

**Iowa Department of Inspections and Appeals
Health Facilities Division
Citation**

Number FC 6380		Fine amount reduced by 35% to \$3,250 on January 6, 2017 pursuant to Iowa Code Section 135C.43A		Report Date December 19, 2016	
Facility Name Opportunity Village				Survey Dates November 28, 2016 to December 7, 2016	
Facility Address 1200 North Ninth Street West				64372-I	
City Clear Lake, IA. 50428		HL			
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date	
64.60	<p>481-64.60(135C) Federal regulations adopted - conditions of participation. Regulations in 42 CFR Part 483, Subpart D, and Sections 410 to 480 effective October 3, 1988, are adopted by reference and incorporated as part of these rules. A copy of these regulations is available on request from the Health Facilities Division, Department of Inspections and Appeals, Lucas State Office Building, Des Moines, Iowa 50319.</p> <p>Classification of violations is I, II, and III, determined by the division using the provision in 481-Chapter 56, Fining and Citations,” to enforce a fine to cite a facility.</p> <p>This rule is intended to implement Iowa Code Section 135C.2(3).</p> <p>DESCRIPTION:</p> <p>483.410 Governing Body And Management The facility must ensure that specific governing body and management requirements are met.</p> <p>Based on observations, interviews and record reviews, the facility failed to maintain minimal compliance with the Condition of Participation (CoP) - Governing Body and Management. The governing body failed to consistently monitor and adequately provide operating direction to effectively ensure individuals received appropriate services and supports as a result of significant incidents. Additionally, the governing body failed to ensure consistent oversight appropriate monitoring of dietary services specifically in the provision of diet textures as recommended. These findings led to a determination of</p>	I	\$5000.00	Upon Receipt	
W 102					

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W 104	<p>Immediate Jeopardy.</p> <p>Findings follow:</p> <p>Cross reference W104: Based on interviews and record review, the facility failed to provide adequate oversight and direction to ensure follow-up had been completed with General Event Reports. The facility also failed to ensure consistent monitoring of dietary services. This potentially affected 28 of 28 clients (Client #1 - Client #28) residing at the facility.</p> <p>Cross Reference W459: Based on observations, interviews and record review, the facility failed to maintain minimal compliance with Condition of Participation (CoP) - Dietetic Services. The facility failed to consistently ensure that client dietary needs were met including failure to ensure clients received appropriate diet textures for meals. This potentially affected 28 of 28 clients (Client #1 - Client #28).</p> <p>483.410(a)(1)Governing Body The governing body must exercise general policy, budget, and operating direction over the facility. Based on interviews and record review, the facility failed to provide adequate oversight and direction to ensure follow-up had been completed with General Event Reports (GERs). The facility also failed to ensure consistent monitoring of dietary services. These findings led to the determination of Immediate Jeopardy. This potentially affected 28 of 28 clients (Client #1 - Client #28) residing at the facility.</p> <p>Findings follow:</p> <p>1. a. Record review on 11/29/16 revealed Client #2's</p>				

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	<p>GER, dated 5/7/16. According to the GER staff provided the Heimlich to the client due to an orange piece obstructing his/her airway. The client stopped breathing and the staff initiated cardiopulmonary resuscitation (CPR). Staff also swiped more orange out of the client's mouth. Client #2 again stopped breathing and staff restarted CPR. When emergency personnel arrived and assessed the client the decision was made not to transport to the client due to Client #2 not experiencing any concerns at that time. A follow-up swallowing evaluation was completed on 5/13/16 and the Speech/Language Pathologist recommended Client #2's diet be modified to Dysphagia 3; staff should cut Client #2's food prior to presenting the food to ensure better compliance with meals.</p> <p>The GER also noted Qualified Developmental Disability Professional (QDDP) A reviewed the GER on 5/9/16 as well as the Regional Director (RD) on 5/9/16 with no added comments.</p> <p>The Quality Leader (QL) reviewed the GER on 5/11/16 with no comment and approved the document on 5/20/16 with no comment.</p> <p>b. Client #2's GER dated 8/10/16 documented the client choked while eating popcorn. Staff helped the client by standing behind him/her and using their hands to press (no location noted), followed by a glass of water. Follow-up documentation from the Licensed Practical Nurse (LPN) A noted popcorn would not be preferred for Client #2 and puff corn could be substituted. Minutes from staff meeting on 8/11/16 documented staff should follow and encourage Client #2 to follow the Dysphagia 3 diet. The second shift staff should have snack readily available and appropriate for the client.</p> <p>The GER also noted QDDP A reviewed the GER on</p>				

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	<p>8/12/16, as well as the RD on 8/12/16 with no added comments. The QL reviewed the GER on 8/15/16 and approved the document on 8/26/16 with no comment.</p> <p>c. Record review on 8/29/16 revealed a GER dated 8/23/16. The GER read, "(Client #5) did not wait for staff help like instructed but went ahead and used (his/her) fork to break off a piece of pork chop. (He/She) stood up from the table with a fear stricken look on (his/her) face and it was obvious (he/she) was not breathing. (Personal Support Professional F) began the Heimlich procedure but no results. (Supervisor A) stepped in and with the fifth thrust (Client #5) began to breath [sic]." A follow up note on the GER written by QDDP B on 8/27/16 indicated the speech pathologist evaluated Client #5 after the choking incident and visual cues would be created to place in front of Client #5. The visual cues would be used to remind Client #5 to cut food and empty mouth before taking the next bite.</p> <p>The GER also noted the RD had reviewed the report on 8/24/16, with no comment. The QL had reviewed the report on 8/26/16 with no comment.</p> <p>When interviewed on 12/1/16 at 10:00 a.m. the RD stated GERs were reviewed by the QDDP, RD and the QL. The QL previously approved the GER when appropriate follow-up to the incident had occurred. She stated there were other avenues in which the incident had follow-up and supervisory staff did not always place the appropriate information on the GER. The RD confirmed the purpose of their process related to GERs would include supervisory staff (herself and QDDPs) would document follow-up on the form to ensure incidents were resolved. She acknowledged the process had not been consistently followed.</p>				

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W 459	<p>2. See W459 and W460 for additional information regarding dietary services.</p> <p>483.480 Dietetic Services The facility must ensure that specific dietetic services requirements are met.</p> <p>Based on observations, interviews and record review, the facility failed to maintain minimal compliance with Condition of Participation (CoP) - Dietetic Services. The facility failed to consistently ensure that client dietary needs were met including the failure to ensure clients received appropriate textures at meals which led to the determination of Immediate Jeopardy. This potentially affected 28 of 28 clients (Client #1 - Client #28).</p> <p>Findings follow:</p> <p>Cross Reference: W460: The facility failed to ensure clients received the appropriate diet textures for meals.</p>				
W460	<p>483.480(a)(1) Food and Nutrition Services Each client must receive a nourishing well-balanced diet including modified and specially-prescribed diets.</p> <p>Based on observations, interviews and record reviews, the facility failed to ensure client received the appropriate diet textures for meals. These findings led to a determination of Immediate Jeopardy. This affected 10 of 10 clients living at Moon Valley (Clients #4, #5, #9 - #16) and sample Client #2 residing in Twilight.</p> <p>Findings follow:</p> <p>1. Observations at Moon Valley on 11/28/16 at 4:15 p.m.</p>				

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	<p>revealed Personal Support Professional (PSP) A preparing dinner in the kitchen. When asked where client diet orders could be found, PSP A could not locate them in the kitchen. He asked Supervisor A about the diet orders, who also could not find them. PSP A said he could look on the Therap computer system for the information, but would not know exactly where to find the information regarding diet orders. When asked which clients had special diets, PSP A stated Client #5 and Client #9 were on chopped diets. He also noted that Client #9 was on a gluten free, dairy free diet.</p> <p>When interviewed on 11/28/16 at 4:25 p.m. Qualified Developmental Disability Professional (QDDP) B confirmed diet orders were not in the kitchen and could only be accessed on the computer (Therap system). She said the diet orders had recently been removed from a binder in the kitchen so updates could be made. QDDP B acknowledged the diet orders were not immediately available to staff.</p> <p>Observation at Moon Valley on 11/29/16 at 7:10 a.m. revealed PSP B prepared breakfast. When asked about diet orders, PSP B said she could look them up on Therap. She said she could only think of one client with a special diet: Client #9 was on a gluten free diet, with ground meat.</p> <p>2. Observation at 4:57 p.m. revealed PSP A cut up Client #9's minute steak with a rocker knife, cutting the meat into nickel to quarter sized pieces. PSP A proceeded to cut all of Client #9's food into bite sized pieces. Client #9's began eating at approximately 5:15 p.m., with a staff person sitting next to the client. The staff person cut the meat into</p>				

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	<p>smaller pieces at times with the client's spoon. Ketchup was on some of the meat, but not all of it. Client #9 began eating pieces of meat with his/her spoon, often getting 2-3 pieces of meat on the spoon at one time. The staff person next to Client #9 prompted him/her to swallow each bite before taking the next bite. Client #9 showed no signs or problems while eating.</p> <p>Record review on 11/29/16 revealed Client #9 had a diet order for a Dysphagia 3, with ground meat.</p> <p>When interviewed on 11/30/16 the Moon Valley nurse confirmed Client #9 should have been served ground meat. She also acknowledged the facility information sheet regarding Dysphagia Level 3 diet, which stated that meat should be well moistened.</p> <p>3. Observation at 5:40 p.m. revealed Client #5 served him/herself a serving of minute steak. The only utensil Client #5 had was a fork. Client #5 used the fork and his/her fingers to pull pieces of meat off of the minute steak. The sizes of meat varied. Client #5 ate independently, with no prompts or assistance from the staff. There were no picture cues near Client #5 as he/she ate.</p> <p>Observations from approximately 7:45 a.m. to 7:50 a.m. revealed Client #5 sat at the table eating breakfast. Client #5 had two large waffles on his/her plate and only a fork. Client #5 sat with his/her back to the kitchen, where a staff person was located. There was no staff in the dining room as Client #5 ate breakfast. Client #5 cut bites of waffle off with the fork, Some quite large. Client #5 did not have any</p>				

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	<p>picture cues on the table as he/she ate.</p> <p>Record review on 8/29/16 revealed a General Incident Report (GER) dated 8/23/16. The GER read, "(Client #5) did not wait for staff help like instructed but went ahead and used (his/her) fork to break off a piece of pork chop. (He/She) stood up from the table with a fear stricken look on (his/her) face and it was obvious (he/she) was not breathing. (PSP F) began the Heimlich procedure but no results. (Supervisor A) stepped in and with the fifth thrust (Client #5) began to breath." A follow up note on the GER written by QDDP B on 8/27/16 indicated the Speech Pathologist had evaluated Client #5 after the choking incident and visual cues would be created to place in front of Client #5. The visual cues would be used to remind Client #5 to cut food and empty mouth before taking the next bite.</p> <p>Additional record review revealed a Swallowing Evaluation completed by the Speech Pathologist on 8/26/16. The Speech Pathologist noted Client #5 took large bites at times and sometimes took another bite when there was still food in his/her mouth. The recommendation was to make picture cues available to remind Client #5 to determine if food needed to be cut up, which he/she might need help with, and to remind the client to finish the food in his/her mouth before taking another bite. Client #5 had a diet order for a general or regular diet, however the swallow study done on 8/26/16 indicated Client #5 might need prompts to cut up food to appropriate bite sizes.</p> <p>When interviewed on 11/19/16 at 1:20 p.m. QDDP B stated Client #5 should use the picture cards during meal time. She said this was not a written program or</p>				

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	<p>procedure. QDDP B said she had informed staff about the visual cue cards. QDDP B acknowledged staff should provide Client #5 with prompts as needed to cut his/her food up and to swallow the food in his/her mouth before taking another bite.</p> <p>4. Observation on 11/19/16 at the Day Center during lunch revealed Client #2 ate a sandwich which had not been cut into pieces. The client bit off pieces of sandwich while PSP E sat next to him/her.</p> <p>Review of menu for 11/29/16 revealed Client #2's diet listed as Dysphagia 3 with bite size 1/2 x 1/2 with food cut prior to serving.</p> <p>When interviewed on 11/30/16 at 11:30 a.m. PSP E stated she had failed to cut up Client #2's sandwich into bite size pieces. She stated she had been trained on the client's diet but became distracted by the client's inappropriate interactions with a family member at the table.</p> <p>Record review on 11/29/16 revealed Client #2's GER dated 5/7/16. According to the GER staff provided the Heimlich to the client due to an orange piece obstructing his/her airway. The client stopped breathing and the staff initiated cardiopulmonary resuscitation (CPR). Staff also swiped more orange out of the client's mouth. Client #2 again stopped breathing and staff restarted CPR. When emergency personnel arrived and assessed the client the decision was made not to transport to the client due to Client #2 not experiencing any concerns. A follow-up swallowing evaluation was completed on 5/13/16 and the Speech/Language Pathologist recommended Client #2's diet be modified to Dysphagia 3. Staff should cut Client #2's food prior to presenting the food to ensure better compliance with meals.</p>				

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	<p>Client #2's GER dated 8/10/16 documented the client choked while eating popcorn. Staff helped the client by standing behind him/her and using their hands to press (no location noted) followed by a glass of water. Follow-up documentation from the Licensed Practical Nurse (LPN) A noted popcorn would not be preferred for Client #2 and puff corn could be substituted. Minutes from staff meeting on 8/11/16 documented staff should follow and encourage Client #2 to follow the Dysphagia 3 diet. The second (2nd) shift staff should have snack readily available and appropriate for the client.</p> <p>When interviewed on 11/30/16 at 5:10 p.m. Licensed Practical Nurse A confirmed Client #2's sandwich should have been cut up into bite size pieces. She stated staff should cut up food items prior to presenting the food to the client to encourage better compliance with modified foods.</p> <p>FACILITY RESPONSE:</p>				

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