STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16G023	A. BUILDING _____ B. WING _____	C 08/15/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARK VIEW HOMES	2815 LINCOLN WAY SIOUX CITY, IA 51106

(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 The investigation of #61280-I resulted in a deficiency cited at W104.	W 000		
W 104	483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. This STANDARD is not met as evidenced by: Based on observation, interviews and record review, the facility failed to monitor and provide oversight regarding vehicle occupancy. While the facility trained drivers to complete routine checks to ensure all clients were in the vehicle, staff failed to follow the standard of care. This affected 1 of 1 client identified in investigation 61280-I. Finding follows: Record review on 7/28/16 revealed a Consumer Injury Report completed on 6/23/16 at 3:40 p.m. The report documented (Client #1) "was left at the work center. (He/She) was in the area by (himself/herself) for approx. (approximately) 30 minutes. Staff were in the building the whole time just not in the immediate area." The report indicated Client #1 did not have any injuries upon a head to toe assessment. Record review revealed a Interdisciplinary Progress Note dated 6/23/16 at 8:10 p.m. The note summarized the above information. Client #1, 35 years old, had diagnoses including: profound intellectual disability, autism, and self injurious behavior.	W 104	POC 9/6/16 See attached	

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16G023	A. BUILDING _____ B. WING _____	C 08/15/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARK VIEW HOMES	2815 LINCOLN WAY SIOUX CITY, IA 51106

(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 104	Continued From page 1 Review of Client #1's record revealed an Individual Program Plan last revised 11/19/15. The objective identified inappropriate social behavior with a definition including running from a designated activity. A note in the program documented "If (Client #1) is running to an area that poses immediate danger, i.e. parking lot, street, etc.; staff must block every time!" Review of work center programs documented Client #1's procedure for staff to explain that he/she needed to stay in the work area during work time. It explained he/she had not shown interest in work and left the work area more frequently. A vocational report dated 5/10/2016 reflected Client #1 "will occasionally work on a task or get involved in an activity for short periods of time (He/She) has a difficult time staying in the work/activity area. (He/She) frequently wants to lie down or will wander to different areas of the building." An Annual Review by direct care staff reported Client #1 expressed wants and needs by using some words, but most often pulled staff to what Client #1 wanted. When interviewed on 7/28/16 at 1:15 p.m. the Program Coordinator (PC) explained Client #1 was supposed to be riding on the van. She stated the driver of the vehicle was to complete the checks on the log to ensure all clients were present. She explained Staff A and Staff B were on the van and received discipline for not ensuring Client #1 was on the van. She referred to a Mid-Step Motor Vehicle Safety Program Road Test and Skills Check. The training manual	W 104		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16G023	A. BUILDING _____ B. WING _____	C 08/15/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARK VIEW HOMES	2815 LINCOLN WAY SIOUX CITY, IA 51106

(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 104	Continued From page 2 included a Road test form to be completed. On the road test form a pre-trip log included (mileage, number of passengers, and destination) paperwork. She stated Client #1 was general supervision. Interview on 8/4/16 at 1:20 p.m. with Staff A revealed she rode on the van. The driver of the van no longer worked at the facility. On the day Client #1 was left at the work center, she assisted with loading the van. Staff B asked where Client #1 was. The driver stated he/she was on the bus. So the van and bus returned to the facility. Once at the facility it was discovered Client #1 was not on either vehicle. She indicated they left the work center about 3-3:10 p.m. and it took 10-15 minutes to drive to the facility. Staff A acknowledged Client #1 had a history of self injurious behavior and about every day would beat his/her head. She also confirmed he/she would try to wander to House #2 at the facility. She admitted she did not think Client #1 was safe left alone for an hour. When interviewed on 7/28/16 at 2:20 p.m. Staff B confirmed she rode the van the day Client #1 was left at the work center. She was in training at the time of the incident. She assisted to load clients and noted Client #1 run towards the door. She admitted Client #1 must have returned to the relaxation room and she did not see him/her. She stated Client #1 was supposed to be on the van. She remembered someone asking about where Client #1 was and another person commented he/she was on the bus. Interview on 8/4/16 at 11:30 a.m. with the Work Center Assistant Coordinator confirmed she was	W 104		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16G023	A. BUILDING _____ B. WING _____	C 08/15/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARK VIEW HOMES	2815 LINCOLN WAY SIOUX CITY, IA 51106

(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 104	Continued From page 3 at the workshop and received a call on the day Client #1 was at the center without his/her staff presence. She stated the staff called the center at approximately 3:30 p.m. asking if Client #1 was there. She located Client #1 in the relaxation room. The client was asleep. She monitored Client #1 until staff arrived to pick him/her up. She did not help with the loading of clients on that day. She indicated Client #1 was supposed to ride the van, however he/she preferred to ride the bus and would frequently just quickly get on the bus. Record review of House 3's vehicle log for 6/23/16 revealed the blue van checklist blank. The driver failed to check if any clients were present to the return to the facility. Client #1's name identified on the list, but no checks completed for any of the clients. The log for the bus also included Client #1's name and the driver did not check Client #1's presence. In addition to the 6/23/16 checklist being incomplete, 32 other transports on the blue van failed to be completed. The checklist for the bus lacked completion for 21 transports for June. House 3 May 2016 Blue van document lacked 19 checks. House 3 van lacked 18 times of loading/unloading left blank on the log. Further review of the July vehicle logs for House 3 revealed 13 transports for the blue van incomplete and 18 for the bus. Record review of the other homes revealed: House 1: no May 2016 or June 2016 log available. July 2016 log 33 incomplete checks. House 2: May 2016 lacked 11 days of documentation, June 2016 lacked 14 times and July (on the 28th) 2016 lacked 14 days of documentation.	W 104		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16G023	A. BUILDING _____ B. WING _____	C 08/15/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARK VIEW HOMES	2815 LINCOLN WAY SIOUX CITY, IA 51106

(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 104	Continued From page 4 Observation of the Mid-Step Balloon Shop (where Client #1 was left behind) on 8/4/16 at 12:00 p.m. revealed a rectangular building approximately 100 yards from Gordon Drive. Gordon Drive was a four lane business highway with a speed limit of 45 miles per hour. The building contained work/activity areas along with a multipurpose room/relaxation room. The relaxation room contained blue padded mats on the floor. The building contained four other exits besides the one used to load and unload the buses and vans. Observation of Client #1 on 8/4/16 from 1:10 p.m. to 3:15 p.m. revealed he/she spent the majority of his/her time lying on the mats in the relaxation room. Client #1 left the relaxation room to quickly walk to the staff lunch area and several times walked in the back hallway. Staff attempted to redirect Client #1 to the work area; however he/she only spent approximately five minutes in the work area and returned to the relaxation room. When interviewed on 8/4/16 at 10:45 a.m. the Administrator stated the facility did not have a policy regarding the use of the vehicle logs. She acknowledged the logs lacked documentation for all three homes at Park View Homes.	W 104		