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

PRINTED: 12/19/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16G032	A. BUILDING _____ B. WING _____	11/03/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OPPORTUNITY VILLAGE	12(CL

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG
W 000	INITIAL COMMENTS At the time of the annual survey Conditions of Participation (CoPs) found to be out of compliance included: Governing Body & Management (W102), and Dietary Services (W459). Standard-level deficiencies were cited at W104, W247, W249, W350, W436, W460, W462, W475 and W488. Investigations #63884-I, 63875-C and #64372-I were completed during the survey and no deficiencies were cited.	W 000
W 102	483.410 GOVERNING BODY AND MANAGEMENT The facility must ensure that specific governing body and management requirements are met. This CONDITION is not met as evidenced by: 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 Immediate Jeopardy. Findings follow:	W 102

POC 12/19/16

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

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be e: other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing hon following the date of survey whether or not a plan of correction is provided. For nursing homes, the abo days following the date these documents are made available to the facility. If deficiencies are cited, an e program participation.

Vyl CAC 12/30/16 12/3/17

W102

The ICF leadership team (QDDP's and RD) will review all "high" GER's and any GER's that have to do with choking incidents, or other significant events. They will ensure appropriate follow up was completed. This will be done a minimum of once a month. Person Responsible: QDDP/RD

Start date: Immediately.

The director of food services will start/continue to review menus, review recommendations from speech pathologist, dietician, etc. and ensure team is following them, meet regularly with the dietician, observe some meals to ensure staff are providing the correct diet textures and following recommendations and will share any concerns with the QDDP's, and provide training to staff that work in the ICF's. The QDDP will meet with the director of food services a

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16G032	A. BUILDING _____ B. WING _____	11/03/2016

NAME OF PROVIDER OR SUPPLIER	ST 12 Cl
OPPORTUNITY VILLAGE	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG
W 102	Continued From page 1 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. 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).	W 102
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 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. Findings follow:	W 104

minimum of once a month to ensure the director of food services has completed the items listed and that they are aware of any concerns. Person Responsible: QDDP

Start date: Immediately.

W104

The ICF teams will follow this procedure if there is a choking or near choking incident: provide staff retraining as needed, have speech pathologist evaluate, write follow up that was completed on the GER, notify the director of food services and have the ICF leadership team review the GER to ensure thorough follow through. This will be completed whenever there is a choking hazard. The QDDP will be responsible for initiating all steps of this process. Start date: immediately.

The ICF leadership team (QDDP's and RD) will review all "high" GER's and any GER's

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16G032	A. BUILDING _____ B. WING _____	11/03/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OPPORTUNITY VILLAGE	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG
W 104	Continued From page 2	W 1

1. a. 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 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.

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.

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.

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

that have to do with choking incidents, or other significant events. They will ensure appropriate follow up was completed. This will be done a minimum of once a month. Person Responsible: QDDP/RD

Start date: Immediately.

The director of food services will start/continue to review menus, review recommendations from speech pathologist, dietician, etc. and ensure team is following them, meet regularly with the dietician, observe some meals to ensure staff are providing the correct diet textures and following recommendations and will share any concerns with the QDDP's, and provide training to staff that work in the ICF's. The QDDP will meet with the director of food services a minimum of once a month to ensure the director of food services has completed the items listed and that they are

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16G032	A. BUILDING _____ B. WING _____	11/03/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OPPORTUNITY VILLAGE	12 CI

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG
W 104	Continued From page 3 Dysphagia 3 diet. The second (2nd) shift staff should have snack readily available and appropriate for the client. The GER also noted QDDP A reviewed the GER on 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. 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. 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. 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	W 104

aware of any concerns.
Person Responsible: QDDP

Start date: Immediately.

W247

Condiments will be available at every meal. A list of condiments that need to be available at every meal (salt, pepper, etc.) will be developed along with a list of condiments that should be available depending on the menu. (Butter, BBQ sauce, mustard, etc.) The staff that is assisting with preparing the meal will be responsible to ensure the appropriate condiments are available. If an individual asks for a condiment that has not been set out, staff will assist them with getting that condiment. Staff working in the kitchen will also be responsible to ensure everyone has a spoon, fork and knife available to them. All staff will receive retraining on this and leadership staff (QDDP, nurse and/or Shift Supervisor) will

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16G032	A. BUILDING _____ B. WING _____	11/03/2016

NAME OF PROVIDER OR SUPPLIER	STR 120 CL
OPPORTUNITY VILLAGE	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG
W 104	Continued From page 4 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. 2. See W459 and W460 for additional information regarding dietary services.	W 104
W 247	483.440(c)(6)(vi) INDIVIDUAL PROGRAM PLAN The individual program plan must include opportunities for client choice and self-management. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure clients were provided with access to and choices of food items, specifically condiments. This affected 10 of 10 clients residing at Moon Valley (Clients #4, #5, #9 - #16). Findings follows: 1. Observations at Moon Valley on 11/18/16 during dinner from approximately 5:15 p.m. to 6:15 p.m. revealed the meal consisted of minute steak (baked in the oven with no liquid or sauce), canned potatoes, cooked broccoli and canned sliced peaches. The only condiment on the table was ketchup. There was no butter/margarine, salt, pepper or any other condiment available or offered. None of the clients at the table had knives or rocker knives to cut up the meat. At 5:50 p.m. Client #4 went to the refrigerator in the kitchen to get Ranch dressing for his/her broccoli. There was no Ranch dressing in the refrigerator and Personal Support Professional	W 247

monitor a minimum of two meals a week to ensure these items are available to individuals. Person Responsible: Shift Supervisor Start date: Immediately.

W249

All programs will indicate how often they need to be implemented. The QDDP's will try to avoid programs that are done weekly or less often and will also try to avoid programs that are dependent on staff to complete. This will be added to the QDDP check off sheet for when they complete life plans. Person Responsible: QDDP. Start date: Immediately.

Recommendations from the Speech Pathologist will be followed. If an individual needs a communication device, it will be set up so that it is available to them, no matter which chair they decide to sit in. If an individual needs to go without a communication device for

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16G032	A. BUILDING _____ B. WING _____	11/03/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OPPORTUNITY VILLAGE	1200 NORTH NINTH STREET WEST CLEAR LAKE, IA 50428

(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 247	Continued From page 5 (PSP) A told the client there was no Ranch dressing. Client #4 returned to the table and put ketchup on his/her broccoli. Observation on 11/29/16 at 7:30 a.m. revealed the following items in the kitchen refrigerator: containers of milk and almond milk, a container of juice, a pitcher of water, a bottle of ketchup and a bottle of sweet and sour sauce. The freezer held frozen waffles, which was on the menu for breakfast that morning. When asked where the rest of the food was located, PSP B said there was a locked pantry that had a second refrigerator. PSP B unlocked the pantry door, which held canned and non-perishable items, a refrigerator and a freezer. The refrigerator was full of food, and contained condiments such as mustard, jelly, mayonnaise and barbeque sauce. There were also two boxes of Ranch dressing packets on the pantry shelf. When asked why most of the food was kept in a locked area, PSP B said she didn't know. When interviewed on 11/29/16 at 8:15 a.m. Qualified Developmental Disability Professional (QDDP) B said the majority of the food was locked in the pantry because there had previously been a client who had eaten too much of the food when it was available and had gained a significant amount of weight. That client no longer lived at the facility, but a recently admitted client had been drinking cups of condiments such as mustard and barbeque sauce, so the staff had put the condiments in the refrigerator in the locked pantry. QDDP B stated the clients' Individual Support Plans (ISPs) noted the locked pantry as a restriction. QDDP B acknowledged notification of a locked food pantry would not necessarily indicate that almost all of the food	W 247		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16G032	A. BUILDING _____ B. WING _____	11/03/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OPPORTUNITY VILLAGE	1200 NORTH NINTH STREET WEST CLEAR LAKE, IA 50428

(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 247	Continued From page 6 and condiments were locked up and not available to clients unless they asked.	W 247		
W 249	483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure clients consistently received active treatment interventions and services as indicated by their Individual Support Plan (ISP). This affected 3 of 8 sample clients (Client #4, #7 and #8). Findings follow: 1. Record review on 11/30/16 revealed Client #4 had a money program to make purchases at a store. The program did not indicate how often the program should be implemented. Review of data for the month of October and November 2016, revealed Client #5 had one opportunity to go to the store in October and no opportunities in November. When interviewed on 11/30/16 at 11:45 a.m. Qualified Developmental Disability Professional (QDDP) B confirmed the program did not provide information on how often staff should take Client #4 to the store to make a purchase, but she said	W 249		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16G032	A. BUILDING _____ B. WING _____	11/03/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OPPORTUNITY VILLAGE	1200 NORTH NINTH STREET WEST CLEAR LAKE, IA 50428

(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 249	Continued From page 7 it should have been at least twice per month. 2. Observation at Bedrock on 11/28/16 at 5:45 p.m. revealed Client #7 ate at the end of a long table. He/she hit the table with force several times consistently. The QDDP C commented to Client #7 "You picked the wrong place at the table." QDDP C also clarified Client #7's switch was not by him/her. Observation at Bedrock on 11/29/16 at 8:40 a.m. revealed Client #7 pounded the top and the bottom of the table with his/her fist. PSP C sat by Client #7 and commented the switch was several places away from Client #7. PSP C did assist Client #7 to serve more cereal. Observation at Creative Developmental Services (CDS) on 11/29/16 at 11:45 a.m. revealed Client #7 ate at a regular table without any switches on the table or under the table. Observation at Bedrock on 11/29/16 at 6:15 p.m. revealed QDDP C asked Client #7 if he/she wanted more pizza. Client #7 pounded on the table with his/her fist. QDDP C asked several more times without an answer from Client #7. PSP D approached Client #7 asking if he/she would like more pizza. Client #7 confirmed he/she wanted more pizza. Client #7 sat at the table without use of the Big Mac switch under the table. Record review on 11/30/16 revealed Client #7's ISP completed on 10/3/16 indicated Client #7 used a Big Mac device attached under the table where (he/she) sat in the dining room to eat which stated "I would like more please." Record review on 11/30/16 revealed Client #7's	W 249		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16G032	A. BUILDING _____ B. WING _____	11/03/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OPPORTUNITY VILLAGE	1200 NORTH NINTH STREET WEST CLEAR LAKE, IA 50428

(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 249	Continued From page 8 Speech Pathology Report completed 10/3/16 recommended: Continue to encourage usage of simple voice-output devices when available or presentation of paired objects to stimulate expressive communication. Additionally, an Occupational Therapy Annual review completed on 9/28/16 indicated he/she used a Big Mac switch to ask for more food. When interviewed on 11/30/16 at 11:00 a.m. QDDP C confirmed Client #7 utilized a Big Mac to ask for more. She also confirmed the switch should be available for his/her use. 3. Record review on 11/30/16 revealed Client #8's ISP completed on 1/8/16. The priority needs section included the use of a communication device. A line through the sentence with a hand written note indicated it was discontinued due to the "device being destroyed and no warranty left and not yet due for a new one." Further review revealed a Speech Pathology report completed on 1/8/16. The recommendations included: use of "Novachat SGD communication device to communicate and continue to adapt the device to fit (Client #8's) needs and interests so that (he/she) will be able to communicate as effectively and efficiently as possible." Client #8's record failed to include any programming addressing communication needs. When interviewed on 11/30/16 at 11:55 a.m. QDDP C explained the client destroyed the device, the device did not have a warranty, was not time for the device to be replaced by Medicaid and the client did not have the money to replace it. QDDP C indicated the client was not making a lot of progress with the use of the device for speech however did like to listen to music on it.	W 249		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16G032	A. BUILDING _____ B. WING _____	11/03/2016

NAME OF PROVIDER OR SUPPLIER	ST 12 CI
OPPORTUNITY VILLAGE	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG
W 249	Continued From page 9 QDDP C denied documented notes of team meeting regarding a discussion addressing continued use of the device and the device had not been replaced. The goal was discontinued and another communication goal had not been initiated.	W 249
W 350	483.460(e)(3) DENTAL SERVICES The facility must provide education and training in the maintenance of oral health. This STANDARD is not met as evidenced by: Based on interviews and record review the facility failed to provide education/training programs addressing oral hygiene needs for 4 of 8 sample clients (Client #2, #5, #6, and #7). Findings follow: 1. Record review on 11/30/16 revealed Client #2's Dental Examination Report dated 4/27/16. According to the report the client's oral hygiene was poor and he/she had moderate gingivitis. The client's Individual Service Plan (ISP) dated 6/3/16 documented the client needed prompting to brush his/her teeth regularly and thoroughly. The client should also be encouraged to use an electric toothbrush. No training program could be located in the client's record. When interviewed on 11/30/16 at 11:05 a.m. Qualified Developmental Disability Professional (QDDP) A confirmed the client did not have any specific training addressing oral hygiene concerns. She stated nursing would generally follow up on concerns and address the issues with staff. When interviewed on 11/30/16 at 2:00 p.m.	W 350

any period of time, the team will develop a back up plan until the device can be replaced and/or an alternative plan is developed. (cue cards, IPad, etc.) Person Responsible: QDDP. Start date: Immediately.

W350

The nurse will communicate to the QDDP/team any concerns noted at an individuals' dental appointment. The team will develop a plan to address the areas of concern. At a minimum, prior to each individuals life plan, all recommendations will be reviewed and the Q will ensure they are being addressed. Person responsible: Nursing. Start date: immediately.

W436

If an individual needs adaptive equipment, the Village will be responsible for providing that equipment. If

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16G032	A. BUILDING _____ B. WING _____	11/03/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OPPORTUNITY VILLAGE	1200 NORTH NINTH STREET WEST CLEAR LAKE, IA 50428

(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 350	Continued From page 10 Licensed Practical Nurse A stated confirmed information was shared with staff regarding Client #2's oral hygiene concerns but the client lacked a training program addressing oral hygiene needs. 2. Record review on 11/30/16 revealed Client #5's dental exam completed on 5/24/16. The report indicated the client should "focus on improving brushing lingual (tongue-side) of lower anterior (front) teeth." No training program/procedure addressing oral hygiene issues could be located in Client #5's record. When interviewed on 11/30/16 at 5:30 p.m. QDDP B confirmed Client #5 did not have a program or procedure related to tooth brushing for Client #5. 3. Record review on 11/30/16 revealed Client #6's dental examination report completed on 10/26/16. The report indicated oral hygiene for the client was poor. The report also added the client diagnosis of chronic adult periodontitis. Client #6's record failed to contain any training program or procedure addressing oral hygiene needs. 4. Record review on 11/30/16 revealed Client #7's dental examination report completed on 10/26/16. The report documented the client's oral hygiene as poor with severe gingivitis. The record failed to contain a program/procedure addressing Client #7's oral hygiene concerns. When interviewed on 11/30/16 at 4:30 p.m. QDDP C acknowledged the report as written above. She denied any formal or informal programming training had been developed as a result of the exams for Client #6 or #7.	W 350		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16G032	A. BUILDING _____ B. WING _____	11/03/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OPPORTUNITY VILLAGE	1200 NORTH NINTH STREET WEST CLEAR LAKE, IA 50428

(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 436	483.470(g)(2) SPACE AND EQUIPMENT The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on observations, interviews, and record reviews the facility failed to ensure clients utilized necessary adaptive equipment. This affected 2 of 8 sample clients (Client #2 and #8.) Findings follow: 1. Observations on 11/28/16 and 11/29/16 (throughout the survey) revealed Client #2 did not wear eyeglasses. Eyeglasses were located in the client's bedroom on 11/29/16 at 8:45 a.m. Record review of Client #2's Individual Support Plan (ISP) documented the client required encouragement to wear glasses. The client's Comprehensive Functional Assessment completed in 1/16 also documented the client would not wear corrective glasses as prescribed. Record review of Client #2's Eye Exam Report dated 3/22/16. The report noted testing revealed astigmatism, and hyeropia (farsightedness) and presbyopia and the client should continue with current prescription. When interviewed on 11/30/16 Qualified Developmental Disability Professional (QDDP) A stated Client #2 was inconsistent in the wearing	W 436		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16G032	A. BUILDING _____ B. WING _____	11/03/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OPPORTUNITY VILLAGE	12(CL

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG
W 436	Continued From page 12 of his/her eyeglasses and staff should encourage the client to wear eyeglasses as indicated in the ISP. She confirmed no formal programming currently existed and Client #2 might benefit from wearing glasses in specific situations. 2. Record review on 11/30/16 revealed Client #8's ISP, completed 1/8/16. The priority needs section included the use of a communication device. A line through the sentence with a hand written note indicated it was discontinued due to the "device being destroyed and not warranty left and not yet due for a new one." Further review revealed a Speech Pathology report completed on 1/8/16. The recommendations included: use of "Novachat SGD communication device to communicate and continue to adapt the device to fit (Client #8's) needs and interests so that (he/she) will be able to communicate as effectively and efficiently as possible." When interviewed on 11/30/16 at 11:55 a.m. QDDP C explained the client destroyed the device, the device did not have a warranty, was not time for the device to be replaced by Medicaid and the client did not have the money to replace it. QDDP C indicated the client was not making a lot of progress with the use of the device for speech however did like to listen to music on it. QDDP C denied documented notes of team meeting regarding a discussion addressing continued use of the device and the device had not been replaced. The goal was discontinued and another communication goal had not been initiated.	W 436
W 459	483.480 DIETETIC SERVICES The facility must ensure that specific dietetic	W 459

an individual does not use the equipment as recommended, the team will address the issue and develop a program or procedure to give staff direction on how this should be prompted. If a program is not warranted, staff prompts can be added to the individuals personal care sheet and/or the zone sheet. The QDDP will be responsible to monitor this data at least monthly to ensure the individual is being prompted to use the adaptive equipment. Person Responsible: QDDP, Start date: Immediately.

W459

Cross reference W460, W462, W475 and W488.

W460

Diet orders will be followed as prescribed. All homes will have the current diets in the kitchen in the menu/dietary book. All individuals with special diets will be added to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16G032	A. BUILDING _____ B. WING _____	11/03/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OPPORTUNITY VILLAGE	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG
W 459	Continued From page 13 services requirements are met. This CONDITION is not met as evidenced by: 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). Findings follow: Cross Reference: W460: The facility failed to ensure clients received the appropriate diet textures for meals. Cross Reference: W462: The facility failed to ensure coordination between the food service director and dietician in order to meet client dietary needs Cross Reference: W475: The facility failed to ensure clients had appropriate utensils while dining. Cross Reference: W488: The facility failed to ensure staff encouraged clients to develop appropriate dining skills.	W 459
W 460	483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing,	W 460

the menu itself. We will also have written directions in the kitchen on how to find the diets on Therap. Information for dysphagia diets will also be kept in the menu/dietary book in each kitchen. The director of food services will monitor these a minimum of once a month to ensure they are current and correct. All recommendations will be followed – if an individual has a recommendation pertaining to eating, this will be added to the individuals life plan. Diets and recommendations will be reviewed with the team a minimum of once a quarter. Leadership staff (QDDP, Shift supervisor, nurse) will monitor meals a minimum of twice a week. Person responsible: Director of Food Services, Start date: immediately.

W462

The director of food services will start/continue to review menus, review recommendations from

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16G032	A. BUILDING _____ B. WING _____	11/03/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OPPORTUNITY VILLAGE	1200 NORTH NINTH STREET WEST CLEAR LAKE, IA 50428

(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 460	Continued From page 14 well-balanced diet including modified and specially-prescribed diets. This STANDARD is not met as evidenced by: 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. Findings follow: 1. Observations at Moon Valley on 11/28/16 at 4:15 p.m. 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. 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.	W 460		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16G032	A. BUILDING _____ B. WING _____	11/03/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OPPORTUNITY VILLAGE	1200 NORTH NINTH STREET WEST CLEAR LAKE, IA 50428

(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 460	Continued From page 15 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. 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 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. Record review on 11/29/16 revealed Client #9 had a diet order for a Dysphagia 3, with ground meat. 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. 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	W 460		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16G032	A. BUILDING _____ B. WING _____	11/03/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OPPORTUNITY VILLAGE	1200 NORTH NINTH STREET WEST CLEAR LAKE, IA 50428

(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 460	Continued From page 16 #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. 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 picture cues on the table as he/she ate. 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. 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	W 460		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16G032	A. BUILDING _____ B. WING _____	11/03/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OPPORTUNITY VILLAGE	1200 NORTH NINTH STREET WEST CLEAR LAKE, IA 50428

(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 460	Continued From page 17 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. 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 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. 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. 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. 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.	W 460		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16G032	A. BUILDING _____ B. WING _____	11/03/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OPPORTUNITY VILLAGE	1200 NORTH NINTH STREET WEST CLEAR LAKE, IA 50428

(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 460	Continued From page 18 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. 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. 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.	W 460		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16G032	A. BUILDING _____ B. WING _____	11/03/2016

NAME OF PROVIDER OR SUPPLIER	ST
OPPORTUNITY VILLAGE	12 CI

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG
W 462	483.480(a)(3) FOOD AND NUTRITION SERVICES If a qualified dietitian is not employed full-time, the facility must designate a person to serve as the director of food services. This STANDARD is not met as evidenced by: Based on interview and record review the facility failed to ensure coordination between the food service director and dietician in order to meet client dietary needs. This potential affected 28 clients residing at the facility (Clients #1 - #28). Finding follows: During interview on 12/01/16 at 8:00 a.m. the facility Food Service Manager stated she had no involvement with the ICF/ID program. She explained that she worked for another part of the agency. The Food Service Manager said the dietician could contact her regarding the ICF/ID program, but had not. She said she was not involved with ICF/ID diet orders, menus or meals. She said she did not observe any meals at the ICF/ID homes. The Food Service Manager said she was not familiar with the ICF/ID menus. She said she did assist with training on dysphagia for all agency staff. Review of the agency job description for Food Service Coordinator on 12/01/16 revealed the job description included, "Work in conjunction with Dietician, Team Leaders and Kitchen Supervisor on all aspects of food service and staff training." The job description also listed, "Learn and be knowledgeable of the individuals' strengths, abilities, needs, preferences, dislikes, and individual services as it relates to food service planning."	W 462
W 475	483.480(b)(2)(iv) MEAL SERVICES	W 475

speech pathologist, dietician, etc. and ensure team is following them, meet regularly with the dietician, observe some meals to ensure staff are providing the correct diet textures and following recommendations and will share any concerns with the QDDP's, and provide training to staff that work in the ICF's. The QDDP will meet with the director of food services a minimum of once a month to ensure the director of food services has completed the items listed and that they are aware of any concerns.
Person Responsible: QDDP

Start date: Immediately.

W475

Staff working in the kitchen will also be responsible to ensure everyone has a spoon, fork and knife available to them. They will also ensure anyone who needs adaptive equipment will also have that available. A cue card will be developed to remind the staff

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16G032	A. BUILDING _____ B. WING _____	11/03/2016

NAME OF PROVIDER OR SUPPLIER	S 1: C
OPPORTUNITY VILLAGE	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG
W 475	Continued From page 20 Food must be served with appropriate utensils. This STANDARD is not met as evidenced by: Based on observations the facility failed to ensure clients had appropriate utensils while dining. This potentially affected 10 of 10 clients who resided at Moon Valley (Clients #4, #5 and #9 - #16). Findings follow: 1. Observation at Moon Valley on 11/28/16 from approximately 5:15 p.m. to 6:15 p.m. revealed the following: a. Clients ate dinner, which consisted of minute steak (baked in the oven with no liquids or sauce), canned potatoes, cooked broccoli and canned peach slices. Staff cut up the minute steak for Client #9, who was supposed to have ground meat. Staff used rocker knives to cut up the meat for a couple of other clients. No clients at the table were provided with knives or rocker knives. b. At 5:40 p.m. revealed Client #5 had 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 with no prompts or assistance from staff. c. Client #4 had only the use of his/her left hand. He/she did not attempt to cut up the minute steak, but speared the entire piece of meat and proceeded to take bites off of it. Staff did not	W 475

working in the kitchen these items need to be available. All staff will receive retraining on this and leadership staff (QDDP, nurse and/or Shift Supervisor) will monitor a minimum of two meals a week to ensure these items are available to individuals. Person Responsible: Shift Supervisor Start date: Immediately.

W488

Staff will be available at mealtimes to provide role modeling and assistance as needed. Staff will ensure appropriate utensils are available and that eating programs and procedures are followed. Leadership staff (QDDP, Shift supervisor, nurse) will monitor meals a minimum of twice a week to ensure staff are doing as they have been trained. Person responsible: Shift Supervisor, Start date: Immediately.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16G032	A. BUILDING _____ B. WING _____	11/03/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OPPORTUNITY VILLAGE	1200 NORTH NINTH STREET WEST CLEAR LAKE, IA 50428

(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 475	Continued From page 21 prompt or assist Client #4 to cut up the meat. 2. Observations on 11/29/16 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 of the bites were quite large. No staff person prompted or assisted Client #5 and no knife was provided. When interviewed on 12/01/16 at 9:15 a.m., Qualified Developmental Disability Professional (QDDP) B acknowledged Clients #4 and #5 should have been offered assistance and utensils as needed, to cut up their food. 3. Observation on 11/29/16 at 7:43 a.m. revealed Client #4 ate breakfast, which included large waffles. Client #4 had the use of only one hand and had no rocker knife. He/she speared the waffle with a fork and then took bites off of it. Staff did not prompt or assist Client #4. When interviewed on 12/01/16 at 9:15 a.m. QDDP B acknowledged clients should have been provided with appropriate utensils during mealtime.	W 475		
W 488	483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level.	W 488		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16G032	A. BUILDING _____ B. WING _____	11/03/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OPPORTUNITY VILLAGE	1200 NORTH NINTH STREET WEST CLEAR LAKE, IA 50428

(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 488	Continued From page 22 This STANDARD is not met as evidenced by: Based on observations, interviews and record reviews the facility failed to ensure staff encouraged clients to develop appropriate dining skills. This affected 10 of 10 clients living at Moon Valley (Clients #4, #5, #9 - #16) and sample Client #2 residing in Twilight. Findings follow: 1. Observations at Moon Valley on 11/28/16 from approximately 5:15 p.m. to 6:15 p.m. revealed the following: a. Clients ate dinner, which consisted of minute steak (baked in the oven with no liquids or sauce), canned potatoes, cooked broccoli and canned peach slices. Staff cut up the minute steak for Client #9, who was supposed to have ground meat. Staff used rocker knives to cut up the meat for a couple of other clients. No clients at the table were provided with knives or rocker knives. b. At 5:40 p.m. revealed Client #5 had 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 cards to prompt Client #5 while eating. c. Client #4 had only the use of his/her left hand. He/she did not attempt to cut up the minute steak, but speared the entire piece of meat and proceeded to take bites off of it. Staff did not prompt or assist Client #4 to cut up the meat.	W 488		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16G032	A. BUILDING _____ B. WING _____	11/03/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OPPORTUNITY VILLAGE	1200 NORTH NINTH STREET WEST CLEAR LAKE, IA 50428

(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 488	Continued From page 23 2. Observations on 11/29/16 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 of the bites were quite large. There were no picture cards to prompt Client #5 while eating. Record review revealed a Swallowing Evaluation for Client #5 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. When interviewed on 11/29/16 at 1:20 p.m. Qualified Developmental Disability Professional (QDDP) B stated Client #5 should use the picture cards during meal time. She said this was not a written program or 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. 3. Observation on 11/29/16 at 7:43 a.m. revealed Client #4 ate breakfast, which included large waffles. Client #4 had the use of only one hand and had no rocker knife. He/she speared the waffle with a fork and then took bites off of it.	W 488		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16G032	A. BUILDING _____ B. WING _____	11/03/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OPPORTUNITY VILLAGE	1200 NORTH NINTH STREET WEST CLEAR LAKE, IA 50428

(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 488	Continued From page 24 Record review on 11/29/16 revealed Client #4's Initial Nutritional Assessment dated 6/01/16, which indicated the client needed help cutting foods with only one functional hand. During follow up interview on 12/01/16 at 9:15 a.m., QDDP B acknowledged Clients #4 and #5 should have been offered assistance and utensils as needed, to cut up their food. 4. Observations at Twilight on 11/28/16 at supper revealed Client #3 poured him/herself a glass of milk, drank it, poured a 2nd glass and drank half of it prior to the start of the meal. The client quickly ate the meal (casserole and fruit) before finishing the glass of milk. While staff were present at the table no interventions/training were provided. On 11/29/16 at breakfast Client #3 ate a breakfast sandwich/fruit quickly and then drank a full glass of milk and juice without putting the cups down. Staff were present at the table but did not provide interventions or training regarding the client's rate of eating/drinking. At supper, the client quickly ate the meal using repetitive bites without taking a drink until the end of the meal. Record review of Client #3's Speech evaluation dated 11/30/15 noted staff should encourage the client to take appropriate sized bites, chew and swallow before taking another bite. The client's Individual Service Plan (ISP) completed on 4/26/16 noted the client did not require supervision when eating or drinking. When interviewed on 11/30/16 at 11:05 a.m. QDDP A confirmed Client #3 would benefit from	W 488		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16G032	A. BUILDING _____ B. WING _____	11/03/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OPPORTUNITY VILLAGE	1200 NORTH NINTH STREET WEST CLEAR LAKE, IA 50428

(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 488	Continued From page 25 interventions/programming to slow the rate of eating.	W 488	Jane Iverson Reg. Dir. 12/29/16	