Iowa Department of Inspections and Appeals Health Facilities Division Citation

Citation Number:				Date:			
#5358						August 26, 2021	
Facility Name:			Survey D	ates:	L	774	
Manly Specialty Care Facility Address/City/State/Zip		MW/DC	August 1	t 16-19, 2021			
601 East South Street Manly, IA 50456							
Rule or	Natur	e of Violation		Fine A	mount	Correction	
Code Section	Natui	e or violation	Class			date	
50.7	481—50.7(10A,135C) Additional notification. The director or the director's designee shall be notified within 24 hours, or the next business day, by the most expeditious means available (I,II,III): 50.7(1) Of any accident causing major injury. a. "Major injury" shall be defined as any injury which: (1) Results in death; or (2) Requires admission to a higher level of care for treatment, other than for observation; or (3) Requires consultation with the attending physician, designee of the physician, or physician extender who determines, in writing on a form designated by the department, that an injury is a "major injury" based upon the circumstances of the accident, the previous functional ability of the resident, and the resident's prognosis. 50.7(5) When a resident attempts suicide, regardless		II	\$500		UPON Receipt	
	of injury. DESCRIPTION: Based on record review	and staff interview the facility					

Page 1 of 4

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 Iowa Code section 135C.43A (2013).

lowa Department of Inspections and Appeals Health Facilities Division Citation

Citation Number:					Date:		
#5358					August	26, 2021	
Facility Name:			Survey D	ates:			
Manly Special			August 1	st 16-19, 2021			
Facility Addres	ss/City/State/Zip	MW/DC					
601 East South Manly, IA 504							
Rule or	Natur	e of Violation	Fine Amoun		nount	Correction date	
Code Section			Class			date	
	Appeals (DIA) a reporta resident in a timely mar	nner for 2 of 4					
		viewed, (Resident #28 and lity census was 37 residents.					
	Findings include:						
		ation for Resident #88 revealed					
	an incident involving the	e resident occurred the evening					
of 3/26/21. The facility to intervene and ensure the		ook appropriate steps to se safety of the resident and					
informed the family and		physician that same evening. nentation revealed the facility					
	did not report this incide	ent to DIA as required until hours required by regulation.					
	The Astrophysical Publishers (Indiana) in Charles (Astrophysical Indiana)						
		8/18/21 at 10:05 am the facility ed that administrative staff at					
the time of the incident report it to DIA within th		involving Resident #88 did not e time required.					
	•						
		Resident #28 had a fall with					
	6/24/21. The facility did	1/28/21. The fall occurred on I not report the fall within the 24	And the second s				
	hours required by DIA.						
		8/21 at 1:35 PM, the Nurse was aware the incident was not					
		ne regulated timeframe, (24				Page 2 of 4	
Control of the Contro			es de la companya de		_	Page 2 of 4	
Facility Administrator Da							

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Iowa Department of Inspections and Appeals Health Facilities Division Citation

Citation Number:					Date:	
#5358			August 26, 2021			26, 2021
Facility Name: Manly Specialty Care			Survey D	Dates:		
Facility Address/City/State/Zip		MW/DC	August 16-19, 2021			
601 East South Street						
Manly, IA 5045	56					
Rule or	Natur	e of Violation	Fine A		mount	Correction
Code Section	744661	o or violation				date
	hours). She acknowledg	and the fall occurred on	1			
	6/24/21, the resident wa	as hospitalized with serious e facility reported the fall with				
	injury on 6/28/21.	o radiity reported the rail with				
	FACILITY RESPONSE					
FACILITY RESPONSE		•				

Page 3 of 4

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).

Date

Facility Administrator

Iowa Department of Inspections and Appeals Health Facilities Division Citation

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Citation Number	er:				Date:		
#5358					August	26, 2021	
Facility Name: Manly Specialty Care			Survey D	ates:			
Facility Address/City/State/Zip		MW/DC	August 1	gust 16-19, 2021			
601 East South Manly, IA 5045	Street						
Rule or	Natur	e of Violation		Fine A	mount	Correction	
Code Section	Wature	S OI AIOISTION	Class			date	
						Page 4 of 4	

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