| Citation Number: 6763 Facility Name: Halcyon House Facility Address/City/State/Zip 1015 South Iowa Ave Washington, IA. 52353 | | Amended Citation – Fine amou to 1950.00 on March 01, 2018. Pursuant to Iowa Code Section | February 16, 20 | | | | |
|---|--|---|-----------------|-----------|---------|--|-----------------|
| | | HL | | | | | |
| Rule or Code Section | | Nature of Violation | С | l II | | | Correction date |
| e. Each superviself, oth II, III) DESCR Based of failed to supervise two (2) of fell on 1 staff train Resider to follow was 47 Findings 1. The 11/2/17 anxiety, remission The MD impairm assistant balance assistant The CN | resident shesion to profers, or elerers, or during to four (4) resident (4) residents. Include: Minimum Daresident #4 depression, n), pain and servealed lents. Residents. Residen | lent safety. hall receive adequate tect against hazards from ments in the environment. (I, view and staff interviews, the facility dents received adequate ransfers to prevent accidents for sidents at risk for falls. Resident #4 sustained an arm fracture when without a gait belt for her safety. ed minor injuries when staff failed an for transfers. The facility census ata Set (MDS) assessment dated had diagnoses of hypertension, multiple myeloma (not in a palliative care. Resident #4 had no cognitive ent #4 required extensive aff with transfers. Resident #4 had only able to stabilize with staff de) Pocket Care Plan directed staff #4 with assist of one staff and a | | \$ | 3000.00 | | 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 lowa Code section 135C.43A (2017).

Page 1 of 6

| Citation Number: 6763 | | Amended Citation – Fine amount to 1950.00 on March 01, 2018. Pursuant to Iowa Code Section 13 | | | Date: Febru | ıary 16, 2018 |
|--|--|---|------------------|----------------------|----------------|-----------------|
| Facility Name: Halcyon House Facility Address/City/State/Zip 1015 South Iowa Ave Washington, IA. 52353 | | | Survey Februa | Dates: ry 1, 2018 | В | |
| | | HL | | | | |
| Rule or Code Section | | Nature of Violation | Class | Fine Amou | | Correction date |
| staff, re in bed. The Ca from da pain, we may ne The Inc Nurse ver the from steady. hurting pivoted on both grasped bar. Re crooked sounds to the fle Nurse a called head of the sead of | re Plan reveauly to day and eakness, fatiged more help dent Report valked with Resident #4 on the way to in front of the sides of the I the bars and sident #4 love on the toilet heard and the cor and Resident #4 love on the toilet heard and the cor and Resident et or and Resident et or and Resident medical ion. When Sion Resident et oilet without diology Constitution and Constitution real et oilet without diology Constitution | a walker provide assistance of two at times and prefers to spend time aled Resident #4's abilities vary during the day based on level of gue and shortness of breath and at times than others. dated 11/28/17 revealed the desident #4 to the bathroom using alker. Resident #4's gait slow and a complained of the right arm to the bathroom. Resident #4 to tilet and grabbed the grab bars toilet. Resident #4's hands delbows rested on the wered on the toilet and ended up with a thud. Three popping then Resident #4's arm went slack dent #4 complained of pain. The pain and anxiety medications and als at 1:26 p.m. Staff B reported the pain and anxiety medications and the sident #4's call light. Resident #4 tion. Staff B left to get the pain at #4 reported he/she needed to go by bad. Staff B assisted Resident ut a gait belt. Staff B report dated 11/28/17 of wealed Resident #4 sustained a | | | | Page 2 |

6

Facility Administrator

Date

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|--|----------|--|---|------------------------------------|------------|------------------|--|
| Facility Name: Halcyon House | | | | y Dates: ary 1, 20 ⁻ | 18 | | |
| Facility Address/City/State/Zip 1015 South Iowa Ave Washington, IA. 52353 | | HL | | | | | |
| Rule or Code Section | | Nature of Violation | Class | ll . | ne ount | Correction date | |
| mildly displaced mid #4 had degenerative The Care Plan upda sat down hard on the fracture from the saf the staff to provide a transfers and ambula An interview on 2/1/r of Nurses reported s for all transfers that the assist. The Interim Directived education of implemented the nur uniform in addition to 2. According to the Mildingnoses of anemia The MDS revealed Filter cognitive impairment assistance of two state dressing, toilet use a had balance issues a assistance. The Care Plan upda transfer with a sit to The CNA (Certified Mildingressive) | | 18 at 2:17 p.m. the Interim Director the expected staff to use a gait belt require one to two staff physical Director of Nurses reported the staff on the use of gait belts and also reses wear a gait belt as part of the other nurse aides. Minimum Data Set (MDS) 2/28/17 Resident #2 had a, hypertension and dementia. Resident #2 had moderate ts. Resident #2 required extensive aff with bed mobility, transfers, and personal hygiene. Resident #2 and only able to stabilize with staff ted 9/7/17 directed the staff to stand lift and two staff. Nurse Aide) Pocket Care Plan transfer Resident #2 with a sit to | | | | Page 3 of | |
| Facility Admir | istrator | Da | ite | | - | | |

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| The Incident Report revealed Resident # Aide assisting Resid had a gait belt in pla staff. The Nurse Aid backwards and Resi #2 sustained skin teadministered first aid the Nurse Aide calle shift. The Nurse Aide plan and transferred stand lift. The invessession completed where the staff intervention of teach Resident #2 safely. An interview on 2/1/he/she just started where the start of the shift assist Resident #2 reasked Resident #2 reasked Resident #2 to reported he/she took reported he/she place #2. Resident #2 was locked the wheelchastand and pivot to the stift in the wheelchastand in the wheelchastand and pivot to the stift in the wheelchastand and pivot to the stift in the wheelchastand and pivot to the stift in the wheelchastand in the stift in the stift in the wheelchastand in the stift in | | dated 1/29/18 at 3:50 p 2 at the edge of the bed ent #2 to get up. The Note and providing assist e reported the wheelch dent #2 fell to the floor. ars to both wrists. The l. The fall investigation d in to cover the evening de failed to have a pock Resident #2 without the igation revealed a coad with the staff. The did not get a pocker for first time working of fr. Staff A did not know equired for transfers. So he/she required one of ld Staff A one staff. Start Resident #2's word. So ed a gait belt around Resisting in the recliner. For Staff A assisted Resident #2 grabbed Staff A dent #2 grabbed Staff A | d and Nurse Nurse Aide ance of one air slipped Resident staff revealed ag act care e sit to ching reported taff A on Resident at care plan how much taff A or two aff A staff A esident taff A esident Staff A | | | | Page 4 of |
| Facility Administ | rator | | Date | | | | U |

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| Washington, IA. | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | HL | | | | | | |
| Rule or Code Section | on | Nature of Violation | Class | Fine Amount | Correction date | | | |
| flo re ha a | oor. Resident #2 ha eported it was his/h ave had a pocket o | she lowered Resident #2 to the ad skin tears on each wrist. Staff A her mistake and he/she should care plan. Staff reported feeling #2 has bandages on both wrists. | | | Page 5 of 0 | | | |
| Facility | Administrator | Dat | | | Ü | | | |

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| rudolinigton, iz a 02000 | | HL | | | | |
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| Facility Administrator | Date | _ |