

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

Citation Number: #6164		Date: July 19, 2023		
Facility Name: Aspire of Muscatine		Survey Dates: July 03, 2023 to July 10,2023		
Facility Address/City/State/Zip 2002 Cedar Street Muscatine, IA 52761		CP		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

58.43(9)	<p>481—58.43(135C) Resident abuse prohibited. 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 disabilities professional for use during behavior modification sessions. Mechanical supports used in normative situations to achieve proper body position and balance shall not be considered to be a restraint. (II)</p> <p>58.43(9) Allegations of dependent adult abuse. 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>DESCRIPTION: Based on a review of clinical records, facility policy and staff and resident interviews the facility failed to report an incident of possible abuse to the state</p>	CLASS II	\$500.00	UPON RECEIPT
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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).

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	<p>agency for one of one (Resident #6) residents in the sample. The facility reported a census of 34 residents.</p> <p>Findings include:</p> <p>The Annual Minimum Data Set (MDS) assessment tool, dated 5/6/23, listed diagnosis for Resident #6 included: cerebral infarction (stroke), morbid obesity, and heart failure. The MDS assessed the resident required the extensive assistance of two staff for: bed mobility, dressing, and personal hygiene. The resident assessed as total dependence on staff for: transfers, and toilet use. The MDS listed the Brief Interview for Mental Status (BIMS) score as 15 out of 15, which indicated intact cognition.</p> <p>A review of the Electronic Health Record (EHR) revealed on 6/2/23 the resident weighed 328 pounds. The MDS listed a height of 68 inches. The residents Body Mass Index (BMI) is 49.9. A BMI above 30.0 is considered obese.</p> <p>During an interview on 7/3/23 at 1:25 PM, Resident #6 stated Staff A, Certified Nursing Assistant (CNA) told her she weighed too much, and needed to lose weight. The resident stated that Staff A then grabbed areas on her stomach, legs and pubic area. The resident stated she responded by kicking Staff A away.</p>			
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	<p>The resident reported the staff then hit her on her arm and leg. The resident stated this incident made her angry as she had lost weight since admission. The resident denied having any injury or bruises from the incident.</p> <p>During an interview on 7/3/23 at 2:45 PM, the Administrator denied being aware of the allegation made by Resident #6. She stated she would immediately start an investigation.</p> <p>During an interview on 7/5/23 at 4:25 PM, the Administrator stated she completed an interview of the allegation made by Resident #6. She denied making a self-report of the allegation due to inconsistent information given by the resident, and a history of the resident making false allegations. The Administrator stated the resident did not deny the incident occurred.</p> <p>During an interview on 7/6/23 at 12:29 PM, the Administrator stated she had not completed a self-report to the State Agency (SA). The Administrator stated she did not feel the incident met the criteria for reporting. The Regional Nurse Consultant stated the report would be made immediately, and Staff A sent home.</p>			
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	<p>During an interview on 7/10/23 at 11:32 AM, the Acting Director of Nursing (DON) stated any allegation of abuse needs to be reported to the State Agency within two hours.</p> <p>The facility policy, dated August 2022, titled Freedom Of Abuse, Neglect And Exploitation; Abuse Prevention : Fast Alerts, Overview section [page 10] directed staff to ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment including injuries of unknown source and misappropriation of resident property are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury.</p> <p>Some facilities are conducting an investigation of an allegation prior to reporting it to required officials. While it may be necessary for a facility to make an initial evaluation as to whether or not an incident potentially meets one or more of the reporting criteria, the thorough investigation should be completed after reporting the allegation.</p>			
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Facility Administrator

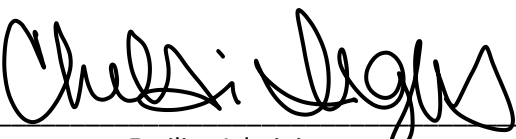
Date

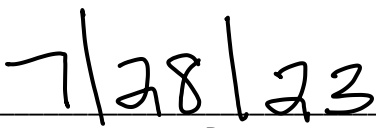
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	<p>FACILITY RESPONSE:</p> <p>Administrator will ensure that all allegations of abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than two hours after the allegation is made and will ensure compliance.</p> <p>Administrator will audit weekly that any reportables have been submitted timely and addressed.</p> <p>DON will review 24 hour report on PCC and bring all findings to our morning stand up meeting.</p> <p>Regional Nurse Consultant educated Administrator on 07/10/2023 and going forward will ensure that this is being completed anytime that an allegation is made.</p> <p>All findings will be taken to our daily morning meeting to discuss with the management team and will be discussed at our monthly QAPI meetings for 90 days.</p>			
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