# Iowa Department of Inspections and Appeals
## Health Facilities Division
## Citation

| | | | |
|---|---|---|---|
| **Citation Number:**<br>**FC # 6660** | **Class II fine amount reduced by 35% to $325.00 on October 26, 2017 pursuant to Iowa Code Section 135C.43A** | | **Date:**<br>**September 29, 2017** |
| **Facility Name:**<br>**Glen Haven Home** | | **Survey Dates:**<br>**September 11-14, 2017** | |
| **Facility Address/City/State/Zip**<br>**302 Sixth Avenue**<br>**Glenwood, IA 51534** | | | |
| | **HL** | | |

| Rule or Code Section | Nature of Violation | Class | Fine Amount | Correction date |
|---|---|---|---|---|
| **58.28(3)e** | **481- 58.28(3) *Resident safety.***<br>***e.* Each resident shall receive adequate supervision to protect against hazards from self, others or, elements in the environment. (I, II, III)**<br><br>**DESCRIPTION:**<br>Based on clinical record review, facility record review and staff interview, the facility failed to provide adequate supervision to prevent accidents for 1 of 10 residents reviewed (Resident 15). Record review revealed Resident #15 required staff assistance for transfers and toilet use. The facility call light log and staff statements, revealed Resident #15 waited approximately 39 minutes on the toilet until staff responded to his/her call light and found the resident on the floor face down. Resident #15 sustained injuries including a cervical spine fracture. Staff E reported she knew Resident #15 had been on the toilet but went to assist another resident. Staff H reported nurses receive alerts on a pager if a call light had been on for over 10 minutes however, that day he could not find a pager. The facility reported a census of 63 residents.<br><br>Findings include:<br><br>According to the Minimum Data Set (MDS) assessment tool dated 5/15/17 indicated Resident #15 had a Brief Interview of Mental Status (BIMS) score of 14, indicating no cognitive impairment. The MDS listed the following diagnoses for Resident #15: anxiety, chronic kidney disease, chronic obstructive pulmonary disease, and stress incontinence. The MDS | **I** | **$7000.00**<br>**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:**<br>**FC # 6660** | **Class II fine amount reduced by 35% to $325.00 on October 26, 2017 pursuant to Iowa Code Section 135C.43A** | | **Date:**<br>**September 29, 2017** |
| **Facility Name:**<br>**Glen Haven Home** | | **Survey Dates:**<br>**September 11-14, 2017** | |
| **Facility Address/City/State/Zip**<br>**302 Sixth Avenue**<br>**Glenwood, IA 51534** | | | |
| | **HL** | | |

| Rule or Code Section | Nature of Violation | Class | Fine Amount | Correction date |
|---|---|---|---|---|
| | indicated Resident #15 required extensive assistance of 1 staff for bed mobility, transfers and extensive assistance of 2 staff for toilet use.<br><br>Review of Resident #15's care plan with a revision date of 5/22/17 revealed staff are to assist (1 staff) with activities of daily living and assist of 2 with sit to stand or use of walker, gait belt and assistance of 2 for transfers (per resident's preference). Staff is to check and change resident frequently as s/he is incontinent of urine.<br><br>Record review of Resident #15's event report dated 8/03/17 at 11:18 a.m. identified on 8/3/17 at 8:00 a.m., Resident #15 fell in the bathroom. Staff documented Resident #15 had been alone/unattended at the time of the fall. Staff found Resident #15 on the floor with injuries to his/her head (laceration to forehead), extremities, trunk and left hand, however the resident denied neck pain. The resident rated his/her pain at 4 out of 10 (moderate pain distressing, miserable-verbalized by moaning). Resident #15's range of motion was limited/painful in upper extremity-could not lift arm for transfer, and staff observed no rotation/deformity/shortening noted. Resident #15 had no falls/fracture in the past and had been wearing gripper socks at the time of the incident. The report documented factor/s related to the fall, such as lost of strength /appeared to get weak and the resident had been sitting on the toilet prior to the fall. Review of contributing factors listed toileting status. The even report indicated following the fall, staff will supervise | | | |



_____ _____

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:**<br>**FC # 6660** | **Class II fine amount reduced by 35% to $325.00 on October 26, 2017 pursuant to Iowa Code Section 135C.43A** | | **Date:**<br>**September 29, 2017** |
| **Facility Name:**<br>**Glen Haven Home** | | **Survey Dates:**<br>**September 11-14, 2017** | |
| **Facility Address/City/State/Zip**<br>**302 Sixth Avenue**<br>**Glenwood, IA 51534** | | | |
| | **HL** | | |

| Rule or Code Section | Nature of Violation | Class | Fine Amount | Correction date |
|---|---|---|---|---|
| | the resident in bathroom.<br><br>Review of Resident #15's progress note in an event report documented : stat call to resident's room at approximately 8:14 a.m. by Certified Nursing Assistant. The writer was downstairs at the time and ran upstairs to respond to call. Another nurse was already present in room applying pressure to head wound. There was moderate amount of blood on floor under the resident's head (no other areas of blood noted). Resident was lying under the sink with head towards wall on top of walker, arms folded underneath and feet pointed towards the toilet. The walker was underneath resident and appeared right below his/her chest level. Resident #15 answered simple questions slowly (which is normal) and was alert. The report documented 911 called at approximately 8:18 a.m and arrived at 8:25 a.m. Resident repositioned in bathroom with use of blankets. Resident #15's walker removed from underneath and blanket used to remove resident from bathroom by sliding on floor. Resident transferred to backboard and c-collar applied by emergency medical team. Resident #15 was transferred to emergency room.<br><br>Review of Resident #15's chart revealed a neurosurgeon consult with a date and time of 8/3/17 at 6:37 p.m. revealed a CT scan was reviewed and demonstrated a type II odontoid fracture (peg or dens fracture) without displacement. CT of the head was negative. | | | |



_____ _____

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:**<br>**FC # 6660** | **Class II fine amount reduced by 35% to $325.00 on October 26, 2017 pursuant to Iowa Code Section 135C.43A** | | **Date:**<br>**September 29, 2017** |
| **Facility Name:**<br>**Glen Haven Home** | | **Survey Dates:**<br>**September 11-14, 2017** | |
| **Facility Address/City/State/Zip**<br>**302 Sixth Avenue**<br>**Glenwood, IA 51534** | | | |
| | **HL** | | |

| Rule or Code Section | Nature of Violation | Class | Fine Amount | Correction date |
|---|---|---|---|---|
| | Review of Resident #15's hospital history and physical with a date and time of 8/3/17 at 5:16 p.m. revealed the resident fell in the bathroom at the nursing home and struck his/her head on the sink during an unwitnessed fall. When the resident was brought to the emergency room upon arrival he/she was confused and unable to answer questions. The resident had a forehead laceration which was sutured. A computerized axial tomography (CAT) scan revealed a C2 fracture (cervical spine) through the base of the odontoid process. [ A peg of bone called the odontoid process (sometimes called the dens). The odontoid process sticks up from the front of C2 and fits into a groove in C1.]<br>The resident received Diluadid and morphine to address his/her pain. The resident remained lethargic and was admitted to the hospital.<br><br>According to the Certificate of Death, on 8/13/17 at 3:30 a.m., Resident #15 died at the hospital. Resident #15's manner of death was classified as an accident from a ground level fall. The immediate cause of death listed odontoid fracture with the date of injury on 8/3/17.<br><br>According to the call light log, given by Administrator revealed the bathroom call light for Resident #15 was cleared on 8/3/17 at 8:20:34 a.m. with a reset time of 39 minutes and 1 second. On 9/13/17 at 12:40 a.m. the Administration stated the time on the log, with the date, is when the call light was cleared. | | | |



_____ _____

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:**<br>**FC # 6660** | **Class II fine amount reduced by 35% to $325.00 on October 26, 2017 pursuant to Iowa Code Section 135C.43A** | | **Date:**<br>**September 29, 2017** |
| **Facility Name:**<br>**Glen Haven Home** | | **Survey Dates:**<br>**September 11-14, 2017** | |
| **Facility Address/City/State/Zip**<br>**302 Sixth Avenue**<br>**Glenwood, IA 51534** | | | |
| | **HL** | | |

| Rule or Code Section | Nature of Violation | Class | Fine Amount | Correction date |
|---|---|---|---|---|
| | A written statement by Staff E documented on 8/3/17 around 7:30 to 7:40 a.m., she put Resident #15 on the toilet and the resident stated he/she wanted to sit on the toilet for a little bit so Staff E went to assist another resident. Staff E documented when she was done, she went back to Resident #15's room to shut off his/her call light and found him/her head first under the sink with blood all over the floor.<br><br>During a staff interview on 9/12/17 at 6:04 p.m. Staff E stated she worked on 8/3/17, she split the hall with Staff F. Staff E stated she had gotten Resident #15 up to the toilet at about 7:45 a.m. and asked if Resident #15 wanted to sit and the resident said yes. So Staff E gave Resident #15 the call light then went to room 214 to assist the residents in there. After Staff E assisted those residents, she went in to Resident #15 room, room 213 and found the resident on the floor at about 8:05 a.m. but wasn't certain on the time. Staff E stated Resident #15 used a walker, gait belt, and 1 staff for transfers and never got up by themselves, would use the call light. Staff E stated residents can be left alone in the bathroom unless the care plan says not to. Staff E stated Resident #15's care plan never said someone had to be in the bathroom with him/her. When asked how she knew a call light was going off Staff E stated it pops up on a reader screen by the elevator and it shows up on the pagers. Staff E stated the pagers go off for bathroom and bedroom lights. Staff E stated only CNAs had pagers not the nurses that day. Staff E stated since the incident now everyone has a pager. | | | |



_____ _____

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:**<br>**FC # 6660** | **Class II fine amount reduced by 35% to $325.00 on October 26, 2017 pursuant to Iowa Code Section 135C.43A** | | **Date:**<br>**September 29, 2017** |
| **Facility Name:**<br>**Glen Haven Home** | | **Survey Dates:**<br>**September 11-14, 2017** | |
| **Facility Address/City/State/Zip**<br>**302 Sixth Avenue**<br>**Glenwood, IA 51534** | | | |
| | **HL** | | |

| Rule or Code Section | Nature of Violation | Class | Fine Amount | Correction date |
|---|---|---|---|---|
| | If the call light is on, after 10 minutes the management/department heads will get a page. Staff E stated the staff will then ask nursing staff to shut off the call light. Staff E stated the Director of Nursing (DON) pulled up the video from the hall and said she saw her partner (Staff F) had walked by the room and never assisted Resident #15 and walked next door. Staff E stated the DON said Staff F should have turned the light off.<br><br>During a staff interview on 9/21/17 at 2:15 p.m. Staff F CNA stated she was working the morning of Resident #15's fall on 8/3/17. Staff F stated she and Staff E CNA split the hall that day; Staff F had North Hall and Staff E had South Hall. Staff F stated Resident #15 would call if assistance was needed. Staff F stated Resident #15 used to use an EZ-stand mechanical lift but worked with physical and occupational therapy and was using a walker, gait belt and staff assistance for transfers. Staff F stated Resident #15 had a riser on their toilet seat, but the resident's feet never touched the floor.<br>When asked what happened on 8/3/17, Staff F stated Staff E had assisted Resident #15 on the toilet before breakfast (before 8:00 a.m.) and Staff G CNA was assisting Staff F with other getting other residents up. Staff F walked down the hall and saw Staff E walk out of Resident #15's room and said call "nurse stat" Resident #15 is on the floor. Staff F said this was roughly about 8:10 a.m. as Resident #15 was the only one left in their room. Staff F said she saw 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:**<br>**FC # 6660** | **Class II fine amount reduced by 35% to $325.00 on October 26, 2017 pursuant to Iowa Code Section 135C.43A** | | **Date:**<br>**September 29, 2017** |
| **Facility Name:**<br>**Glen Haven Home** | | **Survey Dates:**<br>**September 11-14, 2017** | |
| **Facility Address/City/State/Zip**<br>**302 Sixth Avenue**<br>**Glenwood, IA 51534** | | | |
| | **HL** | | |

| Rule or Code Section | Nature of Violation | Class | Fine Amount | Correction date |
|---|---|---|---|---|
| | #15 lying face down on the floor on top of their walker. When Staff F was asked if she was in Resident #15's adjoining room she indicated she was in there around 8:00 a.m. and saw Resident #15 on the toilet. Staff F stated she saw Resident #15's call light on a few times that morning. When Staff F was asked about when the pagers go off she stated they go off whenever a call light is turned on, even for the bathroom light. The pagers will go off until the light is shut off but if it's on passed 10 minutes the nurse's pagers will go off. Staff F stated residents can be left alone in their bathroom unless their care plan says otherwise. When asked if Staff E seemed distracted that day, she stated that Staff E talks too much about her personal life and her mind always seems elsewhere.<br><br>Review of the facility's investigation for the incident on 8/3/17 revealed Staff F's statement as follows: Staff F was taking care of a resident with another CNA then came out and Staff D had her check on a resident in 211 bed. At 7:50 a.m. Staff F got a washcloth and noticed Resident #15 on the toilet and was fine. Staff F then left and checked on another resident, came out to the hall and Staff E said to call nurse stat that Resident #15 was on the floor.<br><br>During a follow up staff interview on 9/14/17 at 1:50 p.m., Staff F was asked what she meant in her facility statement when she stated she noticed Resident #15 seated on the toilet and fine. Staff F stated when she saw Resident #15 s/he was fine, sitting on the toilet. | | | |



_____ _____

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:**<br>**FC # 6660** | **Class II fine amount reduced by 35% to $325.00 on October 26, 2017 pursuant to Iowa Code Section 135C.43A** | | **Date:**<br>**September 29, 2017** |
| **Facility Name:**<br>**Glen Haven Home** | | **Survey Dates:**<br>**September 11-14, 2017** | |
| **Facility Address/City/State/Zip**<br>**302 Sixth Avenue**<br>**Glenwood, IA 51534** | | | |
| | **HL** | | |

| Rule or Code Section | Nature of Violation | Class | Fine Amount | Correction date |
|---|---|---|---|---|
| | During a staff interview on 9/13/17 at 12:00 p.m. Staff G CNA stated she worked on 8/3/17 but on a new hall. Staff G stated once her tasks were completed she went to the North/South to assist with other residents. Staff G stated she first helped Staff F and that's when Staff E ran out of room 211 and said to page for nurse stat. Staff G stated Staff F went in to the bathroom of room 211 to see what happened. Staff G stated after the incident more of the management team has pagers that go off if a call light is on passed 10 minutes. Staff G also stated that nurses are supposed to have the 10 minute pagers too. When asked if Staff E seemed distracted that day, Staff E stated you have to tell her what to do, like if a light was going off, you'd have to tell her to get it.<br><br>During an interview on 9/13/17 at 1:00 p.m. the DON stated they could not save the video footage for the incident that took place on 8/3/17.<br><br>During a staff interview on 9/13/17 at 1:27 p.m. Staff D Licensed Practical Nurse (LPN) stated she did work on 8/3/17. Staff D stated she had gone in Resident #15's bathroom before 8:00 a.m., between 7:30 a.m. and 7:40 a.m. to administer medications and resident had just transferred to the toilet. Staff E was still in the room and the call light was not on at that time. Staff D stated she gave Resident #15 their meds and left the room, but Staff E was still there.<br>Staff D stated she heard the nurse stat call about 8:15 a.m. from downstairs then ran upstairs to assist. Staff D stated Staff H LPN was already in the bathroom | | | |



_____ _____

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:**<br>**FC # 6660** | **Class II fine amount reduced by 35% to $325.00 on October 26, 2017 pursuant to Iowa Code Section 135C.43A** | | **Date:**<br>**September 29, 2017** |
| **Facility Name:**<br>**Glen Haven Home** | | **Survey Dates:**<br>**September 11-14, 2017** | |
| **Facility Address/City/State/Zip**<br>**302 Sixth Avenue**<br>**Glenwood, IA 51534** | | | |
| | **HL** | | |

| Rule or Code Section | Nature of Violation | Class | Fine Amount | Correction date |
|---|---|---|---|---|
| | applying pressure to the resident's head. Staff D stated she called 911. She was unsure if the call light was on. When asked who has the pagers, Staff D stated at the time of the incident she could not find a working pager, so she did not have one. She stated that if a call light is on for more than 10 minutes the nurses get paged and after the incident all department heads have pagers.<br><br>During a staff interview on 9/13/17 at 2:15 p.m. Staff H stated he worked on 8/3/17 and was working on new Hall when he heard the nurse stat call around 8:00 a.m. Staff H stated when he arrived he found Resident #15 face down on top of the walker with a laceration to his/her head. Staff H stated all nurses and CNAs have pagers, but that day he could not find one. Staff H stated nurses receive pages if a call light has been on over 10 minutes. Since the fall he believes the facility has obtained more pagers.<br><br>Review of the facility's investigation for the incident on 8/3/17 revealed Staff H's statement as follows: Approximately 8:12 a.m. responded to a nurse stat to room 211-213 bathroom. Resident #15 was witnessed to be face down on top of walker. Blood was coming from head, immediately applied pressure to wound. Told Staff D to call 911. Kept pressure on wound. Resident was conscious. Asked if she was hurting anywhere, stated his/her left hand hurt. Resident #15 became restless. Calmed him/her down and told him/her we can't move until the ambulance had arrived. | | | |



_____ _____

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:**<br>**FC # 6660** | **Class II fine amount reduced by 35% to $325.00 on October 26, 2017 pursuant to Iowa Code Section 135C.43A** | | **Date:**<br>**September 29, 2017** |
| **Facility Name:**<br>**Glen Haven Home** | | **Survey Dates:**<br>**September 11-14, 2017** | |
| **Facility Address/City/State/Zip**<br>**302 Sixth Avenue**<br>**Glenwood, IA 51534** | | | |
| | **HL** | | |

| Rule or Code Section | Nature of Violation | Class | Fine Amount | Correction date |
|---|---|---|---|---|
| | During a staff interview on 9/14/17 at 12:15 p.m. the Administrator stated Resident #15 didn't try to get up on his/her own and was not an impulsive person. At the time of the incident it is the busiest time of day. The Administrator stated she watched the video and it showed Resident #16 turned on their call light right as staff walked out of the room. She's not sure what they could have done differently as she believes the resident passed out then fell on the floor.<br>**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:**<br>**FC # 6660** | **Class II fine amount reduced by 35% to $325.00 on October 26, 2017 pursuant to Iowa Code Section 135C.43A** | | **Date:**<br>**September 29, 2017** |
| **Facility Name:**<br>**Glen Haven Home** | | **Survey Dates:**<br>**September 11-14, 2017** | |
| **Facility Address/City/State/Zip**<br>**302 Sixth Avenue**<br>**Glenwood, IA 51534** | | | |
| | **HL** | | |

| Rule or Code Section | Nature of Violation | Class | Fine Amount | Correction date |
|---|---|---|---|---|
| **50.7(1)a (2)** | **481—50.7(10A,135C) Additional notification.** The director or the director's designee shall be notified within 24 hours, or the next business day, by the most expeditious means available (I,II,III):<br>**50.7(1)** Of any accident causing major injury.<br>*a.* "Major injury" shall be defined as any injury which:<br>(2) Requires admission to a higher level of care for treatment, other than for observation; or<br>**DESCRIPTION:**<br><br>Based on record review and staff interview, the facility failed to report to Department of Inspections and Appeals (DIA) a fall experienced by Resident #9 which resulted in a fracture and hospitalization for one of ten residents reviewed. The facility identified a census of 63 current residents.<br><br>Findings include:<br><br>The Minimum Data Set (MDS) assessment tool dated 3/13/17 indicated Resident #9 had a Brief Mental Status Interview score of 13 indicating no cognitive impairment. The MDS listed the following diagnoses for Resident #9: hypertension, depression, abnormal gait and mobility. The MDS indicated Resident #9 required extensive assistance of one staff for bed mobility, and transfers and total dependence of 1 staff for locomotion on and off the unit. The MDS indicated Resident #9 utilized a walker and wheelchair.<br><br>Review of Resident #9's care plan with a revision date of 3/24/17 revealed staff to assist with activities of daily | **II** | **$500.00** | **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:**<br>**FC # 6660** | **Class II fine amount reduced by 35% to $325.00 on October 26, 2017 pursuant to Iowa Code Section 135C.43A** | | **Date:**<br>**September 29, 2017** |
| **Facility Name:**<br>**Glen Haven Home** | | **Survey Dates:**<br>**September 11-14, 2017** | |
| **Facility Address/City/State/Zip**<br>**302 Sixth Avenue**<br>**Glenwood, IA 51534** | | | |
| | **HL** | | |

| Rule or Code Section | Nature of Violation | Class | Fine Amount | Correction date |
|---|---|---|---|---|
| | living with assist of 1. Staff is to remind Resident #9 to use the call light and ask for assist. Resident #9 may use a wheelchair as needed.<br><br>Review of Resident #9's event report dated 3/28/17 at 8:38 a.m. identified the resident fell on 3/28/17 at 7:30 a.m., in their room. Staff documented the unwitnessed fall most likely happened when Resident #9 attempted to self-transfer without staff assistance and lost their balance. Staff found Resident #9 on floor, unable to move leg, unable to complete range of motion, and in intense pain (rated pain at 10 out of 10).<br>Resident #9 had been in bed prior to the fall and wearing shoes. Resident #9 can be left alone and unattended in his/her room. Resident #9 had fallen within the past 6 months.<br><br>Review of Resident #9's progress note noted on 3/28/17 8:54 a.m. at 7:00 a.m. nurse was called to the resident's room by staff, Certified Nursing Assistant (CNA) had walked by room and saw that resident was lying on floor. Resident could be heard yelling help me. Nurse observed that resident was lying on right side on floor in middle of room and was crying. Resident was stated he/she broke his/her leg. Resident stated he/she was getting up out of bed and fell. Staff obtained vitals while nurse made call to 911. Squad arrived at 7:40 a.m. and exited building with resident around 8:10 a.m. to transfer to emergency room.<br><br>Review of Resident #9's chart revealed an emergency | | | |



_____ _____

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:**<br>**FC # 6660** | **Class II fine amount reduced by 35% to $325.00 on October 26, 2017 pursuant to Iowa Code Section 135C.43A** | | **Date:**<br>**September 29, 2017** |
| **Facility Name:**<br>**Glen Haven Home** | | **Survey Dates:**<br>**September 11-14, 2017** | |
| **Facility Address/City/State/Zip**<br>**302 Sixth Avenue**<br>**Glenwood, IA 51534** | | | |
| | **HL** | | |

| Rule or Code Section | Nature of Violation | Class | Fine Amount | Correction date |
|---|---|---|---|---|
| | room discharge summary with a signed date and time of 3/28/17 at 10:08 a.m. revealed a left hip and pelvis X-ray was obtained and showed a left intertrochanteric hip fracture.<br><br>Review of Resident #9's care plan with a revision date of 4/1/17 revealed Resident #9 returned from the hospital on 4/1/17 under Medicare Part A to receive physical therapy and occupational therapy after the left hip fracture.<br><br>During interview on 9/13/17 at 11:00 a.m. the Administrator state this was missed and should have been reported to the Department of Inspections and Appeals.<br>**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:**<br>**FC # 6660** | **Class II fine amount reduced by 35% to $325.00 on October 26, 2017 pursuant to Iowa Code Section 135C.43A** | | **Date:**<br>**September 29, 2017** |
| **Facility Name:**<br>**Glen Haven Home** | | **Survey Dates:**<br>**September 11-14, 2017** | |
| **Facility Address/City/State/Zip**<br>**302 Sixth Avenue**<br>**Glenwood, IA 51534** | | | |
| | **HL** | | |

| 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).**