

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

Citation Number: 7068		Date: December 5, 2019		
Facility Name: Pearl Valley Sutherland		Survey Dates: November 18-21, 2019		
Facility Address/City/State/Zip 506 East 4th Street Sutherland, IA 51058				
MW/DC				
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

135C.33	<p>135C.33 Employees and certified nurse aide trainees — child or dependent adult abuse information and criminal record checks — evaluations — application to other providers — penalty.</p> <p>1. a. For the purposes of this section, the term “<i>crime</i>” does not include offenses under chapter 321 classified as a simple misdemeanor or equivalent simple misdemeanor offenses from another jurisdiction.</p> <p>b. Prior to employment of a person in a facility, the facility shall request that the department of public safety perform a criminal history check and the department of human services perform child and dependent adult abuse record checks of the person in this state. A facility shall inform all persons prior to employment regarding the performance of the record checks and shall obtain, from the persons, a signed acknowledgment of the receipt of the information</p>	II	\$500	UPON Receipt
50.9	481—50.9(135C) Criminal, dependent adult abuse,			

Facility Administrator

Date

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58.11(3)	<p>and child abuse record checks.</p> <p>50.9(1) Definitions. The following definitions apply for the purposes of this rule.</p> <p><i>“Background check” or “record check” means criminal history, child abuse and dependent adult abuse record checks.</i></p> <p>58.11(3) Employee criminal record checks, child abuse checks and dependent adult abuse checks and employment of individuals who have committed a crime or have a founded abuse. The facility shall comply with the requirements found in Iowa Code section 135C.33 as amended by 2013 Iowa Acts, Senate File 347, and rule 481—50.9(135C) related to completion of criminal record checks, child abuse checks, and dependent adult abuse checks and to employment of individuals who have committed a crime or have a founded abuse. (I, II, III)</p> <p>DESCRIPTION:</p> <p>Based on employee file review, staff interview and policy review, the facility failed to receive a record check evaluation from the Department of Human</p>			
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	<p>Services in regards to a perspective employees criminal conviction prior to hire, for 1 of 8 employee files reviewed (Staff J). The facility reported a census of 21 residents.</p> <p>Findings included:</p> <p>Review of Staff J's employee file revealed a hire date of 5/13/19 and job start date of 5/15/19.</p> <p>Staff J's Single Contact License & Background Check (SING) form dated 5/13/19, revealed further research required into the staff members criminal history.</p> <p>Review of a Iowa Department of Human Services (DHS) Record Check Evaluation form, with a facsimile date of 5/28/19, revealed the facility had not received clearance from DHS until 5/28/19 for Staff J's clearance to work in the facility.</p> <p>A time card report form revealed Staff J worked in the facility 5/18/19, 5/19/19, 5/23/19, 5/24/19, 5/25/19, 5/26/29, 5/27/29 and 5/28/19.</p> <p>Review of a facility Abuse, Neglect and Exploitation policy, not dated, included the following: Employee Screening: Background checks should be conducted on employees prior to or at the time of</p>			
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50.7(1)a(3)	<p>employment by facility administration in accordance with applicable state and federal regulations.</p> <p>FACILITY RESPONSE:</p> <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): 50.7(1) Of any accident causing major injury. a. "Major injury" shall be defined as any injury which: (1) Results in death; or (2) Requires admission to a higher level of care for treatment, other than for observation; or (3) Requires consultation with the attending physician, designee of the physician, or physician extender who determines, in writing on a form designated by the department, that an injury is a "major injury" based upon the circumstances of the accident, the previous functional ability of the resident, and the resident's prognosis.</p> <p>Description:</p> <p>Based on record review and staff interview, the facility failed to report and accident with a major injury to the department and inspections and appeals for 1 resident</p>	II	\$500	Upon Receipt
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	<p>reviewed. The facility reported a census of 21 residents</p> <p>Findings include:</p> <p>According to the Minimum Data Set assessment, dated 7/18/19, Resident #26 scored 3 on the Brief Interview for Mental Status, indicating severe cognitive impairment. The resident required extensive assistance with bed mobility, transfer, and ambulation. The resident's diagnoses included dementia.</p> <p>An Online Abuse or Incident Reporting List dated 11/18/19 showed the most recent self report submitted by the facility on 3/22/19.</p> <p>An Online Abuse or Incident Reporting form documented on 7/23/19 the resident fell in her room. The resident's personal alarm sounded. The aide ran to the room and witnessed the resident fall to the floor from a standing position. At the time of the fall the resident had no complaints of pain. Range of Motion completed and the resident assisted back to bed with an assist of 2. The nurse completed a full assessment and notified the physician. The resident demonstrated stiffness during transfer 7/24/19. The resident had more complaints of pain and difficulty with weight bearing. The resident transferred to the hospital for further evaluation due to a change in condition. The</p>			
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	<p>resident remained in the hospital and a major injury determination form completed by the physician determined the resident had a major injury. The status of the report remained unfiled.</p> <p>A Major Injury Determination Form dated 7/25/19 documented the date and time of injury 7/23/19 at 10:15 p.m. On 7/24/19 the resident had increased pain and not bearing weight. The resident needed 1-2 assist with a walker, gait belt and wheel chair. The physician responded after reviewing the circumstances, injury, and diagnosis of the resident, he believed the resident sustained a major injury.</p> <p>IA Radiology Report dated 7/25/19 documented the resident had an acute L2 (lumbar vertebrae) fracture through the superior endplate.</p> <p>During an interview on 11/21/19 at 8:40 a.m. the Director of Nursing stated she filled out the report but didn't know she had to do anything else to assure it was filed.</p> <p>Facility Response:</p>			
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