

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:  16G003	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 11/04/2016
NAME OF PROVIDER OR SUPPLIER  GLENWOOD RESOURCE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE  711 SOUTH VINE STREET GLENWOOD, IA 51534	
(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)
W 000	INITIAL COMMENTS  At the time of the investigation of 62839-I, a deficiency was cited at W249. 483.440(d)(1) PROGRAM IMPLEMENTATION		W 000	
W 249	<p>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.</p> <p>This STANDARD is not met as evidenced by: Based on interviews and record review, the facility failed to consistently provide supports and services as identified by the individual program plan. This affected 1 of 1 client identified as a result of self-reported incident #62839-I.</p> <p>Finding follows:</p> <p>Record review revealed an incident report for Client #1, completed 8/23/16 at 12:05 a.m., documented the client appeared uncomfortable when staff would move his/her right leg while completing personal cares. The report further documented an assessment completed by the nurse, which revealed a "small round healing bruise (less than a cm (centimeter)) on (his/her) inner left thigh that has redness around it. The area is slightly warm to the touch. ROM (Range of Motion) appeared normal for client but (he/she) does grimace slightly when (his/her) right leg was moved. Right knee feels slightly warm to touch</p>		W 249	<p>See attached</p> <p>POC</p> <p>11/16/16</p>

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.

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W 249	<p>Continued From page 1</p> <p>and was slightly swollen. Client grimaces when right leg is moved. Pulse is slightly elevated at 104..."</p> <p>An additional incident report, completed 8/23/16 at 6:30 a.m. documented, "... quick head-to-toe noticed large amount of focal swelling to (his/her) right anterior mid-thigh that did not extend into the groin or knee area and right knee and foot/ankle were externally rotated..." The assessment noted, "Focal swelling to right mid-anterior thigh; concerning for acute injury." The report further documented 911 called and Client #1 transported to the emergency room. According to the report, the health care coordinator followed-up with the hospital and was informed Client #1 had a displaced fracture of the right femur.</p> <p>The hospital consultation report dated 8/23/16 documented Client #1 had swelling and pain in the right thigh area. The report noted Client #1 had pain when the physician gently moved his/her thigh. The x-ray showed a comminuted segmental fracture and right femur with severe osteoporosis. Client #1 underwent surgery with a pre &amp; postoperative diagnosis of very comminuted fracture, right femur.</p> <p>Further record review revealed the following: a. Client #1 had diagnoses including, but not limited to: profound intellectual disability, unspecified vitamin D deficiency, complex partial seizures, osteoporosis, peripheral edema, spastic quadriplegia, tension athetosis (slow, involuntary, convoluted, writhing movements of the fingers, hands, toes, and feet and in some cases, arms, legs, neck and tongue), history of bone fractures (right tibia, right medial femoral condyle, left tibial plateau into metaphysis).</p>		W 249	

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W 249	<p>Continued From page 2</p> <p>b. Client #1's Physical Nutritional Management Plan (PNMP) documented the client required a mechanical lift using a specialty sling with a minimum of two staff for all transfers. The PNMP further directed staff to support Client #1's leg during transfer and put on footwear prior. The PNMP documented Client #1 required a minimum of two staff for all transfers and if having a bed bath. Client #1 could use the Broda shower chair with hip belt, lateral supports, closed-hole padded seat, and leg rest partially up for bathing, or have a tub bath with trolley, chest support, and knee support. Client #1 required a minimum of two staff to assist with dressing and toileting hygiene. Client #1 utilized a wheelchair for positioning and all mobility.</p> <p>c. Client #1's accountability sheet for 8/22/16 p.m. shift documented Resident Treatment Worker (RTW) A responsible for Client #1 on 8/22/16 p.m. shift.</p> <p>When interviewed on 10/12/16 at 3:20 p.m., RTW A confirmed he worked in house 133 as a pulled staff and was responsible for Client #1 on 8/22/16 p.m. shift. RTW A explain Client #1 was fragile and required 2 staff for all transfers and personal cares due to osteoporosis and history of fractures. RTW A stated RTW B transferred Client #1 to the Broda chair and showered him/her while he worked with other clients. He stated he did not know who helped RTW B with Client #1. RTW A explained RTW B told him she did Client #1's shower and then left after she told him she helped. RTW A asked RTW C to assist with laying Client #1 in bed at that point, as he/she had a bowel movement and needed assistance. RTW A reported they used the</p>		W 249	

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W 249	<p>Continued From page 3</p> <p>[mechanical lift with a] sling to transfer Client #1 into bed and used bed pads to roll him/her while doing personal cares. RTW A reported Client #1 frowned, but did not cry. He did not feel anything was different with the client at that time.</p> <p>When interviewed on 10/11/16 at 2:40 p.m., RTW B stated after dinner RTW C assisted her to transferred Client #1 to a recliner. Around 8:00 - 8:30 p.m., she and RTW D assisted Client #1 to his/her bed to prepare for his/her shower. RTW B reported she saw no deformity or abnormalities on Client #1 when she prepared him/her for his/her shower, nor did the client exhibit any signs of pain. The two RTWs then transferred Client #1 into the shower chair and covered him/her with a towel. RTW B reported she took Client #1 to the shower room, placed him/her in the doorway, and told RTW A to let her know when he was done in the shower and she would come help. RTW B stated RTW A never let her know he was done, so she assumed RTW C assisted RTW A with Client #1, though she never saw this.</p> <p>When interviewed on 10/12/16 at 2:50 p.m. RTW C reported he worked the evening of 8/22/16 in house 133. RTW C was not accountable for Client #1 on this night. He recalled he and RTW B transferred Client #1 to a recliner during the shift [with the lift]. He stated he did not assist RTW A with putting Client #1 in his/her bed and assumed one of the other RTWs assisted. He stated he passed medications that evening and gave Client #1's after his/her shower when he/she laid in bed. RTW C stated RTW A was trying to clean Client #1 when he entered the room. RTW A held Client #1's hip and there were no other staff present. He stated he told RTW A Client #1 required two staff and then he helped. RTW C</p>	W 249		

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W 249	<p>Continued From page 4</p> <p>stated he saw nothing concerning with Client #1's legs at that time. He explained Client #1 required two person assist for all transfers and turning. He explained Client #1 had involuntary movement (spasms) in his/her legs.</p> <p>When interviewed on 10/12/16 at 2:05 p.m., RTW D confirmed she worked the evening of 8/22/16 in house 133. RTW D stated she and RTW B assisted Client #1 to his/her bed prepare for a shower around 7:30 - 8:00 p.m. She and RTW B then transferred Client #1 to the Broda shower chair. She explained RTW A was responsible to do Client #1's shower and RTW B talked to him about that. RTW D stated the last she saw Client #1 that evening was in the shower room. She did not assist with Client #1 any further.</p> <p>When interviewed on 10/11/16 at 1:30 p.m. Physical Therapist (PT) A described Client #1 as the most fragile person on campus, and noted he/she required the support of two persons for all transfers and repositioning.</p> <p>When interviewed on 10/12/16 at 1:35 p.m., Investigator A explained she confirmed RTW A failed to follow Client #1's IPP. She stated RTW A failed to use bed pads to roll Client #1 as he was trained to do.</p>	W 249	



✓  
1/3/17

CAC  
12/30/16

Glenwood Resource Center  
Plan of Correction  
Investigation #62839-I

#### W 249- Program Implementation

#### **Systemic Response**

The supervisory shift on the PM shift was increased to ensure plans are being implemented as written.

**Completion Date:** 11/16/16 and ongoing

**Person(s) Responsible:** Treatment Program Manager

**Person(s) Responsible for Monitoring:** Treatment Program Administrator

In addition, after the Interdisciplinary Team (IDT) formulates a client's Individual Support Program and Physical and Nutritional Management Plan (PNMP); Glenwood Resource Center (GRC) monitors the implementation of the PNMP to ensure each client is provided supports consistent with the plan. To verify proficient implementation and effectiveness of each plan, GRC regularly and systematically conducts compliance and clinical monitoring evaluations. Steps include:

- A structured review ensuring successful implementation and staff comprehension of PNMP practices; with a review of representative samples of client PNMP requirements.
  - Observing a client with an approved PNMP plan and monitoring assigned staff compliance with PNMP requirements,
  - Recording observational data,
  - Input recorded data (PNMP Monitors information) into database; Data includes monitoring observations and compliance information for outcome analysis purposes.
- GRC outcome analysis assesses the efficacy of monitoring PNMPs, the overall effectiveness of client PNMP's, and identifies positive or negative data trends for evaluation and discussion.
- If clinical monitoring indicates PNMP changes are required, PNMP improvements will be discussed with the IDT and changes reviewed and noted in an action plan.

During the months of August, September and October monitors of the implementation and compliance were completed on PNMPs as scheduled.

Ongoing, GRC will continue to conduct monthly PNMP monitoring reviews.

**Completion Date:** 8/30/16 and ongoing

**Person(s) Responsible:** Treatment Program Manager

**Person(s) Responsible for Monitoring:** Treatment Program Administrator

## **Individual Response**

GRC has fully reviewed the incident and verified that relevant staff has been competency-based trained on PNMP requirements for each individual with whom they are responsible. GRC found that trained staff, in this isolated incident, failed to perform in a manner consistent with their competency-based training. Therefore, appropriate personnel action was taken specifically related to this incident.

**Completion Date:** 10/5/16

**Person(s) Responsible:** Treatment Program Manager

**Person(s) Responsible for Monitoring:** Treatment Program Administrator

Client # 1 had a total of 14 monitors completed in August, September and October. He/she will continue to receive monthly monitors of his/her PNMP

**Completion Date:** 10/31/16 and ongoing

**Person(s) Responsible:** Treatment Services Director

**Person(s) Responsible for Monitoring:** Superintendent

On 9/23/16, Client # 1 Interdisciplinary Team (IDT) met and the PNMP was modified to ensure all supports are properly in place.

**Completion Date:** 9/27/16

**Person(s) Responsible:** Treatment Program Manager

**Person(s) Responsible for Monitoring:** Treatment Program Administrator