

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

Citation Number: 6879	Amended 12/28/2018 following an informal conference.	Date: 11/19/18		
Facility Name: Lexington Square	Survey Dates: 10/11/18 – 10/12/18			
Facility Address/City/State/Zip PO Box 1270 Keokuk, IA 52632	JKM			
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

50.7(1)a(1)	<p>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):</p> <p>50.7(1) Of any accident causing major injury.</p> <p>a. “Major injury” shall be defined as any injury which:</p> <p>(1) Results in death;</p>	II	\$500	Upon Receipt
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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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