| Citation Number 6930 | er: | | | | Date: March | 21, 2019 |
|----------------------------------|---|--|----------------------|--------|----------------|-----------------|
| Facility Name: REM Washington | | | Survey [February | | , and 27, | 2019 |
| 1307 N. 5 th Ave | | | | | | |
| Washington, IA | A 52353 | LK | 81270-I | | | |
| Rule or Code Section | Nature | e of Violation | Class | Fine A | Amount | Correction date |
| 64.60 W153 58.43(9) | and Sections 410 to 1988, are adopted to incorporated as particles of these regulations from the Health Factory Department of Insp. Lucas State Office lowa 50319. Classification of violetermined by the exprovision in 481-Ch. Citations," to enfor This rule is intender Code Section 135C 483.420(d)(2) STAF CLIENTS The facility must enform injuries of unknown immediately to the officials in accordathrough established. | as of participation. CFR Part 483, Subpart D, o 480 effective October 3, oy reference and rt of these rules. A copy is is available on request cilities Division, ections and Appeals, Building, Des Moines, Dations is I, II, and III, division using the mapter 56, Fining and re a fine to cite a facility. Individual to implement lowa (2(3)). F TREATMENT OF The sure that all allegations reglect or abuse as well as an source, are reported administrator or to other ance with State law d procedures. | | \$500. | 00 | Upon Receipt |
| 52.2(a) | 481—58.43(135C) R | Resident abuse | | | | |

| 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 lowa Code section 135C.43A (2013).

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|---|---|--|----------------------|-----------------------|------------------|-----------------|
| Citation Number 6930 | er: | | | | Date: March 2 | 21, 2019 |
| Facility Name: REM Washington | | | Survey I February | Dates: y 25, 26, a | and 27, | 2019 |
| Facility Address/City/State/Zip 1307 N. 5 th Ave. Washington, IA 52353 | | | | | | |
| wasnington, i | A 52353 | LK | 81270-I | | | |
| Rule or Code Section | Natur | e of Violation | Class | Fine An | nount | Correction date |
| | Allegations of depen reported and investig Code chapter 235E a lll) 481—52.2(235E) Per dependent adult absprocedure for those 52.2(2) Reporting surabuse in facilities or a. If a staff member to make a report purstaff member or emmotify the person in designated agent with Department within 2 notification or the new code section or the new required to make a section, the staff member or the section, the staff reshall immediately charge or the person in the staff of the | uspected dependent adult programs. If or employee is required ursuant to this rule, the aployee shall immediately charge or the person's who shall then notify the 24 hours of such ext business day. In 235E.2(3)(a) aphor or employee is a report pursuant to this member or employee notify the person in son's designated agent tify the department | | | | |

| Facility Administrator | Date |
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|---|--|--|----------------------|-----------------------|------------------|-----------------|
| Citation Number 6930 | er: | | | | Date: March 2 | 21, 2019 |
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| washington, iz | (02000 | LK | 81270-I | | | |
| Rule or Code Section | Natur | e of Violation | Class | Fine Ar | nount | Correction date |
| | alleged dependen member shall dire | person in charge is the tadult abuser, the staff ectly report the abuse to ithin twenty-four hours. | | | | |
| | DESCRIPTION: | | | | | |
| | facility failed to ensi abuse according to | • | | | | |
| | facility Incident Invector completed by the Q Specialist on 1/2/19 the QIS conducted 12/27/18 - 12/28/18 anonymous staff man Network (a national human service proverbal abuse. The Direct Support Prof Client #1 in an abuse the facility did not reference to the point of the process of the point of the process of the proce | 2/25/19 revealed the estigation Overview Quality Improvement 9. The overview revealed an investigation from 8 because on 12/23/18 an ade a report to the Mentor I network of health and viders) Hotline of potential staff witnessed the Lead fessional (LDSP) yelling at sive tone. The QIS noted eceive a report from the Illegation until 12/27/18. | | | | |

Facility Administrator Date

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| Citation Numb 6930 | er: | | | Date Mar | e: ch 21, 2019 |
|--------------------------------|---|---|----------------------|---------------------------|--------------------|
| Facility Name: REM Washingt | | | Survey I February | Dates: y 25, 26, and : | 27, 2019 |
| 1307 N. 5 th Ave | | | | | |
| Washington, I | A 52353 | LK | 81270-I | | |
| Rule or Code Section | Natur | e of Violation | Class | Fine Amou | nt Correction date |
| | on 12/27/18. Further record reviet the facility Abuse/N Investigation and Foundary Policy/Procedure. In document, any empotential abuse showerbal report to the person's designated listed several staff postaff to call to report directed staff if the athe person in charge the chain of commandescribed steps the report would take in alleged perpetrator. The procedure also the allegation of abhours. Record review on 2 Network report for Mappropriate Behalla a call received on 1 | ollow Through According to the Doyee who observed build immediately make a person in charge or the d agent. The procedure cositions as options for t suspected abuse and alleged perpetrator was the to go to a higher level in and. The procedure e supervisor receiving the accluding separating the from the alleged victim. In directed staff to report tuse to DIA within 24 | | | |

| Facility Administrator | Date |
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| Citation Number | er: | | | Date: | |
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| 6930 | | | | March | 21, 2019 |
| Facility Name: | | | Survey [| | |
| REM Washington | | | February | y 25, 26, and 27 | , 2019 |
| Facility Addres | s/City/State/Zip | | | | |
| Washington, IA | | | | | |
| 3 , | | LK | 81270-I | | |
| Rule or | | | | Fine Amount | Correction |
| Code Section | Nature | e of Violation | Class | | date |
| Occilon | | | | | |
| | When interviewed o | on 2/25/19 at 1:20 p.m., | | | |
| | | visor (PS) confirmed she | | | |
| | received a text from | , | | | |
| | Professional (DSP) | C on 12/23/18 regarding | | | |
| | • | er voice at Client #1. She | | | |
| | | n call but responded to | | | |
| | | ed the text contained no | | | |
| | | so she directed DSA C to | | | |
| | write a contact shee | • | | | |
| | | s). When the PS returned | | | |
| | | 3, she read the contact | | | |
| | | staff. She recalled she | | | |
| | | on 12/26/18 and told her | | | |
| | | ort allegations according to | | | |
| | | she did not text any | | | |
| | | lleged abuse. She said | | | |
| | | ncident with the LDSP on | | | |
| | | DSP stated Client #1 | | | |
| | ripped off his ostom | | | | |
| | "frustrated". The P | | | | |
| | | Program Director (PD) and | | | |
| | | ceived direction from the | | | |
| | - | LDSP. She noted the | | | |
| | | at the time of the incident, | | | |
| | | ave called the back-up on- | | | |
| | • | S referred to the facility | | | |
| | abuse policy/proced | | | | |
| | directive to contact | the next level of | | | |

| Facility Administrator | Date |
|------------------------|------|

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|---|---|--|----------------------|---------------------------|--------------------|
| Citation Numb 6930 | er: | | | Date Marc | e: ch 21, 2019 |
| Facility Name: REM Washington | | | Survey I February | Dates: y 25, 26, and 2 | 27, 2019 |
| Facility Address/City/State/Zip 1307 N. 5 th Ave. Washington, IA 52353 | | | 7 | | |
| Washington, i | 4 52555 | LK | 81270-l | | |
| Rule or Code Section | Natur | re of Violation | Class | Fine Amour | nt Correction date |
| | the policy directs st and said DSP C fail by texting instead of and by not following make a report. Record review on 2 Sheet signed by DS documented the LD her lungs" at Client When interviewed of DSP A recalled the on 12/23/18. She recorded in the DSP C called hot line number. So with the LDSP 12/2 DSP C made the recorded the LDSP confirmed and recalled Client off and she gave his she left work and reworked until 12/27/1 her off the property. | on 2/25/18 at 2:12 p.m., e LDSP yelled at Client #1 recalled discussing the C after the LDSP left. DSP ed the Mentor Network She confirmed she worked 24/18 and 12/25/18 after | | | |

| Facility Administrator | Date |
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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 lowa Code section 135C.43A (2013).

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| | | _ | | | |
|---|---|--|----------------------|---------------------------|-------------------|
| Citation Number 6930 | er: | | | Date Marc | : h 21, 2019 |
| Facility Name: REM Washingt | on | | Survey I February | Dates: y 25, 26, and 2 | 7, 2019 |
| Facility Address 1307 N. 5 th Ave Washington, IA | | | | | |
| washington, is | A 32333 | LK | 81270-I | | |
| Rule or Code Section | Natur | e of Violation | Class | Fine Amoun | t Correction date |
| <u> </u> | due to being two from | sto d | | | _ |
| | due to being frustra | ated. | | | |
| | | on 2/26/19 at 1:55 p.m., | | | |
| | | the sent a text to the PS ress concern about the | | | |
| | | She further confirmed she | | | |
| | | ort the LDSP for verbal | | | |
| | | the LDSP yelled at the dasked Client #1 what | | | |
| | was wrong with him | | | | |
| | | avior with DSA A and | | | |
| | - | ne LDSP. She noted the call and she identified the | | | |
| | | ff. DSP C acknowledged | | | |
| | she failed to call the | e back-up on call. She | | | |
| | | ed that she texted the PS ny kind of abuse in the | | | |
| | | not recall what number | | | |
| | | she spoke to when she | | | |
| | made the call. She with the LDSP on 1 | confirmed she worked | | | |
| | == | she made to the hotline | | | |
| | the QIS confirmed sinappropriate occur and Client #1 on 12 | on 2/26/18 at 12:50 p.m., she concluded something rred between the LDSP 2/23/18. She said during DSA C identified herself as | | | |

| Facility Administrator | Date |
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| Facility Name: REM Washington | | | | | Mai Cii Z | 1, 2019 |
|---|---|----------------|--|---------|-----------|------------------|
| Facility Address/C | | | Survey Dates: February 25, 26, and 27, 2019 | | | 2019 |
| Facility Address/City/State/Zip 1307 N. 5 th Ave. Washington, IA 52353 | | | | | | |
| | | LK | | | | |
| Rule or Code Nature | | e of Violation | Class | Fine An | nount | Correction date |
| | the anonymous staff that made a report to the Mentor Network hotline. She said the purpose of the hotline is to assist employees with issues related to their employment, or to report Medicaid fraud. She noted DSA C thought she called the Department of Inspections and Appeals (DIA) abuse reporting hotline but she called the wrong number. The QIS said the facility did not know about the allegation of abuse until 12/27/18 when her supervisor received a report from the Mentor Network. She acknowledged making a report to DIA on 12/27/18. In summary, DSP C witnessed potential abuse and failed to follow the facility policy to verbally report suspected abuse. She failed to notify a staff person at the facility and called the Mentor Network. The failure to follow the policy resulted in a delay in separation of the victim from the alleged perpetrator and a delay in reporting the allegation to DIA. FACILITY RESPONSE: | | | | | Page 8 of |

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Facility Administrator

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| Facility Name: REM Washingt | | | | Survey Dates: February 25, 26, and 27, 2019 | |
| Facility Address 1307 N. 5 th Ave Washington, I | | | | | |
| 3 | | LK | 81270-I | | |
| Rule or Code Section | Code Nature of Violation | | Class | Fine Amount | Correction date |
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| Facility Administrator | Date |
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