DEPARTI	MENT OF HEALTH	AND HUMAN SERVICES  & MEDICAID SERVICES		1	SK 10111	Cacin	FORM /	01/13/2017 APPROVED 0938-0391
STATEMENT (	S FOR MEDICARE OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	•		CONSTRUCTION		(X3) DATE COMI	PLETED
		16G003	B. WING				01/	10/2017
NAME OF P	ROVIDER OR SUPPLIER			l	REET ADDRESS, CIT 1 SOUTH VINE ST	TY, STATE, ZIP CODE REET		
GLENWO	OD RESOURCE CE	NTER			LENWOOD, IA 5	1534		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		(FACH CORE	R'S PLAN OF CORREC RECTIVE ACTION SHO RENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W 000	INITIAL COMMEN	тѕ	w	000				
	The following com 10/31/16 - 1/10/17 investigations:	plaint survey was completed and included the following 24			See	atta	.che	
	#62570-I, 62572-I 64240-I, 64252-M, 64438-C, 64457-I.	, 63292-I, 63881-M, 64234-I, 64253-I, 64279-I, 64397-I, 64459-I, 64464-I, 64465-I, 64578-M, 64579-M, 64593-C, 64989-I, 65017-I.				POC 1/13/17		
	Condition-level defand W122.	ficiencies were cited at W102						
	Immediate Jeopar approximately 9:30 failure to protect c mistreatment. The approximately 10: and implemented plan included increase on evenings and with plan also includes observations by D (DHS) Division of Services, to be considered to be serviced.	to a determination of dy (IJ) on 11/15/16 at 0 a.m., based on the facility's lients from abuse and a facility was notified at 00 a.m. The facility developed a plan to remove the IJ. The eased supervision in the homes weekends and retraining of staffuded oversight, follow-up, and repartment of Human Services Mental Health and Disability impleted at least twice monthy.	•					
W 102	W125, W127, W1	ficiencies were cited at W104, 149, W159, W193, and W268. NING BODY AND	V	<b>/</b> 102				
	The facility must of body and manage	ensure that specific governing ement requirements are met.						
LABORATOR	Y DIRECTOR'S OR PRO	VIDER/SUPPLIER REPRESENTATIVE'S SI	GNATURI	=		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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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING			COMPLETED	
		16G003	B. WING	·			C 1 <b>0/2017</b>
	PROVIDER OR SUPPLIER DOD RESOURCE CEI	NTER	1	71	REET ADDRESS, CITY, STATE, ZIP CODE  1 SOUTH VINE STREET  LENWOOD, IA 51534		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	BE	(X5) COMPLETION DATE
W 102	Continued From pa	age 1	w	102			
	Based on interview facility failed to main the Condition of Pa Body and Manager failed to provide ad effectively ensure is treatment, services body failed to ensure individual civil and right to be free from provide adequate is treatment with dight to be free from provide adequate is treatment with dight cross reference. We record review, the provide adequate in direction to ensure policy and procedure of clients. The fact managerial structure policies and procedure in a safe envirum and prevent retaliant. Cross reference were record review, the minimum compliar Participation (CoP) interviews and recensure clients were mistreatment. Bas reviews, facility states and mistreatment in the safe and mistreatment in the safe and mistreatment.	is not met as evidenced by: ws and record reviews, the intain minimal compliance with articipation (CoP) - Governing ment. The governing body lequate operating direction to individuals received proper s, and supports. The governing are consistent provision of human rights, including the m abuse. Facility staff failed to safeguards to ensure client hity and respect.  In the governing appropriate implementation of are regarding health and safety illity failed to provide adequate re to ensure oversight of dures to prevent client abuse, ronment (for staff and clients), ation amongst employees.  In the Condition of Client Protections. Based on ord reviews, the facility failed to the free from abuse and and on interviews and record aff failed to report allegations of attent of clients immediately, or provide adequate supports to					

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING				SURVEY PLETED
		16G003	8. WING	· i		01/1	10/2017
	PROVIDER OR SUPPLIER			7	TREET ADDRESS, CITY, STATE, ZIP CODE 11 SOUTH VINE STREET GLENWOOD, IA 51534		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
W 102 W 104	environment condu abuse and mistreat exercise their huma to a determination 483.410(a)(1) GOV	ersight to ensure an cive to protecting clients from ment and encourage clients to an rights. These findings led of Immediate Jeopardy (IJ).		102 104			
	Based on interview facility failed to con management and cappropriate implem procedure regardin. The facility failed to structure to ensure procedures to prevenvironment (for stretaliation amongst affected 227 of 227 Resource Center (Findings follow:  1. Cross reference W193, W268	s not met as evidenced by: ws and record review, the sistently provide adequate operating direction to ensure nentation of policy and g health and safety of clients. o provide adequate managerial oversight of policies and ent client abuse, ensure a safe aff and clients), and prevent employees. This potentially clients residing at Glenwood GRC).  E: W125, W127, W149, W153, diditional information.					
	Resident Treatmer she did not report i	ed on 11/15/16 at 2:00 p.m. It Worker (RTW) K revealed Incidents immediately because RTW K reported she feared Inot feel safe.					

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA   IDENTIFICATION NUMBER:	A. BUILDING		·	COMPLETED	
		16G003	B. WING			01/1	C 10/2017
	PROVIDER OR SUPPLIER	NTER		STREET ADDRESS, CIT 711 SOUTH VINE STR GLENWOOD, IA 51	REET		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	χ (EACH CORR	'S PLAN OF CORRECTION ECTIVE ACTION SHOULD ENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
W 104	b. When interviewed RTW M stated she multiple incidents was a butter knife to hit with clients. RTW M and scared of RTW about people who to there was a rule in others feel uncomformanything.  c. When interviewed RTW L stated she RTW M hitting Client im/her down to he who provided the volume. RTW L report by coworkers. She be labeled a "NARO" d. When interviewed RTW B reported or with cleaning the both the who provided the volume. RTW A walked into Client #1 by the arrother clients were so bathroom because the interaction. RT Client #1 often yelled B stated after RTW bathroom and Client confirmed he failed RTW A threatened RTW B stated RTV or did anything, the According to RTW	ed on 11/21/16 at 11:45 a.m. e did not report any of the where RTW H and RTW I used clients, or became physical which stated she was intimidated of H. RTW H made comments the urned people in. She reported the house and they made ortable and not want to report and on 11/21/16 at 5:00 p.m. forwarded a copy of a video of the friend and coworker, RTW K, ideo to the facility at a later ted being afraid of retaliation explained she did not want to					

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AND BLAN OF CORDECTION IN INCIDENTIAL INCI		1	TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED		
	· -	16G003	B. WING		01	C 1/10/2017	
	PROVIDER OR SUPPLIER	VTER		STREET ADDRESS, CITY, STATE, 2 711 SOUTH VINE STREET GLENWOOD, IA 51534		11012011	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG		TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
W 104	on the line.  Record review reversedated November 20 indicated, "The Diviolence at work care work performance intimidation, harass not be tolerated. A treat each other will respect. The Departiolence-free works violence in the world therefore wishes to acts and threats of violations of Department will tak address behaviors health, safety, or wor visitors"  3. Former RTW (Foundation of the providing one-on-owing of my house working of my house working from a difference with my coming from a difference with my covered of my cower remained with my covered of my cower result. They discuss had been present, and therefore could the injury occurred write up an incidentime.	ealed Employee Handbook 014, Violence-Free Workplace, repartment recognizes that an seriously affect employee and morale. Threats, sment, or acts of violence will all employees are expected to the courtesy, dignity, and artment is committed to a place, and its goal is to prevent kplace. The Department of make clear that it considers violence to constitute serious that threaten or endanger the ell-being of employees, clients of the house. I was ne supervision in a residential when I overheard yelling erent part of the house. I cor hear exactly what was going eraised, seemingly upset. I charge, but later on I overheard orkers (again, from another thow one of them had been hing with a resident, and that ceived a minor injury as a seed how, even though they they each had a plausible alibi, and one of them was told to the report explaining how a had attacked the injured	W 1	04			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING			COMPLETED		
		16G003	B. WING			1	0 10/2017
	PROVIDER OR SUPPLIER	NTER		71	TREET ADDRESS, CITY, STATE, ZIP CODE II SOUTH VINE STREET LENWOOD, IA 51534		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
W 104	resident, resulting i exactly who was ar capacity. I couldn' wasn't involved, ansaw the incident, the report. What I did I have overheard wa would only be a mawould ask me to faup the borderline alcoworkers"  Record review revedated November 20 Conduct and Work Employees shall not malicious statement other employees, of falsify forms or worker false information, or omit Department"  4. See W127 for a Record review revea. The incident maprocedure, dated 1 volunteer, or contra abusive or neglectifindividuals" Incidincluded: "Abuse si Personnel Practice provide services to volunteers, or contra people with dignity,	In the injury. I couldn't tell and wasn't involved, and in what at tell exactly who was and do in what capacity. I neither the injury, nor the incident know was, if what I seemed to see actually what happened, it after of time before someone listly an incident report to cover busive behavior of my  sealed Employee Handbook 214, General Standards of Rules, directed, " of make false, misleading or ats concerning themselves, lients, and supervisors, or k documents, or intentionally tion into automated systems, a false or misleading tinformation significant to the dditional information.  Realed the following:  Inagement policy and 1/2/07, directed: " No staff, actor shall behave in an	W	104			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
		16G003	B. WING		·		C <b>10/2017</b>
NAME OF PROVIDER OR SUPPLIER  GLENWOOD RESOURCE CENTER				STR 711	EET ADDRESS, CITY, STATE, ZIP CODE SOUTH VINE STREET ENWOOD, IA 51534	<u> </u>	10/2017
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	) BE	(X5) COMPLETION DATE
W 104	behave in an abusing toward individuals. contractor shall viol related to child abuse dependent adults of the behavior of the	We or neglectful manner No staff, volunteer, or ate the Iowa Code provisions se, abuse or neglect of r sexual abuse."  It sof Conduct and Work d, "Employees shall treat other visitors, and Department and respect Employees shall red, coerce, neglect or exploit or clients, whether verbally, or financially. When physical an employee's duties, each ormed in a professional an employee's position or cing, forcing or engaging yees or visitors in consensual exual relations or ivities including sexually is considered serious all result in disciplinary action discharge from employment against the employee"	W 1	04			

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		I(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	BUILDING			COMPLETED		
		16G003	B. WING			01	C /10/2017		
NAME OF PROVIDER OR SUPPLIER  GLENWOOD RESOURCE CENTER					ESS, CITY, STATE, ZIP COD INE STREET				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	(EAC	ROVIDER'S PLAN OF CORRI IH CORRECTIVE ACTION SI S-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE		
W 104	not engage in illegal including, but not lipushing, throwing conduct, or participor behavior in the which may have a Department's repurstanding"  b. Employee Handincluded Code of Clemployees are exin a manner that crifor the DHS, their conserved. Employee high standards of band official activitie any unethical or illegange on or off duty that a affect the Department of the Department of the Authority or Department of the Author	al or disorderly conduct mited to, roughhousing, objects, immoral or indecent pate in any activity, misconduct workplace and/or while on duty, negative effect on the tation and/or community.  Abook, dated November 2014, conduct, which directed: pected to conduct themselves eates and maintains respect co-workers and the individuals are expected to maintain pehavior in both their personal is. The Department prohibits egal conduct by an employee affects or has the potential to ent. Employees have a duty to illegal activity, relating to state eir Supervisor, Appointing	W	04					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING				(X3) DATE SURVEY COMPLETED			
	16G003		B. WING				C 01/10/2017		
NAME OF	PROVIDER OR SUPPLIER	J		STREET ADDRESS, CITY, STATE, Z	IP CODE	1 017	10/2017		
GLENW	OOD RESOURCE CEN	NTER		711 SOUTH VINE STREET GLENWOOD, IA 51534					
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		FION SHOULD THE APPROPI	BE	(X5) COMPLETION DATE		
W 104	civil rights they share citizens, including the directed existence is environment, free from Programment, free from Programment aspects of their live from physical, psychabuse, neglect and unnecessary drugs in a manner maintal respecting their indiconsideration, respecting their indiconsideration, respecting their indiconsideration, respecting their indiconsideration, respecting their indiconsideration, respecting their indiconsideration, respecting their indiconsideration, respecting their indiconsideration, respecting their indiconsideration, respecting their individual frected: "An individual frected: "An individual frected existence of intervention program with written consent individual's parent, including the same legal and civil citizens, including the self-directed existence environment Individuals receive as having full posse procedures provided rights restrictions: " violation of an individual including the self-directed existence provided rights restrictions: " violation of an individual including the procedures provided rights restrictions: " violation of an individual including the procedures provided rights restrictions: " violation of an individual including the procedure of an individual including the procedures provided rights restrictions: " violation of an individual including the procedure of an individual including the procedure of an individual including the procedure of an individual including the procedure of an individual including the procedure of an individual including the procedure of an individual including the procedure of an individual including the procedure of an individual including the procedure of an individual including the procedure of an individual including the procedure of an individual including the procedure of an individual including the procedure of an individual including the procedure of an individual including the procedure of an individual including the procedure of an individual including the procedure of an individual including the proc	re with all United States he right to be a dignified, self in a safe and humane rom abuse and neglect."  raled individuals rights policy, red, "Individuals Residing at Rights to Exercise their ual and as a citizen or resident s Have a dignified existence tion, making choices about s significant to them Be free hological, sexual or verbal exploitation Be free from and restraints Receive care ining their dignity and ividuality and to be treated with ect and full recognition of their ality" The policy further vidual's rights shall not be without due process under the lowa or a restrictive in approved under this policy to fithe individual or the legal guardian or legal aled the human rights policy and 11/25/08, documented: ving services shall have the rights of all United States in a safe and humane iduals shall be acknowledged ession of these rights" The did the following guidance forGRC prohibits the intentional dual's rights without due re to report such violation	W	104					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MUL	TIPLE	CONSTRUCTION	(X3) DATE SURVEY		
					COMPLETED		
		16G003	B. WING		•	041	
NAME OF E	PROVIDER OR SUPPLIER	180003	B. WINO		TREET ADDRESS, CITY, STATE, ZIP CODE	1 017	10/2017
		1 <b>4.5</b> 5			11 SOUTH VINE STREET		
GLENWO	OOD RESOURCE CEN	NIEK		G	LENWOOD, IA 51534		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
W 104	All employees shall and promoting individuals in exerciand, if necessary, vemployee, voluntee found to have viola shall be subject to dismissal or termin procedures also procedures also procedures witness rights violation are violation orally to the unless the allegation which case the reprocedure supervisor's supervisor's supervisor's rights violation orally to the unless the allegation which case the reprocedure occur for good faith 483.420 CLIENT P	I be responsible for protecting vidual rights and support ising their rights independently with staff assistance Any er or contractor who has been ted the rights of an individual sanctions up to and including ation of contract" The ovided the following guidance reporting and response: " All ing or having knowledge of a required to report the rights seir direct line supervisor, on involves the supervisor, in ort shall be made to the visor Retaliation shall not in reporting"  ROTECTIONS	W				
	Based on interview facility failed to may with the Condition of Protections. Based reviews, the facility free from abuse an interviews and record to report allegation clients immediately adequate supports implementation of oversight to ensure	is not met as evidenced by: vs and record review, the intain minimum compliance of Participation (CoP) Client d on interviews and record railed to ensure clients were ad mistreatment. Based on ord reviews, facility staff failed s of abuse and mistreatment of v. The facility failed to provide to ensure consistent policies and procedures and an environment conducive to com abuse and mistreatment					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING				(X3) DATE SURVEY COMPLETED		
!		16G003	B. WING			C 01/10/2017		
NAME OF	PROVIDER OR SUPPLIER	10000	1		STREET ADDRESS, CITY, STATE, ZIP CODE	017	10/2017	
	·				711 SOUTH VINE STREET			
GLENW	OOD RESOURCE CEN	NTER			GLENWOOD, IA 51534			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE	
W 122	Continued From pa	ge 10	W 1	22				
		nts to exercise their human ngs led to a determination of y (IJ).						
	determined based of protect clients from The facility was not a.m. The facility deplan to remove the increased supervisity and weekends and also included overs observations by De (DHS) Division of M Services, to be com	roximately 9:30 a.m. IJ was on the facility's failure to abuse and mistreatment. ified at approximately 10:00 eveloped and implemented a IJ. The plan included on in the homes on evenings retraining of staff. The plan ight, follow-up, and partment of Human Services lental Health and Disability upleted at least twice monthly. d on 12/6/16 at 1:00 p.m.						
	record review, the fand adequately enshuman rights of all censure individuals' ifree from abuse and failed to encourage choices and decision	125: Based on interviews and acility failed to consistently ure the individual, civil and clients. The facility failed to right to live in an environment d mistreatment. Facility staff client autonomy to make ons. Facility staff failed to redom to move about their						
	record review, the fadevelopment and in systems to identify a mistreatment of clie proactively assure of to their physical and	127: Based on interview and acility failed to ensure the aplementation of adequate and prevent abuse and/or ants. The facility failed to lients were free from threats psychological health.						
		149: Based on interviews and acility failed to ensure						

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AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING			COMPLETED		
		16G003	B. WING			01/1	0/2017
NAME OF PROVIDER OR SUPPLIER  GLENWOOD RESOURCE CENTER			.l <del></del>	7	TREET ADDRESS, CITY, STATE, ZIP CODE 11 SOUTH VINE STREET GLENWOOD, IA 51534		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETION DATE
W 122	consistent implement adequately protect mistreatment. The provide adequate nabuse and ensure of client abuse.  Cross reference W record review, facili report allegations of the administrator of facility policy. As a mistreatment and a to the lowa Departr Appeals (DIA) in act 483.420(a)(3) PRORIGHTS  The facility must er Therefore, the facility findividual clients to of the facility, and a including the right to due process. This STANDARD is Based on interview facility failed to conensure the individual clients. The facility right to live in an er and mistreatment, encourage client and decisions. Facility freedom to move a affected 15 of 28 s. #3, #4, #5, #6, #7, #24, and #25) and	entation of facility policy to clients from abuse and facility's structure failed to monitoring to prevent client timely reporting of allegations.  153: Based on interviews and ity staff failed to immediately of abuse and mistreatment to result, allegations of abuse were not reported timely ment of Inspections and accordance with state law. TECTION OF CLIENTS  Insure the rights of all clients. Ity must allow and encourage exercise their rights as clients as citizens of the United States, of file complaints, and the right is not met as evidenced by: we and record review, the sistently and adequately al, civil, and human rights of all failed to ensure individuals' invironment free from abuse. Facility staff failed to utonomy to make choices and staff failed to encourage client bout their environments. This ample clients (Clients #1, #2, #8 #15, #16, #20, #22, #23, potentially affected 227 of 227 Glenwood Resource Center					

	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING		COMPLETED		
		16G003	B. WING				10/2017
	PROVIDER OR SUPPLIER	ITER		7	TREET ADDRESS, CITY, STATE, ZIP CODE 11 SOUTH VINE STREET GLENWOOD, IA 51534	1 011	10/2017
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC (DENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
W 125	(GRC).  Findings follow:  Cross Reference: V  1. When interviewed Resident Treatments he worked overtime from 10:00 a.m 2 following occurred of a. Client #15 stood hit him/her on the head with a stock down his/her eyes, held heat position, and be b. Client #16 stood on the head with a stock down.  b. Client #16 stood on the head with a stock down.  c. Client #15 again RTW K reported heard. Client #16 gback down.  c. Client #15 again RTW H hit him/her and was also hit on could not see who here of the saw Collents being hit, and reported both client and cowered.  d. RTW J asked Clengage in oral sex of men. Client #20 ref RTW J stood closer stood directly behind	V127, W149, W268 ed on 11/15/16 at 2:00 p.m. t Worker (RTW) K recalled e at House 253 on 11/6/16 00 p.m. RTW K reported the during that time:  from the couch, and RTW H ead with a butter knife. Client on the couch with tears in is/her head, curled up in the	W	125			

# DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUPPLIED/CLIA

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING		COMPLETED		
		16G003	B, WING	i		1	C 10/2017
	PROVIDER OR SUPPLIER			7	STREET ADDRESS, CITY, STATE, ZIP CODE '11 SOUTH VINE STREET GLENWOOD, IA 51534	1 017	10/2017
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
W 125	RTW U liked to en intercourse with off to refuse, and RTV answer. Client #20 became very upse continued to press question about RT  e. Client #20 refus protector on. RTV needed to put it on refuse. RTW U tol eat if he/she did not Client #20, again, return better do it." Client on.  2. When interview L stated on 11/10/1 House 253 from 2: recalled the following. RTW M hit Client with the couch.  During the interview clearly showing RT head with an object The video also clear with an object Client #15 by the number of the client from gett him/her.  b. RTW J grabbed pushed the client's the client there for RTW J then common the common the common the client there for RTW J then common the client the client there for RTW J then common the client the	gage in oral sex or anal her men. Client #20 continued V J continued to tell him/her to 3 shook his/her head no, t, and began to cry as staff ure him/her to answer the		125			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED	
		16G003	B. WING		01	C / <b>10/2017</b>
NAME OF PROVIDER OR SUPPLIER  GLENWOOD RESOURCE CENTER			STREET ADDRESS, CITY, STATE, ZIP COI 711 SOUTH VINE STREET GLENWOOD, IA 51534		710/2017	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		HOULD BE	(X5) COMPLETION DATE
W 125	Client #23 reached of chips.  c. Client #15 rocked stop when redirecter room, grabbed Clie pulled him/her from H told Client #15 he floor if he/she didn't immediate area and whom he had accomminutes later Client recliner again. RTV stood behind Client back of the head with the working at Hostated when she hit she would say, "Know 4. When interviewed Client #17 stated he butter knife to hit Cliused the butter knife to hit Cliused the butter knife Client #17 stated Record review recommended multiple bruises to Client #17 this multiple times.  5. Record review recommended multiple bruises to Client #17 when asked what he "The PM's held me interviewed with the PM's held me interviewed the production of the production of the point with the PM's held me interviewed the production of the production o	into the cupboard to get a bag  If in a recliner and refused to ad. RTW H walked across the ant #15 by his/her legs, and the recliner to the floor. RTW  If she would have to sit on the stop. RTW H left the If returned to the client for untability. RTW L stated a few #15 began to rock in the V H came across the room, #15, and hit him/her in the th his fist three times.  If d on 11/28/16 at 11:00 a.m. If 6/16 he witnessed RTW I If hit Client #15 and Client #16 use 253. RTW N further the clients with a butter knife	W 1	25		

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA   IDENTIFICATION NUMBER:	A. BUILDING		(X3) DATE SURVEY COMPLETED		
		16G003	B. WING	i	·	ı	C <b>10/2017</b>
NAME OF	PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE	1 011	10/2011
GLENW	OOD RESOURCE CEN	VTER			711 SOUTH VINE STREET GLENWOOD, IA 51534		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SCIDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
W 125	reported on 9/23/16 cleaning the bathroothrew the mop buck RTW A walked into Client #1 by the amother clients were s reported he left the want to be around to Client #1 yell, but Coasked for mop. RTW went back into the tomopped.  6. Record review receptor, dated 8/22/#3 sat in the day roothe face and his/her Further record revied Incident Investigation indicated, "On 10/13 Management) (Depinformation that indifer the client on 8/23 was not factual and client's eye which waggression incident staff actions which receipt to his resignation room with a client was upervision. Accord what sounded like were RTW A described Client #3 repeatedly alone." When the were recorded to the staff action with a client was upervision. When the were recorded to the weap residual and client was upervision. Accord what sounded like were recorded to the weap repeatedly alone." When the were recorded to the weap repeatedly alone."	ge 15 In the assisted Client #1 with om. Client #1 yelled and set. According to RTW B, the bathroom and grabbed ins. RTW A told Client #1 the leeping. At that point, RTW B bathroom because he did not the interaction. RTW B heard lient #1 often yelled when W B stated after RTW A left he bathroom and Client #1  Evealed Client #3's Incident 16, documented while Client om another peer hit him/her in reyes were reddened.  Ew revealed facility Type 1 on Report, dated 10/13/16, 13/16 at 5:00 PM QM (Quality artment) was informed of new icates an incident report filed 12/16 at 9:15 PM by (RTW C) that the injury noted to the resulted in an injury."  In 11/17/16 at 2:27 p.m.  W) A reported the evening ion, RTW A sat in the day who required one-on-one ding to FRTW A, he heard vestling in the dining room. In the chairs being moved and weaping, "Stop! Leave me wrestling stopped, FRTW A, "Why did you do that? Look in the control of the resulting stopped, FRTW A, "Why did you do that? Look in the day of the resulting stopped, FRTW A, "Why did you do that? Look in the day of the resulting stopped, FRTW A, "Why did you do that? Look in the day of the resulting stopped, FRTW A, "Why did you do that? Look in the day of the resulting stopped, FRTW A, "Why did you do that? Look in the day of the resulting stopped, FRTW A, "Why did you do that? Look in the day of the resulting stopped, FRTW A, "Why did you do that? Look in the day of the resulting stopped in the day of the resulting stopped in the day of the resulting stopped in the day of the resulting stopped in the day of the resulting stopped in the day of the resulting stopped in the day of the resulting stopped in the day of the resulting stopped in the day of the resulting stopped in the day of the resulting stopped in the day of the resulting stopped in the day of the resulting stopped in the day of the resulting stopped in the day of the resulting stopped in the day of the resulting stopped in the day of the resulting stopped in the day of the resulting stopped in the day of	W 1	125			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING				(X3) DATE SURVEY COMPLETED	
		16G003	B. WING	j		1	C <b>10/2017</b>
NAME OF PROVIDER OR SUPPLIER  GLENWOOD RESOURCE CENTER			7	STREET ADDRESS, CITY, STATE, ZIP CODE 711 SOUTH VINE STREET GLENWOOD, IA 51534			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROFICIENCY)	) BE	(X5) COMPLETION DATE
W 125	discussed the incide According to FRTW alibis and falsified to #3 reported RTW Collents. He/she staft them they could not to Client #3, RTW Collents until they got after the clients were RTW D told them the because they were reported when he/sicupboard, RTW Cosf***ing retard?" Client and said the sam 7. Record review refunction Investigation "(Client #6) and and physical altercation being scratched on were scratched. (Hordness on his cheepeer fought until the Through the course allegation was made During facility intervollent #6 reported "Client #4) one a smoother a squishy sen reported (he/she) de (his/her) own. Ther told (him/her) to through the peorted "Client #6) reported (Client #6) reported (he/she) de (his/her) own. Ther told (him/her) to through the peorted "Client #6) reported (Poported Poported Poport	A stated two or three staff ent in the dining room.  A, the staff discussed their the incident.  And RTW D picked on sted they nitpicked and told thave any snacks. According and RTW D swore at the tworked up. Client #3 stated they worked up, RTW C and they could not go on an outing on restrictions. Client #3 the got a pop out of the staid, "What are you doing you ent #3 stated RTW D walked thing.  Evealed Facility Type 1 on Report, dated 8/16/16. Other peer were involved in (a) that resulted in (Client #6) (his/her) chin. (His/her) ears e/she) also had some ek. (Client #6) and (his/her) by were separated by staff."  of another investigation an	W				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING		COMPLETED		
		16G003	B. WING			1	C <b>10/2017</b>
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	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE
W 125	(him/her) to throw to (Client #6) asked (I ball at (Client #4) wo (his/her) data and (#6) said (RTW D) at (Client #6) to teat tease the other 248.  When interviewed of #4 reported listening Client #8 and Client #8 and Client #8 and Client #8 and Client #8 and Client #8 and yelling they don't have to take (his from (him/her) whe #8) heard (Client #8 that PM's do mess said it's (RTW A, R' #8) said that it's (R' not (RTW B)." The allegation to be subto When interviewed of #5 reported he/she with Client #1 to have is RTW B. Client #1 to have is RTW B. Client #1 to have is RTW B. Client #1 to have is RTW B. Client #1 to have is RTW B. Client #1 to have is RTW B. Client #1 to have is RTW B. Client #1 to have is RTW B. Client #5 RTW D proclient #5 stated the Supervisor (RTS) at the Supervisor (RTS) at the Supervisor (RTS) at the supervisor (RTS) at the sake the Supervisor (RTS) at the sake the Supervisor (RTS) at the sake the Supervisor (RTS) at the sake the Supervisor (RTS) at the sake the Supervisor (RTS) at the sake the Supervisor (RTS) at the sake the Supervisor (RTS) at the sake the Supervisor (RTS) at the sake the Supervisor (RTS) at the sake the Supervisor (RTS) at the sake the sak	he second ball at (Client #4). RTW D) if (he/she) throws the ill (he/she) get marked on RTW D) explained no (Client told (him/her) to throw the ball ch (him/her) a lesson not to individuals."  on 12/6/16 at 4:28 p.m. Client g to music and RTW D told t #6 to throw things at him/her.  evealed Facility Type 1 Incident t, dated 9/26/16. The report for the members tease (Client #1). The chern (he/she) is screaming in the stop. (He/she) said they sher) CD's and also hide them in (he/she) is upset. (Client for telling me and (he/she) said with (him/her). (Client #5) TW B, and RTW D). (RTW D) facility determined the	W	125			

And the second

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			E SURVEY IPLETED
		16G003	B. WING			C <b>10/2017</b>
NAME OF	PROVIDER OR SUPPLIER	10000	1 /	STREET ADDRESS, CITY, STATE, ZIP CODE		10/2017
	GLENWOOD RESOURCE CENTER			711 SOUTH VINE STREET GLENWOOD, IA 51534		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI ( (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETION DATE
W 125	reported RTW A an they were not the m #1. RTW D messe RTS and TPM left. messed with Client to stop, but RTW D #5 reported RTW A clients sometimes, "blow." When clients stop, they would stoon.  When interviewed of #3 reported RTW C clients. He/she starclients they could not according to Client swore at the clients Client #3 stated after up, RTW C and RT go on an outing bed	d RTW B joked around, but hain aggressors towards Client d with certain clients once the Client #4 stated RTW D also #3. Client #3 asked RTW D thought it was funny. Client and RTW B messed with but not to get someone to ts told RTW A and RTW B to be but not to get someone to to the total RTW D went on and the control on 11/15/16 at 3:30 p.m. Client and RTW D picked on the ted they nitpicked and told the ot have any snacks.  #3, RTW C and RTW D until they got worked up. The clients became worked W D told them they could not cause they were on #3 reported RTW C and RTW	W 1:	25		
	#7 reported morning shifts were "chaos." threatened and swoth stated RTW A and RTW D told Client your 80's CD.," when According to Client Client #1 "blow." CRTW D ran into Client #1 asked RTW D said he did Client #1 became us #1 his/her CD back	on 11/15/16 at 3:40 p.m. Client g shifts were fine, but evening 'Client #7 stated RTW A ore at clients. Client #7 also RTW D teased Client #1. #1, "Look, look (Client #8) has en RTW D had the CD. #7, RTW D tried to make lient #1 tipped furniture and ent #1's bedroom and hid the d where the CD was and not know. Client #7 stated pset, then RTW D gave Client. RTW A came in laughing and and broke things. Client				

# DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUBBLIEB/CLIA

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			COMPLETED	
		16G003	B. WING	;			0 10/2017
	NAME OF PROVIDER OR SUPPLIER  GLENWOOD RESOURCE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 711 SOUTH VINE STREET GLENWOOD, IA 51534	1 011	1012011
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETION DATE
W 125	Client #1 threw thin laundry hamper and with Client #1 and hused a pressure por #1 stop. Client #7 this and did someth remember what. Cpicked on other clieused profanity and jokes. Client #7 exword" and the "B wand RTW D talked things, such as wor believed he/she rep Client #7 did not was because he/she did upset.  9. Record review rea. FRTW A's Exit Indated 9/22/16, noted diagnoses and history of other residents as b. Facility Type 1 Indated 10/17/16. The 10/17/16 an incider indicating that new that alleges (Client A) made remarks in the client's diagnose (he/she) is schizoply (Client #2)?" The a 8/19/16 on PM shift	gged Client #1 on and on and gs at staff. He/she threw the d broke it. RTW A got physical nurt him/her; described as staff ont on the neck to make Client explained RTW D observed hing, but Client #7 could not lient #7 stated they mostly ents. Client #7 reported they told sexually inappropriate plained RTW A used the "Ford" when Client #7 is around, about sexually inappropriate men's vaginas. Client #7 corted it to investigations. Ent the RTWs to return to work I not like them getting clients be evealed the following:  Information Questionnaire, ed, "Resident's various ories were discussed in front and non-involved staff"  Incident Investigation Report, he report indicated, "On the was reported to QM information had been received #2) was present when (RTW in front of the client related to is, stating, "This is (Client #2), herenic, how are those voices, alleged date of the incident was to but it has yet to be confirmed. It is alleged to have been present entered to have been present	W	125			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			E SURVEY PLETED	
		16G003	B. WING			C <b>10/2017</b>	
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CIT	Y. STATE, ZIP CODE	017	10/2017
GLENW	OOD RESOURCE CEN	ITER		711 SOUTH VINE STR GLENWOOD, IA 51	REET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG	(EACH CORRE	S PLAN OF CORRECTION ECTIVE ACTION SHOULD ENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
W 125	When interviewed of FRTW A reported Reveryone in the houproblems in the living around. According follow the Health Instance Accountability Act of recalled Client #2 was a FRTW A stated staff about voices and Client #2 was a FRTW Y recalled and 470 on p.m. shift. In special snack, cake Client #22 went to the "airplaned" a spoon Client #22, acting like his/her mouth. Instance whipped cream on Client #22, acting like his/her mouth. Instance whipped cream on Client #22, acting like his/her mouth. Instance whipped cream on Client #22, acting like his/her mouth. Instance whipped cream on Client #22, acting like his/her mouth. Instance whipped cream on Client #22, acting like his/her mouth. Instance whipped cream on Client #22, acting like his/her mouth. Instance whipped cream on Client #22 he/she not became upset, and Client #22 he/she not he/she got cake.	on 11/17/16 at 2:27 p.m.  ETW A gave him a rundown of ise. RTW A talked about their ing room with other people to FRTW A, RTW A did not isurance Portability and if 1996 (HIPAA). FRTW A diagnosed with schizophrenia isked if he/she heard voices. If jokingly talked to Client #2 client #2 would shut down and edroom.  Ted on 11/14/16 at 4:40 p.m. incident occurred at House RTW Y stated RTW Z made a with whipped cream. When he kitchen to get cake, RTW Z with whipped cream toward to he was going to put it in it in ead, RTW Z smeared the Client #22's face. The client yelled at RTW Z. RTW Z told eeded to apologize before lient #22 refused to apologize er dishes away, and went to Client #22 did not get snack ed she reported the incident	W 1	25			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING			C 01/10/2017		
		16G003						
	NAME OF PROVIDER OR SUPPLIER  GLENWOOD RESOURCE CENTER			71	REET ADDRESS, CITY, STATE, ZIP CODE  1 SOUTH VINE STREET  LENWOOD, IA 51534	0111075011		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE	(X5) COMPLETION DATE	
W 125	client to be Client # When interviewed Community Member GRC clients and the General Store. Showith most of the cliestore right after RT witnessed RTVV AA She believed the client and put the ground and put When interviewed Community Member GRC staff come out with approximately picked something out of the staff grabbed the pulled him/her towathe client on the bath when interviewed Community Members taff member grab client in the back of staff hit the client bein his/her mouth.  12. When interviewed Community Members aff member grab client in the back of staff hit the client bein his/her mouth.  12. When interviewed Community Members and RTW DD split RTW CC took the DD took the secont to FNS Worker A, or contact the client of the secont of FNS Worker A, or contact the client of the secont of FNS Worker A, or contact the client of the secont of FNS Worker A, or contact the client of the secont of FNS Worker A, or contact the client of the secont of FNS Worker A, or contact the client of the second of FNS Worker A, or contact th	on 11/18/16 at 8:37 a.m., er A reported she observed five tree GRC staff in the Dollar e saw RTW AA leave the store ents. She reported she left the W AA and the clients and A hit the back of a client's head. lient picked something up from the it in his/her mouth prior.  on 11/18/16 at 3:40 p.m., er B reported she witnessed a aut of the Dollar General Store 4 clients. One of the clients up off of the ground and put it one of the staff then tried to get the client's mouth. She reported the client by the shirt hard, and ard her. Staff then smacked		125				

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THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN T

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION  G	COV	(X3) DATE SURVEY COMPLETED	
		16G003	93 B. WING		01/10/2017		
	NAME OF PROVIDER OR SUPPLIER  GLENWOOD RESOURCE CENTER			STREET ADDRESS, CITY, STATE, ZIP COI 711 SOUTH VINE STREET GLENWOOD, IA 51534	· · · · · · · · · · · · · · · · · · ·		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
W 125	down when he/she walked Client #25 a about him/her. FNS also sat in front of C and restricted him/h Worker A witnessed and RTW DD away living room. FNS V and RTW DD pushbelt area or grabbed and pulled him/her times, RTW DD sat #25. On one of the assisted another cli heard RTW DD rais touch me you perv. RTW DD was on the her hair. FNS Worker A told a nur would not let Client instructed FNS Worker A also repowere doing Snapch and called him/her a voiced her concern arrived, but RTW C #25 had trouble wal According to FNS V walked whenever hunless he/she recei A stated Client #25 times a shift.  Record review on 1 a. Client #25's Indiv	ge 22 tried to get up. RTW CC few times, but complained Worker A reported RTW DD Client #25, on an office chair, her from getting up. FNS I Client #25 push RTW CC while she walked through the Worker A recalled RTW CC ed Client #25 at his/her gait d onto Client #25's gait belt down to a sitting position. At with her back towards Client two nights, FNS Worker A ent down the hall when she se her voice and say, "Don't ' According to FNS Worker A, e phone and Client #25 pulled ker A stated she also heard and trying to get up. FNS se, RTW CC and RTW DD #25 get up, but the nurse rker A Client #25 needed to sit ed his/her medications. FNS wrted RTW CC or RTW DD at, took pictures of Client #25 a name. FNS Worker A when the overnight staff C and RTW DD stated Client king throughout the shift. Vorker A, Client #25 should be e/she attempted to get up, ved medication. FNS Worker should walk the hallway 25  1/3/16 revealed the following: idual Support Plan, dated client #25 must "be able to	W 12	5			

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED		
		16G003	B. WING			1	C
NAME OF	NAME OF PROVIDER OR SUPPLIER		1		STREET ADDRESS, CITY, STATE, ZIP CODE	1 01/	10/2017
CI ENDAV	OLEMWOOD DECOUDER OF WITED				711 SOUTH VINE STREET		
GLEIVW	OOD RESOURCE CEN	VIEK		C	GLENWOOD, IA 51534		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIED DEFICIENCY)	BE	(X5) COMPLETION DATE
W 125	wants."  b. Client #25's Mob #25)will ambulate for and 25 minutes on for Client #25's programmer (Client #25's) ability (his/her) independent musculoskeletal, cand pulmonary hear overweight and often encouragement to health. This skill willifestyle allowing for	use as much as (he/she)  ility Program indicated "(Client or 25 minutes on the AM shift the PM shift" Justification gram included, "Maintaining to walk will help to maintain nce while promoting ardiovascular, gastrointestinal, lth. (Client #25) is considered entimes needs much be active and maintain positive II promote a healthy, active maintenance of functional adependence with ADL's	W 1				
	confirmed staff faile RTS D stated staff s	on 11/2/16 at 3:14 p.m. RTS D and to follow Client #25's plan. Should not restrict Client #25 yalk. She stated she believed ause she recently had to talk her work performance.  aled the facility's incident , dated 11/2/07, provided the practice: "Individuals shall be ucated to assert the legal and re with all United States he right to be a dignified, self in a safe and humane om abuse and neglect."  aled individuals rights policy, ed, "Individuals Residing at Rights to Exercise their					

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ļ ' <i>'</i>	TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED		
		16G003	B, WING			C 01/10/2017		
	PROVIDER OR SUPPLIER	NTER		STREET ADDRESS, CITY, STATE, ZIP COE 711 SOUTH VINE STREET GLENWOOD, IA 51534				
(X4) ID PREFIX TAG				PROVIDER'S PLAN OF CORRI X (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	(X5) COMPLETION DATE			
W 125	of the United States with self-determina aspects of their live from physical, psycabuse, neglect and unnecessary drugs in a manner maintarespecting their ind consideration, resp dignity and individu directed: "An individudirected: "An individudirected: "An individual directed: "An individual directed: "An individual directed: "An individual sparent, representative"  Record review reverse and procedure, datare legal and civicitizens, including the same legal and civicitizens, including the self-directed exister environment Individuals received as having full posses procedures provider rights restrictions: "violation of an individuals in exerciand, if necessary, vemployee, volunteer found to have violatishall be subject to salismissal or terminations."	ige 24 s Have a dignified existence tion, making choices about is significant to them Be free hological, sexual or verbal exploitation Be free from and restraints Receive care lining their dignity and ividuality and to be treated with ect and full recognition of their ality" The policy further vidual's rights shall not be without due process under the lowa or a restrictive in approved under this policy to fine individual or the legal guardian or legal in alled the human rights policy and 11/25/08, documented: ving services shall have the lights of all United States in a safe and humane viduals shall be acknowledged ession of these rights" The did the following guidance forGRC prohibits the intentional idual's rights without due are to report such violation be responsible for protecting vidual rights and support ising their rights independently vith staff assistance Any or or contractor who has been ted the rights of an individual sanctions up to and including ation of contract" The ovided the following guidance	W 1	25				

Andreas established establishe	

AND DUAN OF CODDECTION 1 IDENTIFICATION NUMBER.		(X2) MULTIPLE CONSTRUCTION  A. BUILDING				(X3) DATE SURVEY COMPLETED	
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		16G003	B. WING			01/	10/2017
NAME OF	PROVIDER OR SUPPLIER		i		STREET ADDRESS, CITY, STATE, ZIP CODE		
GLENW	OOD RESOURCE CEN	ITER			11 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 PREFI TAG		(EACH CORRECTIVE ACTION SHOULD	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
W 125	regarding violation i	reporting and response: "All	W 1	125			
	rights violation are r violation orally to the unless the allegatio which case the repo	ing or having knowledge of a required to report the rights eir direct line supervisor, in involves the supervisor, in ort shall be made to the isor Retaliation shall not reporting"					
W 127	On 11/15/16 at appliance on the facility's failure abuse and mistreating at approximately 10 developed and implication. The plan include the homes on evening retraining of staff. Toversight follow-up: Department of Hum Mental Health and Ecompleted at least to removed on 12/6/16 483.420(a)(5) PROTRIGHTS	roximately 9:30 a.m.  y (IJ) was determined based re to protect clients from ment. The facility was notified r:00 a.m. The facility emented a plan to remove the red increased supervision in rings and weekends and rhe plan also included and observations by ran Services (DHS) Division of Disability Services, to be wice monthly. The IJ was red at 1:00 p.m. TECTION OF CLIENTS	W 1	127			
	not subjected to phy psychological abuse This STANDARD is	not met as evidenced by: and record review, the facility			·		
	implementation of a and prevent abuse a	dequate systems to identify and/or mistreatment of clients. proactively assure clients					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		l ` ′	TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED C 01/10/2017		
16G003			B. WING				
	PROVIDER OR SUPPLIER  DOD RESOURCE CEN	ITER		STREET ADDRESS, CITY, STATE, ZIP CO 711 SOUTH VINE STREET GLENWOOD, IA 51534	DE	<u> </u>	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORE X (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD	BE	(X5) COMPLETION DATE
W 127	psychological health sample clients (Clie #16, #17, #18, #19, and potentially affect residing at Glenwood Findings follow:  1. When interviewed Resident Treatments she worked overtime from 10:00 a.m 2: she sat with her asseconversation among sexual in nature. The between RTW H at #15, #16, #17, #18, recalled RTW H as engage in anal inter As this conversation how he would like to with RTW K. As sn Client #16 were told #15 stood from the him/her on the head #15 sat back down his/her eyes, held he fetal position, and be stood from the coud with a spoon or butt reported the hit to the Client #16 grabbed down. RTW K recalled reconsisting in appropring in appropriate the stood from the coud with a spoon or butter #16 grabbed down. RTW K recalled reconsisting in appropriate the stood from the coud with a spoon or butter ported the hit to the Client #16 grabbed down. RTW K recalled reconsisting in appropriate the stood from the coud with a spoon or butter ported the hit to the Client #16 grabbed down. RTW K recalled reconsists and reconsists are reconsistent to the stood from the coud with a spoon or butter ported the hit to the Client #16 grabbed down. RTW K recalled reconsists and reconsists are reconsistent to the stood from the coud with a spoon or butter ported the hit to the Client #16 grabbed down. RTW K recalled reconsists are reconsistent to the stood from the coud with a spoon or butter the stood from the coud with a spoon or butter the stood from the coud with a spoon or butter the stood from the stood fr	ats to their physical and a. This affected 15 of 28 ants #1, #3, #4, #6, #7, #15, #20, #22, #23, #24, and #25) ated 227 of 227 clients at Resource Center (GRC).  and on 11/15/16 at 2:00 p.m. at Worker (RTW) K recalled at House 253 on 11/6/16 at 2:00 p.m. by K recalled as a signed client during snack, the attended at the staff in the area turned and RTW J in front of Clients and #19, and #20. RTW K attended RTW J if he would like to be course with his wife, RTW I. attended at the course of the engage in anal intercourse ack ended, Client #15 and attended to sit on the couch. Client couch, and RTW H hit attended to sit on the couch. Client couch, and RTW H hit attended to sit on the couch. Client couch, and RTW H hit attended to sit on the couch. Client couch, and RTW H hit attended to sit on the head. Attended to sit on the head are knife by RTW J. RTW K are head could be heard. Attended this occurred in the midst oriate conversation regarding	W 1:				
	again stood from the head by RTW H. C.	d male genitals. Client #15 e couch, and was hit on the lient #16 stood and was also ugh RTW K could not see who					

AND DUAL OF CODDECTION DECLES OF THE COMMON TO THE COMMON			LTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED		
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NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
GLENW	OOD RESOURCE CE	NTFR		711 SOUTH VINE STREET		
OLLINA.	OOD REGOCKOE OE	KILK		GLENWOOD, IA 51534		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		BE.	(X5) COMPLETION DATE
W 127	hit Client #16. RTV #15 hit, heard both reactions. She rep heads, rocked, and these activities, RT conversation occur J regarding laundry job." RTW N also conversation and e Client #18 to push RTW I. RTW I res do it, I'll kick your a and RTW J then be Grandma make your H's wife, RTW I. Rasked Client #19 th "Grandma makes or that point, RTW J aliked to engage in c with other men. Cliquestion. RTW J s RTW U stood direct could not be seen. #20 if RTW U liked intercourse with other refuse, and RTW answer. Client #20 became very upset continued to pressu question about RTV then asked if RTW I went asked if RTW I went asked if RTW I went asked if RTW I went asked if RTW I replied they they could do whate supervisors. At tha Client #20 refused if protector on. RTW	W K reported she saw Client clients hit, and heard their orted both clients held their cowered. In the midst of W K reported an additional red between RTW I and RTW and how it was a "woman's	W	127		

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING				(X3) DATE SURVEY COMPLETED	
		16G003	B. WING			C 01/10/2017		
NAME OF	PROVIDER OR SUPPLIER	10000			STREET ADDRESS, CITY, STATE, ZIP CODE	<u>  U17</u>	10/2017	
GLENW	OOD RESOURCE CEN	ITER			11 SOUTH VINE STREET GLENWOOD, IA 51534			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE	
W 127	refuse. RTW U tolde eat if he/she did not Client #20, again, rebetter do it." Client on. Finally, towards called RTW K to the she noticed RTW H his leg laying over tred-faced and sobbwhat was wrong, arthat Grandma (RTV RTW K recalled Client's leg, and rocked Further interview winot report these incishe was scared. R scared of retaliation 2. When interviewed RTW L stated on 11 at House 253 from House 253 that day Client #15 on the heRTW H held him/he	d Client #20 he/she could not to put the clothing protector on. efused and RTW U said, "You #20 put the clothing protectors the end of lunch, RTW He living room. As she entered, I sitting next to Client #19 with he client and Client #19 ing. RTW K asked RTW He had he replied he told Client #19 V I) was never coming back. ent #19 sobbed, hugged RTW	W 1	27				
	clearly showing RTV head and saying "A clearly showed RTV	h RTW L, she shared a video W M striking Client #15 on the re we good?" The video also W H holding Client #15 by the to prevent the client from e was hit.						
	RTW M confirmed staff in the video. S	on 11/21/16 at 11:45 a.m. she and RTW H were the two she confirmed she hit Client ife and stated, "Are we						

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		16G003	B. WING		0.4	C /10/2017	
	PROVIDER OR SUPPLIER  DOD RESOURCE CEN	ITER		STREET ADDRESS, CITY, STATE, 711 SOUTH VINE STREET GLENWOOD, IA 51534		1072011	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
W 127	butter knife in this so who used this techn times and referred to RTW M stated she multiple incidents we a butter knife to hit clients. RTW M states scared of RTW H, a comments about personance of RTW H, a comments about personance of RTW H, a comments about personance of RTW H, a comments about personance of RTW H, a comments about personance of RTW H, a comments about personance of RTW H, and respect and at threats of physical acclients, intimidate of inappropriate sexual further stated RTW M were all suspending substantiated psychabuse. She confirm the clients free from abuse.  3. Record review of investigation initiate	ge 29 she had seen others use the ame manner, including RTW I nique on Client #15 multiple to it as the "Reset Button." did not report any of the hen RTW I and RTW I used clients or got physical with the ted she was intimidated and and explained he had made exple who turned people in. as a rule in the house; they el uncomfortable and not want on 11/21/16 at 10:00 a.m., the Management (DQM) stated all should be treated with dignity no point should staff ever use abuse, physically abuse ients, or swear and talk about I acts around the clients. She H, RTW I, RTW J and RTW ed from employment for hological, verbal and mental ed the facility failed to keep a physical and psychological on 12/12/16 revealed a facility did 11/23/16 alleged Resident I grabbed Client #23 by the	W 1	27			
	back of the neck an counter. RTW J heli counter for approxin commented, "Don't had taken a bag of a stood by the counter	d pushed his/her face into the d the client's face to the nately 30 seconds and do that again!" Client #23 chips from the cupboard and r with the bag of chips. The I physical and psychological					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ' '	TIPLE CONSTRUCTION ING	COM	E SURVEY MPLETED
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NAME OF PROVIDER OR SUPPLIER  GLENWOOD RESOURCE CENTER				STREET ADDRESS, CITY, STATE, ZIP CO 711 SOUTH VINE STREET GLENWOOD, IA 51534		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORE  (EACH CORRECTIVE ACTION S  CROSS-REFERENCED TO THE A  DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
W 127	RTW L stated she a recliner and refus RTW H walked acr #15 by his/her legs recliner to the floor. he/she would have didn't stop. RTW H returned to the clier accountability. RTW Client #15 began to again. RTW H can behind Client #15, the head with his fit.  5. When interview. RTW N stated on 1 use a butter knife to while working at Ho stated when RTW knife she would say stated he had a bastated he hit Client #17 stated he butter knife to hit Cused the butter knife to hit Cused the butter knife to hit Client #17 stated R done?" Client #17 multiple times.  7. When interview. Client #18 stated h I, RTW J and RTW Client #15. He/she would not do that."	ed on 11/21/16 at 5:00 p.m. observed Client #15 rocked in sed to stop when redirected. oss the room, grabbed Client, and pulled him/her from the RTW H told Client #15 to sit on the floor if he/she left the immediate area and int for whom he had W L stated a few minutes later or rock hard in the recliner ne across the room, stood and hit him/her in the back of	W 1	27		

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		16G003	B. WING				C <b>10/2017</b>
	PROVIDER OR SUPPLIER  DOD RESOURCE CEN	NTER		71	REET ADDRESS, CITY, STATE, ZIP CODE 11 SOUTH VINE STREET LENWOOD, IA 51534	1 017	10/2017
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
W 127	When asked if he/s put anyone's head of "Yes," and explaine When asked if anyoknife or forcefully procounter Client #18 states. Record review results Investigation Report indicated, "Staff not Treatment Supervist (Client #1) on (his/hback. Upon further #1) was asked to states, "The PM's how then asking (Client stated, 'The PM's how the interviewed of #1 reported he/she	he had ever witnessed a staff on the counter he/she stated d RTW J did this to Client #15. one else ever used a butter ut anyone's head on the stated, "No."  I vealed Type 1 Incident t, dated 9/26/16. The report ified this RTS (Resident for) of an unknown injury to ler) neck, shoulders, and follow up to house 248 (Client how us the area noted. See scratches, scrapes, and neck, back, and shoulders. It #1) what happened, (he/she) eld me down and shot me."  I then recalled RTW A did it in	W	127			
	When interviewed of B reported he was a bruises. He stated received the bruises did not notice Client assisted Client #1 w and 9/23/16. RTW anyone, nor had he hands on Client #1.  During additional int p.m. RTW B reported Client #1 with cleaning and the p.m. RTW B reported Client #1 with cleaning and the was a second with the state of the was a second with the state of the was a second with the state of the was a second with the was a s	on 11/7/16 at 12:47 p.m. RTW appalled by Client #1's he did not know how Client #1's. According to RTW B, he #1's bruises when he with his/her shower on 9/22/16 B reported he did not know of witnessed anyone place their derview on 11/21/16 at 1:13 and on 9/23/16 he assisted ing the bathroom. Client #1 amop bucket. According to					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	COM	E SURVEY IPLETED
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GLENW	OOD RESOURCE CEN	ITER			11 SOUTH VINE STREET SLENWOOD, IA 51534		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE.	(X5) COMPLETION DATE
W 127	grabbed Client #1 b #1 the other clients the bathroom becau around the interacti yell, but Client #1 of mop. RTW B state back into the bathro RTW B confirmed h because RTW A thr RTW B. RTW B sta anything or did anyt fired. According to about getting a prev had a lot on the line Client #1's bruising not know where else come from.  When interviewed of Q reported she wor occasion at House of the boss and acted worked at House of #1 in the shower an Q stated Client #1 to A assured Client #1 to A assured Client #1 he/she was safe. R repeated RTW A's r  9. Record review re a. Client #3's Incide described while Clie another peer hit him eyes were reddened	lked into the bathroom and by the arms. RTW A told Client were sleeping. RTW B left use he did not want to be on. RTW A heard Client #1 ften yelled when asked to d after RTW A left he went from and Client #1 mopped. It is failed to report the incident eatened new staff, including ated RTW A told him if he said hing, other staff would get him RTW B, RTW A bragged rious staff fired and RTW B. RTW B stated he believed came from RTW A and did the the bruising would have  In 11/15/16 at 2:34 p.m. RTW ked with RTW A on one 248. RTW A came across as like he ran the place. RTW Q after RTW A was the house. She assisted Client d saw his/her bruises. RTW that she would make sure TW Q recalled Client #1 name over and over again.  Evealed the following:  Int Report, dated 8/22/16, and #3 sat in the day room wher in the face and his/her	W 1	27			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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NAME OF I	PROVIDER OR SUPPLIER		· ·	S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 017	10/2017
					11 SOUTH VINE STREET		
GLENWO	OOD RESOURCE CEN	NTER			GLENWOOD, IA 51534	-	
(X4) ID		TEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTIO		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI TAG	X	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)		COMPLETION DATE
W 127	Continued From pa	ge 33	W 1	27			
	A's Exit Information	Questionnaire, dated 9/22/16,					
		/iding one-on-one supervision					
		of my house when I					
		oming from a different part of					
		able to see or hear exactly					
•		but voices were raised,					
		remained with my charge, but					
		several of my coworkers					
,		er room) talking about how one vrestling or something with a					
		ne resident had received a					
		sult. They discussed how,					
		ad been present, they each					
		i, and therefore couldn't have					
		the injury occurred, and one of					
		ite up an incident report					
	explaining how a no	onverbal resident had attacked					
	the injured resident,	, resulting in the injury. I					
		who was and wasn't involved,					
		y. I neither saw the incident,					
		icident report. What I did					
	·	seemed to have overheard					
		appened, it would only be a					
		re someone would ask me to					
		eport to cover up the behavior of my coworkers"					
	pordernite abusive i	benavior of my coworkers					
	c. Facility Type 1 Inc	cident Investigation Report,					
		cumented, "On 10/13/16 at					
		ty Management) was informed					
		that indicates an incident					
	report filed for the c	lient on 8/22/16 at 9:15 PM by					
		actual and that the injury noted					
		hich was attributed to a peer					[
		incident, was instead the					
		s which resulted in an injury."					
		port, no immediate protections					
		at the time of the incident as					. [
	no allegation of pote	ential abuse was made until					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		E CONSTRUCTION	COM	E SURVEY IPLETED
		16G003	B. WING		·		C <b>10/2017</b>
NAME OF F	PROVIDER OR SUPPLIER				FREET ADDRESS, CITY, STATE, ZIP CODE	1 011	10,2317
GLENWOOD RESOURCE CENTER				I1 SOUTH VINE STREET LENWOOD, IA 51534			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	) BE	(X5) COMPLETION DATE
	10/13/16. The facil 10/13/16. RTW A a prior to 10/13/16 du The facility determine substantiated.  When interviewed of FRTW A reported or resign. He stated the resignation, FRTW client who needed of According to FRTW like wrestling in the chairs being moved saying, "Stop! Leave wrestling stopped F"Why did you do the recalled two or three in the dining room. explained he had acknown received one to have been in the amincident happen. Flood another staff the with their other client concluded a non-vediscussed their alibit FRTW A believed the did not want to be a FRTW A confirmed because he was afrafter him. He report was a snitch during FRTW A told RTW A position to snitch. Fithat he was not to to get fired. RTW A to	ge 34 ity suspended RTW C on and RTW D were suspended e to another investigation. The the incident to be another investigation. The the incident to be another investigation. The big event forced him to the evening prior to his a sat in the day room with a sone on one supervision. The heard what sounded dining room, and described and Client #3 repeatedly the me alone." When the RTW A heard Client #3 say, and the property is another client for the staff discussed the incident for the supervision, could not be an and did not see the RTW A also believed RTW A and they were supposed to be ants. FRTW A stated the staff robal client hurt him/her, so, and falsified the incident. The supervision is would happen again and sked to falsify an incident. The failed to report the incident and someone would come the ted RTW A asked him A if he his first shifts with RTW A. A he had never been in a RTW A explained to FRTW A arm in senior staff or he would lid him they would be able to the senior staff in and there	W 1	27			

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AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '		LE CONSTRUCTION	COMPLETED		
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NAME OF PROVIDER OR SUPPLIER  GLENWOOD RESOURCE CENTER  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES				7	STREET ADDRESS, CITY, STATE, ZIP CODE 211 SOUTH VINE STREET GLENWOOD, IA 51534		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
W 127	when interviewed of #3 reported RTW of clients. He/she starthem they could not to Client #3, RTW of clients until they go after the clients got D told them they co because they were reported when he/s the cupboard, RTW you f***ing retard?" walked in and said 10. Record review resident Investigated documented "(Client #0) being so (His/her) ears were some redness on he (his/her) peer fough staff." Through the investigation an alleagainst RTW D regulation puring facility intervollent #6 reported, (Client #4) one a smoother a squishy sen reported (he/she) defined the orange one. The	end out the information as on 11/15/16 at 3;30 p.m. Client on and RTW D picked on ted they nitpicked and told thave any snacks. According and RTW D cussed at the tworked up. Client #3 stated worked up, RTW C and RTW uld not go on an outing on restrictions. Client #3 he was getting a pop out of a C said "What are you doing Client #3 stated RTW D the same thing.  The revealed Facility Type 1 on Report, dated 8/16/16, ont #6) and another peer were ical altercation that resulted in ratched on (his/her) chin. scratched. (He/she) also had is cheek. (Client #6) and of tuntil they were separated by course of another regation of abuse was made	W	127			

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 '	IPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED	
		16G003	B. WING_		1	C /10/2017	
	PROVIDER OR SUPPLIER  OOD RESOURCE CEN	ITER		STREET ADDRESS, CITY, STATE, ZIP CODE 711 SOUTH VINE STREET GLENWOOD, IA 51534		107.62.0 7 1	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETION DATE	
W 127	(Client #4) will (he/s data and (RTW D) to data and (RTW D) to deta and (Client #6) to teach tease the other 248 was substantiated by the case the other deta and Client #8 and Client #1. Record review report documented, the cafeteria that state (He/she) said that wand yelling they don't threaten to take (his from (him/her) wher #8) heard (Client #5 that PM's do mess waid it's (RTW A, RTW) said it's (RTW A, RTW) said it's (RTW B)." The allegation to be subwith Client #1. Client Client #1 more than Client #5 woke up of yelling. Client #5 sid watched RTW D proceed the RTW D proceed the RTW D proceded the Resident and the Treatment For the RTW D put Client #1 stated the Resident and the Treatment For the RTW D put Client #1 stated the Resident and the Treatment For the RTW D put Client #1 stated the Resident and the Treatment For the RTW D put Client #1 stated the Resident and the Treatment For the RTW D put Client #1 stated the Resident and the Treatment For the RTW D put Client #1 stated the Resident and the Treatment For the RTW D put Client #1 stated the Resident and the Treatment For the RTW D put Client #1 stated the RTW D put Client #1 sta	be/she) throws the ball at she) get marked on (his/her) explained no (Client #6) him/her) to throw the ball at (him/her) a lesson not to individuals." The allegation by the facility.  In 12/6/16 at 4:28 p.m. Client g to music and RTW D told the facility Type 1 on Report, dated 9/26/16. The "(Client #5) reported to me at aff members tease (Client #1). Then (he/she) is screaming "t stop. (He/she) said they is her) CD's and also hide them in (he/she) is upset. (Client #5) telling me and (he/she) said with (him/her). (Client #5) TW B, and RTW D). (RTW D) facility determined the	W 12	2.7			

STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		16G003	B, WING	i	1	C / <b>10/2017</b>	
	PROVIDER OR SUPPLIER DOD RESOURCE CEN	ITER		STREET ADDRESS, CITY, STATE, ZIP COI 711 SOUTH VINE STREET GLENWOOD, IA 51534		10/2017	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		HOULD BE	(X5) COMPLETION DATE	
W 127	joked around with C main aggressors to messed with certain TPM left. Client #5 with Client #3. Client But RTW D thought reported when told would, but RTW D to When interviewed c #3 reported RTW C clients. He/she stat them they could not to Client #3, RTW C clients until they got got worked up, RTV they could not go or on restrictions. Client RTW D picked on C When interviewed of #7 reported morning shift was "chaos." C threatened and swo	Client #1, but they were not wards Client #1. RTW D or clients once the RTS and stated RTW D also messed int #3 asked RTW D to stop, it was funny. Client #5 to stop, RTW A and RTW B would go on.  In 11/15/16 at 3:30 p.m. Client and RTW D picked on it was any snacks. According and RTW D swore at the worked up. After the clients W C and RTW D told them in an outing because they were int #3 reported RTW C and Client #1 a lot.  In 11/15/16 at 3:40 p.m. Client is shift was fine, but evening client #7 stated RTW A re at clients and reported	W 1	127			
	told Client #1, "Look 80's CD." RTW D to Client #7, RTW D to #1 tipped furniture a #1's bedroom and howhere the CD was a know. Client #7 stathen RTW D gave CRTW A came in laughings. Staff egged threw things at staff hamper and broke it Client #1 and hurt h	teased Client #1. RTW D c, look (Client #8) has your lad the CD. According to lied to upset Client #1. Client lind RTW D ran into Client lid the CD. Client #1 asked land RTW D said he did not led Client #1 became upset, lient #1 his/her CD back. Ighing and Client #1 broke lit on and on and Client #1 lient #1 He/she threw the laundry lient RTW A got physical with lim/her; described as RTW A lient #1 on the neck to make Client					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NIBMORD.			LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		16G003	B. WING				C <b>10/2017</b>
	PROVIDER OR SUPPLIER	J		7	STREET ADDRESS, CITY, STATE, ZIP CODE 711 SOUTH VINE STREET GLENWOOD, IA 51534	1 017	10/2017
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	IX	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
W 127	#1 stop. RTW D of something, but Clie what. Client #7 sta other clients. Clien profanity and told so Client #7 reported If the "B word," and R inappropriate things Client #7 believed If investigations. Client #7 believed If investigations. Client #7 believed If investigations. Client #7 believed If investigations. Client #7 believed If investigations. Client #20 work becargetting clients upsed 12. When interview RTW Y recalled an 470 on p.m. shift. If special snack, cake Client #22 went to to "airplaned" a spoon Client #22, acting lift his/her mouth. Inst whipped cream on became upset, and Client #22 he/she in he/she got cake. Coto RTW Z, put his/hed. RTW Y stated that night. She stated to her supervisor at Record review reversing the superported to the superport	pserved this and did ant #7 could not remember ted staff mostly picked on t #7 reported staff used exually inappropriate jokes. RTW A used the "F word" and RTW D talked about sexually s, such as women's vaginas. he/she reported it to ant #7 did not want them to ase he/she did not like them t.  yed on 11/14/16 at 4:40 p.m. incident occurred at House RTW Y stated RTW Z made a with whipped cream. When he kitchen to get cake, RTW Z with whipped cream toward ke he was going to put it in lead, RTW Z smeared the Client #22's face. The client yelled at RTW Z. RTW Z told leeded to apologize before lient #22 refused to apologize lier dishes away, and went to I Client #22 did not get snack led she reported the incident	W 1	127			

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PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPL	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING				(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER  GLENWOOD RESOURCE CENTER  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  711 SOUTH VINE STREET  GLENWOOD, IA 51534  (X4) ID PROVIDER'S PLAN OF CORRECTION (X6)  PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLIED TO THE APPROPRIATE DATE OF CROSS-REFERENCED TO THE APPROPRIAT			16G003	B. WING			1	
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLIANCE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE OF THE DEFINITION DATE OF T					STREE 711 SC	TADDRESS, CITY, STATE, ZIP CODE OUTH VINE STREET	1 017	1012.011
	PRÉFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE	(X5) COMPLETION DATE
Continued From page 39 community member reported to Glenwood Resource Center (GRC) that they wincessed a GRC staff member strike a client in the back of the head while outside the van in the parking lot of the Dollar General Store after the client picked something up from the ground and put it in his/her mouth. The facility determined the alleged physical abuse occurred against Client #24. The facility substantiated physical abuse against RTW AA.  When interviewed on 11/18/16 at 8:37 a.m., Community Member A reported she observed five GRC clients and three GRC staff in the Dollar General Store. She saw RTW AA leave the store with most of the clients. She reported she left the store right after RTWAA and the clients and winessed RTW AA hit the back of a client's head. She believed the client picked something up from the ground and put it in his/her mouth prior.  When interviewed on 11/18/16 at 3:40 p.m., Community Member B reported she withessed a GRC staff come out of the Dollar General Store with approximately four clients. One of the clients picked something up off of the ground and put it in his/her mouth. One of the staff then tried to get something out of the client by the shirt hard, and pulled him/her toward her. Staff then smacked the client on the back of the head.  When interviewed on 11/18/16 at 3:50 p.m., Community Member C reported he witnessed a staff member grab the shirt of a client and hit the client in the back of the head. He reported the staff hit the client because he/she put something in his/her mouth.	W 127	community member Resource Center (GRC staff member the head while outs of the Dollar Gener something up from his/her mouth. The alleged physical ab #24. The facility su against RTW AA.  When interviewed a Community Member GRC clients and the General Store. Showith most of the cliestore right after RT witnessed RTW AA She believed the client and put When interviewed a Community Member GRC staff come out with approximately picked something out of the staff grabbed the pulled him/her towathe client on the back of staff member grab client in the back of staff hit the client be staff hit hit has a staff hit hit has a staff hit hit has a staff hit hit	er reported to Glenwood GRC) that they witnessed a strike a client in the back of side the van in the parking lot al Store after the client picked the ground and put it in a facility determined the use occurred against Client abstantiated physical abuse on 11/18/16 at 8:37 a.m., ar A reported she observed five ree GRC staff in the Dollar esaw RTW AA leave the store ents. She reported she left the WAA and the clients and whit the back of a client's head, ient picked something up from it in his/her mouth prior.  The B reported she witnessed a act of the Dollar General Store four clients. One of the clients up off of the ground and put it one of the staff then tried to get the client's mouth. She reported he client by the shirt hard, and and her. Staff then smacked ck of the head.  The C reported he witnessed a the shirt of a client and hit the fithe head. He reported the		27			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		16G003	B. WING		li i	C /10/2017	
	PROVIDER OR SUPPLIER	NTER		STREET ADDRESS, CITY, STATE, ZIP CODE 711 SOUTH VINE STREET GLENWOOD, IA 51534			
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE  (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
W 127	Food and Nutrition reported she previous Worker A recalled of and RTW DD split RTW CC took the f DD took the second to FNS Worker A, oknee to knee to Clid down when he/she walked Client #1 a about him/her. FN: also sat in front of and restricted him/l Worker A witnessed and RTW DD away living room. FNS V and RTW DD push belt area or grabbe and pulled him/her times, RTW DD sat #25. On one of the assisted another cliheard RTW DD rais touch me you perv. RTW DD was on the her hair. FNS Worker A told a nur would not let Client instructed FNS Wowhen he/she receiv Worker A also repoused Snapchat, too called him/her a na concern when the of RTW CC and RTW having trouble walk	rige 40  ved on 11/2/16 at 12:58 p.m.  Services (FNS) Worker A  busly worked as a RTW. FNS  on 8/6/16 and 8/7/16 RTW CC  responsibility of Client #25.  irst part of the shift and RTW  d part of the shift. According on both days RTW CC sat ent #25 and pushed him/her tried to get up. RTW CC few times, but complained S Worker A reported RTW DD Client #1, on an office chair, her from getting up. FNS d Client #25 push RTW CC while she walked through the Vorker A recalled RTW CC ed Client #25 at his/her gait d onto Client #25's gait belt down to a sitting position. At the with her back towards Client the two nights, FNS Worker A fient down the hall when she se her voice and say, "Don't "According to FNS Worker A, the phone and Client #25 pulled ker A stated she also heard and trying to get up. FNS se, RTW CC and RTW DD #25 get up, but the nurse rker A Client #25 needed to sit red his/her medications. FNS orted RTW CC or RTW DD dk pictures of Client #25 and me. FNS Worker A voiced her overnight staff arrived, but DD stated Client #25 should be ing throughout the shift. Vorker A, Client #25 should be	W 1	27			

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
		16G003	B. WING			i	C 10/2017	
NAME OF PROVIDER OR SUPPLIER  GLENWOOD RESOURCE CENTER  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES			<u> </u>	71	TREET ADDRESS, CITY, STATE, ZIP CODE I1 SOUTH VINE STREET LENWOOD, IA 51534	1 017	1012011	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPROFICIENCY)	) BE	(X5) COMPLETION DATE	
W 127	unless he/she rece A stated Client #25 times a shift. FNS waited until 8/8/16 the supervisor. She be would have known duty on 8/6/16 and  When interviewed of staff should not rese to walk. She stated because she had re about her work performed to the Record review reversed to the state of physical, psycholog neglect and exploited manner maintaining their individuality and consideration, respectively and individual shall not be limited process under the 1 restrictive interventif this policy with write the individual's pare representative"  Record review rever management policy directed, "No staff," behave in an abusin toward individuals. shall not be tolerate Practices included:	e/she attempted to get up, ived medication. FNS Worker should walk the hallway 25 Worker A confirmed she to report the incident to her elieved RTW CC and RTW DD if she reported to the RTS on 8/7/16.  on 11/2/16 at 3:14 p.m. RTS D trict Client #25 from getting up If she believed FNS Worker A ecently had to talk to RTW CC	W	127				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
		16G003	B. WING			C
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	1 03/	10/2017
				711 SOUTH VINE STREET		
GLENWO	DOD RESOURCE CEN			GLENWOOD, IA 51534		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETION DATE
W 127	Continued From pa	ge 42	W 12	7		
j	dignity, respect, and	d concern for safety. No staff, ctor shall behave in an				
	on the facility's failule abuse and mistreating at approximately 10	roximately 9:30 a.m.  y (IJ) was determined based re to protect clients from ment. The facility was notified :00 a.m. The facility emented a plan to remove the				
	IJ. The plan include the homes on eveni retraining of staff. Toversight follow-up a Department of Hum Mental Health and E	ed increased supervision in ngs and weekends and he plan also included and observations by an Services (DHS) Division of Disability Services, to be wice monthly. The IJ was				
W 149		F TREATMENT OF CLIENTS	W 14	9		
	policies and procedu	velop and implement written ures that prohibit ct or abuse of the client.				
	Based on interviews facility failed to ensu of facility policy to a abuse and mistreatr failed to provide ade client abuse and ensu allegations of client	s not met as evidenced by: s and record review, the ure consistent implementation dequately protect clients from ment. The facility's structure equate monitoring to prevent sure timely reporting of abuse. This potentially clients residing at Glenwood sRC).				
	Findings follow:					

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED		
		16G003	B. WING	· 	·		C 10/2017
NAME OF I	PROVIDER OR SUPPLIER		I.	STR	REET ADDRESS, CITY, STATE, ZIP CODE	1 017	10/2017
GLENWO	OOD RESOURCE CEN	ITER			SOUTH VINE STREET ENWOOD, IA 51534		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	BE	(X5) COMPLETION DATE
W 149	Continued From pa	ge 43	W 1	49			
	Cross Reference: V	V127, W153					
	management policy directed, "No staff, v behave in an abusiv toward individuals. shall not be tolerate Practices included: services to individual dignity, respect, and	evealed the facility's incident, effective 11/2/07. The policy volunteer, or contractor shall ve or neglectful manner Principles included: "Abuse d." General Personnel "All persons who provide als shall treat people with I concern for safety. No staff, ctor shall behave in an all manner toward					
	and procedure, date "Individuals receiv same legal and civil citizens, including the self-directed exister environment Indiv as having full posse restriction or encum rights shall be based specifically limits pa commitment guardia consent of the indivi process approved b occurs, except in the The procedures pro- regarding rights rest intentional violation without due process violation All emplo protecting and prom support individuals i	evealed Human Rights policy and 11/25/08, included, ing services shall have the rights of all United States are right to a dignified, ace in a safe and humane iduals shall be acknowledged ssion of these rights. Any brance on an individual's don: A court order that ricular rights (involuntary anship, ect.), the written dual, a restrictive intervention efore such encumbrance acase of an emergency" vided the following guidance rictions: "GRC prohibits the of an individual's rights and nexercising their rights f necessary, with staff					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
		16G003	B. WING		01	C /10/2017
	PROVIDER OR SUPPLIER  DOD RESOURCE CEN	NTER		STREET ADDRESS, CITY, STATE, ZIP COL 711 SOUTH VINE STREET GLENWOOD, IA 51534		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR ( (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
W 149	contractor who has the rights of an indi- sanctions up to and termination of contri section also indicate witnessing or havin- violation are require orally to their direct allegation involves of the report shall be r supervisor"  3. Record review re Policy, dated 10/18/ Residing at GRC Policy, dated 10/18/ Residing at GRC Policy, dated 10/18/ scitizen or resident of may be specifically statue or court orde with self-determinate aspects of their live from physical, psycla unnecessary drugs in a manner maintar respecting their indi consideration, respecting their indi consideration, respecting their indi dignity and individual	mployee, volunteer or been found to have violated vidual shall be subject to I including dismissal or act" The procedures ed: "All employees g knowledge of a rights ed to report the rights violation line supervisor, unless the the supervisor, in which case made to the supervisor's  evealed Individuals Rights 706, included: "Individuals bessess the Rights to as an individual and as a f the United States, except as limited by the constitution, er Have a dignified existence tion, making choices about a significant to them Be free hological, sexual or verbal exploitation Be free from and restraints Receive care ining their dignity and viduality and to be treated with ect and full recognition of their ality"	W 1	49		
	management policy instructed, "All staff assure individual sa and therefore shall immediately." The prequirements, which	evealed the facility's incident, effective 11/2/07. The policy have a responsibility to fety and protection from harm report all incidents policy included staff reporting a directed, "Staff shall y report all incidents, including				

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
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		16G003	B. WING _		01/	10/2017
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
GLENW	OOD RESOURCE CEN	ITER		711 SOUTH VINE STREET		
				GLENWOOD, IA 51534		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIED FOR THE APPR	D BE	(X5) COMPLETION DATE
W 149	Continued From pa	ge 45	W 14	9		
·	volunteer or contract supervisor or super requirements furthe suspects, has know	eported to the staff by a ctor, to the staff's direct line visor on duty." The directed, "The staff that eledge of, or receives a report of the allegation to DIA (lowa				
W 153	Department of Inspendence of knowledge	ections and Appeals) within 24	W 15	3		
	mistreatment, negle injuries of unknown immediately to the a	sure that all allegations of ect or abuse, as well as source, are reported administrator or to other ice with State law through ures.		·		
	Based on interview staff failed to immed mistreatment and ald designee in accordance result, allegations of were not reported time of Inspections and A with state law. This clients (Clients #1, #	s not met as evidenced by: s and record review, facility diately report allegations of buse to the administrator or ance with facility policy. As a f mistreatment and abuse mely to the lowa Department appeals (DIA) in accordance affected 16 of 28 sample \$\frac{1}{2}\$, \$\frac{1}{2}\$, \$\frac{1}{2}\$, \$\frac{1}{2}\$, \$\frac{1}{2}\$, \$\frac{1}{2}\$, \$\frac{1}{2}\$, \$\frac{1}{2}\$, \$\frac{1}{2}\$, \$\frac{1}{2}\$, \$\frac{1}{2}\$.				
	Findings follow:					
	Resident Treatment she worked overtime from 10:00 a.m 2:0 she sat with her ass	d on 11/15/16 at 2:00 p.m. Worker (RTW) K recalled e at House 253 on 11/6/16 00 p.m. RTW K recalled as igned client during snack, the the staff in the area turned				

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED		
		16G003	B. WING			ŀ	C 10/2017
	PROVIDER OR SUPPLIER	ITER		STREET ADDRESS 711 SOUTH VINE GLENWOOD, IA		<u> </u>	10/20 11
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	(EACH CO	DER'S PLAN OF CORRECTION ORRECTIVE ACTION SHOULD FERENCED TO THE APPROPORTION DEFICIENCY)	BE	(X5) COMPLETION DATE
W 153	between RTW H ar #15, #16, #17, #18, recalled RTW H as engage in anal inter As this conversation how he would like to with RTW K. As sn Client #16 were told #15 stood from the him/her on the head #15 sat back down his/her eyes, held h fetal position, and b stood from the coud with a spoon or butt reported the hit to Cheard. Client #16 g back down. RTW k midst of on-going in regarding anal inter Client #15 again sto hit on the head by R was also hit on the land to see who hit Clie saw Client #15 hit, heard their reactions held their heads, roomidst of these activic conversation occurr J regarding laundry RTW N also participencouraged Client # laundry basket towaresponded to the cli ass." RTW K recall began to ask Client you horny?," referri	he conversation occurred and RTW J in front of Clients #19, and #20. RTW K Ked RTW J if he would like to recourse with his wife, RTW I. In continued, RTW H spoke of the engage in anal intercourse ack ended, Client #15 and I to sit on the couch. Client couch, and RTW H hit I with a butter knife. Client con the couch with tears in is/her head, curled up in the egan rocking. Client #16 then the hand was hit on the head er knife by RTW J. RTW K client #16's head could be rabbed his/her head and sat a recalled this occurred in the appropriate conversation course and male genitals. The couch, and was a trouble the field of the couch, and was a trouble the couch with the early both client #16. RTW K reported she heard both clients hit, and so the she heard both clients hit, and so the she heard both clients hit, and so the she heard both clients hit, and so the she heard both clients hit, and so the she heard both clients hit, and so the she heard both clients hit, and so the she heard both clients hit, and so the heard both clients hit, and so the she heard both clients hit, and the she heard both clients hit, and the she heard both clients hit, and the she heard both clients hit has a she heard between she heard both clients hit has a she heard between she heard both clients hit hit has a she heard between she heard both client	W	53			

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	-	16G003	B. WING			C 01/10/2017	
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GLENWO	OOD RESOURCE CEN	NTER			111 SOUTH VINE STREET GLENWOOD, IA 51534		
	OURANA EN COTA	TEMENT OF PEROLENGIES	l				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
W 153		_	W 1	153			
		id "Grandma makes me					
		alled, at that point, RTW J					
		RTW U liked to engage in oral					
		rse with other men. Client					
		wer the question. RTW J nt #20 and RTW U stood					
		client, where he could not be			,		
		n, asked Client #20 if RTW U					
		ral sex or anal intercourse					
	0 0	ent #20 continued to refuse,					
		ed to tell him/her to answer.					
		s/her head no, became very					
		cry as staff continued to					
		answer the question about					
		ported RTW I then asked her					
		with her. RTW K and RTW I ak and RTW K asked if RTW I					
		K reported RTW I replied					
		ends because they could do					
		ed without supervisors. At					
		e for lunch. Client #20					
		er clothing protector on. RTW					
		she needed to put it on, and					
		d to refuse. RTW U told					
		ould not eat if he/she did not					
		tector on. Client #20, again,					
		J said, "You better do it."					
	towards the and of	lothing protector on. Finally, lunch, RTW H called RTW K					
		As she entered, she noticed					
		to Client #19 with his leg					
		at and Client #19 red-faced					
		K asked RTW H what was					
		ed he told Client #19 that					
		vas never coming back. RTW					
		9 sobbed, hugged RTW H's					
	leg, and rocked.						
	Record review reve	aled the facility's Type 1					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	LTIPLE CONSTRUCTION DING		TE SURVEY MPLETED
		16G003	B. WING	3	01	C /10/2017
	PROVIDER OR SUPPLIER  OOD RESOURCE CE		<u> </u>	STREET ADDRESS, CITY, STATE, 2 711 SOUTH VINE STREET GLENWOOD, IA 51534		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
W 153	Investigation Report the incidents to the Further interview vanot report the incidents as scared. RTW retaliation and did 2. When interview L stated on 11/10/1 House 253 from 2: House 253 from 2: House 253 that da Client #15 on the hRTW H held him/h stated she used he incident. RTW L sincident because of coworkers and not "NARC." RTW L sincident be	orts indicated RTW K reported e facility on 11/14/16.  with RTW K revealed she did lents immediately because she K reported she feared	W	153		

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AND PLAN (	OF DEFICIENCIES OF CORRECTION	IDENTIFICATION NUMBER:	1 ` '		E CONSTRUCTION	(X3) DATE SURV COMPLETE	
		16G003	B. WiNG			1	C 10/2017
	PROVIDER OR SUPPLIER	NTER		71	REET ADDRESS, CITY, STATE, ZIP CODE 1 SOUTH VINE STREET LENWOOD, IA 51534	<u>, 017</u>	10/2017
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
W 153	The investigation a document by RTW on 11/19/16. According the document to the Management (DQM document RTW Later occurred on 11/10/20 When interviewed of DQM confirmed RT allegation of abuse acknowledged the policy by reporting 19. A. Record review results in the policy by reporting 19. The staff notified this F (Client #1) on (his/fr back. Upon further #1) was asked to staff (He/she) had multipulates to (his/her) When asking (Client #1) when interviewed of B reported he was a bruises. He stated received the bruise bruises when he as	Iso referenced a type written L sent to the Superintendent ding to the email, he forwarded e Director of Quality I) on 11/20/16. In the alleged an act of abuse 16. on 12/13/16 at 11:10 a.m. TW L failed to report the immediately per policy. She RTW L failed to follow facility	W	153			
	During an additiona p.m. RTW B reporte Client #1 with clean	Interview on 11/21/16 at 1:13 ed on 9/23/16 he assisted ing the bathroom. Client #1 e mop bucket. According to					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		16G003	B. WING		01	C /10/2017
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	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE ( (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W 153	grabbed Client #1 I #1 the other clients the bathroom beca around the interact yell, but Client #1 y RTW B stated after the bathroom and Confirmed he failed RTW A threatened RTW B stated RTW or did anything they According to RTW getting a previous son the line. RTW B bruising came from where else the brui.  5. Record review rea. Client #3's Incided documented, while another peer hit him eyes were reddened b. Former resident Exit Information Quanted, "I was provin a residential wing overheard yelling of the house. I wasn't what was going on, seemingly upset. I later on I overheard (again, from another of them had been we resident, and that the minor injury as a resident with the state of the stat	alked into the bathroom and by the arms. RTW A told Client by the arms. RTW A told Client were sleeping. RTW B left use he did not want to be ion. RTW B heard Client #1 elled when asked to mop. RTW A left he went back into Client #1 mopped. RTW B to report the incident because new staff, including RTW B. WA told him if he said anything would get him fired. B, RTW A bragged about staff fired and RTW B had a lot a stated he believed Client #1's RTW A and did not know sing would have come from.  Evealed the following:  Pent Report, dated 8/22/16, Client #3 sat in the day room n/her in the face and his/her	W 1	53		

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY IPLETED	
		16G003	B. WING				C <b>10/2017</b>
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					11 SOUTH VINE STREET		
GLENWOOD RESOURCE CENTER				LENWOOD, IA 51534			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
W 153	had a plausible alib been around when them was told to wrexplaining how a not the injured resident couldn't tell exactly and in what capacity the injury, nor the inknow, if what I seen actually what happed of time before some an incident report to abusive behavior of c. Record review resurestigation Repornoted, "On 10/13/16 Management) (Depinformation that indiffer the client on 8/22 was not factual and client's eye which waggression incident staff actions which resign. He stated thresignation, RTW A client who needed of According to FRTW like wrestling in the described chairs be repeatedly saying, "the wrestling stoppe say, "Why did you	i, and therefore couldn't have the injury occurred, and one of ite up an incident report onverbal resident had attacked, resulting in the injury. I who was and wasn't involved, y. I neither saw the incident, incident report. What I did ned to have overheard was ened, it would only be a matter econe would ask me to falsify o cover up the borderline	W 1	53			
	incident in the dining	g room. FRTW A believed e had accountability for					

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER  GLENWOOD RESOURCE CENTER				STREET ADDRESS, CITY, STATE, ZIF 711 SOUTH VINE STREET GLENWOOD, IA 51534		1710/2017	
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W 153	another client who supervision and co and did not see the also believed RTW were supposed to a FRTW A stated the client hurt him/her. staff discussed the incident. FRTW A again and did not wincident. FRTW A again and did not wincident. FRTW A the incident because would come after hasked him if he was with RTW A. FRTW been in a position to FRTW A that he was FRTW A would get would be able to fin staff in and there we FRTW A felt it best information as soon 6. Record review rea. FRTW A's Exit Indated 9/22/16, noted diagnoses and history of other residents a b. Facility Type 1 Indated 10/17/16. The 10/17/16 an incider indicating that new that alleges (Client A) made remarks in the client's diagnos (he/she) is schizople.	received one to one uld not have been in the area incident happen. FRTW A A told another staff that they be with their other clients. It staff concluded a non-verbal According to FRTW A, the ir alibis and falsified the believed this would happen want to be asked to falsify an confirmed he failed to report se he was afraid someone im. FRTW A reported RTW A is a snitch during his first shifts A A told RTW A he had never to snitch. RTW A explained to as not to turn in senior staff or fired. RTW A stated they are out who turned the senior ould be retaliation as a result. It to leave and send out the	W 1	53			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			COMPLETED		
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	NAME OF PROVIDER OR SUPPLIER  GLENWOOD RESOURCE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 711 SOUTH VINE STREET GLENWOOD, IA 51534			. 012017
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W 153	Other persons wer at the time of the in the time of the in When interviewed FRTW A reported everyone in the hoproblems in the livaround. According following Health In Accountability Act recalled Client #2 was asked FRTW A stated standout voices and Go back to his/her.  7. When interview RTW Y recalled and 470 on p.m. shift. special snack, caked Client #22 went to "airplaned" a spood Client #22, acting I his/her mouth. Inswhipped cream on became upset, and Client #22 he/shed he/she got cake. Other that night. She state to her supervisor and Record review reviewestigation report incident allegedly of the supervisor and the supervisor and Record review reviewestigation report incident allegedly of the supervisor and the supervis	It but it has yet to be confirmed. The alleged to have been present incident."  on 11/17/16 at 2:27 p.m.  RTW A gave him a rundown of use. RTW A talked about their ing room with other people is to FRTW A, RTW A was not surance Portability and of 1996 (HIPAA). FRTW A diagnosed with Schizophrenia. The incident down and bedroom.  The down 11/14/16 at 4:40 p.m.  In incident occurred at House RTW Y stated RTW Z made a e with whipped cream. When the kitchen to get cake, RTW Z in with whipped cream toward ike he was going to put it in incident #22's face. The client divided at RTW Z. RTW Z told needed to apologize before Client #22 refused to apologize her dishes away, and went to diction the client #22 did not get snack ated she reported the incident	W	153			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			CON	(X3) DATE SURVEY COMPLETED	
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W 153	RTW Y recalled an House 470 during to Client #21 earned to appropriate behavior packet. As Client #25 options, RTW Z durand told the client to laughed and picket helped. RTW Y fell inappropriate. She later to a supervisor Record review reversity reversity attention to the support incident allegedly or reported to the support.  9. Record review or report incident allegedly or reported to RTS Definct included "Comported to RTS Definition to RTS Definition included "Comported to RTS Def	red on 11/14/16 at 4:40 p.m., incident that occurred at he p.m. shift. RTW Y stated his/her reinforcer for or, which was a drink flavor the searched through his/her mped the basket on the floor opick it up. Client #21 If the packets up, and RTW Z the interaction to be stated she reported it a week r.  It alled the facility's Type 1 According to the report, the courred 10/6/16 and was ervisor on 10/12/16 at 2:40  In 11/2/16 revealed facility estigation Report, completed the indicated an incident was on 8/8/16 at 3:27 p.m. The	W 1	53			

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AND BLAN OF CODDECTION DENTIFICATION NUMBER.		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
16G003		B. WING		C 01/10/2017		
	PROVIDER OR SUPPLIER	NTER		STREET ADDRESS, CITY, STATE, ZIP CODE 711 SOUTH VINE STREET GLENWOOD, IA 51534		
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W 153	him/her. FNS Worksat in front of Client restricted him/her from the stricted him/her from the stricted him/her from the stricted him/her she room. FNS Worker RTW DD pushed Carea or grabbed on pulled him/her down times, RTW DD sat #25. On one of the assisted another cliheard RTW DD rais touch me you perv. RTW DD was on the her hair. FNS Work Client #25 grunting Worker A told a nur would not let Client instructed FNS Worker A also repoused Snapchat, too called him/her a na concern when the cRTW CC and RTW having trouble walk According to FNS Worked whenever hunless he/she received a stated Client #25 times a shift. FNS waited until 8/8/16 to supervisor. She be would have known duty on 8/6/16 and	es, but complained about ker A reported RTW DD also in #1, on an office chair, and rom getting up. FNS Worker A is push RTW CC and RTW walked through the living in A recalled RTW CC and client #25 at his/her gait belt into Client #25's gait belt and into a sitting position. At it with her back towards Client into a sitting position. At it with her back towards Client into a sitting position. At it with her back towards Client into a sitting position. At it with her back towards Client into a sitting position. At it with her back towards Client into a sitting position. At it with her back towards Client into a sitting position. At a conding to FNS Worker A, e phone and Client #25 pulled ker A stated she also heard and trying to get up. FNS se, RTW CC and RTW DD into the wisher medications. FNS worker A Client #25 needed to sit into the his/her medications. FNS worker A voiced her overnight staff arrived, but in DD stated Client #25 and ing throughout the shift. Worker A, Client #25 should be e/she attempted to get up, ived medication. FNS Worker Should walk the hallway 25 worker A confirmed she oreport the incident to her dieved RTW CC and RTW DD if she reported to the RTS on	W 1	53		

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			DING		COMPLETED	
		16G003	B. WING		01	C / <b>10/2017</b>
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP		101110
GLENW	OOD RESOURCE CEN	ITER		711 SOUTH VINE STREET GLENWOOD, IA 51534		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
W 153	following:  a. Type 1 Incident In 8/18/16. The report Client #26 was reposited abuse/neg providing person caregular RTW of this b. Type 1 Incident In 8/18/16. The report Client #27 was reposible abuse/neg providing person caregular RTW of this completed 8/18/16. The incident Incompleted 8/18/16. Incident Incompleted 8/18/16. Incident for Client #8/8/16 at 5:22 p.m. 8/6/16, possible abunot providing person one regular RTW of When interviewed to Worker A reported op.m. to approximate Client #27, and Client #27, and Client #27, and Client #28. FN sat in the same sporepositioned and progroup of clients. Ac Client #26, Client #	nvestigation Report completed to indicated an incident for orted to RTS D on 8/8/16 at dent included "on 8/6/16, lect occurred due to not ares and repositioning by one shouse."  Investigation Report completed to indicated an incident for orted to RTS D on 8/8/16 at lent included "on 8/6/16, lect occurred due to not ares and repositioning by one shouse."  Investigation Report  The report indicated an 28 was reported to RTS D on The incident included "on use/neglect occurred due to no cares and repositioning by	W 1	153		

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			COMPLETED		
	16G003		B. WING			C 01/10/2017		
	PROVIDER OR SUPPLIER			711 SO	raddress, city, state, zip code NUTH VINE STREET WOOD, IA 51534			
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W 153	hours if staff are as Worker A believed took 15 to 30 minus needs. On 8/6/16, CC repositioned the RTW CC was fast. looked at Client #2 accountability sheed CC documented the wheelchairs when in bed. After FNS document, she bel repositioned the cliperson. FNS Worker Arapproximately 5:00 into Client #26's be RTW CC observed bedroom and state #26 a bath. FNS VCC gave Client #2 repositioned Client went to break. FN 8/6/16, RTW CC gand repositioned Client went to break. When interviewed FNS Worker A faile potential abuse/ne Client #27, and Cli Worker A reported 8/8/16. RTS D info better and she was RTW DD.	age 57 ssisting other clients. FNS the time to reposition a client tes depending on the clients FNS Worker A assumed RTW the clients and thought maybe TON 8/7/16, FNS Worker A TON 8/7/16, FNS Worker A TON 8/7/16, FNS Worker A TON 8/7/16, FNS Worker A TON 8/7/16, FNS Worker A TON 8/7/16, FNS Worker A stated RTW TON 8/7/16, TNS Worker A stated RTW TON 8/7/16 RTW CC also TON 16/16 RTW TON 16/16 R	W	153				
	instructed, "All stat	f have a responsibility to affect and protection from harm						

	ATEMENT OF DEFICIENCIES D PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			COMPLETED C	
		16G003	!			1	10/2017
NAME OF PROVIDER OR SUPPLIER  GLENWOOD RESOURCE CENTER					STREET ADDRESS, CITY, STATE, ZIP CODE 711 SOUTH VINE STREET GLENWOOD, IA 51534		
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W 153	requirements, whice immediately verball those that may be a volunteer or contral supervisor or super requirements further suspects, has known of abuse shall report Department of Inspanded.	report all incidents policy included staff reporting th directed, "Staff shall by report all incidents, including reported to the staff by a ctor, to the staff's direct line rvisor on duty." The er directed, "The staff that vledge of, or receives a report rt the allegation to DIA (lowa mections and Appeals) within 24	W	153			
W 193	Immediate Jeopard on the facility's failuabuse and mistreat at approximately 10 developed and imply. The plan including the homes on ever retraining of staff. oversight follow-up Department of Hun Mental Health and completed at least removed on 12/6/1	ly (IJ) was determined based ure to protect clients from timent. The facility was notified 0:00 a.m. The facility elemented a plan to remove the ed increased supervision in hings and weekends and The plan also included and observations by man Services (DHS) Division of Disability Services, to be twice monthly. The IJ was	W	193	3		
	techniques necess to manage the inage This STANDARD Based on interview staff failed to exhib	to demonstrate the skills and ary to administer interventions oppopriate behavior of clients.  is not met as evidenced by: we and record review, facility it adequate skills to correctly ovide supports as specified in					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
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NAME OF PROVIDER OR SUPPLIER  GLENWOOD RESOURCE CENTER				S 7	TREET ADDRESS, CITY, STATE, ZIP CODE 11 SOUTH VINE STREET 5LENWOOD, IA 51534	<u> </u>	10/2017
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	sample clients (Client Findings follow:  1. Record review rea. Type 1 Incident In 9/26/16, noted, "Staunknown injury to (Coshoulders, and backhouse 248 (Client # area noted. (He/shoulders. When a happened, (he/she) down and shot me."  b. Client #1's Behave a happened, (he/she) down and shot me."  b. Client #1's Behave a happened, (he/she) down and shot me."  b. Client #1's Behave a happened, (he/she) down and shot me."  b. Client #1's Behave a happened, (he/she) down and shot me."  b. Client #1's Behave a happened, (he/she) down and shot me."  b. Client #1's Behave a happened, (he/she) down and shot me."  Tecursor behavior verbal aggression, when Client #1 disp should, "Assist (his appropriate alternative social skills prote appropriate response providing verbal pranot exhibit an approcention of exhibit an appropriate the appropriate to engage restate the appropriate hack to the activity in calm" The plan of "refusal to complete"	vealed the following:  nvestigation Report, dated aff notified this RTS of an Client #1) on (his/her) neck, k. Upon further follow up to (1) was asked to show us the (e) had multiple scratches, as to (his/her) neck, back, and sking (Client #1) what stated, 'The PM's held me	W 1	93			

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	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING		(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER	ITER		STREET ADDRESS, CITY, STATE, ZIP CODE 711 SOUTH VINE STREET GLENWOOD, IA 51534		10,200
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W 193	apart." According to he/she displayed no "provide (him/her) the task. If noncome the prompt, continuminute intervals" targeted behaviors attention as possible procedures to block pose a risk of injury scheduled activities target behaviors or when interviewed on Breported on 9/23/cleaning the bathrous threw the mop buck RTW A walked into Client #1 by the arm other clients were subathroom because the interaction between RTW B heard Client yelled when he/she stated after RTW A bathroom and Client stated he believed on RTW A and did not would have come for the physical abuse again member reported on #24 in the back of the room in the back of the state of the province of the p	o Client #1's plan, when procompliance staff should, with one prompt to complete apliance continues following to providing prompts at 5. The plan also indicated for all staff should, "give as little to use GRC approved to or redirect behaviors that to Redirect (him/her) back to when (he/she) is calm (no precursors)"  On 11/21/16 at 1:13 p.m., RTW 16 he assisted Client #1 with om. Client #1 yelled and tet. According to RTW B, the bathroom and grabbed as. RTW A told Client #1 the deeping. RTW B left the he did not want to be around the reen Client #1 and RTW A. It #1 yelling, but Client #1 was asked to mop. RTW B left, he went back into the at #1 was mopping. RTW B Client #1's bruising came from know where else the bruising	W 1	93		

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		16G003	B. WING				C 10/2017
	PROVIDER OR SUPPLIER  DOD RESOURCE CEN			7	TREET ADDRESS, CITY, STATE, ZIP CODE 11 SOUTH VINE STREET GLENWOOD, IA 51534	00	10/2017
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
W 193	BSP, started 4/18/1 behaviors of pica, d drinking something consumption; pica a attempting to swalld not intended for hur #24 this meant move his/her mouth or pur mouth but not swall cigarette butts. Intestarget behaviors incompleting Client #24 at the house, asking the ensure his/her hand Client #24 walked boutside, visually scalbutts and other item one location to anot away from areas with possible. Client #24 required close superfront of or beside stance that allowed seconds.  When interviewed of RTW AA recalled stance that allowed seconds.  When interviewed CRTW AA recalled stance that allowed seconds.	eview revealed Client #24's 6, included the target defined as swallowing or not intended for human attempts, defined as ow or drink something that is man consumption. For Client dring inedible items toward tting such an item in his/her owing it. Examples included erventions listed to prevent cluded, but were not limited to: a piece of gum before leaving the client to carry items to as were not empty, ensuring the area for cigarette the swhen the client went from ther, and redirecting Client #24 th cigarette butts when the client went from ther, and redirecting Client #24 th cigarette butts when the sylval as walking in aff and staff remaining at a ted them to intervene within five on 11/15/16 at 11:20 a.m., the, RTW BB, and Activities ook Client #24 and four of Dollar General store. RTW #24 required close	W	193			
	items, grabbing other about another client	eut, the clients were pointing at eritems, and she worried as history of inappropriately RTW AA took all five clients				:	

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
		16G003	B. WING			Į.	C /10/2017	
NAME OF PROVIDER OR SUPPLIER  GLENWOOD RESOURCE CENTER				7	STREET ADDRESS, CITY, STATE, ZIP CODE 711 SOUTH VINE STREET GLENWOOD, IA 51534	1 017	10/2017	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE	
W 193	out to the van, Clier and she asked him/approached the var She recalled she ye stopped and held hi items out, as he/she from the ground. S remove some of the client why he/she has he had difficulty ge cigarette butts unde from Client #24's sig When interviewed on RTW BB stated she the Dollar General Sclient #24 required behavior, and explaicingarette butts. RTV directed he/she sho community. RTW E the client had gum of when interviewed on Activities Specialist the outing to the Do stated Client #24 shoutings, due to pica his/her staff were re #24 had gum. She had gum during the 3. Record review reva. Type 1 Incident In 10/10/16, noted, "At (Client #4) reported Services (FNS) Sup	ont #24 began to walk ahead, ther to stop. As Client #24 in, she saw him/her bend over. Elled, "(Client #24)! No!," then is/her face to try to get the ele had eaten a cigarette butt the stated she was able to eligarette butt, and asked the eligarette butt, and asked the eligarette butt, and asked the eligarette butt, and asked the eligarette butt, and asked the eligarette butt, and asked the eligarette butt, and asked the eligarette butt, and asked the eligarette butt, and asked the eligarette butt, and asked the eligarette van to remove them ght.  In 11/15/16 at 10:20 a.m.  It also went on the outing to store. RTW BB explained close supervision due to pical ined the client would eat W BB stated Client #24's BSP uld have gum when out in the BB stated she was unsure if during the outing.  In 11/14/16 at 1:00 p.m.,  (AS) A confirmed she went on allar General Store. AS A ould have gum before behavior. She explained sponsible for ensuring Client could not recall if Client #24	W	93				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING		(X3) DATE SURVEY COMPLETED	
	· · · ·	16G003	B. WING	·	1	ଠ 10/2017
NAME OF PROVIDER OR SUPPLIER  GLENWOOD RESOURCE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 711 SOUTH VINE STREET GLENWOOD, IA 51534	1 011	10/2017
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CORRECTION  (EACH CORRECTIVE ACTION SHOULD  CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETION DATE
W 193	someone on (his/he the middle finger ge Driver A) said, 'Do y cussing like you did separated FNS Driver B. Client #4's BSP, #4's precursors incompared as "yelling, flipping others off, a doors and cussing seconds of a secont o Client #4's plan, disruptive behavior prompt to 'stop." If displaying disruptive with an additional prompt to 'stop. If displaying disruptive with an additional prompt, may be does not cease with second prompt, may will not attend off-ur of the day and the minimize all other as	age 63 er) route which involved using esture and cursing and (FNS you want me to turn you in for I to me?" The facility wer A from Client #4.  dated 7/19/16, noted Client Iluded disruptive behavior, screaming, teasing peers, arguing, hitting walls, slamming that does not cease within 30 ad verbal prompt." According when Client #4 displayed, staff should "Provide one (Client #4) continues e behavior provide (him/her) rompt and remind (him/her) of cost. If disruptive behavior nin 30 seconds following the ark the data sheet, (Client #4 nit activities for the remainder next day (see response cost). Ittention. Redirect (Client #4) led activity when disruptive	W 1	93		
	Driver A reported of Client #4. FNS Driver A reported to help with the food trays in the Driver A, Client #4 wanted to do. FNS be mean to Client #4 been more stern af something four or fit tease and took tease Driver A recalled or	on 11/14/16 at 2:10 p.m., FNS in 10/10/16 he worked with wer A explained Client #4 was with delivering and picking up to houses. According to FNS wanted to do what Client #4 Driver A stated he didn't try to 44, but his voice might have ter asking Client #4 to do ive times. Client #4 liked to sing too far at times. FNS in 10/10/16, he and Client #4 when Client #4 walked out of				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED		
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11115 05		100003	D. WING			01/	10/2017
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GLENWO	OOD RESOURCE CEN	NTER			711 SOUTH VINE STREET		
	302 1120001102 021			(	GLENWOOD, IA 51534		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	'	PROVIDER'S PLAN OF CORRECTION	1	(X5)
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W 193	Continued From pa	ngo 64	W 1	റാ	,		
** 100		•	V V I	უა	1		
		Client #4 then stuck both ard House 462. FNS Driver A					
		nt #4 tried to be playful. FNS					
		#4 he/she could not cuss and					
		eport him/her for cussing.					
		Oriver A, approximately 3					
ĺ		incident, Client #4 reported					
		ssing at him/her. FNS Driver					
		6 he tried to teach Client #4					
		Client #4 told FNS Driver A					
		ding. FNS Driver A thought					ļ
	since they were in t	he van, it was a teaching					
	moment.	_					
		on 12/6/16 at 4:28 p.m., Client					
		me he/she worked with FNS					
		at Client #4. Client #4 stated					
		o talk to FNS Driver A, he said					
		and it wasn't time to slack off.					
		she turned FNS Driver A in for					
		to Client #4, at house 462,					
		d with staff and told them to ed them off. FNS Driver A told					
		e did not get paid for slacking					
		she wanted to be turned in.					
	on and dolled if nor	one wanted to be tarried in.					
	When interviewed of	on 11/21/16 at 2:06 p.m., the					
		I she reported the incident					
		nd Client #4. She reported					
		ner middle finger and FNS				•	
	Driver A threatened	Client #4 FNS Director					
		told Client #4 he could turn					
j		ent #4 turned FNS Driver A in.					
		I he saw the threat as a				i	
		According to FNS Director,					
		on 10/10/16, Client #4					
		r A for cussing at him/her.					
		Oriver A retaliated against					
	Client #4 by making	the threat. FNS Director					

	FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		COV	FE SURVEY MPLETED
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	PROVIDER OR SUPPLIER	J		STREET ADDRESS, CITY, STATE, ZIP CODE 711 SOUTH VINE STREET GLENWOOD, IA 51534		110/2017
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W 193 W 268	confirmed FNS Driv behavior support pl	ver A failed to follow Client #4's an.	W 19			
VV 200	These policies and	PNDUCT TOWARD CLIENT procedures must promote the nt and independence of the	W 26			
	Based on interview facility staff failed to implementation of pmanage appropriate The facility failed to promote growth, de independence. This clients (Clients #1, #16, #17, #18, #19,	rolicy and procedure to e staff and client interactions. provide an environment to velopment, and s affected 18 of 28 sample #2, #3, #4, #5, #6, #7, #8, #15, #20, #22, #23, #24, #25) and 227 of 227 clients residing at				
	Resident Treatment she worked overtim from 10:00 a.m 2: she sat with her ass conversation among sexual in nature. The between RTW H are #15, #16, #17, #18, recalled RTW H as engage in anal inter As this conversation how he would like to	ed on 11/15/16 at 2:00 p.m. Worker (RTW) K recalled e at House 253 on 11/6/16 00 p.m. RTW K recalled as signed client during snack, the g the staff in the area turned ne conversation occurred nd RTW J in front of Clients #19, and #20. RTW K ked RTW J if he would like to course with his wife, RTW I. n continued, RTW H spoke of o engage in anal intercourse ack ended, Client #15 and				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
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	PROVIDER OR SUPPLIER  DOD RESOURCE CEN	lter		7	TREET ADDRESS, CITY, STATE, ZIP CODE 11 SOUTH VINE STREET GLENWOOD, IA 51534		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
W 268	Client #16 were told #15 stood from the him/her on the head #15 sat back down his/her eyes, held h fetal position and be stood from the coud with a spoon or butterported the hit to the Client #16 grabbed down. RTW K reca on-going inapproprianal intercourse and again stood from the head by RTW H. Chit on the head, tho hit Client #16. RTW #15 hit, heard both reactions. She repokeads, rocked, and these activities, RTW conversation occurry regarding laundry job." RTW N also pronversation and et Client #18 to push to RTW I. RTW I respond it, I'll kick your as and RTW J then be Grandma make you. H's wife, RTW I. RTW I asked Client #19 the makes me horny." RTW J asked Client #20 reference RTW J stood closer stood directly behinder.	It to sit on the couch. Client couch, and RTW I hit d with a butter knife. Client on the couch with tears in is/her head, curled up in the egan rocking. Client #16 then the and was hit on the head ter knife by RTW J. RTW K he head could be heard. his/her head and sat back alled this occurred amongst the ate conversation regarding d male genitals. Client #15 e couch, and was hit on the client #16 stood and was also ugh RTW K could not see who of K reported she saw Client clients hit, and heard their covered. In the midst of the W K reported an additional red between RTW I and RTW and how it was a "woman's	W2	268			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED		
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GLENW	OOD RESOURCE CEN	HER		G	GLENWOOD, IA 51534		
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W 268	intercourse with oth to refuse, and RTW answer. Client #20 became very upset, continued to pressu question about RTV then asked her to g K and RTW I went asked if RTW I liked RTW I replied they they could do whate supervisors. At the Client #20 refused to protector on. RTW needed to put it on, refuse. RTW U tolce at if he/she did not Client #20, again, rebetter do it." Client on. Finally, towards called RTW K to the she noticed RTW H his leg laying over the red-faced and sobb what was wrong, and that Grandma (RTV RTW K recalled Client's leg, and rocked. Further interview winot report these incishe was scared. Retailiation and did not 2. When interviewed L stated on 11/10/16 House 253 from 2:0	lage in oral sex or analer men. Client #20 continued of J continued to tell him/her to shook his/her head no, and began to cry as staff re him/her to answer the of U. RTW K reported RTW I to take a break with her. RTW butside to break and RTW K of ther job. RTW K reported liked the weekends because ever they wanted without to point it was time for lunch, to put his/her clothing U told the client continued to the client continued to the client continued to the put the clothing protector on the end of lunch, RTW Here living room. As she entered, a sitting next to Client #19 with the client and Client #19 with the client #19 sobbed, hugged RTW with RTW K revealed she did idents immediately because TW K reported she feared	W 2	:68			

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	FOF DEFICIENCIES DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED C	
		16G003	B. WING			i	- 10/2017
	PROVIDER OR SUPPLIER	ITER		71	REET ADDRESS, CITY, STATE, ZIP CODE 1 SOUTH VINE STREET LENWOOD, IA 51534	, ,,,	107,80 17
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
W 268	Client #15 on the her RTW H held him/ho stated she used he incident.  Observation during revealed she share RTW M striking Clie object and saying "clearly showed RTV neck on the couch getting up.  When interviewed or RTW M confirmed staff in the video. Staff in the video. Staff in the video. Staff in the video. Staff in the video. Staff in the video. Staff in the video. Staff in the video. Staff in the video. Staff in the video. Staff in the video. Staff in this swho used this techn times and referred RTW M stated she multiple incidents was butter knife to hit clients. RTW M stated she multiple incidents was butter knife to hit clients. RTW M stated she multiple incidents was butter knife to hit clients. RTW M stated there they made staff fee to report anything.  When interviewed or Director of Quality I clients at the facility and respect and at threats physical ability intimidate, or swears sexual acts around	ge 68 ead with a butter knife while er down on the couch. She r cell phone to record the  interview with RTW L d a video clearly showing ent #15 on the head with an Are we good?" The video also N H holding Client #15 by the to prevent the client from  on 11/21/16 at 11:45 a.m. she and RTW H were the two She confirmed she hit Client hife and stated, "Are we she had seen others use the same manner, including RTW I hique on Client #15 multiple to it as the "Reset Button." did not report any of the when RTW H and RTW I used clients or got physical with the ted she was intimidated and RTW M stated RTW H had bout people who turn people was a rule in the house and I uncomfortable and not want  on 11/21/16 at 10:00 a.m., The Management (DQM) stated all whould be treated with dignity no point should staff ever use use, physically abuse, and talk about inappropriate the clients. She further stated were all suspended from	W 2	268			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED C		
		16G003	B. WING			1	10/2017
	PROVIDER OR SUPPLIER  DOD RESOURCE CEN	NTER		7	TREET ADDRESS, CITY, STATE, ZIP CODE 11 SOUTH VINE STREET GLENWOOD, IA 51534	<u> </u>	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETION DATE
W 268	employment for sult verbal and mental a facility failed to kee and psychological at the sum of the stated shee a recliner, refusing H walked across the his/her legs, and put to the floor. RTW H have to sit on the floth Heft the immediate client for whom he stated a few minute rock hard in the reclacross the room, sthim/her in the back times.  4. When interviewed RTW N stated on 1 use a butter knife a #16 while working a stated when she hit she would say, "Known he had a bad day a Client #15 in the bath of the knife to cath the k	estantiated psychological, abuse. She confirmed the p the clients free from physical abuse  ed on 11/21/16 at 5:00 p.m. observed Client #15 rocking in to stop when redirected. RTW e room, grabbed Client #15 by alled him/her from the recliner H told Client #15 he/she would for if he/she didn't stop. RTW erac and returned to the had accountability. RTW L is later Client #15 began to liner again. RTW H came food behind Client #15, and hit of the head with his fist three and hit Client #15 and Client at House 253. RTW N further the clients with a butter knife fock it off!" RTW N then stated few months back and slapped	W2	268			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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NAME OF	PROVIDER OR SUPPLIER	166003	B. WING		STREET ADDRESS, CITY, STATE, ZIP CODE	01/	10/2017
GLENWOOD RESOURCE CENTER			7	11 SOUTH VINE STREET GLENWOOD, IA 51534			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
W 268	Client #15. He/she would not do that." hit with a butter knit When asked if he/s put anyone's head "Yes," and explaine When asked if anyoknife or forcefully prounter Client #18:  7. Record review of investigation initiate grabbed Client #23 pushed his/her face the client's face to the client's face to the cupboard and sthem.  When interviewed of the third them.  When interviewed of the client #1 was ask (He/she) had multip bruises to (his/her) When asking (Client stated, 'The PM's her would be the work of the province of the client #1 was ask (He/she) had multip bruises to (his/her) When asking (Client stated, 'The PM's her would be the work of the province we had be the work of the province when the province we had be the work of the province we had be the work of the province we had be the work of the province we had be the work of the province we had be the work of the province we had be the work of the province we had be the province when the province we had be the province when the province we had be the province when the province we had be the province when the province we had be the province when the province we had be the province when the province we had be the province when the province we had be the province when the province we had be the province when the province we had be the province when the province we had be the province when the province we had be the province when the province we had be the province when the province we had a province when the province we had be the province when the province we had be the province when the province we had be the province when the province we had be the province when the province we had be the province when the province we had be the province when the province we had be the province when the province we had be the province when the province we had be the province when the province we had be the province when the province we had be the province when the province we had be the province when the province we had be the province when the province we had be the p	'M all use a butter knife to hit further stated, "I wish they When asked again who they fe Client #18 stated Client #15. The had ever witnessed a staff on the counter he/she stated d RTW J did this to Client #15. One else ever used a butter ut anyone's head on the	W	268			
		ed the cops were called and					

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
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		16G003	B. WING			01/	10/2017
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W 268		- !	W 2	68			
	recalled RTW A did	to RTW A. Client #1 then it in the bathroom (caused the not recall what happened.					
	B reported he was a bruises. He stated received the bruises did not notice Client assisted Client #1 w and 9/23/16. RTW	on 11/7/16 at 12:47 p.m. RTW appalled by Client #1's he did not know how Client #1's. According to RTW B, he #1's bruises when he with his/her shower on 9/22/16 B reported he did not know of witnessed anyone place their					
	p.m. RTW B reported Client #1 with cleanty yelled and threw the RTW B, RTW A wal grabbed Client #1 b #1 the other clients the bathroom becaute around the interactic yell, but Client #1 of mop. RTW B stated back into the bathroom RTW B confirmed head because RTW A three RTW B. RTW B stated anything or did anyth According to RTW E getting a previous ston the line. RTW B bruising came from where else the bruis	terview on 11/21/16 at 1:13 and on 9/23/16 he assisted ing the bathroom. Client #1 a mop bucket. According to ked into the bathroom and by the arms. RTW A told Client were sleeping. RTW B left lise he did not want to be lon. RTW A heard Client #1 ten yelled when asked to did after RTW A left he went lom and Client #1 mopped. It is failed to report the incident leatened new staff including lated RTW A told him if he said lating they would get him fired. It is, RTW A bragged about latiff fired and RTW B has a lot listated he believed Client #1's RTW A and did not know ling would have come from.					
	Q reported she work	n 11/15/16 at 2:34 p.m. RTW ked with RTW A on one 248. RTW A came across as					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 - /	(X2) MULTIPLE CONSTRUCTION A. BUILDING			E SURVEY IPLETED
		16G003	B, WING		· · ·	1	C <b>10/2017</b>
NAME OF	PROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE	1 01/	10/2017
G! ENW	OOD RESOURCE CEN	ITER		7	711 SOUTH VINE STREET		
OS.LIVIV	SOB RESOURCE CEN	4 1 F-17		G	GLENWOOD, IA 51534		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETION DATE
W 268	the boss and acted worked at House 24 from the house. She shower and saw his Client #1 told her R RTW A assured Cliesure he/she was sa repeated RTW A's not a. Client #3's Incide documented while Canother peer hit him eyes were reddened b. Former Resident A's Exit Information noted, "I was provin a residential wing overheard yelling cothe house. I wasn't what was going on, seemingly upset. I later on I overheard (again, from anothe of them had been w resident, and that the minor injury as a reseven though they had saw his some content of the sam and the part of the sam and the sam and the sam and the sam and the sam are seven though they had saw as a sam and the sam and the sam and the sam are seven though they had saw as a sam and the sam are saw and the sam are saw and the sam are saw and the sam are saw and the sam are saw and the sam are saw and the sam are saw and the sam are saw and the sam are saw and the sam are saw and the sam are saw and the sam are saw and the sam are saw and the sam are saw and the sam are saw and the saw are saw and the sam are saw and the saw are saw and the saw are saw and the saw are saw and the saw are saw and the saw are saw and the saw are saw and the saw are saw and the saw are saw and the saw are saw and th	like he ran the place. RTW Q 48 after RTW A was removed the assisted Client #1 in the 6/her bruises. RTW Q stated TW A caused the bruises. TW A caused the bruises. The that she would make fe. RTW Q recalled Client #1 thame over and over again.  The that she would make fe. RTW Q recalled Client #1 thame over and over again.  The that she would make fe. RTW Q recalled Client #1 thame over and over again.  The that she would make fe. RTW Q recalled Client #1 thame over and over again.  The that she would make for a client #3 Treatment Worker (FRTW) Questionnaire, dated 9/22/16, fiding one-on-one supervision of my house when I the that she would make to see or hear exactly but voices were raised, fremained with my charge, but several of my coworkers froom) talking about how one frestling or something with a first received a first like her that received a first	W 2	68			
	been around when them was told to write explaining how a not the injured resident, couldn't tell exactly and in what capacity the injury, nor the in-	, and therefore couldn't have the injury occurred, and one of te up an incident report nverbal resident had attacked resulting in the injury. I who was and wasn't involved, or I neither saw the incident, cident report. What I did seemed to have overheard					. •

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AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING				(X3) DATE SURVEY COMPLETED	
		16G003	B. WING	i		1	C 1 <b>0/2017</b>
NAME OF	PROVIDER OR SUPPLIER		<u></u>		STREET ADDRESS, CITY, STATE, ZIP CODE	1 01/	10/2017
GLENWO	OOD RESOURCE CEN	ITER			711 SOUTH VINE STREET GLENWOOD, IA 51534		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
W 268	matter of time befor falsify an incident reborderline abusive Inc. Record review results and the indicated, "On 10/13 (Department) was inthat indicates an incon 8/22/16 at 9:15 Factual and that the which was attributed incident, was instead which resulted in an report, no immediate implemented at the allegation of potential 10/13/16. The facilial 10/13/16 was a prior to 10/13/16 durate facility determines a prior to 10/13/16 durate facility determines a prior to 10/13/16 durate facility determines a prior to 10/13/16 durate facility determines a prior to 10/13/16 durate facility determines a prior to 10/13/16 durate facility determines and the stated t	appened, it would only be a re someone would ask me to eport to cover up the behavior of my coworkers"  vealed facility Type 1 Incident to dated 10/13/16. The report 3/16 at 5:00 PM QM informed of new information sident report filed for the client PM by (RTW C) was not injury noted to the client's eyed to a peer to peer aggression of the result of staff actions injury." According to the	W 2	268			
	client who needed of According to FRTW like wrestling in the described chairs being repeatedly saying, "When the wrestling #3 say, "Why did you FRTW A stated two incident in the dining	ne on one supervision. A, he heard what sounded dining room. FRTW A ing moved and Client #3 Stop! Leave me alone." stopped FRTW A heard Client u do that? Look at my arm!" or three staff discussed the proom. FRTW A believed a had accountability for					-

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
		16G003	B. WING			l	C <b>10/2017</b>
	PROVIDER OR SUPPLIER  OOD RESOURCE CEN	NTER		STREET ADDRESS, CITY 711 SOUTH VINE STRI GLENWOOD, IA 515	EET		1012017
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG	(EACH CORRE CROSS-REFERE	S PLAN OF CORRECTION ECTIVE ACTION SHOULD INCED TO THE APPROPH DEFICIENCY)	BE	(X5) COMPLETION DATE
W 268	supervision, could redid not see the incide believed RTW A total supposed to be with stated the staff conhim/her. According discussed their alib FRTW A believed the did not want to be a FRTW A confirmed because he was afrafter him. FRTW A FRTW A if he was a with RTW A. FRTV been in a position to FRTW A would get would be able to finistaff in and there would be able to finistaff in and there would be able to finistaff in and there would be able to finistaff in and there would be able to finistaff in and there would be able to finistaff in and there would be able to finistaff in and there would not be could not	not have been in the area and dent happen. FRTW A also d another staff that they were in their other clients. FRTW A cluded a non-verbal client hurt to FRTW A, the staff is and falsified the incident. In the staff is and falsified the incident is would happen again and sked to falsify an incident. The failed to report the incident raid someone would come reported RTW A asked a snitch during his first shifts of a snitch during his first shifts of a snitch. RTW A explained to some to turn in senior staff or fired. RTW A stated they dout who turned the senior build be retaliation as a result. To leave and send out the as possible.  In 11/15/16 at 3:30 p.m. Client and RTW D picked on the determinant the worked up. Client #3 stated the worked up. Client #3 stated the worked up, RTW C and the worked up.	W 2	68			

	OF DEFICIENCIES OF CORRECTION			(X3) DATE SURVEY COMPLETED		
		16G003	B. WING			C /10/2017
NAME OF	PROVIDER OR SUPPLIER		.1	STREET ADDRESS, CITY, STATE, ZIP CODE	1 917	10/20 (1
GLENW	OOD RESOURCE CEN	ITER		711 SOUTH VINE STREET GLENWOOD, IA 51534		
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W 268	physical altercation being scratched on were scratched. (Heredness on his cheepeer fought until the Through the course allegation was made During facility intervollent #6 reported "(Client #6) one a smoother a squishy sen reported (he/she) do (his/her) own. There told (him/her) to throw the (Client #6) reported first ball the orange (him/her) to throw the (Client #6) asked (Fiball at (Client #4) with (his/her) data and (I (Client #6) said (R1) the ball at (Client #6) not to tease the other allegation was subseighted. "(Client #8 and Client the said that wand yelling they don threaten to take (his from (him/her) where	that resulted in (Client #6) (his/her) chin. (His/her) ears le/she) also had some ek. (Client #6) and (his/her) by were separated by staff." of another investigation an	W2	268		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
	16G003		B. WING		C 01/10/2017	
	PROVIDER OR SUPPLIER  DOD RESOURCE CEI	NTER		STREET ADDRESS, CITY, STATE, ZIP CODE 711 SOUTH VINE STREET GLENWOOD, IA 51534		
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W 268	said it's (RTW A, R' #8) said that it's (R' not (RTW B)." The allegation to be sub. When interviewed of #5 reported he/she with Client #1. Clie Client #1 to have is RTW B. Client #5 Client #1 yelling. Chis/her doorway and Client #1 and saw (According to Client #1 and saw (According to Client #1 TPM were not there and RTW B joked a main aggressors to messed with certain TPM left. Client #4 with Client #3. Clie but RTW D thought RTW B did that some someone to becom A and RTW B to stoon and on.  When interviewed of #3 reported RTW Clients. He/she start them they could not to Client #3, RTW Clients until they go after the clients are D told them they cobecause they were	with (him/her). (Client #5) TW B, and RTW D). (Client TW A and RTW D). (RTW D) facility determined the	W 2			

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING			COMPLETED		
	•	16G003	B, WING				C <b>10/2017</b>
NAME OF PROVIDER OR SUPPLIER  GLENWOOD RESOURCE CENTER		•	7	TREET ADDRESS, CITY, STATE, ZIP CODE 11 SOUTH VINE STREET LENWOOD, IA 51534	, , ,		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	1	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE
W 268	#7 reported morning shifts were chaotic threatened and custated RTW A and RTW D told Client your 80's CD." RT Client #7, RTW D told Client #1 tipped fur #1's bedroom and where the CD was know. Client #7 stands and broke things. Client #1 threw thir laundry hamper and with Client #1 and used a pressure posmething but Client #1 stop. RTW D osomething but Client what. Client #7 stands the "B word" wand the "	on 11/15/16 at 3:40 p.m. Client in g shifts were fine, but evening. Client #7 stated RTW A issed at clients. Client #7 also RTW D teased Client #1. #1, "Look, look (Client #8) has W D had the CD. According to ried to make Client #1 angry. Initure. RTW D ran into Client hid the CD. Client #1 asked and RTW D said he did not ated Client #1 threw a fit then at #1 his/her CD back. RTW A and Client #1 became angry Staff egged it on and on. Ings at staff. He/she threw the did broke it. RTW A got physical hurt him/her; described as staff bint on the neck to make Client beserved this and did int #7 could not remember ated they mostly picked on at #7 reported they used it they told inappropriate jokes it, RTW A used the "F word" then Client #7 was around, and at sexual inappropriate things, raginas. Client #7 believed in investigations. Client #7 did eturn to work because he/she	W	268			

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING				(X3) DATE SURVEY COMPLETED		
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NAME OF	PROVIDER OR SUPPLIER		i		STREET ADDRESS, CITY, STATE, ZIP CODE	1 017	10/2017		
					711 SOUTH VINE STREET				
GLENWO	OOD RESOURCE CEN	NTER		'	GLENWOOD, IA 51534				
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W 268	b. Facility Type 1 In dated 10/17/16. The 10/17/16 an incident indicating that new that alleges (Client: A) made remarks in the client's diagnosi (he/she) is schizoph (Client #2)?" The a 8/19/16 on PM shift Other persons were	cident Investigation Report, the report indicated, "On the was reported to QM information had been received #2) was present when (RTW in front of the client related to its, stating, "This is (Client #2), in renic, how are those voices, lieged date of the incident was but it has yet to be confirmed.	W 2	168					
	at the time of the incident."  When interviewed on 11/17/16 at 2:27 p.m. FRTW A reported RTW A gave him a rundown of everyone in the house. RTW A talked about their problems in the living room with other people around. Record review revealed the following:  13. When interviewed on 11/14/16 at 4:40 p.m. RTW Y recalled an incident that occurred at House 470 on p.m. shift. RTW Y stated RTW Z made a special snack, cake with whipped cream. When Client #22 went to the kitchen to get cake, RTW Z "airplaned" a spoon with whipped cream toward Client #22, acting like he was going to put it in his/her mouth. Instead, RTW Z smeared the whipped cream on Client #22's face. The client became upset, and yelled at RTW Z. RTW Z told Client #22 he/she needed to apologize before he/she got cake. Client #22 refused to apologize to RTW Z, put his/her dishes away, and went to bed. RTW Y stated Client #22 did not get snack that night. She stated she reported the incident to her supervisor about a week later.								
		aled the facility's Type 1  According to the report, the							

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
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	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 711 SOUTH VINE STREET GLENWOOD, IA 51534		17 17 17 17 17 17 17 17 17 17 17 17 17 1	
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W 268	reported to the sup p.m.  14. Record review facility's Type 1 inversions for the person community members of the source Center (GRC staff members back of the head with parking lot of the Dictional put it in his/her more as Client #24. The abuse against the subsection with most of the client for the client	courred 10/6/16 and was ervisor on 10/12/16 at 2:40  on 11/14/16 revealed the estigation report, completed to described on 10/25/16 a er reported to Glenwood GRC) that they witnessed a strike a GRC client in the hile outside the van in the ollar General Store after the thing up from the ground and ath. The client was identified facility substantiated physical staff.  on 11/18/16 at 8:37 a.m., er A reported she observed five ree GRC staff in the Dollar er saw RTW AA leave the store ents. She reported she left the WAA and the clients and whit the back of a client's head, ient picked something up from it in his/her mouth prior.  on 11/18/16 at 3:40 p.m., er B reported she witnessed a let of the Dollar General Store 4 clients. One of the clients appear of the ground and put it one of the staff then tried to get the client's mouth. She reported the client by the shirt hard, and and her. Staff then smacked	W 26	68			
	When interviewed	on 11/18/16 at 3:50 p.m.,					

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	C • 01/10/2017		
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE	1012017		
711 SOUTH VINE STREET			
GLENWOOD RESOURCE CENTER  GLENWOOD, IA 51534			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE		
Continued From page 80  Community Member C reported he witnessed a staff member grab the shirt of a client and hit the client in the back of the head. He reported the staff hit the client because he/she put something in his/her mouth.  15. When interviewed on 11/2/16 at 12:58 p.m. Food and Nutrition Services (FNS) Worker A reported she previously worked as a RTW. FNS Worker A received on 8/6/16 and 8/7/16 RTW. CC and RTW DD split responsibility with Client #25. RTW CC took the first part of the shift. According to FNS Worker A, on both days RTW CC sat knee to knee to Client #25 and pushed him/her down when he/she tried to get up. RTW CC walked Client #1 a few times, but complained about him/her. FNS Worker A reported RTW DD also sat in front of Client #1, on an office chair, and restricted him/her from getting up. FNS Worker A witnessed Client #25 push RTW CC and RTW DD away while she walked through the living room. FNS Worker A recalled RTW CC and RTW DD pushed Client #25 gait belt and pulled him/her down to a sitting position. At times, RTW DD sat with her back towards Client #25. On one of the two nights, FNS Worker A assisted another client down the hall when she heard RTW DD raise her voice and say, "Don't touch me you perv." According to FNS Worker A, RTW DD was on the phone and Client #25 guiled her hair. FNS Worker A stated she also heard Client #25 grounting and trying to get up. FNS Worker A told a nurse, RTW CC and RTW DD would not let Client #25 get up, but the nurse instructed FNS Worker A Steed she reded to sit when he/she received his/her medications. FNS Worker A stored to sit when he/she received his/her medications. FNS Worker A stored to sit when he/she received his/her medications. FNS Worker A as sisted and properted RTW CC or RTW DD			

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING			(X3) DATE SURVEY COMPLETED		
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	and called him/her a voiced her concern arrived, but RTW C #25 was having troushift. According to should be walked w get up, unless he/sh Worker A stated Clichallway 25 times as confirmed she waite incident to her supe CC and RTW DD w reported to the RTS Record review on 1. A. Client #25's Indiv 1/12/16, indicated C walk around the houwants."  b. Client #25's Mobi #25)will ambulate for and 25 minutes on the for Client #25's prog (Client #25's) ability (his/her) independent musculoskeletal, callowing for mobility skills and in leading to improved community."	at, took pictures of Client #25 a name. FNS Worker A when the overnight staff C and RTW DD stated Client uble walking throughout the FNS Worker A, Client #25 thenever he/she attempted to be received medication. FNS ent #25 should walk the shift. FNS Worker A and until 8/8/16 to report the rvisor. She believed RTW ould have known if she on duty on 8/6/16 and 8/7/16.  1/3/16 revealed the following: idual Support Plan, dated client #25 must "be able to use as much as (he/she)  lity Program indicated "(Client of the PM shift" Justification of the PM shift" Justification of the PM shift" Justification of the PM shift" Justification of the PM shift" Justification of the PM shift" Justification of the PM shift" Justification of the PM shift (Client #25) is considered on the shift of the promoting rediovascular, gastrointestinal, the Client #25) is considered on times needs much eactive and maintain positive I promote a healthy, active maintenance of functional dependence with ADLs	W2	268			

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AND PLAN OF CORRECTION IDENTIFICATION N		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING		(X3) DATE SURVEY COMPLETED	
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W 268	RTS stated staff sh from getting up to w FNS Worker A beca talk to RTW CC abo	od to follow Client #25's plan. ould not restrict Client #25 valk. She stated she believed ause she had recently had to out her work performance.	W 2	68		
	dated November 20 Conduct and Work employees shall aver discussions and belt expected to maintain themselves, even usuabusive, profane, are threatening language harm or mental ang Employees shall not disorderly conduct in roughhousing, push or indecent conduct misconduct or behat while on duty, which on the Department's standing Employe misleading or malicit themselves, other esupervisors, or falsiff or intentionally enter automated systems, misleading information significant to the Detreat other employees Department clients we Employees shall not neglect or exploit entwhether verbally, ph	pid boisterous or inappropriate navior employees are nappropriate control of nappropriate control of nappropriate control of nappropriate control of nappropriate control of nappropriate control of nappropriate control of nappropriate control of nappropriate control of nappropriate control of nappropriate control of nappropriate in any activity, which is the workplace and/or may have a negative effect of reputation and/or community es shall not make false, ous statements concerning mployees, clients, and by forms or work documents, of false information into or intentionally give false or on, or omit information partment Employees shall es, guests, visitors, and with dignity and respect mistreat, abuse, coerce, aployees, visitors or clients, ysically, sexually or nysical contact is a part of an				

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# DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES OM STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION (X2) MULTIPLE CONSTRUCTION (X3) PULL DINC (X4) PROVIDER/SUPPLIER/CLIA (X5) MULTIPLE CONSTRUCTION (X6) PRIMED IN CONSTRUCTION (X7) PRIMED IN CONSTRUCTION (X8) MULTIPLE CONSTRUCTION (X9) MULTIPLE CONSTRUCTION (X9) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X2) MULTIPLE CONSTRUCTION (X3) PROVIDER/SUPPLIER/CLIA (X4) PROVIDER/SUPPLIER/CLIA (X5) PROVIDER/SUPPLIER/CLIA (X5) PROVIDER/SUPPLIER/CLIA (X5) PROVIDER/SUPPLIER/CLIA (X6) PROVIDER/

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
		16G003	B. WING				C /10/2017
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, 711 SOUTH VINE STREET GLENWOOD, IA 51534	ZIP CODE	<u> </u>	10/2011
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W 268	performed in a pro- an employee's pos- forcing or engaging visitors in consensu- relations or sexuall sexually suggestive serious misconduc- action up to and ind employment and/or employee" The h following under con- shall not violate cor- information. Protec- defined as 'informa medical information	fessional manner Abuse of ition or authority by requesting, g clients, other employees or ual or nonconsensual sexual y-related activities including e remarks is considered t and shall result in disciplinary cluding discharge from r legal action against the nandbook further guided the nfidentiality: " Employees of the health information is tion that contains a person's in, including treatment and in, either past, present, or	W 2	268			

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GRC Plan of Correction for DIA incident Investigation #'s: 62570-I, 62572-I, 63292-I, 63881-M, 64234-I, 64240-I, 64252-M, 64253-I, 64279-I, 64397-I, 64438-C, 64457-I, 64459-I, 64464-I, 64465-I, 64557-M, 64559-I, 64578-M, 64579-M, 64593-C, 64603-M, 64924-I, 64989-I, 65017-I

**Tag W102, Governing Body and Management,** found at 483.410: The facility must ensure that specific governing body and management requirements are met.

#### Systemic Response

Governing Body and Management Actions Taken:

- November 16, 2016, central office Mental Health and Disability Services (MHDS) staff, including
  the Administrator of MHDS, began making twice a month calls to review the status of the
  monitoring actions. MHDS staff, including the Administrator of MHDS also personally visits the
  facility two times per month to review the effectiveness of monitoring activities.
- November 16, 2016, the number of supervisors on the weekday evening shifts and weekend day
  and evening shifts was increased to a minimum of 7. Supervisors include Resident Treatment
  Supervisors (RTS) and Treatment Program Managers (TPM).
- November 17, 2016, the Superintendent began meeting with individual line supervisors one-onone to discuss issues and expectations of treatment and immediate reporting of abuse or
  mistreatment, and the need to ensure individual reporters are safe and not intimidated from
  reporting. The Superintendent also discusses any issues or concerns regarding the status and
  effectiveness of monitoring and reporting suspected abuse and ensuring a safe environment for
  reporting.
- November 18, 2016, supervisors were required to record the time period and specific house that they monitored.
- November 28, 2016, the Superintendent directed that an email be sent to all staff that affirmed:
  - o The facility has a zero tolerance for abuse and neglect,
  - All facility staff are mandatory reporters of suspected abuse or neglect and are required to report suspected instances immediately,
  - Affirmed that all staff that report suspected abuse or neglect will be free from retaliation, and
  - All facility staff are to be provided a violence free work place.
- December 2, 2016, supervisors were required to document findings of their monitoring visits.
   During monitoring visits, if supervisors find situations that need immediate attention, they take corrective action immediately onsite. Documentation is submitted to their supervisors,
   Treatment Program Administrators (TPAs). The findings are also shared with the
   Superintendent and the Assistant Superintendent for Program Services. These reports are reviewed daily and the TPAs ensure that any identified issues are addressed.

- December 6, 2016, supervisors were re-trained on what constitutes abuse and mistreatment, requirements to report suspected abuse or mistreatment, and signs and symptoms of mistreatment.
- Beginning December 6, 2016, MHDS staff also review the facility's Quality Council notes focusing
  on incident reports to determine if the facility is identifying concerning trends or other issues
  that should be addressed to ensure the protection and safety of individuals being served.
- December 19, 2016, nearly all staff had completed competency-based re-training on abuse reporting. The only staff that had not completed training by that date were staff who were on extended leave or suspended, pending investigation. Once staff returned to work they completed the competency-based re-training.
- December 23, 2016, staff were issued cards to be placed in the sleeves of their facility identification that summarized the re-training they had received.
- January 17, 2017, the Division Administrator of Mental Health and Disability Services of the
  Department of Human Services became the point of accountability and responsibility for GRC
  and personally directed the development and implementation of the corrective action plan.
  GRC and the Administrator of MHDS will personally direct the local executive leadership in
  taking action that assures clients are protected and safe.

Beginning January 23, 2017, each shift, supervisors will also be required to interview two resident treatment workers (RTWs) to determine that the staff interviewed:

- Have the knowledge to accurately recognize and appropriately and immediately report suspected abuse or mistreatment,
- Feel safe in reporting suspected instances of abuse or mistreatment,
- Have knowledge about how to respond to Behavior Support Plans,
- Have knowledge about personal care schedules, and
- Have knowledge about the appropriate level of supervision.

Supervisors will provide coaching and guidance on the spot as indicated by staff responses.

Information from these interviews will be reported daily to the TPAs who will ensure appropriate action has been taken related to the RTWs response. Information from interviews will be compiled and included as part of a weekly residential house report. The weekly house report will provide documentation regarding progress toward correcting deficiencies and issues that remain to be addressed.

TPAs are expected to personally monitor each of the houses under their supervision each shift they work. If TPAs find situations that need immediate attention, they take needed corrective action immediately on site. The findings of their monitoring is documented and reported to the Assistant Superintendent of Program Services.

Other top and middle management staff have been assigned to do unannounced monitoring of each residential house once per week. This includes the Superintendent, Assistant Superintendent of Program Services, Director of Quality Management, Director of Psychology, Day Services Director, Treatment Support Services Director, Director of Nursing, Speech Therapy Services Director, Management Information Services Director, 2<sup>nd</sup> Shift Administrator, Business Manager and the Director of Information Services who document their monitoring visits and report any findings weekly. If top and middle management staff find situations that need immediate attention, they take those immediate steps on site. The Superintendent and Assistant Superintendent review top and middle management staff monitoring findings weekly and ensure appropriate action has been taken to address any negative findings.

Beginning January 23, 2017, top and middle managers will be required to interview four resident treatment workers (RTWs) per week to determine that the staff interviewed:

- Have the knowledge to accurately recognize and appropriately and immediately report suspected abuse or mistreatment,
- Feel safe in reporting suspected instances of abuse or mistreatment,
- Have knowledge about how to respond to Behavior Support Plans,
- Have knowledge about personal care schedules, and
- Have knowledge about the appropriate level of supervision.

Beginning January 23, 2017, each house in the facility will be revaluated weekly to ensure compliance of client protection and safety. In addition to RTW interviews described earlier, the evaluation will include a review of incident reports, key staff indicators and key client indicators. These reports will help pinpoint areas that need to be addressed in each individual house and document client protections and safety.

Before February 23, 2017, the Department of Human Services will secure the external experts to review and evaluate the facility regarding assuring and the provisions of client protection and safety.

Before February 23, 2017, the facility will have completed a root cause analysis by an expert in the field that is approved by DIA. The results of the root cause analysis will be used to make needed adjustments in the corrective action plan and other actions the facility is taking to ensure client protection and safety.

Responsible: Administrator of MHDS

Date Completed: 1/13/17

**Tag W104, Governing Body,** found at 483.41 (a)(1): The governing body must exercise general policy, budget and operating direction over the facility.

#### Individual response

As the result of intensive investigation of incidents that occurred, RTWs H, I, M, A, and B had their

employment terminated or resigned in lieu of termination. RTW K received personnel action and retraining related to not providing the correct level of supervision as required by the treatment plan and failure to report potential abuse or neglect immediately to a supervisor. RTW L received appropriate personnel action and re-training.

Responsible: Superintendent Date Completed: 1/13/17

#### **Systemic Response**

Governing Body and Management Actions Taken:

- November 16, 2016, central office Mental Health and Disability Services (MHDS) staff, including
  the Administrator of MHDS, began making twice a month calls to review the status of the
  monitoring actions. MHDS staff, including the Administrator of MHDS also personally visits the
  facility two times per month to review the effectiveness of monitoring activities.
- November 16, 2016, the number of supervisors on the weekday evening shifts and weekend day and evening shifts was increased to a minimum of 7. Supervisors include Resident Treatment Supervisors (RTS) and Treatment Program Managers (TPM).
- November 17, 2016, the Superintendent began meeting with individual line supervisors one-onone to discuss issues and expectations of treatment and immediate reporting of abuse or
  mistreatment, and the need to ensure individual reporters are safe and not intimidated from
  reporting. The Superintendent also discusses any issues or concerns regarding the status and
  effectiveness of monitoring and reporting suspected abuse and ensuring a safe environment for
  reporting.
- November 18, 2016, supervisors were required to record the time period and specific house that they monitored.
- November 28, 2016, the Superintendent directed that an email be sent to all staff that affirmed:
  - o The facility has a zero tolerance for abuse and neglect,
  - o All facility staff are mandatory reporters of suspected abuse or neglect and are required to report suspected instances immediately,
  - Affirmed that all staff that report suspected abuse or neglect will be free from retaliation, and
  - All facility staff are to be provided a violence free work place.
- December 2, 2016, supervisors were required to document findings of their monitoring visits.
   During monitoring visits, if supervisors find situations that need immediate attention, they take corrective action immediately onsite. Documentation is submitted to their supervisors,
   Treatment Program Administrators (TPAs). The findings are also shared with the
   Superintendent and the Assistant Superintendent for Program Services. These reports are reviewed daily and the TPAs ensure that any identified issues are addressed.

- December 6, 2016, supervisors were re-trained on what constitutes abuse and mistreatment, requirements to report suspected abuse or mistreatment, and signs and symptoms of mistreatment.
- Beginning December 6, 2016, MHDS staff also review the facility's Quality Council notes focusing
  on incident reports to determine if the facility is identifying concerning trends or other issues
  that should be addressed to ensure the protection and safety of individuals being served.
- December 19, 2016, nearly all staff had completed competency-based re-training on abuse reporting. The only staff that had not completed training by that date were staff who were on extended leave or suspended, pending investigation. Once staff returned to work they completed the competency-based re-training.
- December 23, 2016, staff were issued cards to be placed in the sleeves of their facility identification that summarized the re-training they had received.
- January 17, 2017, the Division Administrator of Mental Health and Disability Services of the
  Department of Human Services became the point of accountability and responsibility for GRC
  and personally directed the development and implementation of the corrective action plan.
  GRC and the Administrator of MHDS will personally direct the local executive leadership in
  taking action that assures clients are protected and safe.

Beginning January 23, 2017, each shift, supervisors will also be required to interview two resident treatment workers (RTWs) to determine that the staff interviewed:

- Have the knowledge to accurately recognize and appropriately and immediately report suspected abuse or mistreatment,
- Feel safe in reporting suspected instances of abuse or mistreatment,
- Have knowledge about how to respond to Behavior Support Plans,
- Have knowledge about personal care schedules, and
- Have knowledge about the appropriate level of supervision.

Supervisors will provide coaching and guidance on the spot as indicated by staff responses.

Information from these interviews will be reported daily to the TPAs who will ensure appropriate action has been taken related to the RTWs response. Information from interviews will be compiled and included as part of a weekly residential house report. The weekly house report will provide documentation regarding progress toward correcting deficiencies and issues that remain to be addressed.

TPAs are expected to personally monitor each of the houses under their supervision each shift they work. If TPAs find situations that need immediate attention, they take needed corrective action immediately on site. The findings of their monitoring is documented and reported to the Assistant Superintendent of Program Services.

Other top and middle management staff have been assigned to do unannounced monitoring of each residential house once per week. This includes the Superintendent, Assistant Superintendent of Program Services, Director of Quality Management, Director of Psychology, Day Services Director, Treatment Support Services Director, Director of Nursing, Speech Therapy Services Director, Management Information Services Director, 2<sup>nd</sup> Shift Administrator, Business Manager and the Director of Information Services who document their monitoring visits and report any findings weekly. If top and middle management staff find situations that need immediate attention, they take those immediate steps on site. The Superintendent and Assistant Superintendent review top and middle management staff monitoring findings weekly and ensure appropriate action has been taken to address any negative findings.

Beginning January 23, 2017, top and middle managers will be required to interview four resident treatment workers (RTWs) per week to determine that the staff interviewed:

- Have the knowledge to accurately recognize and appropriately and immediately report suspected abuse or mistreatment,
- Feel safe in reporting suspected instances of abuse or mistreatment,
- Have knowledge about how to respond to Behavior Support Plans,
- Have knowledge about personal care schedules, and
- Have knowledge about the appropriate level of supervision.

Beginning January 23, 2017, each house in the facility will be revaluated weekly to ensure compliance of client protection and safety. In addition to RTW interviews described earlier, the evaluation will include a review of incident reports, key staff indicators and key client indicators. These reports will help pinpoint areas that need to be addressed in each individual house and document client protections and safety.

Before February 23, 2017, the Department of Human Services will secure the external experts to review and evaluate the facility regarding assuring and the provisions of client protection and safety.

Before February 23, 2017, the facility will have completed a root cause analysis by an expert in the field that is approved by DIA. The results of the root cause analysis will be used to make needed adjustments in the corrective action plan and other actions the facility is taking to ensure client protection and safety.

The Incident Management Policy is trained to staff during new employee orientation and on an annual basis. The Incident Management Policy dated 11/2/07 was reviewed 1/6/17 with no revisions determined to be necessary.

The Individual Rights Policy is trained to staff during new employee orientation and on an annual basis. Before February 10, 2017, the Individual Rights Policy dated 10/18/06 will be reviewed, revised, and trained as needed.

The Human Rights Policy is trained to staff during new employee orientation and on an annual basis. The Human Rights Policy dated 11/25/08 was revised 5/1/16 and trained as needed. Before February 10, 2017, the Human Rights Policy revised 5/1/16 will be reviewed, revised, and trained as needed.

Responsible: Administrator of MHDS

Date Completed: 1/13/17

**Tag W122, Client Protections,** found at 483.420: The facility must ensure that specific client protection requirements are met.

#### Systemic Response

Governing Body and Management Actions Taken:

- November 16, 2016, central office Mental Health and Disability Services (MHDS) staff, including
  the Administrator of MHDS, began making twice a month calls to review the status of the
  monitoring actions. MHDS staff, including the Administrator of MHDS also personally visits the
  facility two times per month to review the effectiveness of monitoring activities.
- November 16, 2016, the number of supervisors on the weekday evening shifts and weekend day and evening shifts was increased to a minimum of 7. Supervisors include Resident Treatment Supervisors (RTS) and Treatment Program Managers (TPM).
- November 17, 2016, the Superintendent began meeting with individual line supervisors one-onone to discuss issues and expectations of treatment and immediate reporting of abuse or
  mistreatment, and the need to ensure individual reporters are safe and not intimidated from
  reporting. The Superintendent also discusses any issues or concerns regarding the status and
  effectiveness of monitoring and reporting suspected abuse and ensuring a safe environment for
  reporting.
- November 18, 2016, supervisors were required to record the time period and specific house that they monitored.
- November 28, 2016, the Superintendent directed that an email be sent to all staff that affirmed:
  - The facility has a zero tolerance for abuse and neglect,
  - All facility staff are mandatory reporters of suspected abuse or neglect and are required to report suspected instances immediately,
  - Affirmed that all staff that report suspected abuse or neglect will be free from retaliation, and
  - All facility staff are to be provided a violence free work place.
- December 2, 2016, supervisors were required to document findings of their monitoring visits.
   During monitoring visits, if supervisors find situations that need immediate attention, they take corrective action immediately onsite. Documentation is submitted to their supervisors,
   Treatment Program Administrators (TPAs). The findings are also shared with the

Superintendent and the Assistant Superintendent for Program Services. These reports are reviewed daily and the TPAs ensure that any identified issues are addressed.

- December 6, 2016, supervisors were re-trained on what constitutes abuse and mistreatment, requirements to report suspected abuse or mistreatment, and signs and symptoms of mistreatment.
- Beginning December 6, 2016, MHDS staff also review the facility's Quality Council notes focusing
  on incident reports to determine if the facility is identifying concerning trends or other issues
  that should be addressed to ensure the protection and safety of individuals being served.
- December 19, 2016, nearly all staff had completed competency-based re-training on abuse reporting. The only staff that had not completed training by that date were staff who were on extended leave or suspended, pending investigation. Once staff returned to work they completed the competency-based re-training.
- December 23, 2016, staff were issued cards to be placed in the sleeves of their facility identification that summarized the re-training they had received.
- January 17, 2017, the Division Administrator of Mental Health and Disability Services of the Department of Human Services became the point of accountability and responsibility for GRC and personally directed the development and implementation of the corrective action plan. GRC and the Administrator of MHDS will personally direct the local executive leadership in taking action that assures clients are protected and safe.

Beginning January 23, 2017, each shift, supervisors will also be required to interview two resident treatment workers (RTWs) to determine that the staff interviewed:

- Have the knowledge to accurately recognize and appropriately and immediately report suspected abuse or mistreatment,
- Feel safe in reporting suspected instances of abuse or mistreatment,
- Have knowledge about how to respond to Behavior Support Plans,
- · Have knowledge about personal care schedules, and
- Have knowledge about the appropriate level of supervision.

Supervisors will provide coaching and guidance on the spot as indicated by staff responses.

Information from these interviews will be reported daily to the TPAs who will ensure appropriate action has been taken related to the RTWs response. Information from interviews will be compiled and included as part of a weekly residential house report. The weekly house report will provide documentation regarding progress toward correcting deficiencies and issues that remain to be addressed.

TPAs are expected to personally monitor each of the houses under their supervision each shift they work. If TPAs find situations that need immediate attention, they take needed corrective action

immediately on site. The findings of their monitoring is documented and reported to the Assistant Superintendent of Program Services.

Other top and middle management staff have been assigned to do unannounced monitoring of each residential house once per week. This includes the Superintendent, Assistant Superintendent of Program Services, Director of Quality Management, Director of Psychology, Day Services Director, Treatment Support Services Director, Director of Nursing, Speech Therapy Services Director, Management Information Services Director, 2<sup>nd</sup> Shift Administrator, Business Manager and the Director of Information Services who document their monitoring visits and report any findings weekly. If top and middle management staff find situations that need immediate attention, they take those immediate steps on site. The Superintendent and Assistant Superintendent review top and middle management staff monitoring findings weekly and ensure appropriate action has been taken to address any negative findings.

Beginning January 23, 2017, top and middle managers will be required to interview four resident treatment workers (RTWs) per week to determine that the staff interviewed:

- Have the knowledge to accurately recognize and appropriately and immediately report suspected abuse or mistreatment,
- Feel safe in reporting suspected instances of abuse or mistreatment,
- Have knowledge about how to respond to Behavior Support Plans,
- Have knowledge about personal care schedules, and
- Have knowledge about the appropriate level of supervision.

Beginning January 23, 2017, each house in the facility will be revaluated weekly to ensure compliance of client protection and safety. In addition to RTW interviews described earlier, the evaluation will include a review of incident reports, key staff indicators and key client indicators. These reports will help pinpoint areas that need to be addressed in each individual house and document client protections and safety.

Before February 23, 2017, the Department of Human Services will secure the external experts to review and evaluate the facility regarding assuring and the provisions of client protection and safety.

Before February 23, 2017, the facility will have completed a root cause analysis by an expert in the field that is approved by DIA. The results of the root cause analysis will be used to make needed adjustments in the corrective action plan and other actions the facility is taking to ensure client protection and safety.

Responsible: Administrator of MHDS

Date Completed: 1/13/17

**Tag W125, Protection of Clients Rights,** found at 483.420 (a)(3): The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as

clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.

#### Individual response

As the result of thorough investigation of incidents that occurred, RTWs H, J, U, M, N, A, B, C, D, and DD had their employment terminated or resigned in lieu of termination. RTW L and K received appropriate personnel action and re-training.

The Behavior Support Plans for Clients #1, #2, #3, #4, #5, #7, and #8 were re-trained to staff working at house 248. The FNS Worker will be trained on Client #4's Behavior Support Plan.

The Behavior Support Plans for Clients #15, #16, #20, and #23 were re-trained to staff working at house 253. RTWs K and L will be re-trained on Clients #15, 16, 20, and 23 Behavior Support Plans prior to working in house 253.

The Behavior Support Plans for Client #24 were re-trained to staff working at house 360.

The Behavior Support Plans for Client #25 were re-trained to staff working at house 468, including RTW CC.

The Behavior Support Plan for Client #22 was retrained to staff working at house 470.

**Responsible: Treatment Program Administrators** 

Date Completed: 1/13/17

The Mobility Program for Client #25 will be re-trained to staff working at house 468, including RTW CC.

Responsible: Treatment Program Administrator

Date Completed: 1/13/17

#### Systemic Response

Behavior Support Plans are routinely monitored by Psychologists and Psychology Assistants through completion of Program Implementation Monitor forms. Mobility programs are routinely monitored by physical therapists through completion of Program Implementation Monitor forms.

Responsible: Superintendent Date Completed: 1/13/17

Governing Body and Management Actions Taken:

November 16, 2016, central office Mental Health and Disability Services (MHDS) staff, including
the Administrator of MHDS, began making twice a month calls to review the status of the
monitoring actions. MHDS staff, including the Administrator of MHDS also personally visits the
facility two times per month to review the effectiveness of monitoring activities.

- November 16, 2016, the number of supervisors on the weekday evening shifts and weekend day and evening shifts was increased to a minimum of 7. Supervisors include Resident Treatment Supervisors (RTS) and Treatment Program Managers (TPM).
- November 17, 2016, the Superintendent began meeting with individual line supervisors one-onone to discuss issues and expectations of treatment and immediate reporting of abuse or
  mistreatment, and the need to ensure individual reporters are safe and not intimidated from
  reporting. The Superintendent also discusses any issues or concerns regarding the status and
  effectiveness of monitoring and reporting suspected abuse and ensuring a safe environment for
  reporting.
- November 18, 2016, supervisors were required to record the time period and specific house that they monitored.
- November 28, 2016, the Superintendent directed that an email be sent to all staff that affirmed:
  - The facility has a zero tolerance for abuse and neglect,
  - All facility staff are mandatory reporters of suspected abuse or neglect and are required to report suspected instances immediately,
  - Affirmed that all staff that report suspected abuse or neglect will be free from retaliation, and
  - All facility staff are to be provided a violence free work place.
- December 2, 2016, supervisors were required to document findings of their monitoring visits.
   During monitoring visits, if supervisors find situations that need immediate attention, they take corrective action immediately onsite. Documentation is submitted to their supervisors,
   Treatment Program Administrators (TPAs). The findings are also shared with the
   Superintendent and the Assistant Superintendent for Program Services. These reports are reviewed daily and the TPAs ensure that any identified issues are addressed.
- December 6, 2016, supervisors were re-trained on what constitutes abuse and mistreatment, requirements to report suspected abuse or mistreatment, and signs and symptoms of mistreatment.
- Beginning December 6, 2016, MHDS staff also review the facility's Quality Council notes focusing
  on incident reports to determine if the facility is identifying concerning trends or other issues
  that should be addressed to ensure the protection and safety of individuals being served.
- December 19, 2016, nearly all staff had completed competency-based re-training on abuse reporting. The only staff that had not completed training by that date were staff who were on extended leave or suspended, pending investigation. Once staff returned to work they completed the competency-based re-training.
- December 23, 2016, staff were issued cards to be placed in the sleeves of their facility identification that summarized the re-training they had received.

January 17, 2017, the Division Administrator of Mental Health and Disability Services of the
Department of Human Services became the point of accountability and responsibility for GRC
and personally directed the development and implementation of the corrective action plan.
GRC and the Administrator of MHDS will personally direct the local executive leadership in
taking action that assures clients are protected and safe.

Beginning January 23, 2017, each shift, supervisors will also be required to interview two resident treatment workers (RTWs) to determine that the staff interviewed:

- Have the knowledge to accurately recognize and appropriately and immediately report suspected abuse or mistreatment,
- · Feel safe in reporting suspected instances of abuse or mistreatment,
- Have knowledge about how to respond to Behavior Support Plans,
- Have knowledge about personal care schedules, and
- Have knowledge about the appropriate level of supervision.

Supervisors will provide coaching and guidance on the spot as indicated by staff responses.

Information from these interviews will be reported daily to the TPAs who will ensure appropriate action has been taken related to the RTWs response. Information from interviews will be compiled and included as part of a weekly residential house report. The weekly house report will provide documentation regarding progress toward correcting deficiencies and issues that remain to be addressed.

TPAs are expected to personally monitor each of the houses under their supervision each shift they work. If TPAs find situations that need immediate attention, they take needed corrective action immediately on site. The findings of their monitoring is documented and reported to the Assistant Superintendent of Program Services.

Other top and middle management staff have been assigned to do unannounced monitoring of each residential house once per week. This includes the Superintendent, Assistant Superintendent of Program Services, Director of Quality Management, Director of Psychology, Day Services Director, Treatment Support Services Director, Director of Nursing, Speech Therapy Services Director, Management Information Services Director, 2<sup>nd</sup> Shift Administrator, Business Manager and the Director of Information Services who document their monitoring visits and report any findings weekly. If top and middle management staff find situations that need immediate attention, they take those immediate steps on site. The Superintendent and Assistant Superintendent review top and middle management staff monitoring findings weekly and ensure appropriate action has been taken to address any negative findings.

Beginning January 23, 2017, top and middle managers will be required to interview four resident treatment workers (RTWs) per week to determine that the staff interviewed:

- Have the knowledge to accurately recognize and appropriately and immediately report suspected abuse or mistreatment,
- Feel safe in reporting suspected instances of abuse or mistreatment,
- Have knowledge about how to respond to Behavior Support Plans,
- Have knowledge about personal care schedules, and
- Have knowledge about the appropriate level of supervision.

Beginning January 23, 2017, each house in the facility will be revaluated weekly to ensure compliance of client protection and safety. In addition to RTW interviews described earlier, the evaluation will include a review of incident reports, key staff indicators and key client indicators. These reports will help pinpoint areas that need to be addressed in each individual house and document client protections and safety.

Before February 23, 2017, the Department of Human Services will secure the external experts to review and evaluate the facility regarding assuring and the provisions of client protection and safety.

Before February 23, 2017, the facility will have completed a root cause analysis by an expert in the field that is approved by DIA. The results of the root cause analysis will be used to make needed adjustments in the corrective action plan and other actions the facility is taking to ensure client protection and safety.

The Individual Rights Policy is trained to staff during new employee orientation and on an annual basis. Before February 10, 2017, the Individual Rights Policy dated 10/18/06 will be reviewed, revised, and trained as needed.

The Human Rights Policy is trained to staff during new employee orientation and on an annual basis. The Human Rights Policy dated 11/25/08 was revised 5/1/16 and trained as needed. Before February 10, 2017, the Human Rights Policy revised 5/1/16 will be reviewed, revised, and trained as needed.

Responsible: Administrator of MHDS

Date Completed: 1/13/17

**Tag W127, Protection of Clients Rights,** found at 483.420 (a)(5): The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients are not subjected to physical, verbal, sexual or psychological abuse or punishment.

### Individual response

As the result of intensive investigation of incidents that occurred, RTWs J, H, I, N, U, M, A, B, C, AA, BB, DD, and D had their employment terminated or resigned in lieu of termination. RTWs K, L, Y, Z, CC, FNS Worker A received appropriate personnel action and re-training.

The Behavior Support Plans for Clients #1, #3, #4, 6, and #7 were re-trained to staff working at house

248.

The Behavior Support Plans for Clients #15, #16, #17, #18, #20, and #23 were re-trained to staff working at house 253.

The Behavior Support Plan for Client # 22 was re-trained to staff working at house 470. RTW Z will be retrained on Client #22's Behavior Support Plan prior to returning to work at house 470.

The Behavior Support Plan for Client #24 was re-trained to all staff working at house 360.

The Behavior Support Plan for Client #25 was re-trained to staff working at house 468, including RTW CC.

Responsible: Treatment Program Administrator

Date Completed: 1/13/17

## **Systemic Response**

- November 16, 2016, central office Mental Health and Disability Services (MHDS) staff, including
  the Administrator of MHDS, began making twice a month calls to review the status of the
  monitoring actions. MHDS staff, including the Administrator of MHDS also personally visits the
  facility two times per month to review the effectiveness of monitoring activities.
- November 16, 2016, the number of supervisors on the weekday evening shifts and weekend day and evening shifts was increased to a minimum of 7. Supervisors include Resident Treatment Supervisors (RTS) and Treatment Program Managers (TPM).
- November 17, 2016, the Superintendent began meeting with individual line supervisors one-onone to discuss issues and expectations of treatment and immediate reporting of abuse or
  mistreatment, and the need to ensure individual reporters are safe and not intimidated from
  reporting. The Superintendent also discusses any issues or concerns regarding the status and
  effectiveness of monitoring and reporting suspected abuse and ensuring a safe environment for
  reporting.
- November 18, 2016, supervisors were required to record the time period and specific house that they monitored.
- November 28, 2016, the Superintendent directed that an email be sent to all staff that affirmed:
  - o The facility has a zero tolerance for abuse and neglect,
  - All facility staff are mandatory reporters of suspected abuse or neglect and are required to report suspected instances immediately,
  - Affirmed that all staff that report suspected abuse or neglect will be free from retaliation, and
  - All facility staff are to be provided a violence free work place.

- December 2, 2016, supervisors were required to document findings of their monitoring visits.
   During monitoring visits, if supervisors find situations that need immediate attention, they take corrective action immediately onsite. Documentation is submitted to their supervisors,
   Treatment Program Administrators (TPAs). The findings are also shared with the
   Superintendent and the Assistant Superintendent for Program Services. These reports are reviewed daily and the TPAs ensure that any identified issues are addressed.
- December 6, 2016, supervisors were re-trained on what constitutes abuse and mistreatment, requirements to report suspected abuse or mistreatment, and signs and symptoms of mistreatment.
- Beginning December 6, 2016, MHDS staff also review the facility's Quality Council notes focusing
  on incident reports to determine if the facility is identifying concerning trends or other issues
  that should be addressed to ensure the protection and safety of individuals being served.
- December 19, 2016, nearly all staff had completed competency-based re-training on abuse reporting. The only staff that had not completed training by that date were staff who were on extended leave or suspended, pending investigation. Once staff returned to work they completed the competency-based re-training.
- December 23, 2016, staff were issued cards to be placed in the sleeves of their facility identification that summarized the re-training they had received.
- January 17, 2017, the Division Administrator of Mental Health and Disability Services of the
  Department of Human Services became the point of accountability and responsibility for GRC
  and personally directed the development and implementation of the corrective action plan.
  GRC and the Administrator of MHDS will personally direct the local executive leadership in
  taking action that assures clients are protected and safe.

Beginning January 23, 2017, each shift, supervisors will also be required to interview two resident treatment workers (RTWs) to determine that the staff interviewed:

- Have the knowledge to accurately recognize and appropriately and immediately report suspected abuse or mistreatment,
- Feel safe in reporting suspected instances of abuse or mistreatment,
- Have knowledge about how to respond to Behavior Support Plans,
- Have knowledge about personal care schedules, and
- Have knowledge about the appropriate level of supervision.

Supervisors will provide coaching and guidance on the spot as indicated by staff responses.

Information from these interviews will be reported daily to the TPAs who will ensure appropriate action has been taken related to the RTWs response. Information from interviews will be compiled and included as part of a weekly residential house report. The weekly house report will provide

documentation regarding progress toward correcting deficiencies and issues that remain to be addressed.

TPAs are expected to personally monitor each of the houses under their supervision each shift they work. If TPAs find situations that need immediate attention, they take needed corrective action immediately on site. The findings of their monitoring is documented and reported to the Assistant Superintendent of Program Services.

Other top and middle management staff have been assigned to do unannounced monitoring of each residential house once per week. This includes the Superintendent, Assistant Superintendent of Program Services, Director of Quality Management, Director of Psychology, Day Services Director, Treatment Support Services Director, Director of Nursing, Speech Therapy Services Director, Management Information Services Director, 2<sup>nd</sup> Shift Administrator, Business Manager and the Director of Information Services who document their monitoring visits and report any findings weekly. If top and middle management staff find situations that need immediate attention, they take those immediate steps on site. The Superintendent and Assistant Superintendent review top and middle management staff monitoring findings weekly and ensure appropriate action has been taken to address any negative findings.

Beginning January 23, 2017, top and middle managers will be required to interview four resident treatment workers (RTWs) per week to determine that the staff interviewed:

- Have the knowledge to accurately recognize and appropriately and immediately report suspected abuse or mistreatment,
- Feel safe in reporting suspected instances of abuse or mistreatment,
- Have knowledge about how to respond to Behavior Support Plans,
- Have knowledge about personal care schedules, and
- Have knowledge about the appropriate level of supervision.

Beginning January 23, 2017, each house in the facility will be revaluated weekly to ensure compliance of client protection and safety. In addition to RTW interviews described earlier, the evaluation will include a review of incident reports, key staff indicators and key client indicators. These reports will help pinpoint areas that need to be addressed in each individual house and document client protections and safety.

Before February 23, 2017, the Department of Human Services will secure the external experts to review and evaluate the facility regarding assuring and the provisions of client protection and safety.

Before February 23, 2017, the facility will have completed a root cause analysis by an expert in the field that is approved by DIA. The results of the root cause analysis will be used to make needed adjustments in the corrective action plan and other actions the facility is taking to ensure client protection and safety.

The Incident Management Policy is trained to staff during new employee orientation and on an annual basis. The Incident Management Policy dated 11/2/07 was reviewed 1/6/17 with no revisions determined to be necessary.

The Individual Rights Policy is trained to staff during new employee orientation and on an annual basis. Before February 10, 2017, the Individual Rights Policy dated 10/18/06 will be reviewed, revised, and trained as needed.

Responsible: Administrator of MHDS

Date Completed: 1/13/17

Tag W149, Staff Treatment of Clients, found at 483.420 (d)(1): The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.

## **Systemic Response**

- November 16, 2016, central office Mental Health and Disability Services (MHDS) staff, including the Administrator of MHDS, began making twice a month calls to review the status of the monitoring actions. MHDS staff, including the Administrator of MHDS also personally visits the facility two times per month to review the effectiveness of monitoring activities.
- November 16, 2016, the number of supervisors on the weekday evening shifts and weekend day
  and evening shifts was increased to a minimum of 7. Supervisors include Resident Treatment
  Supervisors (RTS) and Treatment Program Managers (TPM).
- November 17, 2016, the Superintendent began meeting with individual line supervisors one-on-one to discuss issues and expectations of treatment and immediate reporting of abuse or mistreatment, and the need to ensure individual reporters are safe and not intimidated from reporting. The Superintendent also discusses any issues or concerns regarding the status and effectiveness of monitoring and reporting suspected abuse and ensuring a safe environment for reporting.
- November 18, 2016, supervisors were required to record the time period and specific house that they monitored.
- November 28, 2016, the Superintendent directed that an email be sent to all staff that affirmed:
  - The facility has a zero tolerance for abuse and neglect,
  - All facility staff are mandatory reporters of suspected abuse or neglect and are required to report suspected instances immediately,
  - Affirmed that all staff that report suspected abuse or neglect will be free from retaliation, and
  - All facility staff are to be provided a violence free work place.

- December 2, 2016, supervisors were required to document findings of their monitoring visits.
   During monitoring visits, if supervisors find situations that need immediate attention, they take corrective action immediately onsite. Documentation is submitted to their supervisors,
   Treatment Program Administrators (TPAs). The findings are also shared with the
   Superintendent and the Assistant Superintendent for Program Services. These reports are reviewed daily and the TPAs ensure that any identified issues are addressed.
- December 6, 2016, supervisors were re-trained on what constitutes abuse and mistreatment, requirements to report suspected abuse or mistreatment, and signs and symptoms of mistreatment.
- Beginning December 6, 2016, MHDS staff also review the facility's Quality Council notes focusing
  on incident reports to determine if the facility is identifying concerning trends or other issues
  that should be addressed to ensure the protection and safety of individuals being served.
- December 19, 2016, nearly all staff had completed competency-based re-training on abuse reporting. The only staff that had not completed training by that date were staff who were on extended leave or suspended, pending investigation. Once staff returned to work they completed the competency-based re-training.
- December 23, 2016, staff were issued cards to be placed in the sleeves of their facility identification that summarized the re-training they had received.
- January 17, 2017, the Division Administrator of Mental Health and Disability Services of the
  Department of Human Services became the point of accountability and responsibility for GRC
  and personally directed the development and implementation of the corrective action plan.
  GRC and the Administrator of MHDS will personally direct the local executive leadership in
  taking action that assures clients are protected and safe.

Beginning January 23, 2017, each shift, supervisors will also be required to interview two resident treatment workers (RTWs) to determine that the staff interviewed:

- Have the knowledge to accurately recognize and appropriately and immediately report suspected abuse or mistreatment,
- Feel safe in reporting suspected instances of abuse or mistreatment,
- Have knowledge about how to respond to Behavior Support Plans,
- Have knowledge about personal care schedules, and
- Have knowledge about the appropriate level of supervision.

Supervisors will provide coaching and guidance on the spot as indicated by staff responses.

Information from these interviews will be reported daily to the TPAs who will ensure appropriate action has been taken related to the RTWs response. Information from interviews will be compiled and included as part of a weekly residential house report. The weekly house report will provide

documentation regarding progress toward correcting deficiencies and issues that remain to be addressed.

TPAs are expected to personally monitor each of the houses under their supervision each shift they work. If TPAs find situations that need immediate attention, they take needed corrective action immediately on site. The findings of their monitoring is documented and reported to the Assistant Superintendent of Program Services.

Other top and middle management staff have been assigned to do unannounced monitoring of each residential house once per week. This includes the Superintendent, Assistant Superintendent of Program Services, Director of Quality Management, Director of Psychology, Day Services Director, Treatment Support Services Director, Director of Nursing, Speech Therapy Services Director, Management Information Services Director, 2<sup>nd</sup> Shift Administrator, Business Manager and the Director of Information Services who document their monitoring visits and report any findings weekly. If top and middle management staff find situations that need immediate attention, they take those immediate steps on site. The Superintendent and Assistant Superintendent review top and middle management staff monitoring findings weekly and ensure appropriate action has been taken to address any negative findings.

Beginning January 23, 2017, top and middle managers will be required to interview four resident treatment workers (RTWs) per week to determine that the staff interviewed:

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- Have knowledge about how to respond to Behavior Support Plans,
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- Have knowledge about the appropriate level of supervision.

Beginning January 23, 2017, each house in the facility will be revaluated weekly to ensure compliance of client protection and safety. In addition to RTW interviews described earlier, the evaluation will include a review of incident reports, key staff indicators and key client indicators. These reports will help pinpoint areas that need to be addressed in each individual house and document client protections and safety.

Before February 23, 2017, the Department of Human Services will secure the external experts to review and evaluate the facility regarding assuring and the provisions of client protection and safety.

Before February 23, 2017, the facility will have completed a root cause analysis by an expert in the field that is approved by DIA. The results of the root cause analysis will be used to make needed adjustments in the corrective action plan and other actions the facility is taking to ensure client protection and safety.

The Incident Management Policy is trained to staff during new employee orientation and on an annual basis. The Incident Management Policy dated 11/2/07 was reviewed 1/6/17 with no revisions determined to be necessary.

The Individual Rights Policy is trained to staff during new employee orientation and on an annual basis. Before February 10, 2017, the Individual Rights Policy dated 10/18/06 will be reviewed, revised, and trained as needed.

The Human Rights Policy is trained to staff during new employee orientation and on an annual basis. The Human Rights Policy dated 11/25/08 was revised 5/1/16 and trained as needed. Before February 10, 2017, the Human Rights Policy revised 5/1/16 will be reviewed, revised, and trained as needed.

Responsible: Administrator of MHDS

Date Completed: 1/13/17

Tag W153, Staff Treatment of Clients, found at 483.420 (d)(2): 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.

## Individual response

As the result of thorough investigation of incidents that occurred, RTWs H, J, I, N, U, M, B, A, DD and D had their employment terminated or resigned in lieu of termination. RTWs K, L, Y, Z, CC, and FNS Worker A received appropriate personnel action and re-training.

RTWs K, L, Y, Z, CC and FNS Worker A were re-trained on the Abuse Reporting requirements.

Responsible: Superintendent Date Completed: 1/13/17

## **Systemic Response**

- November 16, 2016, central office Mental Health and Disability Services (MHDS) staff, including
  the Administrator of MHDS, began making twice a month calls to review the status of the
  monitoring actions. MHDS staff, including the Administrator of MHDS also personally visits the
  facility two times per month to review the effectiveness of monitoring activities.
- November 16, 2016, the number of supervisors on the weekday evening shifts and weekend day and evening shifts was increased to a minimum of 7. Supervisors include Resident Treatment Supervisors (RTS) and Treatment Program Managers (TPM).
- November 17, 2016, the Superintendent began meeting with individual line supervisors one-onone to discuss issues and expectations of treatment and immediate reporting of abuse or
  mistreatment, and the need to ensure individual reporters are safe and not intimidated from
  reporting. The Superintendent also discusses any issues or concerns regarding the status and
  effectiveness of monitoring and reporting suspected abuse and ensuring a safe environment for
  reporting.
- November 18, 2016, supervisors were required to record the time period and specific house

that they monitored.

- November 28, 2016, the Superintendent directed that an email be sent to all staff that affirmed:
  - The facility has a zero tolerance for abuse and neglect,
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  - Affirmed that all staff that report suspected abuse or neglect will be free from retaliation, and
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- December 2, 2016, supervisors were required to document findings of their monitoring visits.
   During monitoring visits, if supervisors find situations that need immediate attention, they take corrective action immediately onsite. Documentation is submitted to their supervisors,
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   Superintendent and the Assistant Superintendent for Program Services. These reports are reviewed daily and the TPAs ensure that any identified issues are addressed.
- December 6, 2016, supervisors were re-trained on what constitutes abuse and mistreatment, requirements to report suspected abuse or mistreatment, and signs and symptoms of mistreatment.
- Beginning December 6, 2016, MHDS staff also review the facility's Quality Council notes focusing on incident reports to determine if the facility is identifying concerning trends or other issues that should be addressed to ensure the protection and safety of individuals being served.
- December 19, 2016, nearly all staff had completed competency-based re-training on abuse reporting. The only staff that had not completed training by that date were staff who were on extended leave or suspended, pending investigation. Once staff returned to work they completed the competency-based re-training.
- December 23, 2016, staff were issued cards to be placed in the sleeves of their facility identification that summarized the re-training they had received.
- January 17, 2017, the Division Administrator of Mental Health and Disability Services of the
  Department of Human Services became the point of accountability and responsibility for GRC
  and personally directed the development and implementation of the corrective action plan.
  GRC and the Administrator of MHDS will personally direct the local executive leadership in
  taking action that assures clients are protected and safe.

Beginning January 23, 2017, each shift, supervisors will also be required to interview two resident treatment workers (RTWs) to determine that the staff interviewed:

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Supervisors will provide coaching and guidance on the spot as indicated by staff responses.

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addressed.

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Other top and middle management staff have been assigned to do unannounced monitoring of each residential house once per week. This includes the Superintendent, Assistant Superintendent of Program Services, Director of Quality Management, Director of Psychology, Day Services Director, Treatment Support Services Director, Director of Nursing, Speech Therapy Services Director, Management Information Services Director, 2<sup>nd</sup> Shift Administrator, Business Manager and the Director of Information Services who document their monitoring visits and report any findings weekly. If top and middle management staff find situations that need immediate attention, they take those immediate steps on site. The Superintendent and Assistant Superintendent review top and middle management staff monitoring findings weekly and ensure appropriate action has been taken to address any negative findings.

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The Incident Management Policy is trained to staff during new employee orientation and on an annual basis. The Incident Management Policy dated 11/2/07 was reviewed 1/6/17 with no revisions determined to be necessary.

Responsible: Administrator of MHDS

Date Completed: 1/13/17

**Tag W193, Staff Training Program,** found at 483.430 (e)(3): Staff must be able to demonstrate the skills and techniques necessary to administer interventions to manage the inappropriate behavior of clients.

## Individual response

As the result of a thorough investigation of incidents that occurred, RTWs B, A, AA and BB had their employment terminated or resigned in lieu of termination.

Responsible: Superintendent Date Completed: 1/13/17

FNS Driver A received personnel action and will receive re-training related to appropriate interactions and proper implementation of Client #4's Behavior Support Plan.

Responsible: Superintendent Date Completed: 2/2/17

The Behavior Support Plans for Clients #1 and #4 will be re-trained to staff working at house 248, including FNS Driver A.

The Behavior Support Plan for Client #24 will be re-trained to staff working at house 360.

Responsible: Treatment Program Administrators

Date Completed: 2/2/17

## Systemic response

RTWs will be re-trained on Behavior Support Plans for the clients they are assigned to support. Behavior Support Plans are routinely monitored by Psychologists and Psychology Assistants through completion of Program Implementation Monitor forms.

**Responsible: Treatment Program Administrators** 

Date Completed: 2/10/17

**Tag W268, Conduct Toward Client,** found at 483.450 (a)(1)(i): These policies and procedures must promote the growth, development and independence of the client.

### Individual response

As the result of intensive investigation of incidents that occurred, RTWs H, J, I, U, M, N, A, and B had their employment terminated or resigned in lieu of termination. RTW K and L received appropriate personnel action and re-training.

Responsible: Superintendent Date Completed: 1/13/17

Staff receive training annually on Mandt, Incident Management, Dignity and Respect and Human Rights. RTWs K, L, and Q will be re-trained on the Incident Management, Dignity and Respect and Human Rights.

Responsible: Treatment Program Administrator

Date Completed: 1/13/17

# **Systemic Response**

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  the Administrator of MHDS, began making twice a month calls to review the status of the
  monitoring actions. MHDS staff, including the Administrator of MHDS also personally visits the
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**Responsible: Administrator of MHDS** 

Date Completed: 1/13/17