

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

<b>Citation Number:</b> <b>6901</b>	<b>Amended Citation – Fine amount reduced by 35% reduction to \$3,412.50 on February 18, 2019 pursuant to Iowa Code Section 135C.43A</b>	<b>Date:</b> <b>January 24, 2019</b>		
<b>Facility Name:</b> <b>Mosaic 105 Kelly's Court</b>		<b>Survey Dates:</b>  <b>December 10, 2018 &amp; January 2, 2019</b>		
<b>Facility Address/City/State/Zip</b>  <b>105 Kelly's Court Forest City, IA 50436</b>	<b>MW</b>			
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class</b>	<b>Fine Amount</b>	<b>Correction date</b>

<b>64.60</b>	<p><b>481—64.60(135C) Federal regulations adopted—conditions of participation.</b> Regulations in 42 CFR Part 483, Subpart D, Sections 410 to 480 effective October 3, 1988, are adopted by reference and incorporated as part of these rules. A copy of these regulations is available on request from the Health Facilities Division, Department of Inspections and Appeals, Lucas State Office Building, Des Moines, Iowa 50319.</p> <p>Classification of violations is I, II, and III, determined by the division using the provisions in 481—Chapter 56, “Fining and Citations,” to enforce a fine to cite a facility.</p> <p>This rule is intended to implement Iowa Code section 135C.2(3).</p> <p><b>W191</b>  <b>(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)</b>  <b>§483.430(e)(2) behavioral,</b></p> <p><b>DESCRIPTION:</b></p> <p>Based on interviews and record review, the facility failed to provide behavioral intervention training to all employees. This potentially affected all clients living in the home (Client #1 - Client</p>	I	\$4750	UPON RECEIPT
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Page 1 of 8

Facility Administrator

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	<p>#8). Finding follows:</p> <p>Record review revealed peer-to-peer aggressions with injury:</p> <p>a. Client #3's General Event Reports (GER) dated 9/27/18. Program Manager (PM) B documented, "After finishing supper (Client #3) was seated at the table. (Client #1) was done with supper and standing by the computer room. He was watching (Client #3) and I. He became agitated for some reason and came over and punched (Staff) lightly on the left arm. Went back to the wall and became agitated again and picked up a kitchen chair and threw it toward (Client #3) hitting him on the right cheek bone."</p> <p>b. Client #2's GER dated 10/15/18. PM A documented, "(Client #2) was walking down the hallway. He stopped in front of (Client #1's) doorway. (Client #1) was upset and had been hitting the wall and pulled the call light in his bathroom. Staff was with him at this time. (Client #1) (picked) up a hard plastic cup (and) threw it at (Client #2) striking him in the nose. This resulted in a bloody nose. Staff with (Client #1) stepped in front of him to prevent any further aggressions and another staff came and got (Client #2) taking him to the bathroom where he applied a wet towel to his nose to help stop the bleeding. (Licensed</p>			

Page 2 of 8

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	<p>Practical Nurse (LPN) A was called and she came and looked at (Client #2's) nose cleaning it and holding a wet cloth to his nose until the bleeding stopped."</p> <p>c. Client #2's GER dated 11/1/18, indicated, "(Client #2) was sitting on the couch next to (Client #1) and was talking to staff inappropriately. (Client #1) got upset and punched (Client #2) in the left eye.</p> <p>d. Client #6's GER dated 11/5/18, indicated, "(Client #6) was sitting on the couch in the living room area. (Client #1) became upset, went into the dining room area and grabbed (Client #6's) right arm biting him in the wrist area. Staff intervened. Had (Client #1) move away and contacted the nurse (LPN A)."</p> <p>e. Client #2's GER dated 11/11/18, indicated, "(Client #2) and (Client #7) were chasing each other around the dining room and (Client #2) went into the kitchen and grabbed a butter knife. (Client #2) then threw it at (Client #7) hitting him on the right side of the back leaving a small read mark..."</p> <p>f. Client #2's GER dated 11/18/18, indicated, Client #2 and Client #7 were messing around and Client #7 slammed Client #2's finger in the pantry</p>			

Page 3 of 8

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	<p>door. Client #2 sustained a cut on his finger.</p> <p>g. Client #3's GER dated 12/15/18, indicated, Client #1 smacked Client #3 across the face. Client #3 sustained a red mark on his right cheek.</p> <p>Additional record review revealed the following:</p> <p>a. Facility policy for peer-to-peer aggressions dated 10/1/14, indicated, "All staff working directly with people in service are MANDT trained."</p> <p>b. Course Completion History for MANDT training indicated many employees and Temporary Agency Staff failed to complete the course.</p> <p>When interviewed on 12/18/18 at 11:32 PM A confirmed the facility failed to ensure MANDT training for all direct care employees. She stated the facility was working on a date and time to get the temporary staff trained.</p> <p><b>FACILITY RESPONSE:</b></p>			

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<b>50.7(3)</b>	<p><b>50.7(3)</b> When there is an act that causes major injury to a resident or when a facility has knowledge of a pattern of acts committed by the same resident on another resident that results in any physical injury. For the purposes of this subrule, "pattern" means two or more times within a 30-day period.</p> <p><b>DESCRIPTION:</b></p> <p>Based on interviews and record reviews, the facility failed to report two peer-to-peer aggressions within 30 days resulting in injury to the Department of Inspections and Appeals (The Department). This potentially affected all clients living in the home (Client #1 - Client #8). Finding follows:</p> <p>Record review revealed the following:</p> <p>a. Client #3's General Event Reports (GER) dated 9/27/18. Program Manager (PM) B documented, "After finishing supper (Client #3) was seated at the table. (Client #1) was done with supper and standing by the computer room. He was watching (Client #3) and I. He became agitated for some reason and came over and punched (Staff) lightly on</p>	I	<b>\$500</b>	<b>UPON RECEIPT</b>
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	<p>the left arm. Went back to the wall and became agitated again and picked up a kitchen chair and threw it toward (Client #3) hitting him on the right cheek bone."</p> <p>Licensed Practical Nurse (LPN) A documented, "I was notified minutes after incident occurred. I went directly to 105 and checked (Client #3). He was sitting at dining room table looking at magazine. He had a visibly reddened, slightly swollen, small egg sized lump on his right upper (cheek) bone area. Staff had already placed ice pack to the area. I remained with (Client #3) for about 20 minutes and continued to hold compress in place. He stated it was sore to the touch but otherwise did not appear to be in any distress."</p> <p>b. Client #2's GER dated 10/15/18. PM A documented, "(Client #2) was walking down the hallway. He stopped in front of (Client #1's) doorway. (Client #1) was upset and had been hitting the wall and pulled the call light in his bathroom. Staff was with him at this time. (Client #1) (picked) up a hard plastic cup (and) threw it at (Client #2) striking him in the nose. This resulted in a bloody nose.</p>			

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	<p>Staff with (Client #1) stepped in front of him to prevent any further aggressions and another staff came and got (Client #2) taking him to the bathroom where he applied a wet towel to his nose to help stop the bleeding. (LPN A) was called and she came and looked at (Client #2's) nose cleaning it and holding a wet cloth to his nose until the bleeding stopped." LPN A documented, "I was notified at time of incident and responded on site. (Client #2) was sitting on couch with staff member and was crying but appeared calm. There was scant amount of bleeding from right nostril. Cold compress applied while I sat with (Client #2) and talked with him. Bleeding readily resolved. (Client #2) stated his nose was sore to the touch. Advised (Client #2) and staff that he could continue to apply a cold compress to his nose for soreness and could also have prn (as needed) Tylenol if needed." LPN A documented on 10/17/18, "I rechecked (Client #2's) nose the following day after incident. No bruising, redness, or swelling noted. (Client #2) stated his nose was still "a little sore when he touches it." He appeared</p>			

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	<p>happy and was playing a game when I saw him."</p> <p>Additional record review revealed facility policy for peer-to-peer aggressions dated 1/18/17, indicated, "If a person we support physically aggresses upon another person supported two or more times within 30 days and leaves an injury it is an ICF/ID Regulation that it be reported to DIA within 24 hours."</p> <p>"Injury: anything that requires a healing process to occur such as but not limited to, an abrasion, scratch, or bruise."</p> <p>When interviewed on 12/12/18 at 2:09 p.m., the Interim Executive Director (ED) confirmed the facility failed to report two peer-to-peer aggressions in 30 days to the Department.</p> <p><b>FACILITY RESPONSE:</b></p>				

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