Citation Numb	er: 9066]		Date: March	1, 2021
Facility Name: Theimer Group Home		-		ey Dates: mber 30, 2020 – January 28, 202	
Facility Addres 1605 Theimer Cedar Falls, I					
Ceual Fails, I	owa 50015	LK	#9293	38-M, #95158-I a	nd #95167-M
Rule or Code Section	Natu	re of Violation	Class	Fine Amount	Correction date

64.60	 481-64.60(135C) Federal regulations adopted - conditions of participation. Regulations in 42 CFR Part 483, Subpart D, and Sections 410 to 480 effective October 3, 1988, are adopted by reference and incorporated as part of these rules. A copy of these regulations is available on request from the Health Facilities Division, Department of Inspections and Appeals, Lucas State Office Building, Des Moines, Iowa 50319. Classification of violations is I, II, and III, determined by the division using the provision in 481-Chapter 56, Fining and Citations," to enforce a fine to cite a facility. This rule is intended to implement Iowa Code Section 135C.2(3). 	11	\$500.00	Upon Receipt
52.2	 481—52.2(235E) Persons who must report dependent adult abuse and the reporting procedure for those persons 52.2(2) Reporting suspected dependent adult abuse in facilities or programs. a. If a staff member or employee is required to make a report pursuant to this rule, the staff member or employee shall immediately notify the person in charge or the person's designated agent who shall then notify the Department within 24 hours of such notification or the next business day. 			Page 1 of F

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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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	Iowa Code section 235E.2(3)(a) 3. a. If a staff member or employee is required to make a report pursuant to this section, the staff member or employee shall immediately notify the person in charge or the person's designated agent who shall then notify the department within twenty-four hours of such notification. If the person in charge is the alleged dependent adult abuser, the staff member shall directly report the abuse to the department within twenty-four hours.	
64.33	481—64.33(135C) Allegations of dependent adult abuse. 64.33(1) 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)	
W153	483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.	
	DESCRIPTION:	

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Citation Numb	er: 9066			Date: March ⁷	1, 2021
Facility Name: Theimer Group Home		•		Survey Dates: December 30, 2020 – January 28, 20	
Facility Address/City/State/Zip 1605 Theimer Cedar Falls, Iowa 50613					
	owa 50015	LK	#92938-	-M, #95158-I ar	nd #95167-M
Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date

Based on interview and record review, the facility failed to ensure staff immediately reported allegations of abuse in accordance with facility policy. Furthermore, the facility failed to report allegations of abuse and/or mistreatment to the State Agency in a timely manner. This affected 1 of 1 client (Client #1) identified as a result of investigations #92938-M, #95158-I and #95167- M. Findings follow:		
1. Record review on 12/30/20 revealed an internal investigation document regarding an allegation of abuse toward Client #2. The document noted during an interview on 8/5/20 at 9:20 a.m., Direct Support Staff (DSS) A stated DSS B hit Client #1. DSS A told the Program Director, (PD) the Qualified Intellectual Disability Professional (QIDP) and the Human Resources Director (HRD) she saw the behavior but could not recall an exact date. She estimated it happened around July 7, 2020. DSS A failed to report the potential abuse until the interview on 8/5/20.		
When interviewed on 1/4/21 at 2:40 p.m., DSS A confirmed she saw DSS B slap Client #1 on his hand. She indicated DSS C told her DSS B threw		

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Citation Numb	er: 9066			Date: March	1, 2021
Facility Name:				Survey Dates:	
Theimer Group Home			Decem	ıber 30, 2020 – Jai	nuary 28, 2021
Facility Address/City/State/Zip					
1605 Theimer Cedar Falls, I					
		LK	#9293	8-M, #95158-I aı	nd #95167-M
Rule or				Fine Amount	Correction
Code	Natur	e of Violation	Class		date
Section					

a scissors at Client #1. She confirmed she failed to report the incidents. When interviewed on 1/5/21 at 8:35 a.m., DSS C denied telling DSS A that DSS B threw a scissors at Client #1. She then stated she knew Client #1 did not like to work with DSS B and noted she once saw DSS B slap Client #1's hand when he upset Client #2. She estimated the incident occurred during the summer of 2020. She acknowledged she failed to report the incident to any supervisor.		
When interviewed on 1/11/21 at 4:45 p.m. DSS B stated she saw DSS D grab Client #1 by his arms. She did not remember when the behavior occurred but noted it only happened one time. When asked if she reported the incident, DSS B said she thought she told the UM. When interviewed on 1/27/21 at 3:05 p.m., the UM did not recall DSS B reporting any potentially abusive behavior toward Client #1. She recalled interviewing her on 8/4/20 and confirmed her documentation lacked any allegation made about DSS D. The UM said if DSS B brought up an allegation, she would have documented it and immediately reported it to her supervisor.		

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When interviewed on 1/12/21 at 3:30 p.m., DSS E reported she saw DSS B hit Client #1's hand when he grabbed her clothing. She did not recall the date but estimated it occurred in July or August of 2020. She said she did not report the incident because she intervened and took over supervision of Client #1.		
FACILITY RESPONSE		

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Facility Administrator

Date

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