Facility name Mosaic – 319 Country Club Drive		Amended Citation – Fine amount reduced by 35% to \$325.00 on May 07, 2018. Pursuant to Iowa Coed Section 135C.43A		Report date April 23, 2018			
			Survey dates: March 26-April 4 2018				
Facility address 319 Country Clu Drive	ub						
City Belmond, Iowa	50421	MW					
Rule or Code Section		Nature of Violation	Class	Fine Amount	Correction Date		
W153	mistreatment well as injurie reported imm other officials	ust ensure that all allegations of , neglect or abuse, as es of unknown source, are ediately to the administrator or to in accordance with State law olished procedures.	П	\$500	Upon Receipt		
64.33(1)	adult abuse. 64.33(1) Alleg Allegations of reported and i	ations of dependent ations of dependent adult abuse. dependent adult abuse shall be nivestigated pursuant to Iowa Code and 481—Chapter 52. (I, II, III)					
52.2(2)a	abuse in facilit a. If a staff me make a report member or emperson in charwho shall them	ting suspected dependent adult ies or programs. mber or employee is required to pursuant to this rule, the staff aployee shall immediately notify the ge or the person's designated agent notify the department within 24 notification or the next business day.					
235E.2(3)a	facilities and employee is re this section, the immediately no person's design	programs. 3.a. If a staff member or equired to make a report pursuant to be staff member or employee shall otify the person in charge or the gnated agent who shall then notify by within twenty-four hours of such					

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 (2015).

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Number FC#6792		Amended Citation – Fine amount reduced by 35 on May 07, 2018. Pursuant to Iowa Coed Section			Report d April 23,	
Facility name Mosaic – 319 Country Club Drive			Survey 2018	Survey dates: March 26-April 4 2018		
Facility address 319 Country Club Drive						
City Belmond, Iowa	50421	MW				
Rule or Code Section		Nature of Violation	Class	Fine Amou	ınt	Correction Date
	notification.					
	DESCRIPTIO	N:				
	failed to ensur abuse to acco of 1 clients (C incident #7460 Record review investigation for document revo (DSA) A report	rviews and record review, the facility re staff immediately reported potential rding to their policy. This affected 1 lient #1) during the investigation of 09-1. Findings follow: on 3/26/18 revealed a facility orm initiated on 3/13/18. The ealed Direct Support Associate ted an allegation of abuse on orm indicated the alleged incident /12/18.				
	Mandatory Re Dependent Ac "Any individua and/or neglect must IMMEDI safety of the p accused indivi	on 3/26/18 revealed the facility porter: Abuse and /or Neglect of a dult policy. According to the policy, all suspecting or witnessing abuse as identified in Code of Iowa 232.68 ATELY: intervene to ensure the person supported and; separate the dual from further physical contact apported and notify the Associate gnee."				
	Program Mana an investigation abuse toward 3/12/18. The F	wed on 3/28/18 at 11:05 a.m. the ager (PM) confirmed she conducted on due to an allegation of potential Client #1 during personal cares on PM recalled DSA A said she failed to ential abuse immediately because				

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		Amended Citation – Fine amount reduced by 35 on May 07, 2018. Pursuant to Iowa Coed Section					
Facility name Mosaic – 319 Country Club Drive			Survey dates: March 26-April 4 2018			26-April 4	
Facility address 319 Country Club Drive							
City Belmond, Iowa	50421	MW					
Rule or Code Section		Nature of Violation	Class	Fine Amou	unt	Correction Date	
	training the Cet to be abusive the recalled she as (CNA) to chan brief on the evithe bedroom to heard a "smad supervisor a temeet the next the incident who "flustered" due staff all night. When interview confirmed she said she his/her bed the DSA B recalled from Client #1 room. DSA B a incident because supervisor. When interview Support Super a text message presented the asked if she conditions and the staff all night.	o the facility and felt uncomfortable entified Nurse's Aide; the staff alleged to Client #1. wed on 3/29/18 at 7:30 a.m. DSA A ssisted the Certified Nurse's Aide ge Client #1's adult incontinence ening of 3/12/18. She noted she left of get a pad from another room and sk." She confirmed she sent her ext message to inquire if they could day. She stated she failed to report then it occurred because she was at to working alone with an untrained wed on 3/29/18 at 8:20 a.m. DSA B came into work early on 3/12/18. The left the room to get more wipes. It is a she heard a "smack" sound coming is bedroom prior to re-entering the acknowledged she failed to report the lase she thought DSA A informed a lase she thought DSA and lase she received the from DSA A on 3/12/18. She text message and noted DSA A only build meet with the DSS sometime on ext message lacked any report of use by the CNA.					

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		Amended Citation – Fine amount reduced by 35% to \$325.00 on May 07, 2018. Pursuant to Iowa Coed Section 135C.43A Report date April 23, 2018				
Facility name Mosaic – 319 Country Club Drive			Survey dates: March 26-April 4 2018			26-April 4
Facility address 319 Country Club Drive						
City Belmond, Iowa 50421		MW				
Rule or Code Section		Nature of Violation	Class	Fine Amou	unt	Correction Date
	(Director Suppunaware of the	·				

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Number FC#6792		Amended Citation – Fine amount on May 07, 2018. Pursuant to Iowa	reduced by 35% to \$ a Coed Section 135C	325.00 .43A	Report of April 23,		
Facility name Mosaic – 319 Country Club Drive Facility address 319 Country Club Drive			Survey dates: March 26-A 2018				
City Belmond, Iowa	50421	MW					
Rule or Code Section		Nature of Violation	Clas		ne nount	Correction Date	

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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 (2015).	

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