LK 2/22/17

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

PRINTED: 01/31/2017
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 16G044 | A. BUILDING _____ B. WING _____ | C 01/17/2017 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| REM IOWA-CORALVILLE | 1985 HOLIDAY ROAD CORALVILLE, IA 52241 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| W 000 | INITIAL COMMENTS<br><br>At the time of investigation 64510-I a deficiency was cited at W249. | W 000 | See Attached | |
| W 249 | 483.440(d)(1) PROGRAM IMPLEMENTATION<br><br>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.<br><br>This STANDARD is not met as evidenced by:<br>Based on observation, interviews and record review the facility failed to consistently implement Individual Program Plan (IPP) strategies regarding client supervision. This affected 1 of 1 client involved in investigation 64510-I (Client #1). Finding follows:<br><br>Record review on 1/3/17 revealed Incident Report (IR) dated 11/23/16 documenting Client #1 left home alone without staff supervision. The Licensed Practical Nurse (LPN) left the facility at approximately 9:45 a.m. to take another client to an appointment. Client #1 remained in the facility alone until the Maintenance Staff (MS) came inside the facility at approximately 10:45 a.m. The MS notified the Program Director (PD) and stayed with Client #1 until the Qualified Intellectual Disability Professional (QIDP) arrived. The client did not sustain any injuries. The facility initiated an investigation. | W 249 | POC 1131/17 | |

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|---|---|
| Tammy Hulet | Program Director | 2-3-17 |

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.

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 16G044 | A. BUILDING _____ B. WING _____ | C 01/17/2017 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| REM IOWA-CORALVILLE | 1985 HOLIDAY ROAD CORALVILLE, IA 52241 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| W 249 | Continued From page 1<br>Client #1's Nurses Notes on 11/23/16 revealed a physical assessment was performed at 11:00 a.m. The LPN documented the client had a cold sore and due to the client biting the sore, the LPN cleaned the blood from Client #1's lip and hands. On 1/11/17 at 3:45 p.m. the LPN clarified the blood on the Client #1's hand would have been from touching the bleeding cold sore and was not from any open area on the client's hands.<br><br>Client #1's record review revealed the following: Diagnoses included Severe Intellectual Disability, Autism, Pervasive Developmental Disorder, Self-Injurious Behavior, Spell of Abnormal Behavior, Seizure Disorder, Nonverbal and Mixed Receptive-Expressive Language Disorder, Gastroesophageal Reflux Disease, and Incontinence.<br><br>Client #1's Plan of Care dated 1/27/16 documented staff assistance would be needed when out in the community to ensure appropriate street safety and ensure safety around strangers. Client #1 was a risk elopement and could not go outside without staff prior approval.<br><br>When interviewed on 1/10/17 at 11:10 a.m. the Quality Improvement Specialist (QIS) stated she completed the internal investigation regarding Client #1 being left alone in the facility. During her interviews, staff reported the facility van was not available and they had to use a van from REM Developmental Services (RDS). The RDS vehicle did not accommodate all of the clients from the facility so staff had to take some of their personal vehicles. Client #1 rode with the LPN and upon arrival at RDS should have exited her vehicle. The LPN monitored clients in two different vehicles while other staff assisted clients | W 249 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 16G044 | A. BUILDING _____ B. WING _____ | C 01/17/2017 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| REM IOWA-CORALVILLE | 1985 HOLIDAY ROAD CORALVILLE, IA 52241 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| W 249 | Continued From page 2<br>into RDS. After transporting clients to RDS she was returning to Coralville when she realized Client #1 had not gotten out at RDS and was still in her vehicle. She contacted the facility Program Coordinator (PC) and decided Client #1 would come with her and Client #2 on the appointment. The LPN stopped at the facility so the clients could use the restroom. When the LPN realized she was running late for the appointment she rushed out of the house, not remembering Client #1 should have accompanied her. The MS came to the facility and worked outside for approximately 30-40 minutes. When he came inside the facility he observed Client #1 and when he determined there were no staff in the facility contacted the PD. The QIS stated it appeared the LPN did not intentionally leave Client #1 alone but forgot he/she was in the facility as the client would have normally been at RDS.<br><br>When interviewed on 11/10/17 at 11:30 a.m. the Maintenance Supervisor (MS) stated on 11/23/16 he came to the REM Coralville facility around 10:00 a.m. He worked outside around the facility for approximately 30-45 minutes. When he came inside Client #1 approached him and appeared anxious, like he/she may be trying to tell him something. The MS looked around the facility for staff while Client #1 went into the living room and watch television. When he did not locate any staff, he contacted the PD and let her know Client #1 had been left alone in the facility. Approximately 10 minutes later the QIDP came to the facility. The MS stated when he first arrived at the facility he did not see anyone come into or leave the facility so was confident no one had been in the facility with Client #1. | W 249 | | |

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 16G044 | A. BUILDING _____ B. WING _____ | C 01/17/2017 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| REM IOWA-CORALVILLE | 1985 HOLIDAY ROAD CORALVILLE, IA 52241 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| W 249 | Continued From page 3<br>When interviewed on 1/11/17 at 8:55 a.m. the Program Coordinator (PC) stated they had a busy morning on 11/23/16. They did not have their regular van, Client #4 was home from school so it was necessary to take personal vehicles along with the RDS van to transport everyone to the day program. When they arrived at RDS, the LPN stayed outside to monitor the clients who were not going into RDS. She stated this included one client going on an appointment (Client k#2) with the LPN, one client who was being transported to a home visit (Client #5) along with the Client #4 who was home from school. She stated after everyone was in RDS she took Client #4 and Client #5 along with the LDSP to the office in order to obtain an agency vehicle. The LPN left with Client #2 to go the appointment but called the PC to let her know Client #1 had not gotten out of her vehicle at RDS. They decided to have Client #1 go along on the appointment. Later in the morning she was contacted by the PD about Client #1 being at the facility alone. The PC did not think that was possible as the client was with the LPN on the appointment. She contacted the LPN who then realized she had left Client #1 at the facility. The PC stated staff normally do a head count on the van but because they had different vehicles providing transportation staff did not complete their usual process. She also stated Client #1 would normally get off the van independently and go directly into RDS but since he/she was in a personal vehicle he/she did not immediately exit. The PC stated staff should know clients' whereabouts at all times and check on them at least every 30 minutes. She stated the LPN did not intentionally leave Client #1 alone in the facility and the situation appeared to be an accident. | W 249 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 16G044 | A. BUILDING _____ B. WING _____ | C 01/17/2017 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| REM IOWA-CORALVILLE | 1985 HOLIDAY ROAD CORALVILLE, IA 52241 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| W 249 | Continued From page 4<br>When interviewed on 1/11/7 at 9:10 a.m. the LPN stated on 11/23/16 she transported three clients (Client #1, Client #2 and Client #3) to RDS in her personal vehicle due to the facility van being repaired and then would take Client #2 to an appointment in Iowa City. After arriving at RDS, she directly observed Client #3 exit her vehicle and remained outside to monitor clients in the PC's personal vehicle as well as her own, while the PC and LDSP assisted clients into RDS. The LPN stated she then got in her vehicle and began to return to Coralville when she realized Client #1 had not gotten out of her vehicle at RDS. Client #1 and Client #2 both sat in the back seat and were quiet not exhibiting any issues while riding in her vehicle. She contacted the PC regarding the situation and they decided Client #1 could go on the appointment with Client #2. She returned to the facility and assisted Client #2 with his/her toileting needs. Client #1 also used the restroom while in the facility. The LPN stated she became concerned about being late for the appointment and left the facility quickly around 9:45 a.m. with Client #2. She did not observe Client #1 in the main area of the house as she left. The LPN stated due to the business of the day and her concern about being late for the appointment she unintentionally left Client #1 in the facility alone. She thought the client probably went to the sensory room as this was a preferred area for him/her. The LPN stated they generally do head counts but because transportation was so different she did not think about doing one even when they got back to the facility or went on the appointment. She also stated she had been trained to know clients whereabouts and check on clients at least every 30 minutes. The LPN stated she should have kept Client #1 closer to her while she was assisting Client #2 or put | W 249 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 16G044 | A. BUILDING _____ B. WING _____ | C 01/17/2017 |

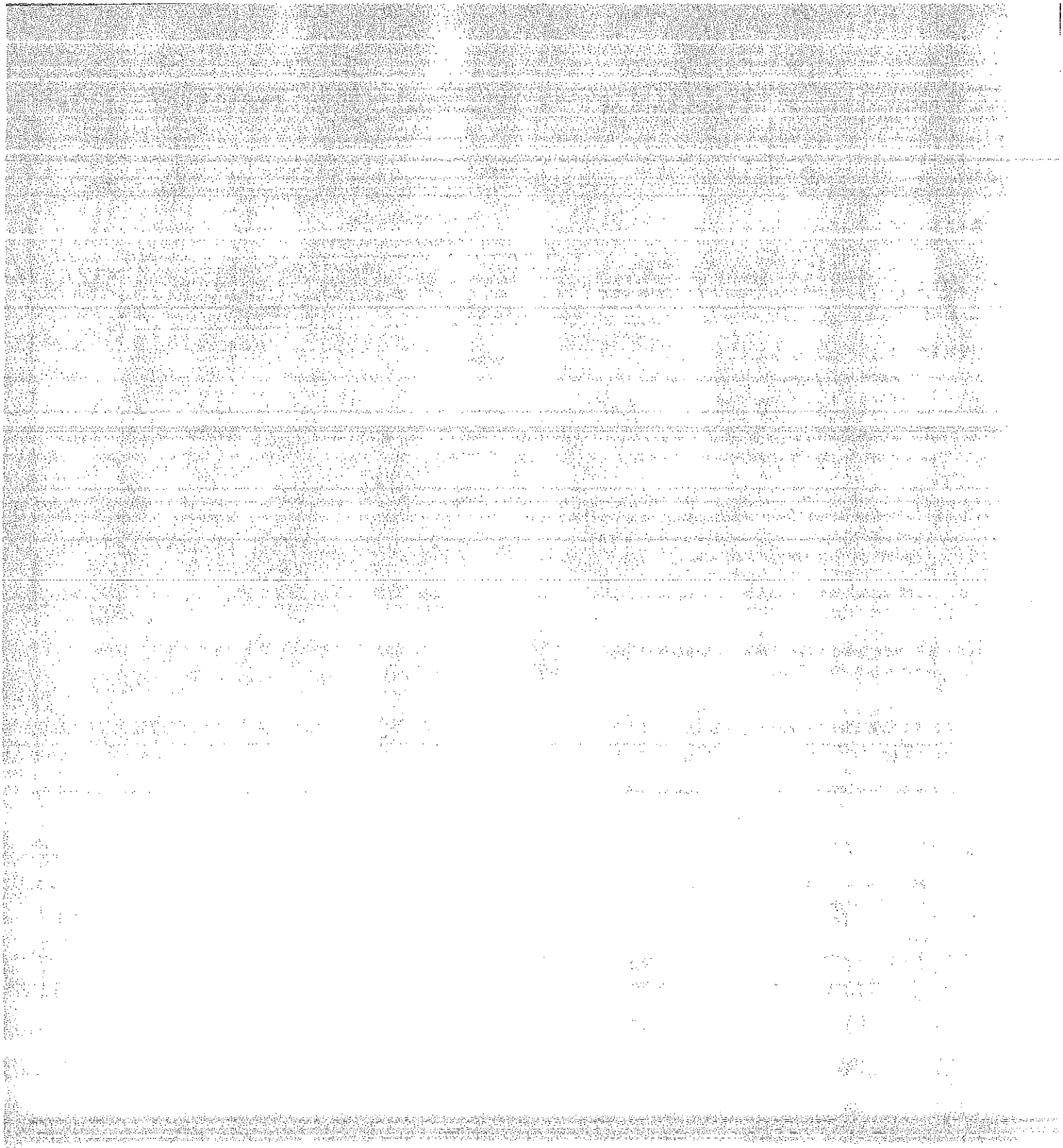
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| REM IOWA-CORALVILLE | 1986 HOLIDAY ROAD CORALVILLE, IA 52241 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| W 249 | Continued From page 5<br>his/her coat in a central location to remind her the client was in the facility. The LPN stated she returned to the facility after being notified Client #1 had been left alone. She completed an assessment and no injuries were noted.<br><br>When interviewed on 1/11/17 at 9:20 a.m. the Lead Direct Support Professional (LDSP) stated on 11/23/16 staff had to take three separate vehicles to transport clients to RDS. She drove the RDS van and then went with the PC to assist Client #5 to a home visit. Client #4 was also with them due to being home from school. The PC received a phone call from the LPN stating Client #1 had been left in her personal vehicle. They decided Client #1 could go on the appointment with Client #2. It was her understanding when the LPN stopped at the facility to toilet Client #2 she accidentally left Client #1 in the facility while she went to the appointment. She stated all the doors in the facility were locked which only gave Client #1 access to the sensory room, living room and dining room. The LDSP stated Client #1 generally would just pace the hallways, watch television or go in the sensory room which would be a preferred place for him/her.<br><br>When interviewed on 1/11/17 at 9:30 a.m. the QIDP stated he was contacted on 11/23/16 by the PD because Client #1 had been found in the facility alone by the MS. He went immediately to the facility and observed Client #1 sat in the dining room with the MS. The client did not appear to be distressed or exhibiting any behaviors that were out of character. He provided the client with a snack and the LPN returned to the facility approximately 20 minutes later. The QIDP stated staff should check on clients at least every 30 minutes. Staff were also | W 249 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 16G044 | A. BUILDING _____ B. WING _____ | C 01/17/2017 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| REM IOWA-CORALVILLE | 1985 HOLIDAY ROAD CORALVILLE, IA 52241 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| W 249 | Continued From page 6<br>trained to do van checks by looking in the windows to see if everyone was out or to do headcounts when going and returning from RDS. The QIDP confirmed staff failed to provide appropriate level of supervision to Client #1.<br><br>Record review on 1/3/17 revealed the facility procedure entitled "Supervision and Support." The procedure included if the client's IPP did not include the frequency of staff supervision, staff should follow general guidelines of engagement and supervision at a minimum of every 30 minutes. The policy also noted "Under no circumstances are individuals to be left unsupervised unless otherwise indicated in the individual's plan of care."<br><br>When interviewed on 1/3/17 at 10: 25 a.m. the PD confirmed staff failed to know the whereabouts of Client #1 at all times. The client required a general level of supervision which required at least 30 minute checks which was not followed by staff.<br><br>Observation on 1/11/17 at 10:00 a.m. revealed Client #1 at RDS playing with a beach ball while sitting on the therapy table. The client would smile as he/she squeezed the ball. When staff asked Client #1 a question, the client did not respond either through vocalization or verbalization. The client walked independently around the day program area, squeezing the beach ball. | W 249 | | |



2/22/17 CAC 2/21/17

**Please accept this plan as the facilities credible allegation of compliance.**

**Tag W249: Facility Response:**
The Program Coordinator/QIDP, with the direction and oversight of the Program Director/QIDP, completed staff training after the incident, ensuring that all staff must be knowledgeable of the whereabouts of all individuals and completing a headcount before leaving any location and when returning from an alternate location. Going forward, a headcount will be completed when using company and/or personal vehicles as well. A sticker was placed in the facility van on the dash, indicating "Ensure Headcount" as a reminder for staff. Also, included in this training was a review of the Supervision & Support procedure. This procedure was updated to indicate that any time individuals are transported, once they have arrived at the destination, staff are to do a head count to ensure that all involved individuals are present and accounted for. To ensure that future new hires are aware of company supervision/headcount expectations, this information has been added to the new hire training packet, to be reviewed during new hire orientation. This will be in addition to the written acknowledgement of the REM Iowa procedure manual. On-going monitoring of compliance will occur by the Lead DSP, Program Coordinator/QIDP and/or regional QIDP during formal and informal observations. On the spot feedback will be provided if instances occur where this is not adhered to.

The RDS Program Director completed a separate training with RDS Program Coordinators regarding the importance of individual attendance and supervision while at RDS. RDS Program Coordinators must ensure that if an individual does not arrive to RDS as scheduled, and they are unware of a reason why the individual is not present, they will contact the residential Program Coordinator. If the residential Program Coordinator is unable to be reached, the residential Program Director will be contacted. If the Program Director is not able to be reached, the residential on-call number will be utilized to actually speak with someone to determine why the individual is not present at the day program. The RDS Program Director and Coordinators have been given a list of emergency contact numbers (which includes facility numbers, personal cell phone numbers of residential leadership staff, and on-call phone numbers) to utilize when certain administrators are unable to reached.

**Class I Violation – Fine Amount: $2,500.00**
**Completion Date: 01/31/17**