

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

Citation Number: 5416					Date: October 19, 2021
Facility Name: REM Iowa - Washington		Survey Dates: 9/18/21 – 9/23/21			
Facility Address/City/State/Zip 1307 N 5 th Ave Washington, IA 52353		CC	95989-C, 97399-I, 99603-I, 96893-I		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date	

50.7(3)	<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(3) 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>DESCRIPTION:</p> <p>Based on interviews and record review, the facility failed to report patterns of peer to peer aggression to the department as required. This affected 1 client added to the sample (Client #1) during the investigation of #97399-I and 99603-I. Findings follow:</p> <p>Record review on 9/13/21 revealed Client #1's Individual Incident Report (IR) dated 5/19/21. The report indicated Client #6 grabbed Client #1's arm and left three scratches on the bicep of her right arm.</p> <p>Further record review revealed another IR dated 6/2/21. Direct Support Professional (DSP) A noted Client #6 became agitated and aggressed at Client #1. The Registered Nurse (RN) documented existence of scratch marks and some purple bruising on both of Client #1's arms on 6/3/21.</p>	II	\$500.00	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: 5416		Date: October 19, 2021		
Facility Name: REM Iowa - Washington		Survey Dates: 9/18/21 – 9/23/21		
Facility Address/City/State/Zip 1307 N 5 th Ave Washington, IA 52353		CC	95989-C, 97399-I, 99603-I, 96893-I	
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>Record review on 9/14/21 revealed the facility Injuries, Incidents and Incident Reporting Policy and Procedure. The document directed staff to complete an Incident Report anytime a peer to peer aggression resulted in an injury and report the injury to a supervisor. According to the policy, the supervisor would report the injury to the Program Director (PD) to determine if the Department of Inspections and Appeals (DIA) report should be completed. The policy defined a pattern of acts of peer to peer aggression as two or more times in 30 days.</p> <p>When interviewed on 9/14/21 at 1:25 p.m., the Program Director (PD) confirmed the facility failed to report the two incidents of peer to peer aggression to the department. She said the incident on 5/19/21 occurred at the day program and their tracking system did not include incidents at the day program. She acknowledged the error in their tracking system resulted in their failure to report the incidents.</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: 5416					Date: October 19, 2021
Facility Name: REM Iowa - Washington		Survey Dates: 9/18/21 – 9/23/21			
Facility Address/City/State/Zip 1307 N 5 th Ave Washington, IA 52353		CC	95989-C, 97399-I, 99603-I, 96893-I		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date	

235E.2(3)a	Iowa Code section 235E.2(3)(a) 3. a. If a staff member or employee is required to make a report pursuant to this section, the staff member or employee shall immediately notify the person in charge or the person's designated agent who shall then notify the department within twenty-four hours of such notification. If the person in charge is the alleged dependent adult abuser, the staff member shall directly report the abuse to the department within twenty-four hours.	II	\$500.00	Upon Receipt	
52.2(3)a	481—52.2(235E) Persons who must report dependent adult abuse and the reporting procedure for those persons. 52.2(2) Reporting suspected dependent adult abuse in facilities or programs. a. If a staff member or employee is required to make a report pursuant to this rule, the staff member or employee shall immediately notify the person in charge or the person's designated agent who shall then notify the department within 24 hours of such notification or the next business day.				
64.33(1)	481-64.33(135C) Allegations of dependent adult abuse 64.33(1) Allegations of dependent adult 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 Iowa Code section 135C.43A (2013).

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

Citation Number: 5416					Date: October 19, 2021
Facility Name: REM Iowa - Washington		Survey Dates: 9/18/21 – 9/23/21			
Facility Address/City/State/Zip 1307 N 5 th Ave Washington, IA 52353		CC	95989-C, 97399-I, 99603-I, 96893-I		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date	

64.60	<p>Allegations of dependent adult abuse shall be reported and investigated pursuant to Iowa Code chapter 235E and 481-Chapter 52. (I, II, III)</p> <p>481-64.60(135C) Federal regulations adopted - conditions of participation. Regulations in 42 CFR Part 483, Subpart D, and 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 provision 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>			
W153	<p>483.420(d)(2) STAFF TREATMENT OF CLIENTS</p> <p>The facility must ensure that all allegations of mistreatment, neglect or abuse as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</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: 5416		Date: October 19, 2021		
Facility Name: REM Iowa - Washington		Survey Dates: 9/18/21 – 9/23/21		
Facility Address/City/State/Zip 1307 N 5 th Ave Washington, IA 52353		CC	95989-C, 97399-I, 99603-I, 96893-I	
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>Based on interviews and record review, the facility failed to ensure staff immediately reported incidents of potential abuse. This affected 1 of 1 client during the investigation of #96893-I (Client #4). Findings follow:</p> <p>Record review on 9/13/21 revealed Client #4's Individual Incident Report (IR), dated 3/19/21. Direct Support Professional (DSP) A documented DSP B pulled Client #4's hair and called her names. On 3/24/21, the Program Supervisor (PS) noted initiation of an internal investigation.</p> <p>When interviewed on 9/14/21 at 12:10 p.m., DSP A confirmed she wrote the IR dated 3/19/21, and intended to tell the PS about the incident that night. She recalled DSP B stayed and talked to the PS so she decided to call and talk with the PS later. DSP A noted she had a few days off and then spoke to the PS on 3/23/21 about DSP B calling Client #4 names. She spoke with the PS again on 3/24/21 and told the PS about DSP B allegedly pulling Client #4's hair. DSP A confirmed she received Dependent Adult Abuse training and understood staff needed to report potential abuse within 24 hours of the incident. She acknowledged a delay in her reporting of the incident.</p> <p>When interviewed on 9/14/21 at 1:15 p.m., the PS confirmed DSP A made a report of potential abuse to Client #4 on 3/24/21. She recalled she came in to work the overnight shift on 3/19/21 and both DSP A</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: 5416		Date: October 19, 2021		
Facility Name: REM Iowa - Washington		Survey Dates: 9/18/21 – 9/23/21		
Facility Address/City/State/Zip 1307 N 5 th Ave Washington, IA 52353		CC	95989-C, 97399-I, 99603-I, 96893-I	
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>and DSP B remained on duty. She recalled she spoke with DSP B and DSP A left without speaking to her. The PS said DSP A came to see her on 3/23/21 and voiced concerns about DSP B's verbal interactions with Client #4. She denied receiving any information regarding potential physical abuse. She recalled DSP A approached her again on 3/24/21 and made an allegation that DSP B pulled Client #4's hair on 3/19/21.</p> <p>Record review on 9/14/21 revealed the facility's Abuse/Neglect Reporting, Investigation and Follow Through Policy/Procedure. The document contained the following directive to staff, "Any employee who observes or suspects abuse, neglect, or potentially abusive acts directed toward an adult in a licensed REM facility will immediately make a verbal report to the person in charge or the person's supervisor."</p> <p>When interviewed on 9/21/21 at 12:55 the Program Director (PD) confirmed staff should immediately report suspected incidents of abuse to a supervisor.</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: 5416		Date: October 19, 2021		
Facility Name: REM Iowa - Washington		Survey Dates: 9/18/21 – 9/23/21		
Facility Address/City/State/Zip 1307 N 5 th Ave Washington, IA 52353		CC	95989-C, 97399-I, 99603-I, 96893-I	
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	FACILITY RESPONSE:			
--	---------------------------	--	--	--

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).