		1				
Number FC 5997				Report 6 1/14/16	late	
Facility name Willow Gardens	Care Center		12/15/1	Survey dates 12/15/15, 12/16/15, 12/21/15 and 12/30/15		
Facility address 455 31 st St						
City Marion, IA 52302		JB				
Rule or Code Section	I	Nature of Violation	Class	Fine Amount	Correction Date	
58.28(3)e	protect against haze the environment. (I, DESCRIPTION: Based on clinical restate Climatologists provide appropriate reviewed that elope facility reported a certain facili	safety. all receive adequate supervision to ards from self, others, or elements in II, III) accord review, policy review, staff and interviews the facility failed to a supervision for 1 of 13 residents and from the facility (Resident #1). The ensus of 75 residents. animum Data Set (MDS) dated #1's Brief Interview for Mental Status sorganized thinking and inattention in gnitive impairment. According to the	1	\$3000.00 Held in Suspension	Upon Receipt	
	daily living but requand extensive assist ambulated about the The MDS identified Hypertension, Urina Dementia, Unspecific disturbances and he pace maker. The Maltering medications Review of the Care Resident #1's behat his/her medications plan directed the state consequences of no and monitor or remastituations. The Care	vas independent with all activities of ired supervision for personal hygiene stance in bathing. Resident #1 e facility utilizing a cane or walker. Resident #1's diagnoses included, ary tract infection, Non-Alzheimer's fied Dementia without behavioral eart disease with the presence of a MDS revealed a lack of any mood s. Plan dated 11/18/15 indicated vioral symptoms included pocketing and agitation with aggression. The aff to discuss potential negative ot taking his/her pills as prescribed ove Resident #1 from stressful re Plan indicated Resident #1 s/her room with the use of a cane or				

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 (2014).

Page	e 1 of 8
------	----------

Number FC 5997					Report 6 1/14/16	date
Facility name Willow Gardens	Care Center		Survey 12/15/1 12/30/1	5, 12		2/21/15 and
Facility address 455 31 st St						
City Marion, IA 52302		JB				
Rule or Code Section		Nature of Violation	Class	Fine Am	e ount	Correction Date
	Resident #1 experie a. On 11/17/15 at 1 Resident #1's private the documenting nurse the documenting nurse the documenting nurse the time in the bath and agitated. Accordancet was running turned the hot wate staff member to get obscenities as the sc. On 11/25/15 at 4 call to emergency 9 his/her water in Apafacility to inquire abd. On 11/27/15 at 1 phone call to emergency 9 his/her belongings and cursing. Residefacility because the f. On 11/28/15 at 11 in his/her room. Staroom and identified his/her shirt unbutte got dressed, preparg. On 11/28/15 at 1 phone call from a low #1 was out front of up Resident #1 and h. On 11/28/15 at 2 Resident #1's attento transport to the his her shirt to the his	tions p.m. Tim in maintenance spoke at leaving his/her water running all room. Resident #1 became angry ding to staff Resident#1's bathroom full blast and when the staff member off Resident #1 began yelling at the out of his/her room and yelled staff. too p.m. Resident #1 placed a phone out the issue with the facility. The out the issue with the facility. The omplaining of his/her diplaned to sue the facility. The out the issue with the facility contacted and ing to go to lunch. The out the issue with the series and a passerby picked a brought him/her to the business. The out the issue and is passerby picked and physician and received orders ospital for altered mental status with a psychiatric evaluation and				

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 (2014).

|--|

Number FC 5997				Report	
Facility name Willow Gardens	Care Center	Survey dates 12/15/15, 12/16/15, 12 12/30/15		2/21/15 and	
Facility address 455 31 st St					
City Marion, IA 52302		JB			
Rule or Code Section		Nature of Violation	Class	Fine Amount	Correction Date
	the hospital via amb j. On 11/28/15 at 9 room physician call elopement and deta behaviors exhibited During an interview 12/17/15 at 8:15 a.r stated on 11/28/15 receptionist. At app walked to the front front door. Resident daughter would be take them to lunch. complaints about no which Staff A report #1. Staff A indicate went to a restroom reported being in the looked into an adjact Resident #1. Staff A feet from the desk, seeing Resident #1 reception desk assuup Resident #1 for log. Staff A stated s investigation into Re Approximately 10 m call from a local bus at the business to whall to tell the charg #1 did not have a w not activate the front 11/28/15 the front d system when the resident when the resident when the resident was a since the provided was a sin	:55 p.m. The hospital emergency ed the facility to discuss the ails of the potential cause of the			

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 (2014).

Page 3 of 8

Number FC 5997					Report d 1/14/16	late
Facility name Willow Gardens	Care Center		Survey dates 12/15/15, 12/16/15, 12/21/15 and 12/30/15		/21/15 and	
Facility address 455 31 st St						
City Marion, IA 52302		JB				
Rule or Code Section		Nature of Violation	Class	Fine Amo		Correction Date
	the desk for any len is activated, placed	gth of time or any reason the alarm into night mode.				
	12/30/15 at 10:15 a investigation regard Staff B spoke with t #1 during the cours stated he observed next door to the fac if Resident #1 need he/she needed to g son. The stranger a and drove Resident approximately 1 mil the business the str for Resident #1's so the business and ar called the police be Resident #1 and his #1 refused to return granddaughter arriv Staff B stated Staff regarding the lack of Resident #1 was not receptionist desk. Sup on Resident #1's checked the sign of department to assume Resident #1 up on the checked further into 11/28/15 instead of Resident #1 up for I During an interview	with Staff B-Administrator on .m., Staff B stated he completed the ling the elopement of Resident #1. he passerby that picked up Resident e of the investigation, the passerby Resident #1 outside a local business ility. The stranger stopped and asked ed help, Resident #1 indicated o to a local business to see his/her ssisted Resident #1 into his truck #1 to the requested destination e from the facility. Upon arriving to ranger entered the business asking on. Resident #1's son came out of a regument began. The stranger cause of the argument between sher son. Staff B reported Resident to the facility until his/her red and agreed to return with her. A received a verbal re-education of follow thru when she discovered be longer in the lobby area by the Staff B stated Staff A failed to follow swhereabouts and should have ut log and clarified with the nursing re Resident #1 left with his/her family dent #1 left with family. with Staff C-Director of Nursing on massuming his/her daughter picked funch. with Staff D-11/28/15 Charge Nurse p.m., Staff D stated she last				

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 (2014).

Page	4 o	f 8
------	-----	-----

Number FC 5997					Report of 1/14/16	late
Facility name Willow Gardens	Care Center		Survey 12/15/1 12/30/1	5, 12		/21/15 and
Facility address 455 31 st St						
City Marion, IA 52302		JB				
Rule or Code Section		Nature of Violation	Class	Fine Am	e ount	Correction Date
	11:20 a.m. Accordi Grandson visited fo #1's son left as Res D entered Resident #1 sitting in the roor received a room tra approximately 1:00 outside for a quick by visibly upset. Staff Acall from a local bus at the business. Stabusiness and upon stranger's truck. Rethe nurse get them could not redirect R. The stranger inform by the facility asking police department a refused to return to with his/her grandda call Resident #1's ptransfer to a local hethe elopement. During an interview 12/17/15 at 2:10 p.r. alarm policy in place 11/28/15. Staff B sithe receptionist is obriefly the expectatial alarm into night modoor alarm is not in sound when opened guard bracelet is new Wander-guard brace.	#1 in his/her room on 11/28/15 at ng to Staff D Resident #1's Son and r a brief time at the facility. Resident sident #1 began yelling at them. Staff #1's room and observed Resident m in his/her underwear. Resident #1 y eating about half of the meal at p.m. Staff D stated she stepped break when Staff A approached her a reported she just received a phone siness that reported Resident #1 was aff D immediately went to the local arriving found Resident #1 in a sident #1 told the stranger "Oh that's away from me". Staff D stated she esident #1 as he/she was upset. Led Staff D he picked up Resident#1 gt to go see his/her son. The local arrived to the scene but Resident #1 the facility with them but did return aughter. Staff D stated the facility hysician and obtained an order to ospital for an evaluation related to with Staff B-Administrator on m., Staff B stated they have a new e post Resident #1 elopement on tated prior to the elopement, when n duty and leave the front door de. Prior to 11/28/15 when the front night mode the front door would not dunless a resident #1 did not wear a elet, thus the front door alarm did not ent #1 opened the door and exited				

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 (2014).

|--|

Number FC 5997					Report d 1/14/16	late
Facility name Willow Gardens	Care Center		Survey dates 12/15/15, 12/16/15, 12/21/15 and 12/30/15			/21/15 and
Facility address 455 31 st St						
City Marion, IA 52302		JB				
Rule or Code Section		Nature of Violation	Class	Fine Amou	unt	Correction Date
	12/30/15 at 9:44 a.r temperature of 32 degrees on 11/28/1 Review of the Relea Absences form reve building with his/hel form is kept at each receptionist desk. The facility reported behaviors and utiliz Review of the Minin revealed 12 of 13 reability. Review of a residents revealed walk about the facili utilize a Wander-gu Review of an undat Program, page 1, d resident leaves the authorization. A Rebe at risk of heat or drowning, or being attempting to leave missing to the charg form indicted should resident missing from					
			1	<u> </u>		

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 (2014).

Page	6 of	8
------	------	---

Number FC 5997			Report date 1/14/16		
Facility name Willow Gardens Care Center			Survey dates 12/15/15, 12/16/15, 12/21/15 and 12/30/15		
Facility address 455 31 st St					
City Marion, IA 52302		JB			
Rule or Code Section		Nature of Violation	Class	Fine Amount	Correction 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 (2014).

Number FC 5997			Report date 1/14/16		
Facility name Willow Gardens Care Center			Survey dates 12/15/15, 12/16/15, 12/21/15 and 12/30/15		
Facility address 455 31 st St					
City Marion, IA 52302		JB			
Rule or Code Section		Nature of Violation	Class	Fine Amount	Correction 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 (2014).