Citation Number:					Date:	
6876					Novem	ber 13, 2018
Facility Name: Glenwood Resource Center			Survey I		October	20, 2018
Facility Address/City/State/Zip 711 South Vine St. Glenwood, IA 51534		LK				
Rule or Code Section	Natur	e of Violation	Class			Correction date
00011011						
64.60	conditions of participal Part 483, Subpart D, an effective October 3, 19 and incorporated as puthese regulations is an Health Facilities Divisions Inspections and Apper Building, Des Moines, Classification of violated determined by the divus 481-Chapter 56, Fining fine to cite a facility.	als, Lucas State Office Iowa 50319.	II	\$50	0	Upon Receipt
W153	The facility must ensu mistreatment, neglect of unknown source, at the administrator or to	REATMENT OF CLIENTS re that all allegations of or abuse as well as injuries re reported immediately to o other officials in e law through established				
52.2	481—52.2(235E) Perso dependent adult abus procedure for those p	e and the reporting				

Facility Administrator Date

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Citation Number:					Date:	
6876					Novemi	ber 13, 2018
Facility Name:			Survey [	Dates:		
Glenwood Res	ource Center		Sentemb	or 17 –	October 2	20 2018
Facility Addres	ss/City/State/Zip		Ocptonik	)CI 17 —	OCTOBEL 7	20, 2010
711 South Vine	St.	LK				
Glenwood, IA	51534					
Rule or				Fine A	Amount	Correction
Code	Nature	e of Violation	Class			date
Section						
	52.2(2) Reporting sus	spected dependent adult				
	abuse in facilities or	-				
		or employee is required				
		irsuant to this rule, the				
		nployee shall immediately necession charge or the person's				
		ho shall then notify the				
	department within					
	notification or the r	next business day.				
2255 2(2)(2)						
235E.2(3)(a)	lowa Code section	235E.2(3)(a)				
	3. a. If a staff member					
	required to make a	report pursuant to this				
	*	ember or employee shall				
		the person in charge or nated agent who shall				
		artment within twenty-				
		notification. If the person				
		eged dependent adult				
		ember shall directly				
	twenty-four hours.	the department within				
	twenty rour riours.					
	DESCRIPTION:					
		and record review, the mmediately report alleged				

Facility Administrator Date

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Page 2 of 8

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Facility Addres	ss/City/State/Zip e St.	LK				
Glenwood, IA						
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
				I		
	_	ee. This affected 4 of 4 ts #1-4). Findings follow:				
	Record review reveal reports completed 10	ed the following incident /4/18:				
	a. A report for Client #1 described: " On 10/4/18 during an investigatory interview, (Resident Treatment Worker (RTW) B) reported he saw (RTW A) place (Client #1) in a chair. (RTW B) reported (RTW A) restricted (Client #1) from getting out of it by telling her not to get up. (RTW B) could not give a specific date when he saw (RTW A) perform this."					
	b. A report for Client #2 described: "On 10/4/18 during an investigatory interview, (RTW B) reported he saw (Client #2) throw her plate on the floor. (RTW B) reported (RTW A) took (Client #2) out of her wheelchair and he placed her on the floor. (RTW B) reported (RTW A) made (Client #2) clean and pick up her mess on the floor. (RTW B) could not have a specific date of the incident."					
	c. A report for Client #	#3 described: "On 10/4/18				

Facility Administrator	Date

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Page 3 of 8

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Glenwood Res	ource Center		Septeml	oer 17 –	October	20, 2018
Facility Addres	ss/City/State/Zip	LK				
Glenwood, IA		LK				
Rule or	Notur	o of Violation	Class	Fine A	Mount	Correction
Code Section	Natur	e of Violation	Class			date
	wayaytad aha haayd /F	OTIVIA) call Client #2 etunid		1		
		RTW A) call Client #3 stupid uld not have a specific date				
	of the incident."	·				
	Review of the facility	policy on Incident				
	Management reveale					
		incidents, including those				
	that may be reported contractor or voluntee	er, verbally to the employee's				
	direct line supervisor.	If the incident is an				
		nd involves the supervisor,				
	•	nde to the supervisor's rvisor shall immediately				
	review the incident to	determine whether further				
action is needed to protect the		otect the individual. Such parating the individual and				
	pervisor shall complete the					
	•	of the electronic incident				
	her stated each employee er. All mandatory reporters					
	reporting requirements.					
		d shall immediately notify				
	the GRC Investigation allegation of suspected	•				
	exploitation for report	ing to the Department of				
	Inspections and Appe Human Services whe	eals and Department of				
	Tidiliali Services Wile	ι <del>σ</del> αρμιισανί <del>σ</del> .				

Facility Administrator Date

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Page 4 of 8

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Glenwood Res	ource Center		Septemb	per 17 –	October :	20. 2018
	ss/City/State/Zip		Coptomi	301 11		20, 2010
711 South Vine Glenwood, IA		LK				
Gleliwoou, IA	31334					
Rule or				Fine A	Mount	Correction
Code Section	Natur	e of Violation	Class			date
Section						
		10/15/18 at 1 p.m. RTW B				
		vith Client #2. He stated she				
		g an evening meal and RTW				
		her out of her wheelchair e floor. RTW A told Client #2				
	•	up her mess. He stated this				
	was not part of the Be	ehavior Support Plan (BSP).				
		itnessed the incident but did				
		g about it to a supervisor.				
		on 7/29/18 he witnessed lient #1 she had to remain in				
	,	om and when she attempted				
· · · · · · · · · · · · · · · · · · ·		she needed to stay in the				
	chair. RTW B confirm	ed he did not report the				
	incidents and did not	follow the Incident				
	Management Policy.					
	When interviewed on 10/15/18 at 2 p.m. RTW C stated she witnessed RTW A insult the women					
who live at 467/472. She stated RTW A used						
		astic and mean to the				
		e also heard RTW A call				
		3 lazy and stupid. She				
		RTW A belittle the women ot have specific dates of				
		of have specific dates of offirmed she did not report to				
		the incident management				
	policy.	Ç				

Facility Administrator Date

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Page **5** of **8** 

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	ss/City/State/Zip					,,
711 South Vine Glenwood, IA		LK				
Rule or Code	Natur	e of Violation	Class	Fine A	Mount	Correction date
Section						
	stated she heard RTV lazy. RTW D further storce Client #2 out of floor to clean up her part floor sometime after Cotold her her she made clean it up and they do that. RTW D stated cleaned up the thrown not report the incident according to policy.  When interviewed on E stated she heard R towards clients, name at House 467/472. She was fat and lazy. of sh**." She further she was stupid and laverbally made fun of Canxiety. She stated she the TPM and complain	10/17/18 at 2:30 p.m. RTW TW A be disrespectful e call and belittle the clients he said RTW A told Client #1 He also called her a "piece stated RTW A told Client #3 hzy. RTW A belittled and Client #4 regarding her he reported the incidents to hed about RTW A. She did ent report or any written incidents.				

Facility Administrator Date

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Page 6 of 8

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Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	Client #1 from sitting in the living room of h further stated Client # falling asleep in the clincontinent so he preventat chair. He further out of her wheelchair up a plate of food she stated he prompted how the interviewed on Treatment Program M Residential Treatment (RTS)confirmed the R	t Supervisor RTWs failed to report the the Incident Management				Page <b>7</b> of

\_\_\_\_

Facility Administrator

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Facility Addres	ss/City/State/Zip		Septemi	)CI 11 —	october /	20, 2010		
711 South Vine St.		LK	LK					
Glenwood, IA	51534							
Rule or				Fine A	mount	Correction		
Code Section	Natur	e of Violation	Class			date		

Facility Administrator	Date

Page 8 of 8