STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16G006	A. BUILDING _____ B. WING _____	C 09/28/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLAGE NORTHWEST UNLIMITED	330 VILLAGE CIRCLE SHELDON, IA 51201

(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 At the time of investigation #62899-M, a deficiency was cited at W153. Iowa Administrative Code (IAC) Chapter 64.33 (2) was also cited. See state form.	W 000		
W 153	483.420(d)(2) STAFF TREATMENT OF CLIENTS 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. This STANDARD is not met as evidenced by: Based on staff interviews and record review, the facility failed to ensure allegations of client mistreatment, neglect, and/or abuse were reported to the administrator and/or designee immediately. As a result, the allegation was not immediately (within 24 hours or next business day) reported to the Department of Inspections and Appeals (DIA). This affected 1 of 1 client (Client #1) involved in investigation #62899-M. Finding follows: Record review on 9/27/16 identified a facility internal investigation, initiated 8/25/16 at 2:30 p.m. According to the document, Residential Advocate (RA) A reported being told by three staff the Residential Leader/Qualified Intellectual Disability Professional (RL/QIDP) slapped Client #1 on the face after he/she spit in the RL/QIDP's face on 8/24/16 but none of these staff witnessed the incident. The investigation identified Direct Support Professional (DSP) A and Community Skills Manager (CSM) A were present and witnessed the incident. The report noted the	W 153	VNU policy requires all staff to take Dependent Adult Mandatory training within 6 months of employment and every 5 years thereafter. With regard to this citation, the Director of ICF/ID & Program Services has reviewed the policy with the two staff who failed to report the incident on August 25, 2016. In addition, we have reviewed and discussed the policy requirements at a team meeting at House 342 and 346 on September 2, 2016. Twelve dsp's were in attendance at this meeting. All of the Residential Leaders met on October 25, 2016 and reviewed the policy and the timelines for timely filing. The Residential Leaders will review the policy and its requirements at their individual team meetings in their homes. On October 26, 2016 a meeting of the nursing staff was held and the policy reviewed at their meeting. Copy of all team meeting notes will be maintained by the Director of	10/26/16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Larry W Mitchell	President/CEO	11/1/16

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.

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VILLAGE NORTHWEST UNLIMITED	330 VILLAGE CIRCLE SHELDON, IA 51201

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W 153	Continued From page 1 Director of ICF/ID and Program Services called CSM A who reported on 8/24/16, she witnessed the RL/QIDP slap Client #1 on the face after he/she spit in the RL/QIDP's face. The Director of ICF/ID and Program Services then contacted DSP A. DSP A reported Client #1 spit in the RL/QIDP's face and she responded by slapping him/her. DSP A said the RL/QIDP immediately commented she shouldn't have done that. When interviewed on 9/28/16 at 8:45 a.m., CSM A reported on 8/24/16, she worked at House 342 from 8:30 a.m. until 3:00 p.m. She stated around 2:15 p.m. or 2:30 p.m., Client #1 went outside carrying a binder and RL/QIDP went outside after him/her. She said she could see them from the window and Client #1 was visibly upset. CSM A stated she left the window and a few minutes later RL/QIDP and Client #1 returned inside to the dining room. She reported RL/QIDP stood in front of Client #1 telling him/her it was not okay for him/her to try to leave and attempted to take his/her binder. At this time, Client #1 said "mine" and spit in the RL/QIDP's face. CSM A stated the RL/QIDP "slapped (Client #1) across the face". CSM A reported Client #1 then attempted to grab and yelled at the RL/QIDP, as she walked away with the binder. CSM A stated Client #1 followed the RL/QIDP yelling "mine". Licensed Practical Nurse (LPN) A came into the facility and Client #1 went with her into her office. Client #1 was with LPN A when CSM A's shift ended and she left work. CSM A confirmed she did not immediately report the incident because she was still processing what she had observed. She planned to contact the Director of ICF/ID and Program Services on 8/25/16 but was called by the Director of ICF/ID first. When interviewed on 9/28/16 at 9:45 a.m., DSP A reported she worked from 2:00 p.m. until 10:00	W 153	ICF/ID and Program Services. The Director of Human Resources will be responsible to ensure all staff have completed the training on a timely basis from the date of employment and every 5 years thereafter.	

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W 153	Continued From page 2 p.m. at House 342. She stated at approximately 2:30 p.m., she walked to House 342 and observed Client #1 outside with another staff when RL/QIDP went to assist. DSP A reported observing the RL/QIDP pull Client #1's arm to get him/her back inside the house. Once inside, she stated Client #1 attempted to leave and RL/QIDP told him/her she was going to take his crayon box because of how he/she was acting and then the RL/QIDP grabbed it from him/her and put it in the nurse's office. DSP A stated Client #1 followed the RL/QIDP, yelling at her and calling her a "bad cop". DSP A reported the RL/QIDP pointed her finger and yelled at Client #1. Client #1 continued to yell at RL/QIDP and then spit in her face. DSP A reported the RL/QIDP immediately slapped him/her. DSP A stated Client #1 was caught off balance and his/her left cheek reddened. DSP A said the RL/QIDP turned to her and CSM A and stated "Sorry, I didn't mean to do that." DSP A said Client #1 continued to spit at RL/QIDP as she walked away. DSP A confirmed she did not report the incident immediately. She said she was unsure who to report the incident to since the RL/QIDP was her manager. DSP A stated she now knows to call the Director of ICF/ID and Program Services or Human Resources. Record review on 9/27/16 revealed the facility policy titled Abuse and Neglect (not dated). The policy instructed any person who witnessed potential abuse was to report immediately (as soon as possible but not to exceed 24 hours after the incident) to both a supervisor and the Department of Inspections and Appeals. When interviewed on 9/27/16 at 2:30 p.m., the Director of ICF/ID and Program Services confirmed DSP A and CSM A failed to report the incident immediately, per facility policy. She confirmed the internal investigation was initiated	W 153		

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W 153	Continued From page 3 on 8/25/16 and the allegation was not reported to the Department of Inspections and Appeals until 8/26/16, two days following the incident.	W 153		

CAC 11-7-16

PRINTED: 10/26/2016
FORM APPROVED

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IAG0057	A. BUILDING: _____ B. WING _____	C 09/28/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLAGE NORTHWEST UNLIMITED	330 VILLAGE CIRCLE SHELDON, IA 51201

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G 284	64.33(235B) Separation of accused abuser and victim 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. This Statute is not met as evidenced by: Based on staff interviews and record review, the facility failed to ensure continuous separation between staff and a client, in accordance with Iowa Administrative Code Chapter 64.33(2), after an allegation of abuse was made. One of 1 client was reviewed. Findings include: Record review on 9/27/16 revealed facility internal investigation initiated 8/25/16. The report documented on 8/24/16 Residential Leader/Qualified Intellectual Disability Professional (RL/QIDP) slapped Client #1 after he/she spit in her face. The document identified the incident was reported on 8/25/16 and the RL/QIDP was removed from having contact with Client #1 On 8/26/16. The RL/QIDP was placed on administrative leave pending the completion of the internal investigation. When interviewed on 9/27/16 at 7:15 p.m., the RL/QIDP confirmed she was placed on administrative leave on 8/25/16. RL/QIDP stated she was allowed to return to work on 8/31/16 after she was given a discussion plan, she explained was a disciplinary action, with required follow-up trainings she was scheduled to take. She stated she worked the evening shift in House 342 and had contact with Client #1. She recalled she walked with him/her outside one or two times	G 284	The VNU policy in place at the time of this incident did not specify that the external investigation had to be completed before the employee could return to work and be in contact with the victim. Therefore, the abuse and neglect Policy has been updated to state: "For the consumer's safety, during the time of the investigation, the staff member being investigated will be separated from the individual that they have been alleged to have abused until both internal and external investigations have been completed." This policy change was reviewed and discussed with the Director of ICF/ID and Program Services on October 25, 2016. On October 31, 2016 at a Cabinet Leadership Team Meeting, the policy was reviewed and discussion was held on the policy change. The CEO will be responsible to ensure compliance with this policy on an ongoing basis.	10/25/16

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Terry W Whitsell		

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 284	Continued From page 1	F 284		

and had contact when she assisted during medication pass. The RL/QIDP said she went into work on 9/1/16 at 8:00 a.m. and was placed back on administrative leave around 12:00 p.m. after the direct care staff threatened to leave if she was allowed to return to work.

Additional review on 9/28/16 of the internal investigation conclusion revealed the facility determined RL/QIDP slapped Client #1 in response to an adverse situation and she didn't intend to cause Client #1 any fear. The document noted RL/QIDP returned to work on 8/31/16, with a discussion plan in place. According to the report, RL/QIDP worked the evening shift on 8/31/16 in House 342 and the morning of 9/1/16 until she was placed back on administrative leave.

Continued record review on 9/28/16 revealed an e-mail sent from RL/QIDP to the Director of ICF/ID and Program Services on 8/31/16. The e-mail provided the RL/QIDP's work schedule which noted she worked until 10:00 p.m. on 8/31/16 and was responsible for assisting clients during medication pass.

When interviewed on 9/28/16 at 11:05 a.m., the Director of ICF/ID and Program Services confirmed the facility allowed the RL/QIDP to return to work on 8/31/16 and the RL/QIDP had contact with Client #1. She stated the facility determined the RL/QIDP had reacted to Client #1 and she had not intended to cause fear or intimidation. She confirmed the RL/QIDP was placed back on administrative leave on 9/1/16 due to staff threatening to leave if the RL/QIDP was allowed to stay at work.