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

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|---|---|---|---|
| **Citation Number:**<br>**6828** | Amended Citation – Fine amount reduced by 35% reduction to $325.00 pursuant to Iowa Coded Section 135C.43A | | **Date:**<br>**July 23, 2018** |
| **Facility Name:**<br>**Glen Oaks Alzheimer's Special Care Center** | | **Survey Dates:**<br>**July 3, 9, 10, 2018** | |
| **Facility Address/City/State/Zip**<br>**8525 Urbandale Avenue**<br>**Urbandale, IA 50322** | | | |
| | **LK** | **76881-C & 76882-I** | |

| Rule or Code Section | Nature of Violation | Class | Fine Amount | Correction date |
|---|---|---|---|---|
| **57.7(5)b.** | **481—57.7(135C) General requirements.**<br><br>**57.7(5)** The licensee shall:<br>*b.* Be responsible for compliance with all applicable laws and with the rules of the department. (I, II, III)<br><br>Based on interview and record review, the facility failed to comply with requirements related to notification to the Department found in Iowa Administrative Code 481-chapter 50. Findings include:<br><br>A review of facility records revealed the facility failed to notify the Department of a suicide attempt as required by Iowa Administrative Code rule 50.7(4). The administrator confirmed this finding. See deficiency under 50.7(5) for details. | **II** | **$500.00** | **Upon Receipt** |
| **50.7(5)** | **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 | | | |



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).**

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| | the most expeditious means available (I,II,III):<br><br>**50.7(5)** When a resident attempts suicide, regardless of injury.<br><br>Based on staff interview and record review the facility failed to notify the Department within 24 hours of a suicide attempt for 1of 1 residents reviewed (Resident #1 ). Findings include:<br><br>Record review revealed Resident #1 was admitted to the facility on 6/28/18 with a diagnosis of dementia. The resident had previously lived at the facility from 9/27/17 to 2/26/18. Review of Tenant Care Notes from this previous time period revealed on 2/2/18 Resident #1 was found in the shower with the shower hose wrapped around her neck. She was sent to the local hospital and admitted on Level 1 suicide precautions. The resident returned to the facility on 2/13/18. On 2/26/18 Resident #1 was found attempting to cut her wrists with a coffee cup she had broken. Following this last episode Resident #1 was sent to the hospital and discharged from the facility. | | | |



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| | On 7/10/18 at 10:04a.m. the Administrator confirmed the Department had not been notified concerning the two attempted suicides on 2/02/18 and 2/26/18.<br>**FACILITY RESPONSE:** | | | |



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