

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

Cal
2/13/17
PRINTED: 02/01/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 16G036	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/12/2017
NAME OF PROVIDER OR SUPPLIER OPPORTUNITY LIVING #1			STREET ADDRESS, CITY, STATE, ZIP CODE 105 WESTVIEW LAKE CITY, IA 51449	
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W 000	<p>INITIAL COMMENTS</p> <p>Investigation #64945-I was conducted 1/5/17 - 1/12/17. A determination of an Immediate Jeopardy was made on 1/5/17 based on the facility's knowledge of Client #1's attempts to elope from his/her bedroom window and failure to ensure interventions were incorporated into the individual program plan to safeguard him/her during behavioral outbursts. The facility was notified on 1/5/17 at 3:10 p.m. The facility provided a plan to increase staff supervision of the client, revise the individual program plan, and provide staff training. The IJ was abated 1/5/17 at 4:45 p.m.</p> <p>Condition of Participation (CoP) found to be out of compliance included: Client Behavior and Facility Practices (W266).</p> <p>Standard-level deficiencies were cited at W252, W263, W276, and W288.</p> <p>Iowa Administrative Code (IAC) 481 Chapter 50.7(4) was also cited.</p>	W 000	<p>See attached</p> <p>POC 2/1/17</p>	
W 252	<p>483.440(e)(1) PROGRAM DOCUMENTATION</p> <p>Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure data was recorded in a manner to reflect actual client observed behavior. This affected 1 of 1 client (Client #1) involved in</p>	W 252		

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 252	<p>Continued From page 1 investigation #64945-I. Finding follows:</p> <p>Record review on 1/5/17 revealed Client #1's Behavior Management Program (BMP) to decrease behavioral outbursts, signed by the Qualified Intellectual Disability Professional (QIDP) 8/3/16. The BMP identified target behaviors as: physical aggression (any action with the intention of causing physical harm to others such as: hitting, kicking, biting, or throwing objects), self-injurious behaviors (biting self, hitting self, punching walls, or any other behavior that could cause injury to self (slapping or hitting my leg does not count)), vocal outbursts (screaming use of profanity, name-calling, and verbal threats), property destruction (breaking own property or the property of others), and elopement (leaving a building, attempting to or threatening to, when upset with the intention of running away). Restrictive measures identified in the BMP included the use of behavior modifying medications, restricted access to his/her Kindle, a physical hold, a physical move, physical move with a transfer blanket or a wheelchair, separation, and time-out. The BMP instructed staff to record any behavioral outburst on a behavior report form and complete the restraint log if a physical hold, physical move, use of transfer blanket/wheelchair, separation, or time-out was utilized. The BMP failed to instruct staff to document each target behavior exhibited during a behavioral outburst.</p> <p>Review of the Behavior Report form revealed staff were to document the date, time, location, nature of the incident (narrative), action taken by staff, how the client was following the incident, and a restraint log. The form did not include instruction on documenting specific target</p>	W 252		

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W 252	Continued From page 2 behaviors exhibited. Review of the monthly data summaries revealed the number of behavioral outbursts and the type and number of restraints utilized were calculated, but failed to include the type or frequency of each targeted behavior exhibited. When interviewed on 1/11/17 at 11:00 a.m., the QIDP confirmed she did not track or calculate the type or frequency of each targeted behavior exhibited by Client #1. She stated she identified the total number of behavioral outbursts exhibited and restraints utilized. The QIDP reported staff completed Behavior Reports, which included a narrative of the incident, but stated the information did not consistently provide enough detail about the exact target behavior(s) the client exhibited.	W 252		
W 263	483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure consent was obtained from the Specially Constituted Committee (Human Rights Committee (HRC)) for the use of restrictive measures utilized on a temporary basis. This affected 1 of 1 client (Client #1) involved in investigation #64945-I. Finding follows: Record review on 1/5/17 revealed	W 263		

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W 263	<p>Continued From page 3</p> <p>Interdisciplinary (IDT) Notes, dated 12/15/16 through 1/9/17. The IDT notes identified on 12/15/16, Client #1's guardian provided verbal consent for increased supervision and for his/her bedroom window to be blocked on a temporary basis to prevent Client #1 from attempting to elope out of the window. The record lacked documentation of HRC being informed of the temporary restrictive measures being utilized.</p> <p>When interviewed on 1/5/17 at 12:00 p.m., the Qualified Intellectual Disability Professional (QIDP) confirmed Client #1 had increased supervision and a board was placed across his/her bedroom window following attempts to elope on 12/15/16. She said the board was removed after Client #1 returned from a home visit following Christmas, but was unsure of the exact date. She stated after Client #1 eloped out of his/her bedroom window on 12/30/16, the board was placed back across the window. The QIDP confirmed the facility received verbal consent from Client #1's guardian to increase supervision and block the window but failed to inform the HRC of the restrictive interventions put in place.</p> <p>Record review on 1/11/17 revealed the facility "Human Rights Committee Policy," approved on 12/22/15. The policy stated, "In the event of an emergency, more frequent meetings may be scheduled. The Director of Programming and Services or designee may obtain telephone approval, if the situation warrants a program/procedure prior to the next meeting..."</p> <p>When interviewed on 1/11/17 at 9:15 a.m., the Director of Programming Services (DPS) stated he and the QIDP made the decision to increase</p>	W 263		

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W 263	Continued From page 4 supervision and block Client #1's window and reported both are part of the HRC. He confirmed no other members of the HRC were informed of the restrictive measure put in place to prevent Client #1 from eloping out his/her bedroom window.	W 263		
W 266	483.450 CLIENT BEHAVIOR & FACILITY PRACTICES The facility must ensure that specific client behavior and facility practices requirements are met. This CONDITION is not met as evidenced by: Based on interviews and record reviews, the facility failed to maintain minimal compliance with the Condition of Participation (CoP) - Client behavior and facility practices. The facility failed to ensure all behavior management interventions utilized were incorporated as approved techniques in the facility policy. The facility verbally instructed staff to utilize interventions to address elopement behaviors, but failed to thoroughly integrate the interventions into the IPP to safeguard the client. Cross reference W276: Based on interview and record review, the facility failed to ensure all interventions utilized in the management of inappropriate client behavior were incorporated into the facility policy, as evidenced by failure to include the use of a physical move as part of the hierarchy of behavior management techniques utilized. Cross reference W288: Based on interviews and	W 266		

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W 266	Continued From page 5 record review, the facility failed to ensure staff implemented client Behavior Management Programs (BMPs) as written and/or to revise the program to incorporate all interventions being utilized.	W 266		
W 276	483.450(b)(1)(i) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR Policies and procedures that govern the management of inappropriate client behavior must specify all facility approved interventions to manage inappropriate client behavior. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure all interventions utilized in the management of inappropriate client behavior were incorporated into the facility policy, as evidenced by failure to include the use of a physical move as part of the hierarchy of behavior management techniques utilized. This affected 1 of 1 client (Client #1) involved in investigation #64945-I. Finding follows: Record review on 1/5/17 revealed Client #1's Behavior Management Program (BMP) to decrease behavioral outbursts, signed by the Qualified Intellectual Disability Professional (QIDP) 8/3/16. The BMP identified target behaviors of physical aggression, self-injurious behaviors (SIBs), vocal outbursts, property destruction, and elopement. Restrictive measures identified in the BMP included the use of behavior modifying medications, restricted access to his/her Kindle, a physical hold, a physical move, a physical move with a transfer blanket or a wheelchair, separation, and time-out.	W 276		

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W 276	<p>Continued From page 6</p> <p>Additional record review on 1/11/17 revealed Behavior Reports and restraint logs from 8/2/16-12/30/16. The reports identified a physical move was utilized with Client #1 on:</p> <ul style="list-style-type: none"> a. 8/12/16 three times b. 10/15/16 one time c. 10/21/16 two times d. 11/30/16 one time e. 12/14/16 two times f. 12/15/16 four times g. 12/30/16 three times <p>Record review on 1/11/17 revealed the facility Behavior Management Policy, approved 12/22/16. The policy noted the purpose to provide a hierarchy of intervention strategies, as defined in the Physical Intervention Alternatives (PIA) Program. The procedure section of the policy identified restrictive techniques approved for use included: separation, physical restraint, medical restraint, behavior modifying drug therapy, mechanical restraint, and time-out. The hierarchy of approved restrictive techniques failed to include a physical move, with or without the use of a transfer blanket or wheelchair.</p> <p>Review of the PIA manual on 1/12/17, revealed escorts were incorporated as part of the program. PIA provided three techniques for staff to utilize if an escort was needed. These techniques included walking side by side with the client, staff placing a hand behind or below the elbow of the client, and staff placing a hand behind or below the elbow and their other hand on the small of the clients back to escort. PIA did not include the use of a transfer blanket or wheelchair to complete an escort.</p>	W 276		

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W 276	Continued From page 7 When interviewed on 1/12/17 at 9:05 a.m., the QIDP and Director of Programming Services (DPS) confirmed a physical move, with or without the use of a transfer blanket or wheelchair, was utilized but not incorporated into the Behavior Management Policy or Procedures. The QIDP and DPS stated an escort was included in the PIA intervention hierarchy. The QIDP explained the facility also trained and utilized interventions outside of what PIA instructed. She stated the facility trained the use of physical moves which included with a wheelchair and/or a transfer blanket, if needed, and should have been included into the facility policy and procedures restrictive hierarchy after physical restraint.	W 276		
W 288	483.450(b)(3) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program. This STANDARD is not met as evidenced by: Based on interviews and record review, the facility failed to ensure staff implemented client Behavior Management Programs (BMPs) as written and/or to revise the program to incorporate all interventions staff were instructed to utilize. This affected 1 of 1 client (Client #1) involved in investigation #64945-I. Finding follows: Record review on 1/5/17 revealed facility internal investigation, initiated 12/30/16. The investigation noted Client #1 became upset and stated he/she was going to his/her bedroom to listen to music.	W 288		

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W 288	<p>Continued From page 8</p> <p>Facility staff became aware Client #1 eloped out of his/her bedroom window after House Supervisor A called the facility and reported Client #1 was at her house, approximately 15 minutes after Client #1 went to his/her bedroom. The facility increased staff supervision of Client #1 to have a shadow staff with him/her at all times and also placed a board across the window. "Elopement" means a client with impaired decision-making leaves the facility without staff knowledge or permission.</p> <p>Client #1 - 36 years old and had diagnoses including, but not limited to: mild intellectual disability, seizure disorder, pervasive development disorder or Autism, obsessive compulsive disorder, and depression. Client #1 was admitted to the facility on 3/31/05.</p> <p>According to Weather Underground, weather conditions on 12/15/16 at 8:35 a.m. were approximately 1 degree Fahrenheit with no winds or precipitation. The weather conditions on 12/30/16 at 4:15 p.m. were 41 degrees Fahrenheit, wind speeds at approximately 14 miles per hour, and no precipitation.</p> <p>When interviewed on 1/5/17 at approximately 12:00 p.m., the Qualified Intellectual Disability Professional (QIDP) confirmed Client #1 had a history of attempting to elope and actual elopement. She was unable to recall the last actual elopement prior to 12/30/16. The QIDP said Client #1 consistently threatened to elope when he/she was upset, but rarely attempted to. She stated staff positioned themselves near exit doors if Client #1 threatened to leave to block him/her if needed. The QIDP reported the first time Client #1 attempted to elope through his/her</p>		W 288		

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W 288	<p>Continued From page 9</p> <p>bedroom window was on 12/15/16, but he/she was blocked by staff. She stated Client #1 continued to attempt to elope through the window so a board was secured across the window to prevent elopement and a staff was assigned to shadow Client #1 at all times through 12/18/16. She confirmed the board was removed after Client #1 returned from a home visit for Christmas, but could not recall the exact date. The QIDP confirmed on 12/30/16 a board was again placed across Client #1's bedroom window and a staff was assigned to shadow Client #1 after he/she successfully eloped from the facility.</p> <p>Record review revealed the following behavior reports for Client #1:</p> <p>a. The report, dated 12/15/16, documented Client #1 eloped from the home through his/her bedroom window at approximately 8:00 a.m. The report noted Client #1 exhibited target behaviors and was redirected to his/her room. Client #1 attempted to bust the screen out of his/her window. Staff redirected the client and remove him/her from the window and onto his/her bed. Staff stayed with Client #1 until he/she appeared calm. A few minutes after staff left Client #1's bedroom, he/she came out and staff told her he/she was not calm enough because he/she shook and redirected him/her back to his/her bedroom. After three minutes, staff checked Client #1 in his/her bedroom and discovered he/she eloped through the window.</p> <p>b. The report, dated 12/30/16, documented Client #1 eloped from the home at approximately 4:15 p.m.. The report noted Client #1 wanted his/her Kindle upon returning home. Staff informed the client he/she "lost it" for three hours. Client #1 then requested to call the QIDP, and was told he/she would need to wait until staff</p>	W 288		

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W 288	<p>Continued From page 10</p> <p>were available. Staff assisted other clients, when they received a phone call Client #1 was at another house. Staff notified on-call. The report noted Client #1 had stopped at another home and informed the homeowners he/she was homeless and had no where to go; the homeowners called police. Client #1 was picked up from another house and returned to his/her home.</p> <p>Record review on 1/5/16 revealed Client #1's Behavior Management Program (BMP) to decrease behavioral outbursts, signed by the QIDP 8/3/16. The BMP identified target behaviors, defined as: physical aggression (any action with the intention of causing physical harm to others such as: hitting, kicking, biting, or throwing objects), self-injurious behaviors (biting self, hitting self, punching walls, or any other behavior that could cause injury to self (slapping or hitting my leg does not count), vocal outbursts (screaming, use of profanity, name-calling, and verbal threats), property destruction (breaking own property or the property of others), and elopement (leaving a building, attempting to or threatening to, when upset with the intention of running away). Restrictive measures identified in the BMP included the use of behavior modifying medications, restricted access to his/her Kindle, a physical hold, a physical move, physical move with a transfer blanket or a wheelchair, separation, and time-out.</p> <p>The BMP instructed when Client #1 showed signs of stress, staff were to journal with him/her or ask what he/she could do when feeling stressed and offer suggestions. If Client #1 began to exhibit physical aggression, self-injurious behavior, vocal outbursts, or property destruction, the BMP instructed staff to suggest Client #1 go to his/her</p>	W 288		

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W 288	<p>Continued From page 11</p> <p>bedroom to calm down and then complete 10 minute visual checks of Client #1. If the behavior continued or Client #1 attempted to elope, staff were to use a physical move and place Client #1 in time-out. The BMP lacked further instruction on how to assist Client #1 when he/she exhibited elopement behaviors.</p> <p>Additional record review revealed Client #1's Staffing Conference Report/Annual Evaluation, conducted 7/26/16. According to the Living Unit Report, Client #1 attempted to elope by taking the screen off his/her bedroom window. The report noted the facility replaced the screen due to damage being caused when Client #1 attempted to climb out. The report included Client #1 was continuously monitored when he/she had a bad day to prevent elopement. The section of the report titled "Additional Information To Assist In Providing Necessary Supports" noted "(Client #1) has a long history of elopement. (He/She) completed programming for this several years ago, but the behavior returned. (Client #1) will leave the house when upset with the intention of running away, however (he/she) usually tells staff of (his/her) intentions, and, thus, needs additional supervision at these times. (He/She) has been discovered trying to climb out of (his/her) bedroom window..."</p> <p>When interviewed on 1/05/17 at approximately 1:30 p.m., the QIDP confirmed the BMP lacked specific interventions for staff to utilize when Client #1 exhibited elopement behaviors. She stated staff blocked exit doors to prevent elopement, but confirmed this was not included in Client #1's BMP. The QIDP discussed staff encouraged Client #1 to journal when showing signs of stress, but stated Client #1 refused to</p>	W 288		

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 16G036	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/12/2017
NAME OF PROVIDER OR SUPPLIER OPPORTUNITY LIVING #1			STREET ADDRESS, CITY, STATE, ZIP CODE 105 WESTVIEW LAKE CITY, IA 51449	
(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 288	<p>Continued From page 12</p> <p>journal with anyone except her and they journalized following an incident. The QIDP confirmed Client #1's Annual Evaluation noted Client #1 had attempted to elope from his/her bedroom window, the screen had to be replaced on his/her window, and Client #1 needed additional supervision during these times, but failed to include interventions in the BMP to prevent elopement from his/her bedroom window.</p> <p>When interviewed on 1/5/16 at approximately 1:00 p.m., House Supervisor (HS) B stated on 12/15/16 Client #1 became upset and went to his/her room to calm. She stated once in his/her bedroom, Client #1 attempted to elope from his/her window but was blocked and redirected to sit on his/her bed and calm down. She said Client #1 sat on his/her bed and after a few minutes staff left his/her bedroom but immediately re-entered the room when they heard the window being opened. She stated staff again blocked Client #1 and after he/she calmed for a few minutes they left the room and closed the door. HS B reported within two to three minutes a check was completed and found Client #1 had eloped from his/her bedroom window. She said staff immediately went outside and found Client #1 running through the back yard of the facility. HS B stated she picked up Client #1 in her vehicle, brought him/her back into the facility, and Client #1 was placed in time-out. HS B said a shadow staff was then assigned to Client #1 and a board was secured across the bedroom window. HS B reported the Qualified Intellectual Disability Professional (QIDP) and Director of Programming Services (DPS) were informed of the elopement and both came into the facility.</p> <p>When interviewed on 1/11/17 at approximately</p>	W 288		

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W 288	<p>Continued From page 13</p> <p>11:15 a.m., Therapeutic Technician (TT) A reported she was present on 12/15/16 when Client #1 eloped from his/her bedroom window. She stated Client #1 was upset and was redirected to his/her bedroom to calm. TT A stated once in his/her bedroom, Client #1 attempted to bust the screen out of the window and threatened to elope. Client #1 was redirected and a few minutes later all staff left his/her bedroom and closed the door. TT A stated a check was completed within a few minutes and it was discovered Client #1 eloped from his/her bedroom window. TT A stated footprints were observed in the snow outside Client #1's bedroom window and leading away from the facility. She reported staff went outside and found Client #1 running through the backyard. TT A stated Client #1 was brought back to the facility and placed in time-out. TT A stated she never witnessed Client #1 elope from his/her bedroom window prior to this incident, but had been informed Client #1 had a history of attempting to elope from the window. She stated when Client #1 threatened to elope, staff would position by exit door and block him/her if he/she attempted to elope. She reported she was verbally instructed to increase supervision of Client #1 if he/she threatened to showed signs of stress but reported Client #1 refused to journal with anyone except the QIDP.</p> <p>When interviewed on 1/11/17 at 11:35 a.m., Direct Support Professional (DSP) A reported staff were verbally instructed to have Client #1 go to his/her bedroom and monitor him/her closely after making threats to or attempting to elope. DSP A stated this was due to Client #1's history of attempting to elope from his/her bedroom window. She stated instead of completing 10 minute visual checks as instructed in the BMP,</p>	W 288		

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W 288	<p>Continued From page 14</p> <p>staff would stay with Client #1 to ensure constant monitoring until he/she was calm. After he/she calmed, DSP A stated staff would resume 15 minute checks of Client #1. DSP A stated she had never observed Client #1 journal with staff.</p> <p>When interviewed on 1/11/17 at 12:00 p.m., DSP B stated on 12/15/16 Client #1 became upset and was redirected to calm in his/her bedroom. DSP B reported once in the room, Client #1 locked the door. Staff entered the bedroom through an adjoining bathroom and found Client #1 attempting to elope from the window; staff blocked and redirected Client #1 to sit on his/her bed and calm. Staff also shut and locked the window. After a few minutes, staff left the bedroom and closed the door. DSP B reported staff stood outside the bedroom door. DSP B reported within a few minutes a check was completed and they found Client #1 had eloped from his/her bedroom window. DSP B said Client #1 was found running through the backyard of the facility. Staff assisted him/her back into the facility and Client #1 was placed in time-out. DSP B confirmed Client #1 had a long history of attempting to elope. She said Client #1 threatened to leave, but normally would attempt to go out one of the side or front exit doors. DSP B stated after Client #1 threatens to elope, staff body position by the doors to block, if needed, and encourage Client #1 to journal. DSP B said Client #1 consistently refused to journal with staff and would only journal with the QIDP. DSP B stated it had been one to two years since Client #1 journaled with staff. DSP B said when Client #1 was agitated he/she was redirected to his/her room to calm and staff completed 10 minute checks unless Client #1 had made excessive threats to elope then staff completed more</p>	W 288		

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W 288	<p>Continued From page 15</p> <p>frequent checks. DSP B reported she had never witnessed Client #1 attempt to elope from the window until 12/15/16.</p> <p>When interviewed on 1/11/17 at 12:25 p.m., DSP C reported on 12/15/16 Client #1 was upset and redirect to his/her bedroom to calm. She said once in his/her bedroom, Client #1 was observed by the window and was redirected to sit on his/her bed. DSP C stated staff left the bedroom and closed the door; Client #1 came out of the room one time and was redirected to continue to calm down for a few more minutes. DSP C reported approximately 3 minutes later, staff opened the door to check on Client #1 and found he/she had eloped from the bedroom window. DSP C reported staff immediately went outside and found Client #1 running through the back yard near a trail by the fence to the high school field. Client #1 was assisted back to the facility and placed in time-out. DSP C reported it was common knowledge Client #1 had a history of attempting to elope, including out of his/her bedroom window. DSP C said staff were verbally instructed to increase supervision when Client #1 threatened to elope but reported there was nothing in the BMP regarding increased supervision after threats to elope. DSP C reported staff would also position by exit doors after Client #1 threatened to elope to ensure safety and monitoring. DSP C stated Client #1 refused to journal with any staff and would only journal with the QIDP. She recalled one time Client #1 journaled with staff and it was when he/she had an ill family member.</p> <p>When interviewed on 1/11/17 at 1:30 p.m., DSP D reported she worked on 12/30/16. She stated Client #1 had requested his/her kindle back but</p>	W 288		

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

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W 288	<p>Continued From page 16</p> <p>stated Client #1 still had 1 hour left before it was to be returned. She stated then client #1 wanted to call the QIDP; staff asked Client #1 to wait as they were assisting others at the time. DSP D stated at this time she went to answer a call light. DSP D reported she returned to the main area 15-20 minutes later, answered the phone, and was informed by HS A Client #1 was at her house. DSP D reported staff drove to HS A's home and picked up Client #1 after reporting the incident to the on-call supervisor. DSP D stated the police were at HS A's home and had reported Client #1 stopped at a residence and told the woman he/she was homeless; the woman called the police. Client #1 was to have visual checks completed every 15 minutes when he/she was not agitated and every 10 minutes if Client #1 was agitated. DSP D reported everyone, staff and management, were aware of Client #1's history of elopement. She reported Client #1 would threaten to elope from the door and/or his/her bedroom window. She stated staff were verbally instructed to increase supervision of Client #1 after threats to elope but it was not incorporated into Client #1's BMP. She reported staff would stand outside Client #1's bedroom door and increase checks if the door was closed. DSP D stated other times, staff would not allow Client #1 to close his/her bedroom door until he/she appeared to calm. DSP D reported Client #1 refused to journal with anyone except the QIDP. She stated when Client #1 was not upset, on rare occasion he/she would request staff to journal with him/her.</p> <p>When interviewed on 1/11/17 at 2:40 p.m., DSP E on 12/30/16 after she finished assisting other clients, DSP D informed her Client #1 had eloped and was at HS A's home. DSP E stated she stayed at the facility while DSP D and other staff</p>	W 288		

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W 288	<p>Continued From page 17</p> <p>went to pick up Client #1. She stated it was common knowledge that Client #1 would threaten to and attempt to elope out of a door or his/her bedroom window. She said staff would position by exit doors when Client #1 threatened to elope. She reported if Client #1 went to his/her bedroom, staff would complete 10 minute checks. DSP E stated she never observed staff increase monitoring of Client #1 during these times. DSP E reported she was not instructed to increase monitoring after Client #1 threatened to elope. DSP E confirmed Client #1 refused to journal with any staff and would only journal with the QIDP.</p> <p>When interviewed on 1/12/17 at approximately 9:40 a.m., the QIDP confirmed staff utilized interventions not included in the BMP. She stated staff had been verbally instructed to increase supervision and to block exit doors when Client #1 attempted to or threatened to elope from the facility. She confirmed the BMP lacked these interventions. The QIDP acknowledged journaling was an ineffective intervention since Client #1 consistently refused to journal with staff. The QIDP confirmed the BMP had not been revised to incorporate interventions being utilized to prevent elopement behaviors.</p> <p>When interviewed on 1/11/17 at 4:10 p.m., Client #1 reported he/she had left from his/her bedroom window two times. Client #1 reported he/she left through the window because staff blocked the doors. Client #1 reported he/she had attempted to elope from the bedroom window "a lot" but had been blocked by staff until these two incidents when no staff was present in the bedroom. Client #1 reported he/she left through the window and went to the right, pointing toward the back yard. He/She stated he/she didn't get very far before</p>	W 288		

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W 288	<p>Continued From page 18</p> <p>staff found him/her in the backyard, near the fence to the high school field. Client #1 reported staff observed him/her and assisted him/her back to the facility. Client #1 stated the last time (12/30/16) he/she was able to leave without staff knowledge, he/she went to HS A's house and staff picked him/her up. Client #1 reported prior to arriving to HS A's home, he/she stopped at a house in the community and told the lady he/she was homeless. Client #1 said the woman told him/her that he/she could not live there and informed Client #1 she would contact the police. Client #1 reported he/she would only journal with the QIDP after he/she calmed down. Client #1 stated he/she was not comfortable journaling with staff. Client #1 stated he/she preferred to listen to music, color, or latch hook to calm down.</p> <p>The above findings led to the determination of an Immediate Jeopardy on 1/5/17 based on the facility's knowledge of Client #1's attempts to elope from his/her bedroom window and failure to ensure interventions were incorporated into the individual program plan to safeguard him/her during behavioral outbursts. The facility was notified on 1/5/17 at 3:10 p.m. The facility provided a plan to increase staff supervision of the client, revise the individual program plan, and provide staff training. The IJ was abated 1/5/17 at 4:45 p.m.</p>	W 288		

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IAG0014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/12/2017
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C 147	<p>50.7(4) Additional notification</p> <p>481-50.7(10A,135C) Additional notification. The director or the director's designee shall be notified within 24 hours, or the next business day, by the most expeditious means available:</p> <p>50.7(4) When a resident elopes from a facility. For the purposes of this subrule, "elopes" means when a resident who has impaired decision-making ability leaves the facility without the knowledge or authorization of staff.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interviews and record review, the facility failed to report all incidents of client elopement, in accordance with state rules. This affected 1 of 1 client (Client #1) involved in investigation #64945-I. Finding follows:</p> <p>Review of Client #1's behavior reports revealed on 12/15/16 Client #1 broke the screen from his/her bedroom window and attempted to elope. Staff blocked Client #1 and redirected him/her to sit on his/her bed and calm down. Staff left his/her bedroom after Client #1 appeared calmer. A few minutes later, Client #1 attempted to leave his/her room and was redirected to calm for a few more minutes. The report then noted, "After 3 minutes, a check was done and it was discovered (he/she) left out the window..." According to the document, staff located Client #1 running through the backyard of the facility.</p> <p>When interviewed on 1/5/16 at approximately 1:00 p.m., House Supervisor (HS) B stated on 12/15/16 Client #1 became upset and went to his/her room to calm. She stated once in his/her bedroom, Client #1 attempted to elope from</p>	C 147		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

DEPARTMENT OF INSPECTIONS AND APPEALS

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C 147	<p>Continued From page 1</p> <p>his/her window but was blocked and redirected to sit on his/her bed and calm down. She said Client #1 sat on his/her bed and after a few minutes staff left his/her bedroom but immediately re-entered the room when they heard the window being opened. She stated staff again blocked Client #1 and after he/she calmed for a few minutes they left the room and closed the door. HS B reported within two to three minutes a check was completed and found Client #1 had eloped from his/her bedroom window. She said staff immediately went outside and found Client #1 running through the back yard of the facility. HS B stated she picked up Client #1 in her vehicle, brought him/her back into the facility, and Client #1 was placed in time-out. HS B said a shadow staff was then assigned to Client #1 and a board was secured across the bedroom window. HS B reported the Qualified Intellectual Disability Professional (QIDP) and Director of Programming Services (DPS) were informed of the elopement and both came into the facility.</p> <p>When interviewed on 1/11/17 at approximately 11:15 a.m., Therapeutic Technician (TT) A reported she was present on 12/15/16 when Client #1 eloped from his/her bedroom window. She stated Client #1 was upset and was redirected to his/her bedroom to calm. TT A stated once in his/her bedroom, Client #1 attempted to bust the screen out of the window and threatened to elope. Client #1 was redirected and a few minutes later all staff left his/her bedroom and closed the door. TT A stated a check was completed within a few minutes and it was discovered Client #1 had eloped from his/her bedroom window. TT A stated footprints were observed in the snow outside Client #1's bedroom window and leading away from the facility. She reported staff went outside and found Client #1</p>	C 147		

DEPARTMENT OF INSPECTIONS AND APPEALS

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C 147	<p>Continued From page 2</p> <p>running through the backyard. TT A stated Client #1 was brought back to the facility and placed in time-out. TT A stated she had never witnessed Client #1 elope from his/her bedroom window prior to this incident but had been informed Client #1 had a history of attempting to elope from the window.</p> <p>When interviewed on 1/11/17 at 4:10 p.m., Client #1 reported he/she left through the window because staff blocked the doors. Client #1 reported he/she had attempted to elope from the bedroom window "a lot" but had been blocked by staff until these two incidents when no staff was present in the bedroom. Client #1 reported he/she left through the window and went to the right, pointing toward the back yard. He/She stated he/she didn't get very far before staff found him/her in the backyard, near the fence to the high school field. Client #1 reported staff observed him/her and assisted him/her back to the facility. contact the police.</p> <p>When interviewed on 1/5/16 at approximately 1:30 p.m., the QIDP stated she was not aware Client #1 had actually eloped out of his/her bedroom window on 12/15/16. She stated Client #1 had made several attempts to elope and actually went out of the window one time but thought staff had observed him/her.</p> <p>When interviewed on 1/5/17 at approximately 1:45 p.m., the DPS stated the elopement on 12/15/16 was not reported to the Department of Inspections and Appeals because he was unaware Client #1 had actually eloped. He said the incident was explained as staff had observed Client #1 leave through his/her bedroom window. He stated he was not informed staff discovered he/she had eloped from the window and was</p>	C 147		

DEPARTMENT OF INSPECTIONS AND APPEALS

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C 147	Continued From page 3 located running through the backyard.	C 147		

JK
2/1/17 CAC
2/13/17

**OPPORTUNITY LIVING 1
PLAN OF CORRECTION
Citation FC#6433**

Survey dates: 1/5/17, 1/11/17, 1/12/17

W288 –Techniques to manage client behavior must never be used as a substitute for an active treatment program.

Based on interviews and record reviews, the facility failed to ensure staff implemented Client Behavior Management Programs (BMPS) as written and/or to revise the program to incorporate all interventions staff were instructed to utilize.

Program BEH-2 to decrease Behavioral outburst has been revised to include Elopement as a Behavioral outburst. Intervention techniques have been revised to include methods to take if a behavioral outburst including elopement occurs. Program has also been revised to include interventions that may be used in the event an outburst continues to escalate which would include visual checks on a more frequent basis, every 5 minutes. Increased supervision will take place in the event he/she threatens to run. Staff will have visual at all times. Methods of intervention used are to be included in the program. Chart audits will take place on a monthly basis to assure restrictive methods are specifically referred to in the programming requiring specific restrictions. Documentation has been revised to include all applicable restrictive methods including attempts to elope. Re-training of Staff was completed on the 6th of January, 2017.

.Plan of correction implementation date: January 6th, 2017

Person responsible: QIDP, Senior Counselor

Monitored by: The Director of Programming and Services, Human Rights committee

W266 – The facility must ensure that specific client behavior and facility practice requirements are met.

Based on interviews and record reviews, the facility failed to maintain minimal compliance with the Condition of Participation (CoP)-Client behavior and facility [practices.. The facility failed to ensure all behavior management utilized was incorporated as approved by the facility policy. The facility verbally instructed staff to utilize interventions to address elopement behaviors but failed to thoroughly integrate the interventions into the Individual Program Plan (IPP) to safeguard the client. Cross reference W276 . Based on interview and record review, the facility failed to ensure all interventions utilized in the management of inappropriate client behavior were incorporated into facility policy, as evidenced by the failure to use of a physical move as part of the hierarchy of behavior management techniques utilized. Cross reference W288. Based on interviews and report review the facility failed to ensure staff implemented client Behavior Management Programs (BMP's) as written and/or to revise the program to incorporate all interventions being utilized.

Behavior Management Policy/Procedures have been revised to specifically define all types of interventions that are utilized within our Behavior Management Programs. Ex. (physical move) could be a carry, escort, transfer blanket, or a wheelchair.

Program BEH-2 to decrease Behavioral outbursts has been revised to include Elopement as a Behavioral outburst.. Intervention techniques have been revised to include methods to take if a behavioral outburst, including elopement is present. Program has also been revised to include interventions that may be used in the event an outburst including elopement continues to escalate which would include visual checks on a more frequent basis, every 5 minutes. Increased supervision will take place in the event he/she threatens to run Staff will have visual at all times. Methods of intervention used in program are included in the program Chart audits will take place on a monthly basis to assure restrictive methods are specifically referred to in the programming requiring specific restrictions Documentation has been revised to include all applicable restrictive methods including attempts to elope. Re-training of Staff was completed on the 6th of January, 2017.

Plan of correction implementation date: January 6th, 2017

Person responsible: QIDP

Monitored by: Director of Programming and Services, Human Rights committee

C 147 50.7(4) Additional notification. The director or the director designee shall be notified within 24 hours, or the next business day, by the most expeditious means available. When a resident elopes from a facility. For the purpose of this sub-rule, "elopes" means when a resident who has impaired decision-making ability leaves the facility without the knowledge or authorization of staff.

Any confirmed incident of elopement shall be reported as stated under 481 IAC 50.7 using the Terminology that an "elopement occurs if a cognitively impaired resident leaves the premises or "safe area" undetected

Plan of correction implementation date: December 30, 2016.

Person Responsible: Senior Counselor QIDP

Monitored by: Director of Programming and Services.

W252: Program Documentation. Data relative to accomplishment of the criteria specified in client Individual Program Plan (IPP) objectives must be document in measureable terms.

This standard is not met as evidenced by: Based on interview and record review, the facility failed to ensure data was recorded in a manner to reflect actual client observed behavior.

Documentation has been revised to include all restrictive methods applicable to the client. Chart audits will be done on a monthly basis by the Director of Programming to assure data matches the objective..Re-training of Staff was completed on the 6th of January, 2017.

Plan of correction implementation date: January 6th, 2017

Person responsible: QIDP

Monitored by: The Director of Programming and Services

W263: Program Monitoring and Change

The committee should ensure that these programs are conducted only with the written informed consent of the client, parents, or legal guardian.

This standard is not met as evidenced by: Based on interview and record review, the facility failed to ensure consent was obtained from the Human Rights Committee (HRC) for the use of restrictive measures on a temporary basis.

Informed consent for restrictive measures shall be documented by the QIDP. Informed consent for restrictive measures shall be gotten from the parent/guardian and reviewed by full Human Rights committee. In the event of an emergency Consent will be gotten as soon as possible. QIDP shall note this in IPP. It will then be brought to the Human Rights committee ASAP. Programs shall be monitored on a monthly basis to see that Human Rights have reviewed applicable programsn.

Plan of implementation date: February 1, 2017

Person Responsible: Senior Counselor, QIDP

Monitored by Director of Programming and Services, Human Rights Committee.

W 266 Client Behavior& Facility Practices

The facility must ensure that specific client behavior and facility practice requirements' are met.

The facility failed to ensure all behavior management interventions utilized were incorporated as approved techniques in the facility policy. The facility verbally instructed staff to utilize interventions to address elopement behaviors, but failed to thoroughly integrate the interventions into the IPP to safeguard the client.

Cross Reference W276: Based on interview and record review, the facility failed to ensure all interventions utilized in the management of inappropriate client behavior were incorporated into facility policy, as evidenced by failure to include the use of a physical move as part of the hierarchy of behavior management techniques utilized.

Cross reference W288. Based on interviews and record review, the facility failed to ensure staff implemented client Behavior Management Programs as written or to revise the program to incorporate all interventions being used.

Program BEH-2 to decrease Behavioral outburst has been revised to include

Elopement as a Behavioral outburst. Intervention techniques have been revised to include methods to take if a behavioral outburst (elopement) is present. Program has also been revised to include interventions that may be used in the event an outburst continues to escalate which would include visual checks on more frequent basis, every 5 minutes .Increased supervision will take place in the event he/she threatens to run. Staff will have a visual at all times. Methods of intervention used in program are included in the program. Documentation has been revised to include all applicable restrictive methods including attempts to elope. Re-training of Staff was completed on the 6th of January, 2017. .

Plan of correction implementation: February 1, 2017

Person Responsible: QIDP Senior Counselor, Hunan Right Committee

Monitored by: Director of Programming and Services, Human Rights

W276 Management of inappropriate Client behavior

Policies and procedures that govern the management of inappropriate client behavior must specify all facility approved interventions to manage inappropriate client behavior.

Based on interview and record review, the facility failed to ensure all interventions utilized in the management of inappropriate client behavior were incorporated into facility policy, as evidenced by the failure to use of a physical move as part of the hierarchy of behavior management techniques utilized.

Behavior Management Policy/Procedures have been revised to specifically define all types of interventions that are utilized within our Behavior Management Programs. Ex. (Physical move) could be a carry, escort, transfer blanket, or a wheelchair.

Plan of Correction: February 1, 2017

Person Responsible: QIDP, Senior Counselor

Monitored by: QIDP, Management Committee

W288 –Techniques to manage client behavior must never be used as a substitute for an active treatment program.

Based on interviews and record reviews, the facility failed to ensure staff implemented Client Behavior Management Programs (BMPS) as written and/or to revise the program to incorporate all interventions staff were instructed to utilize.

Program BEH-2 to decrease Behavioral outburst has been revised to include Elopement as a Behavioral outburst. Intervention techniques have been revised to include methods to take if a behavioral outburst (elopement) signs are present. Program has also been revised to include interventions that may be used in the event an outburst continues to escalate which would include visual checks on a more frequent basis every 5 minutes. Increased supervision will take place in the event he/she threatens to run. Staff will have visual at all times).Methods of intervention used in program are included in the program. Documentation has been revised to include all applicable restrictive methods including attempts to elope. Re-training of staff was completed on the 6th of January, 2017. . .

Plan of correction implementation date: February1, 2017

Person responsible: QIDP, Senior Counselor

Monitored by: The Director of Programming and Services, Human Rights Committee
