


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/01/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 16G018	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/19/2016
NAME OF PROVIDER OR SUPPLIER HILLS & DALES CHILD DEVELOPMENT CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1011 DAVIS AVENUE DUBUQUE, IA 52001	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 000	INITIAL COMMENTS	W 000		
W 153	<p>During the investigation of #60704-M a deficiency was cited at W153.</p> <p>483.420(d)(2) STAFF TREATMENT OF CLIENTS</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on interviews and record review, the facility failed to ensure staff immediately reported all allegations of abuse. This affected 3 of 3 sample clients involved in the investigation of #60704-M, (Client #1, Client #2 and Client #3). Findings follow:</p> <p>Review of a facility investigation, revealed on 5/16/16 Personal Assistant (PA) A reported allegations of possible abuse regarding PA B toward at least three clients: Client #1, Client #2 and Client #3.</p> <p>When interviewed on 6/16/16 at 11:00 a.m. PAA said he witnessed PA B slap Client #1 on his/her bare buttocks several times, as well as spray Client #1 with cold water during a bath. PAA stated this happened for at least 1-2 weeks before he reported it to the facility. PAA said he also saw PA B spray Client #2 with cold water during a bath, about one week before he reported it. PAA said he also witnessed PA B threaten to cut out Client #3's tongue with scissors, in a joking manner. PAA said he witnessed this</p>	W 153	 <p>See attached</p>	

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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/01/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 16G018	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/19/2016
NAME OF PROVIDER OR SUPPLIER HILLS & DALES CHILD DEVELOPMENT CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1011 DAVIS AVENUE DUBUQUE, IA 52001		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W 153	<p>Continued From page 1</p> <p>multiple times in the 1-2 months prior to reporting all of the incidents on 5/16/16.</p> <p>When interviewed on 6/16/16 at 8:45 a.m. PA C stated PAA told her of the allegation of spraying clients with cold water during bath time about two days before he reported the allegation to management staff. PA C stated she told PAA to report his concerns.</p> <p>Review of the policy/procedure titled Agency Abuse on 7/19/16; identified instances of suspected abuse were to be reported immediately. Any employee who witnessed or suspected abuse had the responsibility to report it immediately to a supervisor and to the appropriate state of Iowa department.</p>	W 153			

✓ Jka 11/21/16

Hills & Dales
1011 Davis Street, Dubuque, IA 52001
Investigation End Date: 7/19/16
FC #6216

Provider ID Number: 16G018

ID PREFIX	PROVIDER'S PLAN OF CORRECTIONS	COMPLETION DATE
W153	483.420(d)(2) STAFF TREATMENT OF CLIENTS	
	The agency will retrain program and nursing staff on the Abuse Policy in the next 45 days. Ongoing method for awareness and compliance will be to review mandatory reporter awareness and abuse policy at Hills and Dales Training Fair annually. Person Responsible: QIDP/Program Coordinator, ICFID Program Director, Health Services Director	Implementation: 09/26/16 Monitoring- On going
	Newly hired direct support staff will receive the abuse policy within 30 days and have an opportunity to ask questions and receive clarification. Person Responsible: QIDP/Program Coordinator, ICFID Program Director	Implementation: 09/12/16 Monitoring- On going

Submitted by Marilyn Althoff, Hills & Dales CEO

Cc: QIDP/PCs, ICFID Dir, HSM, Compliance Dir., CEO