

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IAG0011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/25/2016
NAME OF PROVIDER OR SUPPLIER WOODWARD RESOURCE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1251 334TH STREET WOODWARD, IA 50276	
(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)
G 284	<p>64.33(235B) Separation of accused abuser and victim</p> <p>481-64.33(235B) Separation of accused abuser and victim. Upon a claim of dependent adult abuse of a resident being reported, the administrator of the facility shall separate the victim and accused abuser immediately and maintain the separation until the abuse investigation is completed.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the facility failed to consistently maintain separation between the alleged victim and the accused after an allegation of abuse was made until the completion of the Department's investigation. This affected 1 of 1 client (Client #1) involved in investigation #61920-I. Finding follows:</p> <p>Record review on 8/23/16 revealed the facility's internal investigation "Type 1 Incident Investigation Report," completed on 8/3/16. The investigation documented on 7/29/16 at approximately 1:16 p.m. Client #1 called his/her Social Worker (SW) and said he/she knew "they have to supervise me in the shower, but they don't have to watch me or touch me inappropriately." Client #1 then said Resident Treatment Worker (RTW) A touched his/her "privates" and did not stop when he/she told him to. After Client #1 let the SW go, the SW reported the allegation and an internal investigation was initiated. According to the record, RTW A was immediately removed from having accountability for Client #1 pending the investigation. The facility reported the allegation to the Department of Inspections and Appeals on 7/29/16.</p>	G 284	<p style="font-size: 2em;">See attached</p> <div style="border: 1px solid black; border-radius: 50%; width: 150px; height: 100px; margin: 10px auto; display: flex; align-items: center; justify-content: center;"> <p style="font-size: 1.5em;">POC 9/13/16</p> </div>

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

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

TITLE

(X6) DATE

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IAG0011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/25/2016
NAME OF PROVIDER OR SUPPLIER WOODWARD RESOURCE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1251 334TH STREET WOODWARD, IA 50276		
(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) COMPLETE DATE
G 284	<p>Continued From page 1</p> <p>According to the report, the facility concluded the internal investigation on 8/3/16 and determined the allegation was unsubstantiated.</p> <p>Record review on 8/24/16 revealed on 8/10/16 the Incident Review Committee met and reviewed the results of the investigation without further recommendations.</p> <p>Continued record review on 8/24/16 revealed RTW A was accountable for Client #1 on 8/18/16, 8/22/16, and 8/23/16, before a final determination was made by the Department of Inspections and Appeals.</p> <p>When interviewed on 8/24/16 at approximately 11:45 a.m., the Superintendent explained Client #1 had been struggling with his/her mental health for several months and had reported numerous allegations of abuse against several staff. She said following previous allegations of abuse when accused staff were separated, Client #1 began to threaten to get staff in trouble by reporting abuse. She discussed various methods the facility had tried in an attempt to reduce Client #1's mental health symptoms and maladaptive behaviors including, but not limited to, medication changes, environmental modifications, providing Client #1 with one-on-one supervision, on-going contact with his/her psychiatrist, and seeking consultation from outside professionals. She confirmed the facility allowed RTW A to have accountability of Client #1 after their internal investigation concluded no indication abuse had occurred. She said this was the only time they allowed a staff to work with Client #1 before getting the final determination from the Department of Inspections and Appeals.</p>	G 284		

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

PRINTED: 09/13/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 16G042	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/25/2016
NAME OF PROVIDER OR SUPPLIER WOODWARD RESOURCE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1251 334TH STREET WOODWARD, IA 50276		
(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	<p>INITIAL COMMENTS</p> <p>During the course of investigation #61920-I, no standard-level deficiencies were cited. However, a deficiency was cited under Iowa Administrative Code 481 Chapter 64.33(2).</p>	W 000			
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.

✓ JHC
10/13/16 CAC
10/12/16

481-64.33(235B) Separation of accused abuser and victim. Upon a claim of dependent adult abuse of a resident being reported, the administrator of the facility shall separate the victim and accused abuser immediately and maintain the separation until the abuse investigation is completed.

Based on interviews and record review the facility immediately separated an alleged perpetrator from the victim following an allegation of abuse. The facility completed a complete and thorough investigation and concluded the allegation was unsubstantiated. The facility allowed the alleged perpetrator to resume contact with the victim based on no indication the abuse had occurred. The facility failed to continue separation between the alleged perpetrator and the victim until receiving the determination from the department, in accordance with state code 64.33(2).A deficiency was cited under Iowa Administrative Code 481-64.33(2).

On July 29, 2016, Client #1, who has a recent history of numerous unsubstantiated allegations, alleged that a staff, Staff A, had touched her privates. WRC staff took immediate action to address the incident to ensure the safety of Client #1. The incident was immediately reported following WRC's Incident Management Policy. Staff A was immediately separated from working with Client #1 pending investigation. On the same day an internal investigation was initiated by WRC per WRC policy and a report was made to DIA.

WRC completed its internal investigation on August 8, 2016. The allegation was found to be unsubstantiated based on all evidence, including multiple statements made by Client #1 recanting the allegation. WRC incident review committee reviewed the completed investigation on August 10, 2016. The committee was in agreement with the findings of the investigation and had no recommendations.

Based on the outcome of the investigation and information on the DIA Health Facility Database that indicated the investigation decision was pending but assigned case number 61920-I, indicative of an "incident" investigation, rather than 61920-M which would indicate a "mandatory" abuse investigation. The decision was made that separation of Staff A was no longer indicated.

Staff A was separated from working with Client #1 immediately following the report on July 29, 2016 until August 18, 2016. Staff A worked with Client 1 on August 18, 2016, August 22, 2016, and August 23, 2016.

Individual response

Staff A was separated from working further with Client 1 on August 23, 2016 at the direction of the DIA.

Responsible: Team 1 Treatment Program Administrator

Date completed: 8/23/16

Systemic response

WRC will maintain separation of alleged perpetrator and victim until a DIA abuse investigation is completed and DIA makes a determination.

Responsible: Assistant Superintendent

Date completed: 9/13/16 and ongoing

WRC Investigations staff will continue to maintain a spreadsheet to track staff that must maintain separation due to allegations.

Responsible: Director of Quality Management