vital signs. On 6/9/17 at 9:45 p.m. – the facility received the results of the C&S and informed the physician. The notes indicated no further assessment of the resident's actual urine pain with urination and/or vital signs.			

_____ _____

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

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 6655				**Date: September 25, 2017**
Facility name **Timely Mission Nursing Home**		**Survey Dates: August 2-September 1, 2017**		
Facility Address/City/State/Zip **109 Mission Drive** **Buffalo Center, Iowa 50424**				
	DS			

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	From the above entry until 6/12/17 at 10:50 a.m. no further assessment of the resident's actual urine pain with urination and/or vital signs. The note indicated the resident sent for an appointment due to a fall and never returned. A Urinalysis with Microscopic Auto form dated 6/5/17 at 10:29 identified the following abnormal values: 1 + bacteria and mucus in the urine. 3-5 Squamous Epithelial Cells and White Blood Cells in the urine. (normal values 0-5) 2. Resident #2 had a MDS assessment with a reference date of 5/29/17. The MDS indicated the resident had diagnosis that included Alzheimer's disease and dementia. The assessment indicated the resident had a BIMS score of 0, fluctuating inattention and disorganized thinking and ambulated independently. The BIMS score of 0 identified the resident with a severe cognitive impairment. A Care Plan with Nursing Diagnosis dated 6/7/17, indicated the resident had a self- care deficit, impaired physical mobility and had an alteration in thought process with a mood disturbance. Review of the Nurse's Notes, Patient Communication Form and a Fall Incident Report			

_____ _____

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

Citation Number: 6655				**Date: September 25, 2017**
Facility name **Timely Mission Nursing Home**		**Survey Dates: August 2-September 1, 2017**		
Facility Address/City/State/Zip **109 Mission Drive** **Buffalo Center, Iowa 50424**				
	DS			
Rule or Code Section	**Nature of Violation**	**Class**	**Fine Amount**	**Correction date**
	identified the following entries as dated and indicated the following: On 5/23/17 at 4:20 p.m. the following entry in the Nurse's Notes - The resident returned from an physician appointment with a new order to discontinue Gentamycin eye gtts (antibiotic) and start Tornado ophthalmic suspension 1 gtt to the right eye 4 times a day (QID) until clear. There had been to assessment related to the status of the eye. Review of the resident's medical record indicated no further documentation about the resident's eye status thru 8/1/17. On 7/26/17 at 8:10 a.m. the following entry on a Fall Incident Report Form - The resident had been found on the floor by staff and complained of knee pain. On 7/26/17 entries revealed the resident's left pupil a delayed at 8:10 a.m., 8:25, 8:40, 8:55, 9:10, 9:40, 10:10, 11:10, 12:10 p.m., 1:10 p.m.. 3:10 p.m., 6:10 p.m., 10:10 p.m. and on 7/17/17 at 8:10 as delayed. On 7/26/17 at 9:33 a.m. the following communication/directive to the facility staff from the physician - The facility staff called and stated			

_____ _____

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

Citation Number: 6655			**Date: September 25, 2017**
Facility name **Timely Mission Nursing Home**		**Survey Dates: August 2-September 1, 2017**	
Facility Address/City/State/Zip **109 Mission Drive** **Buffalo Center, Iowa 50424**			
	DS		

Rule or Code Section	**Nature of Violation**	**Class**	**Fine Amount**	**Correction date**
	the patient fell that morning and hit his/her head. The staff stated the resident's pupil delayed. Per verbal order the Physician directed the staff to watch the level of consciousness, if more tired than usual and to continue to observe the pupils. An appointment reserved for him/her in case there had been changes. Review of the resident's medical record revealed no further assessments as directed above. 3. Resident #3 had a MDS assessment with a reference date of 4/25/17. Resident #3 had diagnosis that included benign prostatic hyperplasia, non-Alzheimer's dementia, depression and mild cognitive impairment. The assessment indicated the resident had a BIMS score of 9, had fluctuating disorganized thinking, non-ambulatory, and dependent on 2 staff with toileting and had a bladder indwelling catheter. A Care Plan with nursing diagnosis dated 7/21/17 indicated the resident had an alteration in bladder elimination. The approaches included the following: Make sure to measure output. Catheter irrigation as needed if bleeding or not functional.			

_____ _____

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

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 6655				**Date: September 25, 2017**
Facility name **Timely Mission Nursing Home**		**Survey Dates: August 2-September 1, 2017**		
Facility Address/City/State/Zip **109 Mission Drive** **Buffalo Center, Iowa 50424**				
	DS			

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	Review of the Nurse's Notes included the following documentation: On 4/27/17 at 10 p.m. - Foley draining dark red blood with clots. On 4/27 at 11 p.m. - The Foley catheter continued to drain dark red blood with stringy red clots. On 4/28 at 12:45 a.m. - Foley continued with frank blood in the catheter bag. On 4/28 at 2 a.m. - Foley continued with dark red blood. On 4/28 at 3 a.m. - The resident complained of pressure and the need to void. The nurse performed a catheter irrigated with continued return of dark red clots. On 4/28 at 4:50 a.m. the nurse irrigated the catheter with no clots observed. The note indicated the blood in the urine was described as a lighter color. On 4/28 at 8 a.m. - frank blood remained in the catheter bag. On 4/28 at 9:30 p.m. - 275 cubic centimeters (cc's) of frank blood noted in the catheter bag. On 4/29 at 3 a.m. - Foley continued to drain dark red fluid without clots. On 4/30 at 9:30 a.m. - Foley catheter irrigated with 275 cc output. The note had no documented description of the urine. On 5/1 at 2:45 a.m. - Foley drained yellow urine. On 5/1 at 12 p.m. - Foley drained yellow urine.			

_____ _____

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

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 6655				**Date: September 25, 2017**
Facility name **Timely Mission Nursing Home**		**Survey Dates: August 2-September 1, 2017**		
Facility Address/City/State/Zip **109 Mission Drive** **Buffalo Center, Iowa 50424**				
	DS			

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	Review of the resident's medical record identified no further documentation about the Foley catheter and/or urine until 8/7/17 at 3:35 a.m. At this time, the resident hollered for assistance to urinate. The staff member explained to the resident he/she had a catheter which drained clear yellow urine. 4. Resident #4 had a MDS assessment with a reference date of 6/12/17. The MDS indicated the resident had diagnosis that included a urinary tract infection, depression, mild cognitive impairment, muscle weakness and an abnormal gait and mobility. The assessment indicated the resident had a BIMS score of 11 which identified a moderate cognitive impairment. The MDS indicated identified the resident as non-ambulatory, required extensive assistance of staff with toilet use and experienced frequent episodes of urine incontinence. A Care Plan with the Nursing Diagnosis dated 6/29/17, indicated the resident had a self-care deficit and required assistance with ADL's, impaired physical mobility and an alteration in bowel and bladder elimination. The approaches included the following: Provide me with morning, evening and PRN perineal cares.			

_____ _____

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

Citation Number: 6655				**Date: September 25, 2017**
Facility name **Timely Mission Nursing Home**		**Survey Dates: August 2-September 1, 2017**		
Facility Address/City/State/Zip **109 Mission Drive** **Buffalo Center, Iowa 50424**				
	DS			
Rule or Code Section	**Nature of Violation**	**Class**	**Fine Amount**	**Correction date**
	Consult with the physician. A Lab Result Report dated 6/15/17 at 7:40 a.m.. revealed the resident had greater than a 100,000 colonies of Escherichia Coli (bacteria-generally found in the colon). Review of the facilities Nurse's Notes included the following entries as dated: On 6/12/17 at 6:30 p.m. - Temperature (T) 98.7 (normal 98.6) degrees, blood pressure (B/P) 160/94 (elevated), pulse (P) 79 (normal 60-100), respirations (R) 20 (normal 16-20), oxygen saturation rate 02 sat 94% at room air (normal 97-100%). Alert and oriented (A&0) times 3 (person, place and time), pleasant affect. Incontinent of bladder with frequency noted. Abdominal soft and non-tender, bowel sounds (BS's) active times 4 quadrants [of abdomen]. The resident had no complaints of pain or discomfort. The record identified no further assessment of the resident's urinary status. On 6/12/17 at 10:30 p.m. - T 98.6, 158/89, 82, 20, 02 sat 94% at room air. Alert and oriented times 3, pleasant affect. The resident rested in bed without complaints of incontinency. The note indicated no further assessment of the resident's urinary status.			

_____ _____

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

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 6655				**Date: September 25, 2017**
Facility name **Timely Mission Nursing Home**		**Survey Dates: August 2-September 1, 2017**		
Facility Address/City/State/Zip **109 Mission Drive** **Buffalo Center, Iowa 50424**				
	DS			

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	On 6/13/17 at 2:30 a.m. - T 97.5, 159/88, 97, 20, 02 sat 91% at room air. Resting in bed eyes closed no complaints. There had been no further assessment of the resident's urinary status. On 6/13/17 at 6:30 a.m. - T 99, 141/89, 82, 20, 02 sat 92% at room air. No complaints of pain/discomfort. Skin warm and dry. Good appetite. Usually continent of bladder during the day. Dribbles so wore pull ups. A&O times 3, got confused at times. The record identified no further assessment of the resident's urinary status. On 6/13/17 at 8 a.m. - Per Physician obtain a UA and C&S due to being more incontinent with increased frequency. On 6/13/17 at 8:30 a.m. - UA obtained and sent to the clinic. No further assessment of the resident's urinary status. On 6/13/17 at 10:30 a.m. - T 97.5, 140/78, 69, 20, 02 sat 93% at room air. No complaints of pain/discomfort, pleasant and cooperative. The record indicated no further assessment of the resident's urinary status. On 6/13 at 2:30 p.m. - T 98.4, 140/80, 78, 20, 02 sat 93% at room air. No complaints of anything.			

_____ _____

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

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 6655				**Date: September 25, 2017**
Facility name **Timely Mission Nursing Home**		**Survey Dates: August 2-September 1, 2017**		
Facility Address/City/State/Zip **109 Mission Drive** **Buffalo Center, Iowa 50424**				
	DS			

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	The record and notes indicated no further assessment of the resident's urinary status. On 6/13/17 at 11:35 p.m. - Resident resting in bed at that time. Scheduled pain medication provided. Resident denied pain. Respirations deep and easy. The record and notes identified no further assessment of the resident's urinary status. On 6/14/17 at 3:45 a.m. - Resident rested quietly thus far in the shift. Had offered no complaints and incontinent of bladder. The resident changed and perineal care provided. The resident denied pain. The record and notes indicated no further assessment of the resident's urinary status. On 6/14/17 at 3:30 a.m. - T 98.6, 121/71, 80, 18, 02 sat 93% at room air. The resident had no complaints of pain/discomfort, A&O times 3 with moments of confusion. Continent of bowl and bladder with periodic dribbles. The record and notes identified no further assessment of the resident's urinary status. On 6/15/17 at 5 a.m. - Resting quietly in bed with eyes closed. No complaints of pain/discomfort. The resident A&O times 3 and incontinent of bladder. Fluids encouraged. The notes and record identified no further assessment of the			

_____ _____

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

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 6655				**Date: September 25, 2017**
Facility name **Timely Mission Nursing Home**		**Survey Dates: August 2-September 1, 2017**		
Facility Address/City/State/Zip **109 Mission Drive** **Buffalo Center, Iowa 50424**				
	DS			

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	resident's urinary status. On 6/15/17 at 6 p.m. - The resident pleasant throughout the shift. There had been no further assessment of the resident's urinary status. On 6/15/17 at 9 p.m. - T 98.6, 174/98, 71, 20, 02 sat 97% at room air. No complaints of pain/discomfort. A&O times 3. Fluids encouraged. The record and notes identified no further assessment of the resident's urinary status. On 6/16/17 at 6 a.m. - No complaints of discomfort. A&O times 3. Incontinent of urine. Fluids encouraged. The record and notes identified no further assessment of the resident's urinary status. On 6/16 at 6:30 p.m. - T 98.9, 187/97, 80, 18, 02 sat 90% at room air. Complained of slow response to orientation questions. Lung sounds with fine crackles at bilateral bases, no cough, and shortness of breath or wheezing. Heart rate strong without noted abnormal sounds. A trace of edema noted on the bilateral lower extremities. Denied pain or other concerns at that time. The note and record identified no further assessment of the resident's urinary status.			

_____ _____

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

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 6655				**Date: September 25, 2017**
Facility name **Timely Mission Nursing Home**		**Survey Dates: August 2-September 1, 2017**		
Facility Address/City/State/Zip **109 Mission Drive** **Buffalo Center, Iowa 50424**				
	DS			

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	On 6/17/17 at 3:15 a.m. - No concerns noted. No complaints of pain or discomfort. A&O times 3. The record or notes identified no further assessment of the resident's urinary status. On 6/17/17 at 9 a.m. - The resident refused to eat any breakfast or take medications. Increased confusion noted with a decreased mental and physical status. T-100, 119/60, 79, 18 O2 sat 90% at room air. The notes and record identified no further assessment of the resident's urinary status. On 6/17/17 at 10 a.m. - Updated the Physician and received an order for Bactrim DS (antibiotic) 1 tablet twice a day for 10 days. The notes and the record did not have further assessment of the resident's urinary status from the above stated entry until 6/19 at 9:55 a.m. when the results of the C&S obtained and reported to the physician. On 6/19/17 at 10:10 a.m. - T 98.4, 111/65, 72, 18, 02 sat 91% at room air. Denied pain or discomfort. A&O times 3. Denied shortness of breath. Ate 2 pancakes without difficulty. No further emesis. Resident stated he/she felt much better. Resident continued receiving Bactrim DS. The note and record identified no further assessment of the resident's urinary status.			

_____ _____

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

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 6655				**Date: September 25, 2017**
Facility name **Timely Mission Nursing Home**		**Survey Dates: August 2-September 1, 2017**		
Facility Address/City/State/Zip **109 Mission Drive** **Buffalo Center, Iowa 50424**				
	DS			

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	On 6/19/17 at 2:20 p.m. - A telephone order received to change the resident antibiotic from Bactrim DS to Ceftin (antibiotic) 250 mg twice a day for 10 days. The note or record identified no further assessment of the resident's urinary status until from the above entry until 7/27/17 at 11:30 a.m. after a failed catherization attempt to obtain a UA. The nurse obtained an order to flush and irrigate the catheter and send to the ER (emergency room) if unsuccessful. On 7/27/17 at 12:40 p.m. - The resident was transported to the ER. On 7/27/17 at 8:50 p.m. - The resident returned to the facility with a new order for Cipro 500 mgs twice a day for a UTI (urinary tract infection). A written statement provided by a physician dated 8/17/17, identified the following: The physician expected staff to assess the resident's vital signs, mental status and gastrointestinal complaints when a resident exhibited signs and symptoms of a UTI. The physician expected staff to continue the assessments until the resident had gone 24 hours asymptomatic. UA results had been available the same day if sent to the clinic. If the results had been sent to the hospital the results had been available the			

_____ _____

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

Citation Number: 6655				**Date: September 25, 2017**
Facility name **Timely Mission Nursing Home**		**Survey Dates: August 2-September 1, 2017**		
Facility Address/City/State/Zip **109 Mission Drive** **Buffalo Center, Iowa 50424**				
	DS			

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	following day, unless on Friday in that case the results had been available on Monday. The physician expected the facility staff to call him right away with abnormal results. If the facility had not received results from a UA he would have expected them to call the clinic for the results but not the hospital. Signs and symptoms of a UTI included a change in condition, frequency, dysuria, incontinence, fever and chills. On 6/13/17 the resident exhibited signs and symptoms of a UTI, however the physician had not been consulted until 6/17/17 and at which time he started the resident on an antibiotic. The physician confirmed he would have expected staff to have consulted him earlier. On 6/19/17 the physician changed the antibiotic ordered on 6/17/17 as a result of the C&S report but the facility did not assess the resident's urinary condition and/or health status until 7/27/17 which ultimately resulted in an emergency room visit. The physician confirmed he would have expected staff to have properly assessed the resident. A policy and procedures titled **Timely Mission Nursing Home Procedure on Charting Change of Condition with Residents** (not dated),			

_____ _____

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

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 6655				**Date: September 25, 2017**
Facility name **Timely Mission Nursing Home**		**Survey Dates: August 2-September 1, 2017**		
Facility Address/City/State/Zip **109 Mission Drive** **Buffalo Center, Iowa 50424**				
	DS			

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	included the following: a. Needed to chart and take vitals every 4 hours for the first 24 hours with the assessment of the residents. 1. Bowel sounds 2. Lung sounds 3. Response to stimuli verbal or tactile. 4. Orientation. 5. Any unusual behavior and interventions utilized. 6. Doctor and family notification. b. Needed to continue charting every shift for 48 hours at a total of 72 hours and longer if the condition did not improve c. When you charted DO NOT leave a time gap in charting . Chart findings also at the end of the shift and the beginning of the shift. A form titled **STAFF NURSES** (not dated) directed the staff when residents are assessed the following things needed to be done: a. Blood pressure, pulse, respirations and temperature. b. Lung sounds. c. Bowel sounds x (times) all 4 quadrants [of abdomen]. d. Oxygen saturation level. e. Blood sugars. f. Mental status.			

_____ _____

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

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 6655				**Date: September 25, 2017**
Facility name **Timely Mission Nursing Home**		**Survey Dates: August 2-September 1, 2017**		
Facility Address/City/State/Zip **109 Mission Drive** **Buffalo Center, Iowa 50424**				
	DS			
Rule or Code Section	**Nature of Violation**	**Class**	**Fine Amount**	**Correction date**
	g. Skin color. h. Skin dry or diaphoretic. i. Dependent edema. **FACILITY RESPONSE:**			

_____ _____

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

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 6655			**Date: September 25, 2017**
Facility name **Timely Mission Nursing Home**		**Survey Dates: August 2-September 1, 2017**	
Facility Address/City/State/Zip **109 Mission Drive** **Buffalo Center, Iowa 50424**			
	DS		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
58.18(4)	**481-58.18(135C) Nursing Care.** **58.18(4)** The facility shall provide prompt response from qualified staff for the resident's use of the nurse call system. (II,III) (Prompt response being considered as no longer than 15 minutes.) [ARC 1398C, IAB 4/2/14, effective 5/7/14] **DESCRIPTION:** Based on observation, record review, resident and staff interviews and review of policy and procedures, the facility failed to ensure sufficient staff were available to answer resident call lights in a timely manner (within 15 minutes)(Resident #7,#13, #14, #18), and failed to maintain the resident's call lights are within reach for 5 of 38 residents. (Resident # 14 #19, #20, #21 and #22). The facility identified a census of 38 residents. Findings include: 1. Resident #7 had a MDS assessment with a reference date of 5/15/17. The MDS identified the resident had diagnosis that included multiple sclerosis and depression. The assessment indicated the resident had a BIMS (Brief Interview for Mental Status) score of 14. A score of 14 represented the resident had no cognitive impairments. The MDS identified the resident as	**I**	**$2,000**	

_____ _____

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

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 6655				**Date: September 25, 2017**
Facility name **Timely Mission Nursing Home**		**Survey Dates: August 2-September 1, 2017**		
Facility Address/City/State/Zip **109 Mission Drive** **Buffalo Center, Iowa 50424**				
	DS			

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	non-ambulatory, dependent on 2 staff members with transfers, dressing and toilet. The assessment indicated the resident experienced occasionally bladder incontinence. A Care Plan with a Nursing Diagnosis dated 5/24/17, indicated the resident had a self- care deficit and required staff assistance with all ADL's (activities of daily living) and with an impaired physical mobility status. The approaches included the following: Make sure the call light is in reach. On 8/11/17 at 12:50 p.m., Resident #7 was interviewed and confirmed his/her call light on longer than 15 minutes. Resident #7 stated in the later part of 2016, he/she used the clock on the wall in his/her room and timed the length of time the call light on for 40 minutes. Resident #7 stated this made him/her feel like “crap” and upsetting because he/she had not wanted to urinate in his/her pants. The resident stated there had been another time the staff left him/her on the commode for 40 minutes which caused pain. Resident #7 stated he/she cried so he/she loosened the ropes on the EZ stand device to relieve some pressure. The resident stated he/she had been incontinent while waiting for staff to answer the call light which made him/her to feel			

_____ _____

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

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 6655				**Date: September 25, 2017**
Facility name **Timely Mission Nursing Home**		**Survey Dates: August 2-September 1, 2017**		
Facility Address/City/State/Zip **109 Mission Drive** **Buffalo Center, Iowa 50424**				
	DS			

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	awful. An observation on 8/11/17 at 2:06 p.m. indicated the resident's call light was activated while the resident waited to go to the bathroom. At 2:22 p.m. the Director of Nursing (DON) walked twice past the resident's room while the light remained activated. The resident confirmed the observation at the same time. At 2:26 p.m. the resident confirmed he/she started to feel ticked. At 2:30 p.m. 2 unknown CNA's passed gowns the resident's rooms. At 2:33 p.m. the CNA's responded and stated it had been hard to see the resident's call light as on. 2. Resident #13 had a MDS with a reference date of 8/2/17. The assessment indicated the resident had a BIMS score of 15. A score of 15 indicated the resident had no cognitive problems. The MDS indicated the resident required extensive assistance of 2 staff members with transfers and toileting. A Care Plan with a Nursing Diagnosis dated 5/10/17 indicated the resident had a self- care deficit and required extensive assistance of staff with ADL's. The approaches included the following: Have the call light within reach.			

_____ _____

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

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 6655				**Date: September 25, 2017**
Facility name **Timely Mission Nursing Home**		**Survey Dates: August 2-September 1, 2017**		
Facility Address/City/State/Zip **109 Mission Drive** **Buffalo Center, Iowa 50424**				
	DS			

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	Assist with the bed pan or commode as needed. Provide proper perineal care in the morning, afternoon and as needed. On 8/11/17 at 2:46 p.m., Resident #13 was interviewed and stated the staff failed to place his/her call light in reach so he/she could not ask for help and soiled the bed. Resident #13 stated he/she rolled over and used his/her gown to cover up the dampness in the bed. The resident confirmed he/she had not always had control of his/her bladder since childhood so attempted to space out the requests to urinate. 3. Resident #14 had a MDS assessment with a reference date of 7/29/17. The MDS identified the resident had diagnosis that included diabetes mellitus, hemiplegia (paralysis of one arm and leg), depression, cerebrovascular disease (heart disease), extrapyramidal (nerve condition) and movement disorder and a benign neoplasm (tumor without malignancy) of the brain. The assessment indicated the resident had a BIMS score of 15 (no cognitive impairment), as non-ambulatory, required extensive assistance of 2 staff members for bed mobility and dependent upon staff to transfer, walking, dressing, toilet use and personal hygiene. A Care Plan with a Nursing Diagnosis dated			**Upon Receipt**

_____ _____

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

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 6655				**Date: September 25, 2017**
Facility name **Timely Mission Nursing Home**		**Survey Dates: August 2-September 1, 2017**		
Facility Address/City/State/Zip **109 Mission Drive** **Buffalo Center, Iowa 50424**				
	DS			

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	5/10/17, indicated the resident had a self- care deficit and required total assistance of staff with ADL's and impaired physical mobility. The approaches included the following: Have call light in reach. An observation on 8/3/17 at 1:29 p.m. revealed the resident's call light as activated with the resident positioned in his/her room. An observation on 8/3/17 at 1:50 p.m., revealed the resident's call light as activated and the resident remained in his/her room. During an interview at the same time, the resident confirmed the call light on for 20 minutes and so far, no staff members had responded. An observation on 8/3/17 at 1:53 p.m., revealed Staff K, CNA answered the resident's call light. The resident requested to go to Bingo. 4. A group of residents were interviewed on 8/15/17 at 9:30 a.m. Resident #18 stated at times his/her call light remained on and not answered for half or three quarters of an hour. Resident #18 stated he/she observed the time by the clock located on the wall of the room. Resident #18 stated this did not make him/her feel very good. 5. During an observation on 8/10/17 at 2:30 p.m.,			

_____ _____

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

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 6655				**Date: September 25, 2017**
Facility name **Timely Mission Nursing Home**		**Survey Dates: August 2-September 1, 2017**		
Facility Address/City/State/Zip **109 Mission Drive** **Buffalo Center, Iowa 50424**				
	DS			

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	the Administrator confirmed the following resident's call lights were positioned and not in reach of the following residents: Resident #14 - Clipped to the wall mount in the resident's room. Resident #19 - Clipped to the resident's pillow positioned between the bed and the wall. Resident #20 - Clipped to the sheet on the bed under the covers of the bed. Resident #21 - Clipped to a pillow positioned on the resident's bedside stand as he/she sat in the recliner. During an interview at 2:40 p.m. the resident stated he/she used the call light and the Administrator placed the call light within reach of the resident in the recliner. Resident #22 - Clipped to the light string between the resident's bed and wall. On 8/3/17 at 3:08 p.m., Staff L, Restorative Aide, was interviewed and stated the staff had not always been able to answer call lights within 15 minutes and the resident's had complained. Review of a policy and procedures titled **Call** Light (not dated) included and directed the staff to do the following: a. Always place the call light within reach of the resident whether in bed or chair.			

_____ _____

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

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 6655				**Date: September 25, 2017**
Facility name **Timely Mission Nursing Home**		**Survey Dates: August 2-September 1, 2017**		
Facility Address/City/State/Zip **109 Mission Drive** **Buffalo Center, Iowa 50424**				
	DS			

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	b. NEVER place a call light out of reach or remove it from a resident. c. Always answer the light promptly. Anyone could and should assist with answering call lights. On 8/10/17 at 3:49 p.m., Staff N, Certified Nursing Assistant (CNA) was interviewed and stated there are times staff are unable to answer call lights within the allotted 15 minute time frame. On 8/11/17 at 9:54 a.m., Staff D, CNA was interviewed and stated there are times the staff are unable to answer call lights within the allotted 15 minute time frame. On 8/16/17 at 4:36 p.m., Staff V, CNA was interviewed and confirmed there had been times staff had been unable to answer call lights within the allotted 15 minute time frame. **FACILITY RESPONSE:**			

_____ _____

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

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 6655				**Date: September 25, 2017**
Facility name **Timely Mission Nursing Home**		**Survey Dates: August 2-September 1, 2017**		
Facility Address/City/State/Zip **109 Mission Drive** **Buffalo Center, Iowa 50424**				
	DS			

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
58.45(1)	**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, resident and staff interviews and review of policy and procedures, the facility failed to display respect and dignity for residents when speaking with, caring for, or talking about them (Resident #1, #7, #8, #9, #10 #14, #15 #16). The sample consisted of 22 residents. The facility identified a census of 38 residents. Finding include: 1. The Resident's Bill of Rights form revised 11/16, included the following directives/information: A facility must have treated each resident with respect and dignity and care for each resident in a manner and in an environment that promoted	**II**	**$500 (held in suspension)**	**Upon Receipt**

_____ _____

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

Citation Number: 6655			**Date: September 25, 2017**
Facility name **Timely Mission Nursing Home**		**Survey Dates: August 2-September 1, 2017**	
Facility Address/City/State/Zip **109 Mission Drive** **Buffalo Center, Iowa 50424**			
	DS		

Rule or Code Section	**Nature of Violation**	**Class**	**Fine Amount**	**Correction date**
	maintenance or enhancement of his or her quality of life, recognized each resident's individuality. The resident had the right to make choices about aspects of his or her life in the facilities that are significant to the resident. Resident #1 had a Minimum Data Set (MDS) assessment with a reference date of 6/12/17. The MDS indicated the resident had unspecified dementia without behavior disturbances, anxiety and Parkinson's disease . The assessment indicated the resident had a Brief Interview for Mental Status (BIMS) score of 0 out of 15. A BIMS score of 0 identified the resident having a severe cognitive impairment. The MDS indicated the resident had fluctuating disorganized thinking independent with activities of daily living. A Care Plan with a Nursing Diagnosis dated 6/7/17, indicated the resident had an alteration in thought process and a self-care deficit and required some assistance with dressing. The approaches included the following: Assist with dressing at night. Assist with grooming as I requested. Assist with my perineal cares in the morning, evening and as needed. On 8/18/17 at 9:24 a.m., Staff B was interviewed			

_____ _____

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

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 6655				**Date: September 25, 2017**
Facility name **Timely Mission Nursing Home**		**Survey Dates: August 2-September 1, 2017**		
Facility Address/City/State/Zip **109 Mission Drive** **Buffalo Center, Iowa 50424**				
	DS			

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	and stated the resident complained that Staff C had been rude, yelled at him/her and would not assist the resident as requested. On 8/18/17 at 9:40 a.m., Staff R, CNA was interviewed and confirmed the resident complained the pregnant staff member (Staff C had been the only staff pregnant at the time) would never assist him/her and that she had been mean. On 8/29/17 at 10:43 a.m., Staff A, CNA, confirmed a time when the resident cried and upset because had not wanted Staff C to put him/her to bed. Staff A stated the resident was scared of her because she had been mean to the resident. 2. Resident #7 had a MDS with a reference date of 5/15/17. The MDS identified the resident had diagnosis that included multiple sclerosis and depression. The assessment indicated the resident had a BIMS score of 14. A score of 14 identified no cognitive impairment. The MDS indicated the resident depended upon 2 staff members with transfers, dressing and toilet use. The resident was identified as non-ambulatory. The assessment indicated the resident experienced occasional episodes of bladder incontinence.			

_____ _____

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

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 6655				**Date: September 25, 2017**
Facility name **Timely Mission Nursing Home**		**Survey Dates: August 2-September 1, 2017**		
Facility Address/City/State/Zip **109 Mission Drive** **Buffalo Center, Iowa 50424**				
	DS			

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	A Care Plan with Nursing Diagnosis dated 5/24/17, indicated the resident had a self- care deficit and required staff assistance with all ADL's and with an impaired physical mobility status. The approaches included the following: The resident uses the commode for the bathroom. The resident uses EZ stand lift for all transfers. On 8/11/17 at 12:50 p.m., the resident was interviewed and stated the following: For 6 months, the staff refused to get him/her up thru the night to utilize the commode so he/she laid in bed in a soaked brief all night long which felt like “crap”. The resident stated he/she went to the physician a couple weeks ago and he wrote an order to get him/her up at night. A Physician's Order form dated 8/8/17 directed the staff as follows: Wake up the patient at 3 a.m. and offer the toilet please. The resident could change the request as needed otherwise this did marvelously well. Additionally, the resident confirmed when he/she waited to enter the dining room, several residents were lined up prior to the meal service. The dining room doors had been closed and he/she			

_____ _____

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

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 6655				**Date: September 25, 2017**
Facility name **Timely Mission Nursing Home**		**Survey Dates: August 2-September 1, 2017**		
Facility Address/City/State/Zip **109 Mission Drive** **Buffalo Center, Iowa 50424**				
	DS			

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	felt like “Where was the trough?”. On 8/18/17 at 11:29 a.m., the resident was interviewed and confirmed Staff C as unkind and further described as follows: When the resident requested to transfer from bed to chair, the staff member responded by, “I don't think so”. The staff member swore at him/her and witnessed by Staff M, CNA. When Staff M heard Staff C swear at the resident, she stated, “I can-not believe she talked to you that way.” An example of swearing had been further described as follows: We could not get you on and off all the time whenever you damn well please. As the interview continued, the resident stated he/she could not understand how the staff member could have worked with residents because she had not been nice. When the staff member was pregnant, she thought it had just been the pregnancy. The resident stated when the staff member left and came back she had been real nervous because he/she had not known how she would be because she had just been a bit.. (expletive). Another example had been further described as follows: When the resident requested to get up for the day			

_____ _____

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

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 6655				**Date: September 25, 2017**
Facility name **Timely Mission Nursing Home**		**Survey Dates: August 2-September 1, 2017**		
Facility Address/City/State/Zip **109 Mission Drive** **Buffalo Center, Iowa 50424**				
	DS			

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	he/she received morning cares, urinated and went to eat breakfast. After breakfast the resident again requested to go to the bathroom to have a bowel movement. When Staff C arrived she got mad and yelled "Why can't you poop and pee at the same setting?" The resident stated this was because it took too much time to get the resident on and off of the commode which caused the resident to feel like "crap". The resident stated, to this day when he/she pooped and peed at the same time, he/she said, Staff C would have been so proud. On 8/18/17 at 9:24 a.m., Staff B confirmed she observed Staff C as she yelled at the resident and said why can't you poop and pee at the same time. On 8/2/17 at 10 a.m., Staff Q, CNA confirmed she observed Staff C as she yelled at the resident and said why can't you poop and pee at the same time. The staff member denied having heard Staff C swear and/or threaten the resident. The staff member stated she reported the incident to an unknown staff member. The resident confirmed she also witnessed the staff member to and/or around other residents mean in the lounge area. An example of this behaviors had been further described as follows:			

_____ _____

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

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 6655				**Date: September 25, 2017**
Facility name **Timely Mission Nursing Home**		**Survey Dates: August 2-September 1, 2017**		
Facility Address/City/State/Zip **109 Mission Drive** **Buffalo Center, Iowa 50424**				
	DS			

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	3. When Resident #10 said, Jesus, Jesus why did I have to come here. Staff C said, you know why because this had been the best place for you and then the staff member turned her back to the resident and said within ear reach of other residents. "I do not know why in the F..k (expletive) he/she had to say that. 4. Resident #8 had a MDS assessment with a reference day of 6/14/17. Resident #8 had diagnosis that included Alzheimer's disease, dementia and adult failure to thrive. The assessment indicated the resident made self understood and understood others. The BIMS score of 0 identified the resident had a severe cognitive impairment. The resident had fluctuating inattention and disorganized thinking, physical and verbal behavior towards others and other behavior symptoms not directed towards others. The assessment indicated the resident required extensive assistance of 1 staff member with toilet use, personal hygiene and dressing, required limited assistance of 2 staff with transfers, ambulation and walking and occasionally incontinent of bladder and frequently incontinent of bowel. According to a Care Plan with Nursing Diagnosis dated 6/21/17, the resident had a self-care deficit and required total hands on assistance with			

_____ _____

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

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 6655				**Date: September 25, 2017**
Facility name **Timely Mission Nursing Home**		**Survey Dates: August 2-September 1, 2017**		
Facility Address/City/State/Zip **109 Mission Drive** **Buffalo Center, Iowa 50424**				
	DS			

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	ADL'S and an alteration in thought processes and behaviors as resistive to ADL's occasionally. The approaches included the following. Explain what you are doing before you are doing it. Provide the resident with 1-1's as needed. On 8/29/17 at 10:43 a.m., Staff A, CNA was interviewed and stated on the 6 a.m. to 2 p.m. shift during a weekday, herself and Staff C toileted the resident in the shower room across from the Medicare Coordinator's office. The resident was incontinent of feces and quite agitated and screaming. The resident refused to remain seated on the toilet to enable proper cleansing so Staff C pulled the resident's hands away from his/her pants and pushed his/her hands down in an inappropriate manner. Staff C yelled at the resident and said Jesus Christ knock it off as that encounter went on for a couple of minutes. At that point the Director of Nursing (DON) walked into the shower room, asked what had been going on and took over for Staff C, who then exited the room. 5. Resident #14 had a MDS assessment with a reference date of 7/29/17. The MDS identified the resident had diagnosis that included diabetes mellitus, hemiplegia (paralysis of a leg and arm),			

_____ _____

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

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 6655				**Date: September 25, 2017**
Facility name **Timely Mission Nursing Home**		**Survey Dates: August 2-September 1, 2017**		
Facility Address/City/State/Zip **109 Mission Drive** **Buffalo Center, Iowa 50424**				
	DS			

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	depression, cerebrovascular disease (heart disease), extrapyramidal (near disorder) and movement disorder and a benign neoplasm (tumor and not malignant) of the brain . The assessment indicated the resident had a BIMS score of 15. A score of 15 identified the resident no with cognitive impairment. The MDS indicated the resident required extensive assistance of 2 staff persons with bed mobility, and depended upon staff with transfers, walking, dressing, toilet use and personal hygiene. A Care Plan with Nursing Diagnosis dated 5/10/17, indicated the resident had a self-care deficit and required total assistance of staff with ADL's (activities of daily living) and an impaired physical mobility. On 8/29/17 at 12:25 p.m. the resident confirmed Staff C had been kind of a b...h (expletive). The resident also confirmed the staff member yelled and swore at him/her but could not give examples. 6. Resident #15 had a MDS with a reference date of 7/9/17. The MDS identified the resident had diagnosis that included dementia, depression, manic depression and adult failure to thrive. The assessment indicated the resident had a BIMS score of 0, had fluctuating			

_____ _____

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

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 6655				**Date: September 25, 2017**
Facility name **Timely Mission Nursing Home**		**Survey Dates: August 2-September 1, 2017**		
Facility Address/City/State/Zip **109 Mission Drive** **Buffalo Center, Iowa 50424**				
	DS			
Rule or Code Section	**Nature of Violation**	**Class**	**Fine Amount**	**Correction date**

	disorganized thinking and as non-ambulatory and dependent on 2 staff with bed mobility, transfers, locomotion, dressing, eating, toilet use and personal hygiene. A Care Plan with Nursing Diagnosis dated 7/21/17 indicated the resident had a self-care deficit and required total assistance of staff with personal cares and ineffective individual coping. The approaches included: Explain all procedures before doing anything to me. Please reassure the resident if has intermittent outbursts. On 8/11/17 at 9:45 a.m., Staff D, Certified Nursing Assistant (CNA) was interviewed and stated she observed Staff C, CNA as she became upset with the resident during cares. Staff D stated the resident was combative so she grabbed the resident's arm and leg and yanked him/her across the bed. Staff D then just walked out of the resident's room because she had been so upset and failed to report the incident to any other staff member and/or management. 7. Resident #16 had a MDS with a reference date of 8/13/17. The MDS indicated the resident had diagnosis that included arthritis, Parkinson's			

_____ _____

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

Citation Number: 6655			**Date: September 25, 2017**
Facility name **Timely Mission Nursing Home**		**Survey Dates: August 2-September 1, 2017**	
Facility Address/City/State/Zip **109 Mission Drive** **Buffalo Center, Iowa 50424**			
	DS		

Rule or Code Section	**Nature of Violation**	**Class**	**Fine Amount**	**Correction date**
	disease, depression, schizophrenia and adult failure to thrive. The assessment indicated the resident had a BIMS score of 15. A score of 15 identified no cognitive impairment. The MDS indicated the resident as independent with transfers and ambulation but required extensive assistance of 1 staff with bathing. A Care Plan with Nursing Diagnosis dated 8/18/17, indicated the resident had a self- care deficit, an impaired physical mobility, alteration in thought processes and a diagnosis of schizophrenia and anxiety. The approaches included the following: Not always compliant with bathing 2 times a week. Assist to destinations. Remind resident to pick up feet when walking, slow down and think. Be matter of fact and direct with cares. Approach in a positive manner. On 8/18/17 at 9:24 a.m., Staff B,CNA confirmed she witnessed Staff C as she grabbed the resident's arm, yanked it and said come on. The staff member stated she reported the incident to Staff P, Registered Nurse (RN). On 8/2/17 at 10 a.m., Staff Q, CNA was			

_____ _____

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

Citation Number: 6655			**Date: September 25, 2017**
Facility name **Timely Mission Nursing Home**		**Survey Dates: August 2-September 1, 2017**	
Facility Address/City/State/Zip **109 Mission Drive** **Buffalo Center, Iowa 50424**			
	DS		

Rule or Code Section	**Nature of Violation**	**Class**	**Fine Amount**	**Correction date**
	interviewed and confirmed she observed Staff C grab the resident's arm, yanked it and said lets go. The staff member stated she reported the incident to an unknown nurse. On 8/18/17 at 11:18 a.m., Staff P was interviewed and indicated no allegations of Staff C swearing the F (explicit) word to a resident and/or having yanked a resident's arm had been reported to her. On 8/29/17 at 11:30 a.m., the resident was interviewed and could not recall any staff member grabbed or yanked his/her arm. The resident stated during a showering process, a long brown haired lady, medium height and a little more than skinny had been rough with him/her during the shampooing process. The resident stated this did not make him/her feel good. The resident told her to stop but she refused. On 8/18/17 at 7:17 a.m., Staff H, CNA was interviewed and stated she witnessed Staff C raise her voice and holler at the residents as well as having been rough during cares. Staff H described an example of rough as a resident not walking fast enough , then she would drag the resident along so the resident wound walk faster.. 8. Resident #9 had a MDS assessment with a reference date of 5/25/17. The MDS identified			

_____ _____

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

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 6655				**Date: September 25, 2017**
Facility name **Timely Mission Nursing Home**		**Survey Dates: August 2-September 1, 2017**		
Facility Address/City/State/Zip **109 Mission Drive** **Buffalo Center, Iowa 50424**				
	DS			

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	the resident had diagnosis that included hemiplegia, cerebrovascular disease and other specified extrapyramidal and movement disorders. The assessment indicated the resident had a BIMS score of 12 and as non-ambulatory and dependent on staff with transfers. A Care Plan with a nursing diagnosis of impaired physical mobility related to a cerebrovascular accident (CVA) and the inability to walk or transfer him/her. The approaches included the following: a. Use caution with I am transferred with a Hoyer lift device. During an interview 8/11/17 at 2:41 p.m. the resident confirmed he/she sat lined up with several other residents at meal times with the doors closed to the dining room. The resident indicated he/she had not liked it when the doors had been closed and he/she could not enter the dining area. An observation on 8/2/17 at 4:34 p.m. revealed residents lined up in a hallway and the dining room doors closed. The area had no entertainment and residents were looking around, and some residents sleeping while they waited for the dining room doors to open for the supper			

_____ _____

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

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 6655				**Date: September 25, 2017**
Facility name **Timely Mission Nursing Home**		**Survey Dates: August 2-September 1, 2017**		
Facility Address/City/State/Zip **109 Mission Drive** **Buffalo Center, Iowa 50424**				
	DS			

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	meal. An observation 8/10/17 at 4:50 p.m. revealed a random resident ambulated into the dining area for supper while tables set up for the meal service. Staff I, Dietary Aide, redirected the resident out of the dining area. Staff I informed the resident that he/she could return at 5 p.m. Staff I shut the dining room door while other residents were lined up outside the dining room. During an interview 8/10/17 at 4:53 p.m., Staff I confirmed he redirected the resident outside of the dining area and closed the door. On 8/3/17 at 11:25 a.m., the Dietary Manager was interviewed and stated the residents arrived to the closed dining room doors all at the same time and she would like the doors to have been opened. During an interview 8/10/17 at 4:05 p.m., Staff A, Certified Nursing Assistant (CNA) confirmed residents had been lined up outside closed dining room doors at meal times and felt the issue had been a dignity issue. During an interview 8/10/17 at 4:15 p.m., Staff F, CNA confirmed residents had been lined up behind closed dining room doors but had never			

_____ _____

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

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 6655				**Date: September 25, 2017**
Facility name **Timely Mission Nursing Home**		**Survey Dates: August 2-September 1, 2017**		
Facility Address/City/State/Zip **109 Mission Drive** **Buffalo Center, Iowa 50424**				
	DS			

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	been given a reason and felt the issue had been a chance for dietary to set up for meals service. The staff member felt the procedure had been a dignity issue for some residents. On 8/10/17 at 4:23 p.m., Staff O, CNA confirmed residents were lined up outside the closed dining room doors at meal times and felt the procedure had been hectic and a dignity issue. On 8/11/17 at 9:54 a.m., Staff D, CNA was interviewed and stated residents are lined up outside the closed dining room doors at meal times. Staff D stated she has heard residents complain because they are lined up. **FACILITY RESPONSE:**			

_____ _____

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

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 6655				**Date: September 25, 2017**
Facility name **Timely Mission Nursing Home**		**Survey Dates: August 2-September 1, 2017**		
Facility Address/City/State/Zip **109 Mission Drive** **Buffalo Center, Iowa 50424**				
	DS			
Rule or Code Section	**Nature of Violation**	**Class**	**Fine Amount**	**Correction date**

_____ _____

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