		_			
FC#6450				Date: 2017	February 10,
Touchstone Healthcare Community			Survey Da	ates: Januar	ry 23-26,2017
1800 Indian Hills Drive					
Sioux City, Iowa 51104		DS/ss/kk			
			Class	Fine Amount	Correction date
+ +	trainees-dinformation evaluation penalty.  2a. If it is considered convicted department that that updepartment evaluation prohibition facility.  481-50.9 (abuse, and	Employees and certified nurse aide child or dependent adult abuse on and criminal record checks-ins-application to other providers-determined that a person being of for employment in a facility has been of a crime under a law of any state, the not of public safety shall notify the licensee pon the request of the licensee the not of human services will perform an to determine whether the crime warrants in of the person's employment in the	li	\$500	Upon Receipt
50.9(3)c +	prior to en employme shall reque perform a departmen dependent in this stat c. If a perhas been considered convicted departmen that upon of human determine	equirements for prospective employer inploying an individual. Prior to ent of a person in a facility, the facility est that the department of public safety criminal history check and the int of human services perform child and it adult abuse record checks of the person e. If a person being considered for employment convicted of a crime. If a person being id for employment in a facility has been of a crime under a law of any state, the int of public safety shall notify the facility the request of the facility the department services will perform an evaluation to whether the crime warrants prohibition of it's employment in the facility. (I,II,III)			

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58.11(3)	abuse che and emplo a crime or comply wit section 13 Senate Fill completior checks, ar employme crime or harmonisterview, Staff D (nu Human Seconsisted facility identification of the person SING (Singular Check) for further results (Department A DCI reportment).	review of personnel files and staff the facility failed to obtain approval to hire ursing) from the lowa Department of ervices prior to hiring. The sample of 13 personnel files reviewed and the ntified a census of 96 residents.			

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	facility reconstruction facility fac	interview on 1/25/17 at 12:15 p.m., the asultant verified the facility had not the paper work to DHS prior to hire to nether or not Staff D had been eligible for			

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58.18(4)	58.18(4) T from qualif nurse call considered 1398C, IA  DESCRIP  Based on interview, Resident of provide provide provide provide and the second of 15 impairment required eliving (ADI MDS documents) and the second of 15 impairment required eliving (ADI MDS documents) and the second of 15 impairment required eliving (ADI MDS documents) and the second of 15 impairments included himpairments inclu	observation, record review, staff resident interview, and review of the Council minutes, the facility failed to ompt response [within fifteen minutes] to n order to meet the resident's needs \$\frac{1}{2}\$ #13, #23). The sample consisted of 17 iving in the facility and the facility census of 96 residents.	II	\$500	Upon Receipt

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		Class	Fine Amount	Correction date
needed needs.  On 1/25 interview the call also can so the convaiting. experier wait too  2. Resider reference resident indicated impairm ADL's in docume of bladd diabetes.  The Car	ent #23 had a MDS assessment with a e date of 10/28/16. The MDS identified the scored a BIMS of 12. A score of 12 the resident had a moderate cognitive ent. Resident #23 required assistance with cluding transfers and toilet use. The MDS sted Resident #23 occasionally incontinent er. Resident #1's diagnoses included and anxiety disorder.			
inconting Residen The Car skin bre Residen During a	a history of urinary tract infection (UTI) and nce of urine. The interventions included #23 needed assistance with toileting. Plan identified Resident #23 at risk for kdown with occasional incontinence. #23 wore underwear.  n observation on 1/24/17 at 1:43 p.m. three were on in the D hall. Staff O Unit			

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two other left the round practical room, and go to the the nurse At 1:59 p Resident activity postated shadid not returned activity postated shadid not retwo urina the time Sto Resident stand me had been he/she had been he/	off and left the room. Staff O then went to rooms on the hall, shut off the lights and oms. At 1:58 p.m. Staff P Licensed Nurse (LPN) walked by Resident #23's d Resident #23 shouted he/she needed to bathroom real bad. Staff P walked into 's room without addressing the residentm. an activity staff person stopped at #23's door and Resident #23 told the erson that someone had answered his/her and turned it off and left, and had not to assist him/her to the bathroom. The erson put the call light on. Resident #23 e/he hate it when they turn the light off and turn to help him/her, and repeated having the real bad. At 2:05 p.m. (23 minutes from Staff O turned the call light off) staff came ent #23's room with an E-Z Stand (sit to chanical lift). The resident stated he/she waiting 45 minutes from the first time and activated the call light.  In interview on 1/25/17 at 1:50 p.m. #23 sat in the wheelchair in his or her esident #23 stated the previous day was set time staff had turned his/her light off elping him/her. Resident #23 said they tell er they have to find an E-Z stand, and a long time to return to help him/her. #23 had to put his or her light on again to Resident #23 stated it sometimes takes an 45 minutes and he/she had noce at times with a prolonged wait for the Resident #23 stated it made him/her.			

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	feel bad to	wet himself/herself.			
	the Call L purpose of resident's included to promised to so prompt!  Review of Resident C residents v answered	y policy and procedure titled, Answering ight, revised June 2015, documented the f the policy was to respond to the requests and needs. The procedures to do what the resident asked. If they to return with an item or information to do ly.  the December 2016 and January 2017 Council minutes reflected each month the voiced concerns about call lights not properly and shut off without the needs being addressed.			
	FACILITY	RESPONSE:			

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Facility Administrator

Date