

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

Citation Number: 6818		Date: June 25, 2018		
Facility Name: Timely Mission		Survey Dates: May 23, May 29-31, June 4, & June 6, 2018		
Facility Address/City/State/Zip 109 Mission Drive Buffalo Center, IA 50424		MW		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

58.19(2)j	<p>58.19(2) Medication and treatment. <i>j.</i> 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)</p> <p>Investigation:</p> <p>Based on observation, record review, staff and physician interviews, the facility failed to ensure that residents received treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices for 3 of 5 residents reviewed. The facility failed to assess and address Resident #1 and Resident #2 condition declines. Staff noticed symptoms that were not addressed. Resident #2 went to the hospital with severe dehydration and expired that day. On 2/7/18 a hospital history and physical revealed Resident #5 had loose stools for 2 weeks. The first Nurses Note entry regarding this was on 2/5/18 and contained no assessment of the resident. An assessment completed and faxed to the physician on 2/6/18 at 11:50 p.m. was not received by the physician until 2/7/18. On 2/7/18 the resident admitted to the hospital with</p>	I	<p>\$9750 X3 (treble) \$29,250 Held in Suspension</p>	<p>UPON RECEIPT</p>
------------------	---	----------	--	--------------------------------

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: 6818		Date: June 25, 2018		
Facility Name: Timely Mission		Survey Dates: May 23, May 29-31, June 4, & June 6, 2018		
Facility Address/City/State/Zip 109 Mission Drive Buffalo Center, IA 50424		MW		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>infectious colitis. Facility census was thirty-four (34) residents.</p> <p>Findings include:</p> <p>1. A MDS with assessment reference date of 1/1/18 assessed Resident #2 with a BIMS score of "0" (severe cognitive impairment) The MDS did not identify behaviors including rejection of care. The resident had the following signs and symptoms of delirium: inattention and disorganized thinking. The resident required total staff assistance with bed mobility, transfers, dressing, eating, personal hygiene and bathing. The resident did not ambulate and used a wheelchair for mobility. The resident was always incontinent of bowel and bladder. The resident was 63 inches tall and 114 pounds. The MDS did not identify a significant weight loss.</p> <p>A Do Not Resuscitate Request (DNR) dated 2/6/17 revealed the resident did not want chest compressions, defibrillation or intubation. The form identified the DNR decision would not prevent the resident from obtained other emergency care which would make the resident more comfortable which included but not limited to: pain medication, fluid therapy and respiratory assistance.</p>			
--	---	--	--	--

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: 6818		Date: June 25, 2018		
Facility Name: Timely Mission		Survey Dates: May 23, May 29-31, June 4, & June 6, 2018		
Facility Address/City/State/Zip 109 Mission Drive Buffalo Center, IA 50424		MW		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>A December 2017 MAR revealed the resident weighed 114.2 on 12/26/17. A January 2018 MAR identified the resident weighed 112 on 1/17/18. A February 2018 MAR revealed the resident weighed 104.6 on 2/20/18. The resident lost 7.4 pounds in 1 month (from 1/17/18 to 2/20/18) which was a significant weight loss. On 2/27/18 the hospital weighed the resident at 97 pounds.</p> <p>A Nutritional Assessment sheet dated 1/3/18 revealed the resident usually took fluid better than food. The resident's appetite varied with the resident often eating less than 50%. The resident had no special food likes. The assessment identified that the resident received Resource 2.0 supplement 60 cc three times a day and 4 ounces of strawberry Ensure three times a day and 4 ounces of yogurt at breakfast.</p> <p>Review of the February 2018 MAR showed staff signed they administered the Resource drink listed on the nutritional assessment. On 5/30/18 at 12:52 p.m. Staff B LPN (licensed practical nurse) stated she initialed she gave the resident Resource because she offered it. She stated the resident would not take the Resource.</p> <p>On 5/30/18 at 9:40 a.m. the DON stated the kitchen delivered the Ensure so those would not</p>			
--	--	--	--	--

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: 6818		Date: June 25, 2018		
Facility Name: Timely Mission		Survey Dates: May 23, May 29-31, June 4, & June 6, 2018		
Facility Address/City/State/Zip 109 Mission Drive Buffalo Center, IA 50424		MW		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>be on the MAR. The Resource should be recorded on the MAR. On 5/30/18 at 10 a.m. the food service manager stated dietary supplied strawberry Ensure to the resident. They did not document when it was given.</p> <p>A Clinic Nursing Home note dated 2/23/18 revealed the physician saw the resident. The physician ordered Norco (narcotic) for the resident for administration prior to bath for pain control on bath days. The weight listed on the clinic note was 139.2 pounds. Her diagnoses included: adult failure to thrive and dementia. On 5/31/18 at 11:57 a.m. the MDS nurse stated the 139.2 pounds was an error. They just noticed that yesterday.</p> <p>Daily food intakes revealed the following:</p> <p>2/15/18 Breakfast 0 lunch 15 supper 0 2/16/18 Breakfast 0 lunch 15 supper 15 2/17/18 Breakfast 25 lunch 25 supper 85 2/18/18 Breakfast 25 lunch 25 supper 25 2/19/18 Breakfast 0 lunch 100 supper 50 2/20/18 Breakfast 0 lunch 0 supper 25 2/21/18 Breakfast 15 lunch 50 supper 75 2/22/18 Breakfast 25 lunch bites supper 25 2/23/18 Breakfast 50 lunch 35 supper 80 2/24/18 Breakfast 0 lunch 25 supper 20 2/25/18 Breakfast 0 lunch bites supper bites</p>			
--	--	--	--	--

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: 6818					Date: June 25, 2018
Facility Name: Timely Mission		Survey Dates: May 23, May 29-31, June 4, & June 6, 2018			
Facility Address/City/State/Zip 109 Mission Drive Buffalo Center, IA 50424		MW			
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date	

	<p>2/26/18 Breakfast 0 lunch 0 supper 25 2/27/18 hospital/expired</p> <p>There were no fluid intake records.</p> <p>Nurses Notes dated 2/27/18 at 2 a.m. revealed the resident's condition appeared worse. The resident's eyes looked sunken and dark and the resident's feet were cold and blue. Respirations 40. The nurse was unable to feel pulses as the pulse was too weak and she could not obtain a blood pressure. Staff notified the DON (director of nursing). On 6/4/18 at 2:10 p.m. the DON stated Staff C RN did call her saying the resident was not doing well. She said she called the resident's family. The DON told Staff C to find out if the family wanted the resident transferred to the hospital. The DON stated she could not fully recall the details of the call. On the same date at 4:45 a.m. Staff C notified the resident's family of the resident's condition and they wanted the resident hospitalized for comfort. The resident transported to the hospital.</p> <p>During an interview with Staff C on 5/29/18 at 8:12 a.m. when asked, why she didn't get an ambulance sooner than 4:45 a.m. when she charted at 2 a.m. that she was unable to obtain a pulse or blood pressure. Staff C stated, she didn't think the resident was that bad yet. Staff had</p>			
--	---	--	--	--

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: 6818		Date: June 25, 2018		
Facility Name: Timely Mission		Survey Dates: May 23, May 29-31, June 4, & June 6, 2018		
Facility Address/City/State/Zip 109 Mission Drive Buffalo Center, IA 50424		MW		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>other things to do besides just sit there and watch the clock go by, and there are other residents to care for and things to get done.</p> <p>An ED (emergency department) physician final report dated 2/27/18 revealed the resident arrived at the ED after staff found her unresponsive at the nursing home. When the emergency services personnel arrived the resident was hypoxic with oxygen in the low 80's. The resident had dryness and chapping of the mucus membranes. The resident's pupils were 2 mm (millimeters) and nonreactive. The resident's blood work on 2/27/18 at 6:23 a.m. revealed the following:</p> <p>Sodium 189 (HI) normal is 133 to 146 Chloride 150 (HI) normal is 97 to 109 Carbon dioxide level 16 mMo/L (LOW) normal is 20 to 34 BUN (blood urea nitrogen) 99 (HI) normal is 10 to 28 Creatinine 3.71 (HI) normal is 0.6 to 1.2 Lactic Acid level 11.2 (HI) normal is 0.5 to 2.0</p> <p>The resident was diagnosed with lactic acidosis, acute renal failure, dehydration, hypernatremia, significant hypotension and unresponsive.</p> <p>Nurses Notes identified the resident was back at the facility on 2/27/18. No actual arrival time was</p>			
--	--	--	--	--

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: 6818		Date: June 25, 2018		
Facility Name: Timely Mission		Survey Dates: May 23, May 29-31, June 4, & June 6, 2018		
Facility Address/City/State/Zip 109 Mission Drive Buffalo Center, IA 50424		MW		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>documented but an entry dated 2/27/18 at 2 p.m. revealed the resident's family was at her bedside. On the same date at 2:20 p.m. revealed the resident admitted to Hospice care. On the same date at 2:50 p.m. staff was unable to obtain an apical pulse. The resident expired.</p> <p>Prior laboratory work dated 1/8/18 revealed the following: Sodium 144 Chloride 113 BUN 31 Creatinine 1.12</p> <p>On 5/30/18 at 1:20 p.m. the ED physician stated with a sodium level of 189 he would guess that the resident had not drank fluids in the previous 4 to 5 days, if not longer. She could have been that way a couple weeks if she had occasional water. Staff should have been able to tell she was dehydrated for 3 to 5 days before the hospital. The resident was comatose when she arrived at the ED. He stated after the resident received 1 liter of fluid she as awake and following staff. The hydration made her responsive.</p> <p>Staff Interviews:</p> <p>On 5/30/18 at 1:34 p.m. Staff C, RN stated on the day the resident went to ED, the resident started</p>			
--	---	--	--	--

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: 6818		Date: June 25, 2018		
Facility Name: Timely Mission		Survey Dates: May 23, May 29-31, June 4, & June 6, 2018		
Facility Address/City/State/Zip 109 Mission Drive Buffalo Center, IA 50424		MW		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>making sounds like a sheep and she had never done that before. The day nurse and she thought the resident had pain and the resident got barely anything for pain control. Staff C stated she tried to give the resident crushed Tylenol on first rounds, and the resident was dry which was strange because the resident was usually incontinent of urine. Staff C repotted the resident looked gaunt like she could die. On the next round (between 2 a.m. and 4 a.m.) she checked the resident's vital signs and they were low, she didn't think the resident would make it. She called the resident's daughter who wanted her transferred to the hospital. The resident looked like she was dying. Staff C stated the resident was responsive up until 1 a.m.</p> <p>On 5/30/18 at 3 p.m. Staff A, CNA stated the 2 days before the hospital the resident did not eat or drink at all.</p> <p>On 5/30/18 at 12:25 p.m. Staff D, CNA stated the resident spit food out and got worse in the last week or two (2). The resident would holler and scream. The resident screamed with increased movement. Her mouth was dry but she slept with it open. She normally had deep sunken eyes. The resident could ask for drinks.</p>			
--	---	--	--	--

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: 6818		Date: June 25, 2018		
Facility Name: Timely Mission		Survey Dates: May 23, May 29-31, June 4, & June 6, 2018		
Facility Address/City/State/Zip 109 Mission Drive Buffalo Center, IA 50424		MW		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>On 5/30/18 at 12:14 p.m. Staff E, CNA stated the resident was eating and drinking less. When staff gave her a drink, she would plug the hole of the cup. She was not eating or drinking more frequently more and more to the end. She complained a lot when she was touched or moved. Even when she wasn't touched, she said "ow". She was very stiff.</p> <p>On 5/29/18 at 1:32 p.m. Staff F, CNA stated the resident was in a lot of pain at the end. She made noises and acted funny for about a week before she passed away. She didn't want anything to eat or drink for a couple of weeks.</p> <p>On 5/29/18 at 1:17 p.m. Staff I, CNA reported the resident's drinking and appetite had decreased.</p> <p>On 5/29/18 at 12:08 p.m. Staff J, RN stated a few days before the resident expired she was in pain, her eating and drinking decreased and she held her lips together. She stated on the same date at 3:44 p.m. when she signed for Resource drink on the MAR that meant the resident drank it.</p> <p>On 5/29/18 at 3:07 p.m. Staff G, CNA stated the resident's eating and drinking decreased and the resident refused to eat and held her mouth closed.</p>			
--	---	--	--	--

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: 6818					Date: June 25, 2018
Facility Name: Timely Mission		Survey Dates: May 23, May 29-31, June 4, & June 6, 2018			
Facility Address/City/State/Zip 109 Mission Drive Buffalo Center, IA 50424		MW			
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date	

	<p>On 5/29/18 at 2:54 p.m. Staff H, stated the resident went downhill. The resident barely ate anyway but the week the resident expired, she would just have a spoon of food in her mouth and would spit it out. The resident wasn't as responsive and made sounds. The day before she expired the resident uncrossed her legs which was unusual because they were always crossed, then the next day they were crossed.</p> <p>Physician Interview:</p> <p>On 5/31/18 at 12:22 p.m. the resident's regular physician stated she would expect assessment and notification of changes in intakes and significant weight loss and documentation of the information. She stated she saw the resident on 2/23/18 and the resident seemed pretty normal then. The physician did not receive any information about changes at that time. When asked about Staff C's explanation for the 2 hour gap between a condition change and ambulance call, the physician stated that was not a good excuse.</p> <p>2. A Minimum Data Set (MDS) with assessment reference date of 12/10/17, assessed Resident #1 with a brief interview for mental status (BIMS) score of "0" (severe cognitive impairment). The MDS did not identify behaviors including rejection</p>			
--	--	--	--	--

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: 6818					Date: June 25, 2018
Facility Name: Timely Mission		Survey Dates: May 23, May 29-31, June 4, & June 6, 2018			
Facility Address/City/State/Zip 109 Mission Drive Buffalo Center, IA 50424		MW			
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date	

	<p>of care. The resident had the following signs and symptoms of delirium: inattention and disorganized thinking. The resident required extensive staff assistance with bed mobility, transfers, dressing, eating, personal hygiene and bathing. The resident did not ambulate and used a wheelchair for mobility. The resident was occasionally incontinent of bladder. The resident was 58 inches tall and 104 pounds. The MDS identified a weight loss of 5% or more in the last month or 10% in the last 6 months. The resident was not on a physician prescribed weight loss regimen.</p> <p>A February 2018 Medication Administration Record (MAR) identified the resident weighed 95.4 pounds on 2/5/18 and 90 pounds on 2/19/18 (significant weight loss of 5% in 2 weeks).</p> <p>A Nutritional Assessment sheet dated 12/20/17 revealed the resident's fluid intakes varied. The resident's food intake was less than the desired amounts and the resident had significant weight loss. The assessment identified that the resident received Resource 2.0 supplement 60 cc twice a day and Breeze supplement with meals and milk shake at bedtime. Staff increased fats all as accepted by resident. The assessment did not identify food likes other than a history of preferring morning servings.</p>			
--	--	--	--	--

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: 6818					Date: June 25, 2018
Facility Name: Timely Mission		Survey Dates: May 23, May 29-31, June 4, & June 6, 2018			
Facility Address/City/State/Zip 109 Mission Drive Buffalo Center, IA 50424		MW			
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date	

	<p>Review of the February 2018 MAR showed no Resource drink listed. Review of December 2017 and January 2018 MARS showed the Resource was discontinued on 11/28/17.</p> <p>On 5/30/18 at 9:40 a.m. the DON stated the kitchen delivered the Breeze supplement and milkshakes so those would not be on the MAR. The Resource should be recorded on the MAR.</p> <p>A Clinic Nursing Home Note dated 2/20/18 revealed the physician saw the resident and documented she was slowly deteriorating overall and her weight was 94.4 pounds. Her diagnoses included: adult failure to thrive and dementia.</p> <p>Daily food intake records identified the following:</p> <p>2/20/18 breakfast 35%, lunch 0 and supper 0 2/21/18 breakfast 0 lunch 0 and supper 0 2/22/18 breakfast 0 lunch 0 and supper 0 2/23/18 breakfast 0 lunch 0 and supper 0 2/24/18 breakfast 0 lunch 0 and supper 0 2/25/18 breakfast 0 lunch fluid only and supper shake 2/26/18 breakfast shake lunch shake and supper 0 2/27/18 "didn't get anything" for all three meals 2/28/18 expired</p>			
--	---	--	--	--

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: 6818		Date: June 25, 2018		
Facility Name: Timely Mission		Survey Dates: May 23, May 29-31, June 4, & June 6, 2018		
Facility Address/City/State/Zip 109 Mission Drive Buffalo Center, IA 50424		MW		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>There were no fluid intake records.</p> <p>Nurses Notes dated 2/20/18 at 1:30 p.m. revealed the physician saw the resident. The next entry was dated 2/27/18 at 5 p.m. and revealed the resident had a mental/physical status decline. The facility notified the resident's responsible party of the change. The entry identified the resident did not eat or drink anything that shift. The resident did not respond to verbal or tactile stimuli. There was no signs or symptoms of pain/discomfort. Staff provided the resident with comfort care and repositioning every 2 hours.</p> <p>Nurses Notes dated 2/27/18 at 9 p.m. revealed the resident continued non-responsive.</p> <p>Nurses Notes dated 2/28/18 at 1 a.m. identified the resident resting with eyes closed. No response to interaction. Respirations 16 and shallow. At 11 a.m. the resident rested with eyes closed. Non-responsive. No intake. The resident's skin was pale with mottling. At 1 p.m. the resident rested with agonal (difficult breathing prior to cardiac arrest) breathing. On the same date at 2:10 p.m. staff found the resident expired.</p>			
--	--	--	--	--

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: 6818		Date: June 25, 2018		
Facility Name: Timely Mission		Survey Dates: May 23, May 29-31, June 4, & June 6, 2018		
Facility Address/City/State/Zip 109 Mission Drive Buffalo Center, IA 50424		MW		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>There was no assessment or physician notification of lack of intakes and declines after 2/20/18.</p> <p>Physician Interview:</p> <p>On 5/30/18 at 10:58 a.m. the physician stated he would expect notification of no intakes and a significant weight loss. He stated he would also expect assessment and documentation regarding the resident during that time. He stated the resident was slowly failing over a long period of time. The lack of intakes reflected her end of life condition related to her advanced dementia.</p> <p>Staff Interviews:</p> <p>On 5/30/18 at 3 p.m. Staff A, CNA (certified nurse aide) stated the resident always tootled around in her wheelchair but the 1 to 2 weeks before she died she didn't. She also did not eat or drink. She would not even open her eyes, she just laid her head on the table. Staff reported it to nurses and they said to try and give her a milkshake but she did not take it. The resident used to resist care at bedtime but the week before she died she did not resist.</p> <p>On 5/30/18 at 12:52 p.m. Staff B, LPN (licensed practical nurse) stated the resident did not seem</p>			
--	--	--	--	--

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: 6818					Date: June 25, 2018
Facility Name: Timely Mission		Survey Dates: May 23, May 29-31, June 4, & June 6, 2018			
Facility Address/City/State/Zip 109 Mission Drive Buffalo Center, IA 50424		MW			
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date	

	<p>to have pain. She just wanted to sleep. She would push her tongue over the cup opening when staff tried to give her a drink. She would pocket food or not let it in her mouth. The day she passed away a CNA tried to give her a drink but she didn't want anything.</p> <p>On 5/30/18 at 1:34 p.m. Staff C, RN (registered nurse) stated the week or 2 preceding the resident's death the resident lost a lot of weight. Staff had kept the resident in her room and the resident did not eat or drink.</p> <p>On 5/30/18 at 12:25 p.m. Staff D, CNA stated the day before the resident expired she was not very responsive and looked like she was dying. In the week or 2 preceding the death, the resident refused food and drink more. She refused a little more, more often until eventually she took nothing.</p> <p>On 5/30/18 at 1214 p.m. Staff E, CNA stated the day before the resident expired she was up in her wheelchair. She stated the resident slept all day and did less 'tootling" in the wheelchair. Before she expired the resident just sat there. Staff E thought the resident was alert the day before she expired. She stated gradually the resident didn't eat or drink anything. More so the last 4 to 5</p>			
--	--	--	--	--

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: 6818		Date: June 25, 2018		
Facility Name: Timely Mission		Survey Dates: May 23, May 29-31, June 4, & June 6, 2018		
Facility Address/City/State/Zip 109 Mission Drive Buffalo Center, IA 50424		MW		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>days. Then it got to where the resident would "fake sleep" through the meal.</p> <p>On 5/29/18 at 1:32 p.m. Staff F, CNA stated a week before the resident passed away she just "shut down", got quiet and wouldn't talk. She declined eating and drinking for a couple weeks. Staff F stated the resident received the milkshake for a long time because of weight loss. That was hard for staff to "get down" the resident too.</p> <p>On 5/29/18 at 3:07 p.m. Staff G, CNA stated before the resident expired she became dead weight. The resident was sleepier than usual. She would refuse food and liquid and hold her mouth closed. The resident loved Mexican food and tacos and would always eat that.</p> <p>On 5/29/18 at 2:54 p.m. Staff H, CNA stated the week before the resident expired she went downhill. She would sleep in her chair instead of watching staff like she usually did. Staff H noticed something was wrong. A couple days before she passed, she refused food and they tried to give her shakes and liquids. The last week before she expired the resident did not urinate at all. The resident usually urinated heavily on his shift. Staff H told the nurse.</p>			
--	--	--	--	--

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: 6818		Date: June 25, 2018		
Facility Name: Timely Mission		Survey Dates: May 23, May 29-31, June 4, & June 6, 2018		
Facility Address/City/State/Zip 109 Mission Drive Buffalo Center, IA 50424		MW		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>3. A MDS with assessment reference date of 1/1/18 revealed Resident #5 with a BIMS score of "13" (no cognitive impairment). The resident required limited staff assistance with bed mobility, transfers and dressing. The resident had diagnoses that included: diabetes mellitus and heart failure.</p> <p>Nurses Notes dated 2/5/18 (no time listed) revealed staff received a return fax related to numerous loose stools. Staff received orders to obtain a stool specimen to rule out clostridium difficile. There was no information available that an assessment was completed or any previous entry documented about loose stools. The 2/5/18 fax revealed the resident had loose stools since 2/3/18 and had a loose stool every time she used the bathroom. The resident had a low grade temperature of 100.6 degrees and the resident was lethargic. There was no abdominal assessment.</p> <p>Nurses Notes dated 2/6/18 at 10 a.m. revealed staff sent a stool sample to the clinic. The entry did not contain any information about an assessment.</p> <p>Nurses Notes dated 2/7/18 at 9:25 a.m. revealed staff notified the resident's responsible party about a status change. The responsible party</p>			
--	--	--	--	--

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: 6818		Date: June 25, 2018		
Facility Name: Timely Mission		Survey Dates: May 23, May 29-31, June 4, & June 6, 2018		
Facility Address/City/State/Zip 109 Mission Drive Buffalo Center, IA 50424		MW		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>wanted the resident sent to the hospital. The entry did not contain information regarding an assessment.</p> <p>On 5/31/18 the DON provided a cover page to a fax which contained the date 2/6/18. The fax stated to "see attached nursing assessment due to recent GI (gastrointestinal) changes. The fax contained a nursing assessment dated 2/6/18 at 11:50 p.m. The assessment revealed the resident had dim to absent bowel sounds on the left side and the resident had multiple incontinent stools that were yellow mucus with increased odor. The resident had pain rated at "7" on a scale of 0 for no pain to 10 the worst pain. Staff gave Tylenol (analgesic) at 10:30 p.m. for resident moaning. The resident's abdomen was distended and tender to touch. The resident hollered out when staff palpated the right lower quadrant.</p> <p>A PRN Medication Administration Record (MAR) identified staff administered Tylenol on 2/5/18 at "23". The entry did not say why or if it was effective</p> <p>On 6/4/18 at 9:50 a.m. the DON stated staff sent the fax on 2/6/18 at 11:50 p.m. to the Buffalo Center clinic. When the clinic personnel arrived the next morning (2/7/18) they faxed it at 7:43 a.m. to the Forest City Clinic because the</p>			
--	--	--	--	--

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: 6818		Date: June 25, 2018		
Facility Name: Timely Mission		Survey Dates: May 23, May 29-31, June 4, & June 6, 2018		
Facility Address/City/State/Zip 109 Mission Drive Buffalo Center, IA 50424		MW		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>physician was not in Buffalo Center on 2/7/18. The physician saw the fax and returned it with a response on 2/7/18 at 11:35 a.m. The response questioned if the resident wanted the hospital.</p> <p>Nurses Notes revealed on 2/7/18 at 10:05 a.m. the resident left the facility for the hospital per ambulance.</p> <p>A hospital History and Physical (H & P) dated 2/7/18 revealed the resident presented to the ED with abdominal pain. She had the pain for 2 weeks but it was worse lately. The H & P revealed the resident had colitis most likely infectious. A CT of the abdomen included ischemic and infectious etiologies. The H & P also identified an inguinal rash with satellite lesions present. There was no documentation available from the facility to identify they assessed the inguinal rash. On 5/29/18 at 12:25 p.m. the DON confirmed she could not find anything about the facility assessing the inguinal rash.</p> <p>Nurses Notes dated 2/9/18 at 3 p.m. revealed the resident returned to the facility.</p> <p>Observation on 5/29/18 at 9:45 a.m. show the resident seated in a wheelchair in her room. The resident stated she had diarrhea that was going</p>			
--	--	--	--	--

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: 6818		Date: June 25, 2018		
Facility Name: Timely Mission		Survey Dates: May 23, May 29-31, June 4, & June 6, 2018		
Facility Address/City/State/Zip 109 Mission Drive Buffalo Center, IA 50424		MW		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>on all the time before the hospital. The resident stated it wasn't that bad and she just thought it was from the food she was eating. The resident stated she can't have tomato and that the facility makes a lot of food with tomato.</p> <p>On 5/30/18 at 11:51 a.m. the DON reported the resident's groins were clear.</p> <p>FACILITY RESPONSE:</p>			
--	---	--	--	--

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: 6818		Date: June 25, 2018		
Facility Name: Timely Mission		Survey Dates: May 23, May 29-31, June 4, & June 6, 2018		
Facility Address/City/State/Zip 109 Mission Drive Buffalo Center, IA 50424		MW		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

58.20(2)	<p>481—58.20(135C) Duties of health service supervisor. Every nursing facility shall have a health service supervisor who shall:</p> <p>58.20(2) Plan for and direct the nursing care, services, treatments, procedures, and other services in order that each resident's needs and choices, where practicable, are met; (II, III)</p> <p>Investigation: Based on record review and staff interviews, the facility failed to ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences for 1 of 5 residents reviewed. Resident #2 had evidence of pain that was not controlled by scheduled Tylenol (analgesic). Facility census was thirty-four residents.</p> <p>Findings include:</p>	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).

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

Citation Number: 6818		Date: June 25, 2018		
Facility Name: Timely Mission		Survey Dates: May 23, May 29-31, June 4, & June 6, 2018		
Facility Address/City/State/Zip 109 Mission Drive Buffalo Center, IA 50424		MW		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>1. A MDS with assessment reference date of 1/1/18 assessed Resident #2 with a BIMS score of "0" (severe cognitive impairment) The MDS did not identify behaviors including rejection of care. The resident had the following signs and symptoms of delirium: inattention and disorganized thinking. The resident required total staff assistance with bed mobility, transfers, dressing, eating, personal hygiene and bathing. The resident did not ambulate and used a wheelchair for mobility. The MDS did not identify the resident with pain indicators.</p> <p>A Do Not Resuscitate Request (DNR) dated 2/6/17 revealed the resident did not want chest compressions, defibrillation or intubation. The form identified the DNR decision would not prevent the resident from obtained other emergency care which would make the resident more comfortable which included but was not limited to: pain medication, fluid therapy and respiratory assistance.</p> <p>A February 2018 Medication Administration Record (MAR) identified the resident received Tylenol 650 milligrams (mg.) at 8 a.m., 6 p.m., and 12 p.m. and every 4 hours as needed for pain. The February 2018 MAR documented the resident received one PRN dose of Tylenol the entire month, on 2/4/18.</p>			
--	--	--	--	--

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: 6818		Date: June 25, 2018		
Facility Name: Timely Mission		Survey Dates: May 23, May 29-31, June 4, & June 6, 2018		
Facility Address/City/State/Zip 109 Mission Drive Buffalo Center, IA 50424		MW		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>A Clinic Nursing Home Note completed by the physician on 2/23/18 revealed an order for Norco (narcotic) for pain control to be administered prior to bath for pain control on bath days.</p> <p>Nurses Notes:</p> <p>Nurses Notes dated 2/23/18 at 9:30 p.m. revealed staff reported the resident saying "ow" and hollering out with movement of any kind. The resident was very stiff and difficult to do range of motion with. The resident receives scheduled Tylenol (analgesic).</p> <p>Nurse's Notes dated 2/24/18 at 5 p.m. revealed the resident showed signs and symptoms of pain/discomfort. At times the resident would holler out "ow" and have a facial grimace. At times the resident would stiffen her body out.</p> <p>Nurse's Notes dated 2/25/18 at 1 a.m. the resident hollered out with movement and transfers. The resident stated "ow" when moved. The resident was awake for most of the night, talking out loud. Staff repositioned the resident every 2 hours. At 4 p.m. of the same date the resident continued to yell out with any movement and said "ow" and straightened her body out. On the same date at 8 p.m. the resident yelled with</p>			
--	---	--	--	--

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: 6818					Date: June 25, 2018
Facility Name: Timely Mission		Survey Dates: May 23, May 29-31, June 4, & June 6, 2018			
Facility Address/City/State/Zip 109 Mission Drive Buffalo Center, IA 50424		MW			
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date	

	<p>any movement. She said "ow" or just screamed and straightened her body. Staff continued to administer scheduled Tylenol (analgesic). On the same date at 10:40 p.m. the resident rested in bed with no hollering at that time.</p> <p>Nurse's Notes dated 2/26/18 at 6:30 p.m. and documented by Staff C, RN (registered nurse) the resident moaned continuously in the gerichair and pulled her legs up towards her chest. Staff gave Tylenol but the resident spit some of it out. Staff could not determine where the resident's pain was and the intensity due to the resident's nonverbal status.</p> <p>Nurse's Notes dated 2/27/18 at 2 a.m. The resident's condition appeared worse. The resident's eyes looked sunken and dark and the resident's feet were cold and blue. Respirations 40. The nurse was unable to feel pulses as the pulse was too weak and she could not obtain a blood pressure. Staff notified the DON (director of nursing). On 6/4/18 at 2:10 p.m. the DON stated Staff C, RN did call her saying the resident was not doing well. She said she called the resident's family. The DON told Staff C to find out if the family wanted the resident transferred to the hospital. The DON stated she could not fully recall the details of the call. On the same date at 4:45 a.m. Staff C notified the resident's family of</p>			
--	---	--	--	--

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: 6818		Date: June 25, 2018		
Facility Name: Timely Mission		Survey Dates: May 23, May 29-31, June 4, & June 6, 2018		
Facility Address/City/State/Zip 109 Mission Drive Buffalo Center, IA 50424		MW		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>the resident's condition and they wanted the resident hospitalized for comfort. The resident transported to the hospital.</p> <p>The resident was diagnosed with lactic acidosis, acute renal failure, dehydration, hypernatremia, significant hypotension and unresponsive.</p> <p>Nurses Notes dated 2/27/18 identified the resident back at the facility, no actual arrival time was documented. An entry dated 2/27/18 at 2 p.m. revealed the resident's family at her bedside. On the same date at 2:20 p.m. revealed the resident admitted to Hospice care. On the same date at 2:50 p.m. staff documented unable to obtain an apical pulse, resident expired.</p> <p>Staff Interviews:</p> <p>On 5/30/18 at 1:34 p.m. Staff C, RN stated on the day the resident went to ED (emergency department), the resident started making sounds like a sheep. The resident never did that before. The day nurse and Staff C thought the resident had pain. The resident got barely anything for pain control. Staff C tried to give the resident crushed Tylenol.</p> <p>On 5/30/18 at 3 p.m. Staff A, CNA stated the 2 days before the hospital she had pain. Even if</p>			
--	---	--	--	--

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: 6818		Date: June 25, 2018		
Facility Name: Timely Mission		Survey Dates: May 23, May 29-31, June 4, & June 6, 2018		
Facility Address/City/State/Zip 109 Mission Drive Buffalo Center, IA 50424		MW		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>staff just touched the resident she would say "ahh" loudly as if in pain. The resident always had her legs crossed and when staff placed her legs on the pillow she would scream.</p> <p>On 5/30/18 at 12:52 p.m. Staff B, LPN (licensed practical nurse) stated she could tell the resident was in pain. She stated sometimes staff was not able to get the resident to take Tylenol and it was not effective anyway. In the 1 to 2 weeks prior to her death, the resident had more pain. When asked why she wrote a "0" by the resident's pain level on the February MAR of she was having pain, she stated that was because the resident was nonverbal. She stated she approached the former MDS nurse to report the resident had more pain and she more or less told Staff B that she didn't know what she was doing. Staff B had to go through the MDS nurse to get more pain medication for the resident. Staff B stated she did a pain assessment on the resident. Later on 2/23/18 the doctor came to the facility and the MDS nurse took the physician into her office and told her she never saw any of the things that Staff B identified on the pain assessment so the physician did not change the resident's pain medication.</p> <p>A pain assessment dated 2/23/18 revealed the resident had the following indicators of pain: noisy</p>			
--	---	--	--	--

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: 6818					Date: June 25, 2018
Facility Name: Timely Mission		Survey Dates: May 23, May 29-31, June 4, & June 6, 2018			
Facility Address/City/State/Zip 109 Mission Drive Buffalo Center, IA 50424		MW			
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date	

	<p>labored breathing, long periods of hyperventilation, cheyne stokes respirations, repeated troubled calling out with loud moaning and groaning, crying, facial grimacing, rigid, fists clenched, pulling or pushing away, striking out, unable to distract or reassure. The total of the assessment was "10". An increased score suggested an increase in pain. The MDS nurses documented on the form that the physician reviewed the pain assessment on 2/23/18.</p> <p>On 5/30/18 at 12:25 p.m. Staff D, CNA stated in the last week or 2, the resident would holler and scream. The resident screamed with increased movement.</p> <p>On 5/30/18 at 12:14 p.m. Staff E, CNA stated the resident was feisty with any type of care. She complained a lot when she was touched or moved. Even when she wasn't touched, she said "ow". She was very stiff.</p> <p>On 5/29/18 at 1:32 p.m. Staff F, CNA stated the resident was in a lot of pain at the end. The resident made noises and acted funny for about a week before she passed away. She didn't want anything to eat or drink for a couple of weeks.</p>			
--	--	--	--	--

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: 6818		Date: June 25, 2018		
Facility Name: Timely Mission		Survey Dates: May 23, May 29-31, June 4, & June 6, 2018		
Facility Address/City/State/Zip 109 Mission Drive Buffalo Center, IA 50424		MW		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>On 5/29/18 at 1:17 p.m. Staff I, CNA stated the resident seemed to have more pain. She would holler out.</p> <p>On 5/29/18 at 12:08 p.m. Staff J, RN stated a few days before the resident expired she was in pain. She had pain when she was rolled up or gotten up. She only had pain with movement</p> <p>On 5/29/18 at 3:07 p.m. Staff G, CNA stated the resident was more resistive and seemed to have pain. Staff G could just tell she was in discomfort.</p> <p>On 5/29/18 at 2:54 p.m. Staff H, stated the resident went downhill. The day before she expired the resident uncrossed her legs which was unusual because they were always crossed. The next day they were crossed.</p> <p>When interviewed on 5/29/18 at 3:58 p.m. Staff K, CNA stated a couple weeks before the resident expired she seemed to have more pain. She reported the former MDS nurse was told but "blew it off". The resident would just sit there and scream in pain. When Staff asked if she hurt the resident said "yeah". Staff K, stated she didn't think everyone believed the resident. The resident also grimaced when she was rolled and make noises indicating discomfort.</p>			
--	--	--	--	--

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: 6818		Date: June 25, 2018		
Facility Name: Timely Mission		Survey Dates: May 23, May 29-31, June 4, & June 6, 2018		
Facility Address/City/State/Zip 109 Mission Drive Buffalo Center, IA 50424		MW		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	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: 6818		Date: June 25, 2018		
Facility Name: Timely Mission		Survey Dates: May 23, May 29-31, June 4, & June 6, 2018		
Facility Address/City/State/Zip 109 Mission Drive Buffalo Center, IA 50424		MW		
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).