

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

<b>Number</b> 6023		<b>Report date</b> March 7, 2023		
<b>Facility name</b> Park View Rehabilitation Center		<b>Survey dates</b> February 13, 2023 - February 20, 2023		
<b>Facility address</b> 601 Park Ave				
<b>City</b> Sac City				
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
58.43(9)	<p><b>481—58.43(135C) Resident abuse prohibited.</b> Each resident shall receive kind and considerate care at all times and shall be free from mental, physical, sexual, and verbal abuse, exploitation, neglect, and physical injury. Each resident shall be free from chemical and physical restraints except as follows: when authorized in writing by a physician for a specified period of time; when necessary in an emergency to protect the resident from injury to the resident or to others, in which case restraints may be authorized by designated professional personnel who promptly report the action taken to the physician; and in the case of an intellectually disabled individual when ordered in writing by a physician and authorized by a designated qualified intellectual disability professional for use during behavior modification sessions.</p> <p>Mechanical supports used in normative situations to achieve proper body position and balance shall not be considered to be a restraint. (II)</p> <p><b>58.43(9) Allegations of dependent adult abuse.</b> 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><b>DESCRIPTION</b></p> <p>Based on clinical record review, observations, facility investigation review and staff interview the facility failed to conduct a thorough investigation of</p>	I	<p><b>\$5250.00</b></p> <p style="color: red; font-weight: bold;">Held in Suspension</p>	<p><b>Upon Receipt</b></p>

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	<p>an allegation of abuse. On 7/25/22, the nurse learned of a Certified Nurse Aide (CNA) placing their hand over Resident #137's mouth and told them to "shut the fuck up." After learning of this allegation of abuse, the facility told the CNA to not help Resident #137 but allowed them to work unattended behind closed doors with other residents. This failure resulted in residents living at the facility to be exposed to the potential of abuse.</p> <p>The facility identified a census of 36 residents.</p> <p>Findings Include:</p> <p>Resident #137's Minimum Data Set (MDS) assessment dated 7/16/22 included diagnoses of Alzheimer's disease, altered mental status, anxiety disorder, and adjustment disorder. The MDS identified a Brief Interview for Mental Status (BIMS) score of 12, indicating moderate cognitive impairment. Resident #137 exhibited verbal behavioral symptoms one to three times in the seven-day lookback period. Resident #137's behaviors caused significant interference with his care and significantly disrupted his care and/or his living environment.</p> <p>Progress Notes Review:</p> <p>The Incident Report Note dated 7/24/22 at 11:00 AM identified that Staff E, CNA, notified Staff Q, Registered Nurse (RN) that Staff D, CNA, over Resident#137's mouth and say "shut the fuck up." The preliminary recommendation directed that the nurse separated Staff D and Resident #137. The nurse assigned another CNA to him. The nurse notified the administrative staff, Resident #137's family, and the physician.</p> <p>The 24 HR Follow Up to Incident Report dated 7/25/22 at 11:28 AM, labeled Late Entry entered on 7/27/22 at 11:30 AM, revealed a CNA placed her</p>		
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	<p>hand over resident's mouth and said "shut the fuck up. The assessment determined that Resident #137 did not have apparent injuries and he denied concerns. The CNA could no longer provide care for Resident #137. The facility did not provide additional notifications.</p> <p>The 1 Week Follow Up to Incident note dated 8/1/22 at 11:24 AM related to the CNA placing her hand over resident's mouth and told him to "shut the fuck up." Resident #137 denied concerns and had no apparent injuries observed.</p> <p>Staff Interviews</p> <p>On 2/15/23 at 10:13 AM, Staff E revealed that she worked on 7/24/22 with Staff D, CNA, during a COVID outbreak in the facility. Staff E explained that Resident #137 would repeatedly yell out words. Staff E added that Resident #137 does not always allow staff to assist him with care. Staff E assisted Staff D with transferring Resident #137. During the transfer Staff E reported Resident #137 yelled the entire time and Staff D placed her four fingers across his mouth and told him to shut the fuck up. Staff E added that after the incident she left the room while Staff E remained in the room alone with Resident #137.</p> <p>On 2/15/23 at 2:02 PM, Staff D explained that she took care of Resident #137 on 7/24/22. Staff D reported that the facility had a COVID outbreak at the time and she had heard Resident #137 yelling bathroom, bathroom. Staff D assisted Resident #137 to the bathroom and when after he finished he continued to yell out in his room. Staff D consulted with a nurse who advised Staff D to transfer Resident #137 to the bathroom with a lift. Staff D asked Staff D to assist her with the transfer. Staff D revealed Resident #137 yelled the entire time they were assisting him. Staff D explained that she took her hand and covered his mouth and told</p>		
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	<p>him to shut the fuck up. Staff D demonstrated covering his mouth with her 4 fingers. Staff D added that she knows this is abuse and what she did was wrong. Staff D stated that she did not receive any discipline for the incident but did receive some additional education. Staff D revealed that she did apologize to Resident #137 and his family.</p> <p>On 2/16/23 at 11:45 AM the Nurse Consultant and Staff H, LPN Co-Director of Nursing, revealed the only restriction Staff D had after the 7/24/22 reported incident with Resident #137 was to not have Staff D care for Resident #137. The Nurse Consultant and Staff H confirmed that Staff D did not have to have another CNA in the room with her while she provided care to other residents in the building. Staff D's assignment changed to another hallway. After Resident #137 passed away Staff D had no further hall assignment restrictions. The staff provided counseling and education to Staff D as well.</p> <p>On 2/16/23 at 1:27 PM Staff I, CNA, reported that she works frequently with Staff D. Staff D is always able to do her assignment by herself and is not aware of any rooms Staff D cannot go in.</p> <p>On 2/16/23 at 1:33 PM Staff J, CNA, explained that Staff D always worked on a certain hallway by herself and would call if she needed assistance with a two-person transfer. Staff J did not know of any staff with restrictions on where they can work, or whom they can work with.</p> <p>On 2/16/23 at 1:37 PM Staff K, CNA, revealed that Staff D is usually in a hall by herself and would call if she needed assistance with a two-person transfer. Staff K did not know of any staff with restrictions on where they can work or with whom they can work with.</p>		
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	<p>Facility Policy Review</p> <p>The Abuse prevention, training and investigations policy revised 12/30/20 instructed the following:</p> <p>a. The facility has a comprehensive system of practices and procedures designed to prevent occurrences of mistreatment, abuse, neglect, and/or misappropriation of resident property, monitor, identify and investigate injuries of unknown source and any allegations of suspected abuse, and insure that reasonable suspicions are reported to the appropriate law enforcement and regulatory oversight agencies.</p> <p>b. Employees are required to report incidents— anything unusual or unexpected-- at the time of the occurrence, to their supervisor or person in charge of the facility for further investigation, regardless of whether the incident results in obvious or visible injury.</p> <p>c. Employees are required to immediately intervene to distract, halt and/or prevent harm to the extent that they can do so without placing themselves at risk of injury if they observe what they suspect is abuse or other criminal behavior to be occurring. They are also required to report allegations or suspicions of mistreatment, abuse or other crimes perpetrated by any person-- including a staff member, caregiver, resident/tenant, volunteer, or visitor-- immediately and without hesitation directly to the person in charge of the facility at the time. If that person is not the Administrator, the employee is also required to report the allegation to the Administrator within one (1) hour of first becoming aware.</p> <p>d. The person in charge of the facility shall immediately:</p> <p>i. Separate the alleged perpetrator, if known, from the victim and maintain this separation without exception, pending completion of the investigation;</p>		
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	<ul style="list-style-type: none"> <li>ii. Assess the victim for injury requiring immediate medical assistance and provide or arrange for needed care and treatment;</li> <li>iii. Implement precautions to preserve physical evidence that might be present at the site and/or on the victim or alleged perpetrator;</li> <li>iv. Interview the victim, if possible, for his/her statement related to the occurrence;</li> <li>v. Interview the alleged perpetrator, if known and on-site, to obtain a statement of his/her knowledge and involvement;</li> <li>vi. If appropriate due to the seriousness of the allegation, relieve the alleged perpetrator of further work duties and place the person in an unpaid, suspended work status pending further investigation;</li> <li>vii. Unless the resident /tenant directs otherwise, notify the victim's responsible party of injuries incurred;</li> <li>viii. Notify the victim's attending physician if the allegation could impact the resident's physical or mental well-being;</li> <li>1. Notify the local Police if there is a reasonable suspicion that a crime has occurred.</li> <li>ix. Document all of the above. <ul style="list-style-type: none"> <li>1. Investigation:</li> <li>2. Every abuse allegation needs to be thoroughly investigated, including: <ul style="list-style-type: none"> <li>interviewing all potential witnesses to the occurrence,</li> <li>interviewing all potential witnesses to the reporting of the occurrence, AND</li> <li>interviewing other persons who might have witnessed similar events where the alleged behavior could have occurred with the same likeness as this one-- i.e. other tenants, or roommates of residents the alleged perpetrator has cared for, or other employees who have worked closely with the alleged perpetrator-- in order to determine scope and frequency.</li> <li>3. Interviews may be recorded or, if that is not possible, a 2nd person may sit in for taking notes to</li> </ul> </li> </ul> </li> </ul>		
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	<p>document the questions and responses. Witnesses will be interviewed individually, one at a time, to minimize "group thinking" or any one person influencing the statement of another;</p> <p>4. Interviews will be conducted in private, and participants will be advised that information shared is confidential to the extent that the investigation will allow it and to the extent permitted by law. Initial questions should be phrased in an "open-ended" and non-leading format to allow the interviewee to share whatever information he/she believes to be pertinent (i.e. "Tell me about...." "And then what happened?")</p> <p>5. The interviewer should ask follow-up questions to clarify vague or general or subjective terms (i.e. "he was acting inappropriately" "How so?") and ask the witness to re-enact the occurrence through role-playing, if possible. (i.e. show me exactly where her hand was on his hip.) Pictures and video may also be helpful to document each witness's statement or re-enactment. The most important objective is to get to the truth of what each witness perceived to have occurred in full context-- including what preceded and led up to the event and what else might have been occurring at the same time-- and to accurately capture and preserve that information.</p> <p>6. Do not share information provided by one interviewee with another, but do ask pointed, specific follow-up questions to clarify any information that is contradictory to another person's statement or to cover any topics or issues that the interviewee does not readily volunteer (i.e. "Are you sure that you and your co-worker left the tenant's apartment together, or did your co-worker stay behind for a minute or so and then catch up with you?" ....)</p> <p>7. Following the individual interview, each participant (the interviewer, interviewee and note taker) should be asked to review the interview notes and to sign each page of the documents as</p>		
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	<p>verification of their accuracy and comprehensiveness.</p> <p>8. Upon completion of the internal investigation, the Administrator should prepare a written summary report containing a description of the allegation; a chronological listing-- by date and time-- of the steps taken to investigate it; an overview of the findings; identification of the names, titles, and contact information for each person who was interviewed and for each notification and interaction with law enforcement and regulatory oversight agencies.</p> <p>9. Original documents, pictures, recordings, etc. developed in the process of the investigation are internal risk management files and attorney/client work papers and should be so labeled prior to delivering to the Corporate home office to the attention of [Corporation Name] Risk Management Attorney.</p> <p>The written Summary Report will be retained in an Allegation Investigation file folder maintained by the Administrator.</p>			
	<b>FACILITY RESPONSE</b>			

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Facility Administrator

\_\_\_\_\_  
Date