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PRINTED: 11/21/2024 FORM APPROVED

CENTER	3 FOR MEDICARE &	VIEDICAID SERVICES				OIVID INC	7. 0930 <del>-</del> 0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING			SURVEY
		16G009	B. WING			1	C <b>06/2024</b>
NAME OF PR	ROVIDER OR SUPPLIER		-	S <sup>-</sup>	TREET ADDRESS, CITY, STATE, ZIP CODE	1 11/	00/2024
					950 WEST SHAULIS ROAD		
HARMON	Y HOUSE HEALTH CENT	ER			ATERLOO, IA 50701		
(V4) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES	ID	l	PROVIDER'S PLAN OF CORRECTION		(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
W 000	INITIAL COMMENTS		W	000			
	Investigation #12428 10/23/24 to 11/6/24.	9-I was completed on			See Attached POC		
W 266	10/30/24 at 4:49 p.m. incorporate intervention individual program plastole and ate a peanuchoked, and lost considerable the individual program plastole and ate a peanuchoked, and lost considerable the individual performed CPR. Clier ultimately passed award developed and trained concerns identified or functional assessment into their programmin 10/31/24 at 12:56 p.m.  The facility was found with the Condition of Behavior and Facility condition-level deficite a standard-level deficite.	bediate Jeopardy (IJ) on based on facility failure to cons for behavior in the constant of the process. Staff performed the consument to dislodge the stuck consing Client #1's pulse staff on the facility of procedures to ensure all the consument of the c	W	266	12/6/24		
	The facility must ensubehavior and facility part.	re that specific client practices requirements are					
	Based on interviews	not met as evidenced by: and record reviews, the ain minimal compliance with					

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Facility ID: IAG0003

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED		
		16G009	B. WING			C		
NAME OF PI	ROVIDER OR SUPPLIER	100003		STREET ADDRESS, CITY, STATE, ZIP C	ODE	11/06/2024		
HARMON	HARMONY HOUSE HEALTH CENTER			2950 WEST SHAULIS ROAD WATERLOO, IA 50701				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFII TAG	PROVIDER'S PLAN OF X (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE		
W 266	Continued From page	:1	W 2	266				
	the Condition of Partic Behaviors and Facility	cipation (CoP) - Client  Practices. Findings follow:						
	record reviews, the fa	9: Based on interviews and cility failed to incorporate vior into the individual						
W 289	program plan (IPP).  Investigation #124289-I resulted in the determination of Immediate Jeopardy (IJ) on 10/30/24 at 4:49 p.m. based on facility failure to incorporate interventions for behavior in the individual program plan (IPP). As result Client #1 stole and ate a peanut butter and jelly sandwich, choked, and lost consciousness. Staff performed Heimlich thrusts to attempt to dislodge the stuck sandwich and upon losing Client #1's pulse staff performed CPR. Client #1 was hospitalized and ultimately passed away on 10/21/24. The facility developed and trained procedures to ensure all concerns identified on a client's comprehensive functional assessment (CFA) are incorporated into their programming. The IJ was removed on 10/31/24 at 12:56 p.m.		W2	289				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION  G	, ,	(X3) DATE SURVEY COMPLETED		
		16G009	B. WING		1	C <b>11/06/2024</b>		
	ROVIDER OR SUPPLIER Y HOUSE HEALTH CEN	TER		STREET ADDRESS, CITY, STATE, ZIP CODE 2950 WEST SHAULIS ROAD WATERLOO, IA 50701		11/06/2024		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL : LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE		
W 289	10/30/24 at 4:49 p.m incorporate intervent individual program p stole and ate a pear choked, and lost cortheimlich thrusts to a sandwich and upon performed CPR. Clie ultimately passed awdeveloped and trains concerns identified of functional assessme into their programmi 10/31/24 at 12:56 p.  Record review on 10 Incident Report (IR) staff found Client #1 butter and jelly sand started choking and Maneuver.  Record review on 10 progress note dated facility received notif #1 passed away on Record review on 10 was a 45 year old wincluding moderate idisorder, obsessive-	gs resulted in the nediate Jeopardy (IJ) on n. based on facility's failure to tions for behavior in the lan (IPP). As result Client #1 nut butter and jelly sandwich, insciousness. Staff performed attempt to dislodge the stuck losing Client #1's pulse staff ent #1 was hospitalized and way on 10/21/24. The facility end procedures to ensure all on a client's comprehensive ent (CFA) are incorporated ing. The IJ was removed on m.  20/23/24 revealed Client #1's dated 10/18/24, documented stuffing an entire peanut wich in her mouth. Client #1 staff initiated the Heimlich  20/23/24 revealed Client #1's 10/21/24, documented the fied from the Hospital Client 10/21/24 at 5:37 p.m.  20/23/24 revealed Client #1 oman with a diagnoses intellectual disability, autistic compulsive personality	W 28	39				
	facility received notif #1 passed away on Record review on 10 was a 45 year old w including moderate i disorder, obsessive- disorder, unspecified and behavior, and si ambulated on own a	ied from the Hospital Client 10/21/24 at 5:37 p.m. 0/23/24 revealed Client #1 oman with a diagnoses ntellectual disability, autistic						

		(X1) PROVIDER/SUPPLIER/CLIA (X2) MUI IDENTIFICATION NUMBER: A. BUILD		TIPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED		
		16G009	B. WING _			C 11/06/2024		
	NAME OF PROVIDER OR SUPPLIER  HARMONY HOUSE HEALTH CENTER			STREET ADDRESS, CITY, STATE, ZIP COD 2950 WEST SHAULIS ROAD WATERLOO, IA 50701	E	11/00/2024		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CO  (EACH CORRECTIVE ACTION  CROSS-REFERENCED TO THE  DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE		
W 289	behavior program in pself-injurious behavior When interviewed on Qualified Intellectual I (QIDP) A confirmed O steal food and/or attepeers' plates, trash ca opportunity presented staff provided appropi #1 including blocking, removing food from h physically relocating h  When interviewed on B confirmed she pers successfully steal foo food from peers' plate pans. QIDP B confirm interventions including physically removing for mouth, and physically around food. QIDP B attempted or success for her at least a coup  When interviewed on Developmental Aide ( personally witnessed food and/or attempt to plates, trash cans, an confirmed she provide blocking, redirecting, from her hand and mo relocating her to not b confirmed Client #1 a	place to address rs.  10/23/24 at 3:19 p.m., Disability Professional Client #1 would successfully mpt to steal food from ans, and dust pans if the Litself. QIDP A confirmed riate interventions for Client redirecting, physically er hand and mouth, and her to not be around food.  10/23/24 at 2:48 p.m., QIDP conally witnessed Client #1 d and/or attempt to steal es, trash cans, and dust led she provided g blocking, redirecting, lood from her hand and relocating her to not be confirmed Client #1 fully stole food not intended led times every week.  10/24/24 at 9:15 a.m., DA) C confirmed she Client #1 successfully steal o steal food from peers' d dust pans. DA C led interventions including physically removing food bouth, and physically	W 2	289				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	TIPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED		
		16G009	B. WING _			C <b>11/06/2024</b>		
	ROVIDER OR SUPPLIER Y HOUSE HEALTH CENT	ER		STREET ADDRESS, CITY, STATE, ZIP C 2950 WEST SHAULIS ROAD WATERLOO, IA 50701	CODE			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF X (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENCE	TION SHOULD BE THE APPROPRIAT			
W 289	Social Worker (SW) of witnessed Client #1 statempt to steal food cans, and dust pans. provided intervention: redirecting, physically hand and mouth, and not be around food. Tattempted or success for her at least a coup. When interviewed on Activity of Daily Living confirmed she persor successfully steal food food from peers' plate pans. ADL Coordinate interventions includin physically removing frouth, and physically around food. ADL Coupling from the person successfully steal food food from peers' plate pans. ADL Coordinate interventions including physically removing from the person successfully steal food food. ADL Coupling from the person successfully steal food cans, and dust pans. Interventions to Clien redirecting, physically hand and mouth, and not be around food. Fattempted or successfor her at least a coupling for the property of the physically hand and mouth, and not be around food. Fattempted or successfor her at least a coupling for the property of	10/24/24 at 9:15 a.m., the confirmed she personally uccessfully steal food and/or from peers' plates, trash. The SW confirmed she including blocking, removing food from her physically relocating her to the SW confirmed Client #1 fully stole food not intended ble times every week.  10/24/24 at 10:50 a.m., g (ADL) Coordinator hally witnessed Client #1 d and/or attempt to steal es, trash cans, and dust for confirmed she provided g blocking, redirecting, and from her hand and grelocating her to not be ordinator confirmed Client essfully stole food not east a couple times every  10/28/24 at 11:45 a.m., N) confirmed she personally uccessfully steal food and/or from peers' plates, trash RN confirmed she provided that including blocking, removing food from her physically relocating her to RN confirmed Client #1 fully stole food not intended	W 2	289				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED		
		16G009	B. WING _			11/0	) 06/2024	
	NAME OF PROVIDER OR SUPPLIER  HARMONY HOUSE HEALTH CENTER  SUMMARY STATEMENT OF DEFICIENCIES			STREET ADDRESS, CITY, STATE, ZIP CC 2950 WEST SHAULIS ROAD WATERLOO, IA 50701	DDE			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C X (EACH CORRECTIVE ACTIVE CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIA		(X5) COMPLETION DATE	
W 289	food and/or attempt to plates, trash cans, and she provided interver redirecting, physically hand and mouth, and not be around food. Fattempted or success for her at least a coup.  When interviewed on Lead confirmed she parts. DA Lead confirmed pans. DA Lead confirmed interventions including physically removing for mouth, and physically around food. DA Lead attempted or success for her at least a coup.  When interviewed on confirmed she person successfully steal food food from peers' plate pans. DA A confirmed including blocking, reremoving food from his physically relocating to DA A confirmed Client successfully stole food least a couple times of the plates.	t (RT) confirmed she Client #1 successfully steal o steal food from peers' id dust pans. RT confirmed ations including blocking, o removing food from her of physically relocating her to RT confirmed Client #1 ifully stole food not intended oble times every week.  10/30/24 at 12:58 p.m., DA oersonally witnessed Client food and/or attempt to steal es, trash cans, and dust med she provided g blocking, redirecting, ood from her hand and or relocating her to not be d confirmed Client #1 ifully stole food not intended oble times every week.  10/30/24 at 1:00 p.m., DA A hally witnessed Client #1 id and/or attempt to steal es, trash cans, and dust d she provided interventions directing, physically eer hand and mouth, and her to not be around food. It #1 attempted or id not intended for her at	W2	289				
	confirmed she persor successfully steal foo	10/30/24 at 1:02 p.m., DA B nally witnessed Client #1 d and/or attempt to steal es, trash cans, and dust						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NI IMBED		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		16G009	B. WING			C 11/06/2024		
NAME OF PROVIDER OR SUPPLIER  HARMONY HOUSE HEALTH CENTER		ER		29	TREET ADDRESS, CITY, STATE, ZIP CODE 950 WEST SHAULIS ROAD VATERLOO, IA 50701	1 11/	00/2024	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	х	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
W 289	including blocking, reremoving food from his physically relocating in DA B confirmed Client successfully stole fooleast a couple times of the work of	d she provided interventions directing, physically er hand and mouth, and her to not be around food. It #1 attempted or d not intended for her at every week.  10/30/24 at 1:12 p.m., DA D hally witnessed Client #1 d and/or attempt to steal es, trash cans, and dust d she provided interventions directing, physically er hand and mouth, and her to not be around food. It #1 attempted or d not intended for her at every week.  10/30/24 at 1:53 p.m., DA E hally witnessed Client #1 d and/or attempt to steal es, trash cans, and dust d she provided interventions directing, physically er hand and mouth, and her to not be around food. It #1 attempted or d not intended for her at every week.  ew on 10/29/24 revealed the d 5/12/24, documented of steal food.	W:	289				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION NG	` '	(X3) DATE SURVEY COMPLETED	
		16G009	B. WING _		1	C / <b>06/2024</b>	
NAME OF PROVIDER OR SUPPLIER  HARMONY HOUSE HEALTH CENTER		ER		STREET ADDRESS, CITY, STATE, ZIP CODE 2950 WEST SHAULIS ROAD WATERLOO, IA 50701	·		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		BE	(X5) COMPLETION DATE	
W 289	needed physical promitems that didn't beloned. C. Client #1's Behavior dated 7/16/24, failed thow to prevent Client intended for her or how #1 attempted to take and the companion on her stereview failed to review attempted to or took for the companion of the co	ated 7/23/24, indicated inpting to prevent taking ing to her.  or Intervention Program (BIP) to include any information on it #1 from stealing food not ow or to respond when Client food not intended for her.  ed 7/23/24, lacked any ealing behavior. Continued in documentation Client #1 food not intended for her.	W	289			

#### Harmony House Healthcare Center 2950 W Shaulis Rd, Waterloo, IA 50701

Plan of Correction (POC) related to survey completed: 11/6/24

Date POC submitted to DIAL: 11/29/2024

Preparation and implementation of the plan of correction should not be construed as an admission of the deficiencies cited or as an agreement that the facts stated by DIAL are accurate or complete. This plan of correction is prepared solely because it is required under federal or state law.

F000 Correction Date: 12/6/2024

# W266 CLIENT BEHAVIOR & FACILITY PRACTICES CFR(s): 483.450 W289 MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(4)

- 1. The Qualified Intellectual Disability Professional (QIDP) will monitor clients for behaviors consistent with not "asking" or seeking permission before taking items that do not belong to them. The QIDP will ensure the behavior is noted in the client's CFA and that appropriate programing is in place or the rationale for not programming the behavior is noted in the client record. Clients will be reviewed by 12/6/2024. QIDPs will receive education and training regarding the aforementioned by 12/6/24.
- 2. The Program coordinator or designee will perform random audits monthly for 4 months of new client CFA's to ensure the proper programing is in place prior to the 30 day staffing for clients who exhibit behaviors of not ask before taking items that do not belong to them. Through the facility's quality assurance process, the frequency of audits thereafter will be determined by outcomes.