

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

Citation Number: 6838					Date: August 30, 201
Facility Name: Valley View Village		Survey Dates: August 10, 16, 17, 22, & 24/2018			
Facility Address/City/State/Zip 2555 Guthrie Avenue Bldg C Des Moines, IA 50317		MW			
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date	

58.28(3)e	<p>58.28(3) Resident safety. e. Each resident shall receive adequate supervision to protect against hazards from self, others, or elements in the environment.</p> <p>DESCRIPTION:</p> <p>Based on clinical record review, facility policy review, and staff interviews, the facility failed to ensure fall interventions planned were implemented in order to prevent accidents for two of five residents reviewed. (Resident #1 & #2) The facility census was 69 residents.</p> <p>Findings include:</p> <p>1. The Minimum Data Set (MDS) assessment dated 7/17/18, documented Resident #1 had diagnoses that included anemia, coronary artery disease and non-Alzheimer's dementia and required extensive assistance of one staff for bed mobility, transfers, ambulation, dressing, toilet use and personal hygiene needs. The MDS documented the resident used mobility devices of a wheelchair and walker.</p>	I	\$7500	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: 6838		Date: August 30, 201		
Facility Name: Valley View Village		Survey Dates: August 10, 16, 17, 22, & 24/2018		
Facility Address/City/State/Zip 2555 Guthrie Avenue Bldg C Des Moines, IA 50317		MW		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>The care plan dated 5/3/18, identified the resident at risk for falls and safety risk related to falls. The care plan included the following approaches/interventions:</p> <ul style="list-style-type: none"> a. 5/03/18 staff to use orthostatic hypotension precautions. b. 5/03/18 staff to place resident's personal belongings within easy reach. c. 5/03/18 staff to keep resident's room free of clutter. d. 5/03/18 staff to keep call light within reach for resident and encourage use of call light. e. 5/3/18 staff to assure the resident has proper fit and non-skid soles. f. After fall of 5/13/18 staff to place Dycem in resident's wheelchair. g. After fall of 5/16/18 staff to ensure resident is wearing gripper socks at bedtime. h. After fall of 7/17/18 staff to have physician do a medication review. i. After fall of 7/21/18 staff obtained x-ray's and resident sent to the hospital. <p>An Event Report form dated 5/13/18 at 3:10 p.m., indicated the resident was found on the floor in front of the wheel chair when attempting to get up and slid out of the wheel chair. No sign or symptoms of injury. Fall was not witnessed.</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: 6838		Date: August 30, 201		
Facility Name: Valley View Village		Survey Dates: August 10, 16, 17, 22, & 24/2018		
Facility Address/City/State/Zip 2555 Guthrie Avenue Bldg C Des Moines, IA 50317		MW		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>An Event Report form dated 5/16/18 at 12:30 a.m., indicated the resident was found sitting on the floor next to the bed and was incontinent of stool. No apparent injury observed. Fall was not witnessed. Resident noted to have socks on and last time resident toileted at 10:30 p.m. Initial interventions to prevent another fall: gripper socks placed on resident.</p> <p>An Event Report form dated 5/23/18 at 5:40 a.m., indicated the resident was found lying on the floor in her room, fall was unwitnessed. Progress Notes dated 5/23/18 at 5:44 a.m., indicated the nurse overheard falling sound in resident's room, went immediately and found the resident lying on right lateral side on the floor with bleeding on the forehead. Nurse applied pressure using gauze and notify nursing staff for assistance. The physician was notified and ordered the resident to be transported to the emergency room for evaluation and treatment. At 2:35 p.m., facility received call from the emergency room reporting the resident would be transported back to the facility with stitches to the forehead and antibiotics prophylactic. Initial interventions to prevent another fall: will consult physician regarding edema in bilateral feet.</p> <p>An Event Report form dated 6/1/2018 at 8:58</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: 6838		Date: August 30, 201		
Facility Name: Valley View Village		Survey Dates: August 10, 16, 17, 22, & 24/2018		
Facility Address/City/State/Zip 2555 Guthrie Avenue Bldg C Des Moines, IA 50317		MW		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>p.m., indicated the resident was sitting on the edge of her wheel chair and slid out and fell to the floor in the dining room, fall was witnessed by staff. No injury noted. Initial interventions to prevent another fall: Dycem applied to the seat of resident's wheel chair and would have therapy for proper wheel chair.</p> <p>An Event Report form dated 7/17/18 at 11:00 a.m., indicated the resident was in the activity area and attempted to stand up and reach for an object when she fell to the floor, hitting her head on the table, fall was witnessed.</p> <p>Progress Note dated 7/17/18 at 9:55 a.m., indicated bleeding noted from the residents forehead where bruise noted from previous fall, band aide applied, assessment completed and physician notified. Initial intervention to prevent another fall: would have resident's physician do a medication review. Contributing factors to help identify root cause of fall: staff reported to nurse of resident attempting to get up on own more frequently and being agitated towards staff and spouse.</p> <p>A Event Report form dated 7/21/18 at 2:00 p.m., indicated the resident was found on the floor in the common area, unwitnessed fall, resident at</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: 6838		Date: August 30, 201		
Facility Name: Valley View Village		Survey Dates: August 10, 16, 17, 22, & 24/2018		
Facility Address/City/State/Zip 2555 Guthrie Avenue Bldg C Des Moines, IA 50317		MW		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>that time was all alone and unattended. No injury noted after fall. Resident had lunch and assisted with toileting after lunch and placed in the common area watching television What appears to be root cause of fall? Resident displaying increased fidgety behavior. Initial interventions to prevent another fall: x-ray obtained and sent to the hospital due to x-ray results.</p> <p>Progress Note dated 7/21/18 at 3:15 p.m., on call physician notified and received new order for x-ray.</p> <p>At 10:56 p.m., received order from physician to send emergency room.</p> <p>At 11:18 p.m., resident transferred to emergency room.</p> <p>A History of Physical dated 7/22/18, indicated assessment and plan for the resident included diagnoses of closed displaced fracture of right femoral neck, resident was not ready for surgery today, may be in a couple days to stabilize her medically.</p> <p>Orthopaedic Progress Note dated 7/23/18, indicated the resident was not cleared for surgery and may never be a surgical candidate. Plan was for palliative care consult.</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: 6838		Date: August 30, 201		
Facility Name: Valley View Village		Survey Dates: August 10, 16, 17, 22, & 24/2018		
Facility Address/City/State/Zip 2555 Guthrie Avenue Bldg C Des Moines, IA 50317		MW		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>Progress Note dated 7/24/18, indicated the resident was readmitted to the facility with Hospice care. The resident had a fracture that will not be surgically corrected.</p> <p>During interview on 8/7/18 at 9:35 a.m., Staff A, Certified Nurse Aide, CNA stated she worked 7 a.m. to 7 p.m. and was assigned to care for the resident. Staff A stated the night shift reported the resident was anxious most of the night and required 1 to 1 supervision to keep her from falling. Staff A indicated the resident was anxious and attempting several times to get up on her own throughout the day. Staff A reported the resident had been more anxious and attempting to get up on her own over the last couple weeks. Staff A stated she toileted the resident before lunch and around 2 p.m., took the resident to the common area and placed her at the table with another resident and they were watching television. Staff A stated the other CNA was on break at that time and Staff B, licensed practical nurse, LPN, was at the nurse's station. Staff A indicated Staff B was aware the resident was sitting in the common area but did not recall if she said anything to her. Staff A stated the resident usually does better if she was sitting with other residents or staff in common area, less anxious. Staff A stated another resident needed assist to</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: 6838		Date: August 30, 201		
Facility Name: Valley View Village		Survey Dates: August 10, 16, 17, 22, & 24/2018		
Facility Address/City/State/Zip 2555 Guthrie Avenue Bldg C Des Moines, IA 50317		MW		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>go to the bathroom right away and she left the common area and to assist resident. Staff A stated she was gone 3 to 4 minutes when she heard Staff B yell out and Staff A responded and observed the resident on the floor in the common area about 2 feet away from her wheelchair. Staff A indicated after Staff B assessed the resident they assisted the resident up to her wheelchair. Staff A stated it was obvious the resident had pain as she was not bearing weight very well. Staff A stated she felt it would have been helpful if the resident was on one to one supervision.</p> <p>During interview on 8/16/17 at 8:37 a.m., Staff B, Licensed Practical Nurse, LPN indicated she worked 7 a.m. to 3 p.m., on 7/21/18 and was assigned to care for the resident. Staff B stated the resident was on one to one supervision most of the day and they kept the resident in sight. Staff B stated they try to have 3 CNA's and one nurse in the memory unit but were short and they pulled one of the CNA's to another area of the facility to work. Staff B stated she called her nurse manager and asked for additional staff due to resident's behaviors that day but was told they had no other staff to send to memory unit. Staff B indicated with only 3 staff members in memory unit it was hard to monitor the residents. Staff B stated around 2:00 p.m., the resident was sitting</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: 6838		Date: August 30, 201		
Facility Name: Valley View Village		Survey Dates: August 10, 16, 17, 22, & 24/2018		
Facility Address/City/State/Zip 2555 Guthrie Avenue Bldg C Des Moines, IA 50317		MW		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>in the wheel chair in the common area, one CNA was on break, Staff A was assisting another resident and Staff B was at the nurse's station. Staff B stated you cannot see the common area at the nurse's station. Staff B stated she heard a resident yell out from the common area and immediately responded and found the resident lying on the floor of the common area. Staff B indicated she assessed the resident and initially did not note any injury, but after toileting the resident she noted the resident was having difficulty walking. Staff B stated she called the physician and received new orders for x-rays.</p> <p>During interview on 8/22/18 at 9:38 a.m., Staff E, Registered Nurse, RN stated on 7/21/18 she pulled a CNA from the memory unit to cover another area of the facility due to a call in and it did leave the memory unit short staffed.</p> <p>2. The MDS assessment dated 6/29/18, documented Resident #2 had diagnoses that included osteoarthritis, non-Alzheimer's dementia and delusional disorders, had a Brief Interview for Mental Status (BIMS) score of 12, indicating moderately impaired cognition and required limited assistance of one staff for bed mobility, dressing, toilet use and personal hygiene needs and required the assistance of two staff for</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: 6838					Date: August 30, 201
Facility Name: Valley View Village		Survey Dates: August 10, 16, 17, 22, & 24/2018			
Facility Address/City/State/Zip 2555 Guthrie Avenue Bldg C Des Moines, IA 50317		MW			
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date	

	<p>transfers. Ambulation did not occur during the assessment period. The MDS documented the resident used mobility devices of a wheelchair and walker.</p> <p>The care plan dated 10/10/16, identified the resident had injuries related to falls, non-compliant at times with waiting for staff assistance and will transfer self. Approaches/interventions included:</p> <ul style="list-style-type: none"> a. Staff to keep call light in reach at all times and personal items close within reach, and keep room free of clutter. b. Staff to educate me to use call light for staff assistance when need to go to bathroom; verbalize understanding. c. Staff to encourage me to use call light or bell for staff to pick up items on the floor. d. Staff to check bed to ensure appropriate height. e. Staff to assist with cares in am. f. Staff to assess footwear to ensure that they are appropriate. g. Staff to ensure resident is wearing gripper socks at bedtime. h. Staff to ask resident when she prefers to get up in the morning and educate staff to get up when she wants 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: 6838		Date: August 30, 201		
Facility Name: Valley View Village		Survey Dates: August 10, 16, 17, 22, & 24/2018		
Facility Address/City/State/Zip 2555 Guthrie Avenue Bldg C Des Moines, IA 50317		MW		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>i. After fall of 6/21/18 staff to transfer resident to shower and resident to have non-skid socks on, do not place a towel under feet.</p> <p>j. Staff to transfer resident with Hoyer lift and assist of two staff members until seen by physician.</p> <p>A Physical Therapy Note dated 3/7/18, indicated the resident was assessed to be at prior level of function consistent. Resident was safe to perform transfers with assistance of one. Resident can ambulate short distances with four wheeled walker and with assistance of one.</p> <p>Recommending wheelchair for other mobility, no physical therapy treatment not indicated at this time.</p> <p>A Event Report form dated 6/21/18 at 2:45 p.m., indicated the resident was found on the floor of the shower stall sitting on buttocks with legs extended out and feet up against the shower stall wall and back resting on shower seat with towel on it which also slid down behind the resident preventing her back from getting scraped by the shower seat. A certified nurse aide, CNA was in the shower room with the resident and reported the resident's feet slid slowly out from underneath her, but the resident did not hit her head.</p> <p>Resident had been standing on a towel bare</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: 6838		Date: August 30, 201		
Facility Name: Valley View Village		Survey Dates: August 10, 16, 17, 22, & 24/2018		
Facility Address/City/State/Zip 2555 Guthrie Avenue Bldg C Des Moines, IA 50317		MW		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>footed getting ready for a shower. Root cause of this fall: footwear. Initial intervention to prevent another fall: not to use towel underneath feet during shower, transfer resident with shoes on then take shoes off when resident is sitting on shower chair.</p> <p>Progress Notes dated 6/21/18 at 2:45 p.m., indicated the resident was found on the floor in the shower stall in the room, CNA assisting the resident to take a shower, had towel underneath the resident's feet and feet started to slide out from underneath her, floor dry had not started shower, feet were up against the shower wall, did not hit head per CNA, resident denies dizziness/lightheadedness, resident assessed and head to toe assessment completed. Assist of 4 staff and gait belt to stand resident up on her feet, staff put tennis shoes on resident before standing resident, able to bear full weight with no problem, then assisted resident to wheel chair as resident no longer wanted to take a shower, assisted resident to dress.</p> <p>At 3:10 p.m., resident's family and physician notified.</p> <p>At 3:50 p.m., resident complained of pain to right ankle, slight swelling noted to area and slightly tender upon touch, Tylenol given as ordered for 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: 6838		Date: August 30, 201		
Facility Name: Valley View Village		Survey Dates: August 10, 16, 17, 22, & 24/2018		
Facility Address/City/State/Zip 2555 Guthrie Avenue Bldg C Des Moines, IA 50317		MW		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>At 4:05 p.m., new order received for x-ray of right ankle.</p> <p>Review of x-ray results dated 6/21/18, indicated the resident with an acute oblique distal fibula metadiaphysis fracture with one third shaft width lateral displacement the distal fibula.</p> <p>Progress Notes dated 6/21/18 at 9:10 p.m., indicated staff notified on call physician of the residents x-ray results and orders received to keep resident non-weight bearing and to call resident's physician in am to collaborate with orthopedics treatment plan.</p> <p>Progress Notes dated 6/22/18 at 4:59 p.m., indicated the resident returned from orthopedic appointment. Resident to be non-weight bearing of right leg, cast in place to right lower leg, return for follow-up in 3 weeks.</p> <p>During interview on 8/16/18 at 11:07 a.m., Staff C, Certified Nurse Aide, CNA stated on 6/21/18 around 2:00 to 3:00 p.m., she was assisting the resident to take a shower. Staff C stated she took the resident to the shower room and resident always requested a towel to be placed on the floor for her to stand on. Staff C stated she placed the towel on the dry floor and assisted 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: 6838		Date: August 30, 201		
Facility Name: Valley View Village		Survey Dates: August 10, 16, 17, 22, & 24/2018		
Facility Address/City/State/Zip 2555 Guthrie Avenue Bldg C Des Moines, IA 50317		MW		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>resident to stand, using a gait belt and resident holding on to the safety rail in the shower, removed her clothing, when the resident started to slip on the towel. Staff C stated she lowered the resident to the floor and called the nurse for help. Staff C stated the nurse responded immediately and assessed resident and we assisted resident up and into wheel chair. Staff C stated the resident complained of a little pain, assisted resident to dress as she did not want to take shower.</p> <p>During interview on 8/16 & 8/22/18, Staff D, Registered Nurse, RN stated she was assigned to the resident on 6/21/18. Staff D stated she was summoned and found resident sitting on the shower floor with her back against the built in shower bench and feet out in front of her with feet up against the shower wall. Staff D stated the resident had no clothes on, no shoes on and no gait belt on. Staff D indicated the floor was dry as the shower was not started. Staff D indicated Staff C should have had shoes on resident and a gait belt before transfer. Staff D stated they had to apply a gait belt to the resident to assist her up off the floor with assistance of 4 staff member. Staff D stated she assessed the resident prior to assisting her up off the floor and noted no injury initially until shortly after she complained of right</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: 6838		Date: August 30, 201		
Facility Name: Valley View Village		Survey Dates: August 10, 16, 17, 22, & 24/2018		
Facility Address/City/State/Zip 2555 Guthrie Avenue Bldg C Des Moines, IA 50317		MW		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>ankle pain, tender to touch, and some swelling noted. Staff D reported she called physician and received order for x-rays.</p> <p>During interview on 8/22/18 at 9:38 a.m., Staff E, RN stated when staff transfer a resident that was an assist of one to two staff they are to always use a gait belt, even to transfer in shower.</p> <p>During interview on 8/22/18 at 9:51 a.m., Staff F, CNA stated she has given showers to the resident before and she always requested to have a towel placed on the floor for her to stand and transfer on and she would do this for the resident. Staff F stated the resident would refuse to wear her shoes to the shower room.</p> <p>Review of the facility's Transfer assist using transfer belt dated 8/14/18 indicated transfer belts will be used for all residents who require physical support for mobility or safety in transfers.</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: 6838					Date: August 30, 201	
Facility Name: Valley View Village		Survey Dates: August 10, 16, 17, 22, & 24/2018				
Facility Address/City/State/Zip 2555 Guthrie Avenue Bldg C Des Moines, IA 50317						
		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).